



A rapid review of attachment themes in existing training programmes for social workers

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DEDICATION

This work is dedicated to my husband, Heinrich du Toit.

ACKNOWLEDGEMENTS

- I would like to start by thanking my heavenly Father for the abilities and talents he has blessed me with and protecting and guiding me through the obstacles I have faced, and enabling me to complete my studies and live out my passion.
- To my husband, thank you for walking this road with me: Thank you for your love, your patience and encouragement every step of the way. Thank you for dreaming with me and for your sacrifices so that I can finish my studies.
- To my father and sister-in-law, thank you for your unconditional love, support and believing in me when I did not believe in myself. Thank you for being my biggest supporters.
- Lastly, I want to thank Prof Ubbink. Thank you for your support and patience throughout this process. I appreciate your guidance and insights more than words can express.

DECLARATION

I, Catherina du Toit, hereby declare that the mini-dissertation titled:

A rapid review of attachment themes in existing training programmes for social workers

which I submit to the North-West University in compliance/partial compliance with the requirement of the Master of Arts in Social Work (Child Protection), is my own work, that it is language edited according to the requirements, that all sources used or cited is by all means fully indicated and acknowledged, and that it has not already been submitted to another university.



Signature of student

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FOREWORD

This article format is selected in accordance with regulation A.7.2.3 for the MSW degree in Child Protection. The article will meet the requirements of the *Journal of Social Work*.

ABSTRACT

A qualitative research approach was followed in this rapid review, followed by the basic research goal which was to explore existing literature and obtain an answer on the review question. The review question was: What are the common themes of attachment that social workers should be acquainted with in order to render quality foster care services? This question arose from practice but was confirmed by literature.

Research on attachment have indicated that foster child is most likely to demonstrate insecure attachment in foster care relationships. On the other hand, research also suggested the attachment related intervention in foster care placements can enhance attachment formation between the foster child and the foster parents. As foster care placements are an ever-increasing form of alternative care in the field of child protection in South Africa, social workers need to ensure placement stability and render quality foster care services. Unfortunately, social workers do not have the appropriate knowledge on the theory of attachment and thus, fail to provide foster families with the beneficial value thereof. Therefore, this review aimed to find out what are the common themes of attachment in existing training programmes that social workers should be familiar with in order to render quality foster care services, and thus improve foster placement stability.

Despite a negative attachment history, attachment in foster care placements are still possible as trust and positive emotional regulation between the child and foster parents can enhance attachment. Therefore, foster parents need to create attachment enhancing environments for which they would need guidance from social workers who can help them implement attachment enhancement interventions in the foster care process.

During this rapid review, a scientific process was followed to search for literature concerning the content of training programmes for social workers on the common themes of attachment that social workers should be acquainted with in order to render quality foster care services. Due to the fact that not much scientific literature could be found during this search process, the search was extended to find and make use of grey literature. The records found were critically analysed, where-after a synthesis of the extracted data highlighted five themes. The first theme deals with why attachment matters. The second theme looks at attachment core concepts, while the third theme that originated from the synthesis specifically looks at attachment and foster care. The fourth

theme identified attachment enhancement factors, and the fifth theme looks at the role of the social worker.

After a rapid review of the extracted data, the review question could be answered satisfactorily. The study succeeded in the aim to identify the common themes of attachment social workers should be acquainted with in order to ensure foster care stability. Recommendations for further research could be made in terms of developing an attachment training programme for social workers.

Key terms: Attachment, Attachment figures, Foster Care, Foster Parents, Foster Child.

OPSOMMING

In hierdie vlugtige oorsig is 'n kwalitatiewe navorsingsbenadering gevolg, gevolg deur die basiese navorsingsdoelwit wat die bestaande literatuur ondersoek het en 'n antwoord op die navorsingsvraag verkry het. Die navorsingsvraag was: Wat is die algemene temas van gehegtheid waarvan maatskaplike werkers moet kennis neem om kwaliteit pleegsorgdienste te lewer? Hierdie vraag spruit uit die praktyk, maar is deur literatuur bevestig.

Navorsing oor gehegtheid het aangedui dat die pleegkind waarskynlik ongeborge gehegtheid in pleegsorgverhoudinge sal toon. Aan die ander kant het navorsing ook voorgestel dat gehegheidsintervensies in pleegsorgplasings die vorming van gehegtheid tussen die pleegkind en die pleegouers kan verbeter. Aangesien pleegsorgplasings steeds 'n toenemende vorm van alternatiewe sorg op die gebied van kinderbeskerming in Suid-Afrika is, moet maatskaplike werkers plasingsstabiliteit verseker en kwaliteit pleegsorgdienste lewer. Ongelukkig het maatskaplike werkers nie die nodige kennis oor die teorie van gehegtheid nie, en versuim dus om pleeggesinne die voordelige waarde daarvan te bied. Daarom was hierdie oorsig daarop gemik om uit te vind wat die algemene temas van gehegtheid in bestaande opleidingsprogramme is waarmee maatskaplike werkers vertrouwd moet wees om kwaliteit pleegsorgdienste te kan lewer, en sodoende die stabiliteit van pleegsorgplasings te verbeter.

Ondanks trauma in die verlede, is gehegtheid in pleegsorgplasings steeds moontlik, omdat vertroue en positiewe emosionele regulering tussen die kind en die pleegouer die gehegtheid kan verbeter. Daarom moet pleegouers omgewings skep wat gehegtheid aanmoedig, maar daarvoor het hulle leiding van maatskaplike werkers nodig, wat hulle kan help om gehegtheid intervensies in die pleegsorgproses te implementeer en so die pleegsorgplasing te verbeter.

Tydens hierdie vlugtige oorsig van literatuur is 'n wetenskaplike proses gevolg om na literatuur te soek rakende die inhoud van opleidingsprogramme vir maatskaplike werkers oor die algemene temas van gehegtheid waarvan maatskaplike werkers kennis moet neem om kwaliteit pleegsorgdienste te lewer. Aangesien daar nie veel wetenskaplike literatuur tydens hierdie soekproses gevind kon word nie, is die soektog ook uitgebrei om van grys literatuur gebruik te maak. Die rekords wat gevind is, is krities ontleed, waarna 'n sintese van die onttrekte data vyf temas uitgelig het. Die eerste tema handel oor

hoekom gehegtheid saak maak. Die tweede tema kyk na kernbegrippe van gehegtheid, terwyl die derde tema wat uit die sintese ontstaan het, spesifiek kyk na gehegtheid en pleegsorg. Die vierde tema het faktore wat gehegtheid aanspoor geïdentifiseer, en die vyfde tema kyk na die rol van die maatskaplike werker.

Na 'n vlugtige oorsig van die onttrekte data, kan die navorsingsvraag suksesvol beantwoord word. Die studie het daarin geslaag om die algemene temas te identifiseer waarvan maatskaplike werkers moet kennis neem om ten einde die stabiliteit van pleegsorg te verseker. Aanbevelings vir verdere navorsing rakende die ontwikkeling van 'n opleidingsprogram vir maatskaplike werkers met betrekking tot gehegtheid kon gemaak word.

Sleuteltermes: Gehegtheid, Gehegtheidsfiguur, Pleegsorg, Pleegouers, Pleegkind

TABLE OF CONTENTS

DEDICATION	i
ACKNOWLEDGEMENTS	ii
DECLARATION	iii
FOREWORD	iv
ABSTRACT	v
OPSOMMING	vii
LIST OF TABLES	xiii
LIST OF FIGURES	xiv
SECTION 1 – INTRODUCTION TO THE RESEARCH	1
1.1 Introduction.....	1
1.2 Rationale for the review.....	1
1.3 The problem statement.....	3
1.4 Purpose of the study and research questions	4
1.5 Research methodology.....	5
1.5.1 Performing a literature overview, identifying the review question, and writing the protocol	7
1.5.2 Search for research evidence	8
1.5.3 Screening of titles and abstracts of records	9
1.5.4 Finding full text records of potentially eligible records.....	9
1.5.5 Selection of full text records for inclusion in the review.....	9
1.5.6 Report the results of the searches using the PRISMA diagram	10
1.5.7 Critical appraisal of the full text records	11
1.5.8 Synthesis of evidence	12
1.5.9 Identifying applicability and transferability issues for further consideration during the decision-making process.....	13

1.5.10	Writing the report	13
1.6	Limitations of the study.....	14
1.7	Provisional chapter division	14
	References	15
SECTION 2 – LITERATURE OVERVIEW		20
2.1	Introduction.....	20
2.2	Key concepts.....	20
2.2.1	Attachment.....	20
2.2.2	Attachment figures.....	20
2.2.3	Foster care.....	21
2.2.4	Foster parents.....	21
2.2.5	Foster child	21
2.3	Attachment theory	21
2.4	The application of attachment in foster care.....	22
2.5	The importance of attachment in the lives of foster children.....	26
2.6	Why training of foster care social workers is needed.....	30
2.7	The reality of attachment theory application by foster care social workers.....	32
2.8	Conclusion.....	33
2.9	References	34
SECTION 3 – RESEARCH ARTICLE.....		38
3	Abstract	38
3.1	Introduction	39
3.2	Problem statement.....	39
3.3	Research question	40

3.4	Research approach.....	40
3.5	Method: rapid review.....	41
3.6	Literature overview for the study	41
3.7	Search for research evidence	44
3.7.1	Database search strategy.....	44
3.7.2	Inclusion criteria	44
3.7.3	Conducting the search.....	44
3.8	Critical appraisal	47
3.9	Data extraction and synthesis of evidence.....	48
3.9.1	Data extraction	49
3.9.2	Data synthesis.....	49
3.9.3	Drawing implications.....	49
3.10	Results	50
3.10.1	Theme 1: Why attachment matters.....	50
3.10.2	Theme 2: Attachment core concepts	52
3.10.3	Theme 3: Attachment and foster care	54
3.10.4	Theme 4: Attachment enhancement factors.....	55
1)	Being available	56
2)	Parental sensitivity.....	57
3)	Emotional attunement.....	57
4)	Accepting the child – identity formation and building self-esteem	58
5)	Co-operative caregiving and positive relational interactions.....	58
3.10.5	Theme 5: The role of the social worker	59
3.11	Discussion.....	61
3.12	Conclusion	62
3.13	Limitations and recommendations	63

References	64
SECTION 4 – SUMMARY, LIMITATIONS AND RECOMMENDATIONS	69
4.1 Summary	69
4.1.1 Theme 1: Why attachment matters	69
4.1.2 Theme 2: Attachment core concepts	70
4.1.3 Theme 3: Attachment and foster care	70
4.1.4 Theme 4: Attachment enhancement factors	71
4.1.5 Theme 5: The role of the social worker	71
4.3 Limitations of the study	72
4.4 Recommendations for further studies	73
REFERENCE LIST	74
ADDENDUMS	82
ADDENDUM A: RESEARCH PROPOSAL	82
ADDENDUM B: RAPID REVIEW GUIDEBOOK	85
ADDENDUM C: CRITICAL APPRAISAL TOOL	110
ADDENDUM D: GREY LITERATURE APPRAISAL TOOL	131
ADDENDUM E: DATA EXTRACTION TABLE	145
ADDENDUM F: DATA SYNTHESIS	159

LIST OF TABLES

Table 1-1: PICO Method 7 and 40

Table 1-2: Data extraction table (Addendum E) 146

Table 1-3: Data synthesis (Addendum F) 160

LIST OF FIGURES

Figure 1-1: PRISMA Flow Diagram of information through the phases of the rapid review 10 and 46

Figure 1-2: AACODS checklist illustration 12 and 48

Figure 1-3: Attachment cycle 53

Figure 1-4: Parental sensitivity 57

1 SECTION 1: INTRODUCTION TO THE RESEARCH

1.1 Introduction

Research has disputed whether social workers are adequately trained on the attachment theory. Social workers have to be educated on the attachment theory and develop attachment intervention related skills (Cooper, 2010:1; Simmons, 2016:1; Stevenson, 2015:1). There is a reasonable need for social workers to have the ability to identify the attachment needs of foster families and so be able to provide the foster families with long-term support by enabling them to create attachment enhancing environments (Shemmings, 2015:2). If social workers are educated on the theory of attachment, they would have the option to help and guide foster families who face attachment challenges.

Over half a million children have been placed in foster care in South Africa (Carter & Van Breda, 2015:208). Due to the high number of foster care placements, it is highly relevant whether foster care placements provide placement stability to children in need of alternative placement. As foster care placements are forever on the increase, and as a child welfare social worker at a Non-Governmental Organization, the researcher have found that foster care placements disrupt due to disrupting behavioural challenges of the foster child. This is a widely experienced phenomenon in the social work practice and thus, it is ever more important for social workers to render quality foster care services that is attachment theory specific. Then foster care services that provide attachment related interventions should ensure placement stability and more successful placements. Thus, a rapid review was conducted in order to identify the common themes of attachment in a timely manner that should be used in an attachment training programme for social workers (Dobbins, 2017:2; Tricco, Antony & Straus, 2015). This rapid review was approved by the Community Psychosocial Research (COMPRES) committee and the approval letter is attached as Addendum A.

1.2 Rationale for the review

Research evidence indicated that the education of foster parents on the importance of a positive attachment environment have definite advantages on the placement stability of foster children (Harden, 2004:34; NSW Department of Social Development, 2006:2; Stovall-McClough & Dozier, 2004:253). However, the knowledge of attachment should be carried over by the foster care social workers to the foster parents. Attachment theory allows foster

families the ability to understand how early unfavourable conditions, experienced by foster children, influence their behavioural and emotional development. Even more so, research suggested that foster children base their attachments on how the foster parents respond and react to the attachment needs of foster children (Smith, Stormshak, Chamberlain & Bridges Whaley, 2001:200; NSW Department of Community Services, 2006:5).

Therefore, attachment between foster families and foster parents are possible as long as the foster parent can interpret the foster child's attachment needs and behaviours and respond to and react in an appropriate manner (NSW Department of Community Services, 2006:2). Although some experimental research suggested that foster children are more likely to demonstrate insecure attachment in foster care placements, other research work have found that foster parents who adopt and implement the attachment theory will most likely experience successful attachments to foster children (Botes & Ryke, 2011:48; NSW Department of Community Services, 2006:7).

Hence, the responsibility of foster parents to acquire the knowledge on attachment rests with the social worker who is responsible for the foster care placement. Unfortunately, anecdotal observations indicated that foster care supervision social workers themselves do not have an adequate understanding of attachment theory in general, and frequently do not have the necessary techniques or skills to apply this theoretical perspective fully in the foster care practice environment (Smith *et al.*, 2001:200; Cooper, 2010; NSW Department of Community Services, 2006:5; Shemmings, 2015).

Lesch, Deist, Booyesen and Edwards (2013:1102) found that South African social workers have only partial to no knowledge on the attachment theory and that South Africa has not been the focus of investigation for research to implement the theory of attachment in the social work practice. Due to the importance of the attachment theory in international foster care, and the lack of research and implementation thereof in South Africa, there is a definite need for research on the common themes of attachment and how it can improve foster care services that will enhance placement stability (Lesch *et al.*, 2013). Given the value of the attachment theory in the social work practice, South African social workers should receive adequate training as it would ensure good quality foster care services that promotes placement stability through attachment (Botes & Ryke, 2011:36). Hence, there is a need for the application of attachment in the social work practice.

1.3 The problem statement

Secure attachment figure-child relationships and children's overall well-being is widely recognized (WHO, 2004). Previous research on attachment (Mennen & O'Keefe, 2005; Lesch, *et al.*, 2013) does not only ensure healthy development of younger children but Lesch *et al.* (2013:1102) also confirmed the advantages of attachment on adolescents and the improvement of mental health, higher self-esteem, and resiliency in social situations. According to Kerns, Aspelmeier, Genzler, and Grabill (cited by Lesch, *et al.*, 2013:1102) secure attachment relationships allowed foster families to better understand each other and so eliminate unwanted relationship issues.

A knowledge on the theory of attachment is vital for social workers who have to guide foster families (Cooper, 2010:1). Therefore, social workers need to be trained on the theory of attachment and how to implement its principals in foster care placements as an adequate understanding thereof would allow social workers to prevent many of the foster care placement issues they face (Cooper, 2010:1; Shemmings, 2015:1; Stevenson, 2015:1).

If social workers can identify and assess the attachment needs of foster families, they would be able to render appropriate attachment related interventions to ensure that foster families form attachment relationships (Cooper, 2010:2). For instance, social workers should be able to guide foster parents to see past the disrupting behaviour in identifying their foster child's original intention and need and so adapt their behaviour and response in such a way that attachment is enhanced (Cooper, 2010:2). Thus, social workers should be able to deliver attachment-focused interventions in order to enhance the attachment between themselves and the child. If there is a failure to do so, the relationship between the child and the caregiver would be based on an inappropriate need (Cooper, 2010:2). Even more so, social workers should be able to help foster parents in recognising how past experiences affect the present behaviours of foster children (Shemmings, 2015:2). If social workers are trained to understand the attachment needs and challenges of foster families, they would be a more sensitive and supportive social worker whilst making suggestions for better practices that can enhance attachment.

Unfortunately, it is questionable whether social workers are suitably skilled in the area of the attachment theory (Simmons, 2016:2). A social worker with a deep understanding of the attachment theory is favoured over a psychologist who does not poses this skill (Simmons, 2016:2). International literature indicated that all social workers should be educated on the theory of attachment (Simmons, 2016:2). Unfortunately, social workers have to take post-

graduate courses to obtain the necessary knowledge on the attachment theory. The attachment theory has not been made a requirement in the foster care service delivery and thus, social workers need more support and time to assist foster families with placement disruptions (Simmons, 2016:2).

Social workers lack the sufficient training on attachment and therefore lack the ability to convey the important themes of attachment to their foster families, even when the advantages thereof have been established through research. The South African study performed by Botes and Ryke (2011) found that attachment is an important field of study within the social work context and that South African social workers lack the appropriate theoretical knowledge grounded in the Attachment Theory. Botes and Ryke (2011) recommended that South African social workers receive training with regards to the Attachment Theory in order to improve the quality of service deliver. Thus, the planned study will attempt to use a rapid review to determine the common themes of attachment social workers should be acquainted with in order to render quality foster care services. For future reference: if a training programme is developed, based on the identified themes of attachment, it should contribute towards the improvement of the quality of services rendered by foster care social workers, and thus ultimately ensure more successful foster care placements.

1.4 Purpose of the study and research questions

The purpose of the study is to investigate the content of attachment training programmes for social workers by means of conducting a rapid review. If social workers can implement attachment related interventions, it can ensure placement stability for foster children (Botes & Ryke, 2011:48; Smith, *et al.*, 2001:200). South Africa needs more specific focus on the research of attachment and how it can be implemented in the social work practice (Lesch, *et al.*, 2013:1102). If research can identify the most common themes of attachment, it can be used to develop a training programme for South African social workers who needs to deliver quality foster care services and ensure placement stability (Botes & Ryke, 2011:36). According to Hartel and Bosman (2016:30), qualitative studies involve the formation of a research question and not setting goals or a hypothesis. The research questions involve a main research question and a number of sub-questions (Hartel & Bosman, 2016:30). For the purposes of this study, the following research question was posed:

What are the common themes of attachment that social workers should be acquainted with in order to render quality foster care services?

1.5 Research Methodology

The South African Social Agency accounted for over five hundred thousand children who are placed in foster care (Carter & Van Breda, 2015:208). Given the large number of children affected by foster care, the issue of successful foster care placements is highly relevant to the social work practice. There is no evidence to support a decrease in foster care placements, it is rather on the increase. This problem is widely experienced by social workers in practice, and therefore, quality service delivery should be encouraged as soon as possible. A qualitative synthesis is used in this study, where the main research goal is to identify and not to define or explore (Engelbrecht, 2016:110). A rapid review will be utilized in order to identify the common themes of attachment and produce information in a timely manner (Dobbins, 2017:2; Tricco, *et al.*, 2015).

“Rapid reviews are a form of knowledge synthesis in which components of the systematic review process are simplified or omitted to produce information in a timely manner” (Tricco, *et al.*, 2015). In accordance, Grant, Pollitt, Castle-Clarke, Cochrane, Sondergaard and Horvath (2014:17) stated that rapid reviews “are a resource-efficient way to identify and summarise the general characteristics, issues, data and knowledge gaps surrounding a problem. They aim to be rigorous, transparent and explicit in method, but make concessions for the timelines and utility of the output, and thus are not full systematic reviews of the literature or wider evidence.”

Ciapponi (2017) indicated that a rapid review can be conducted within three months, compared to the six to 36 months of a systematic review. King (2017) maintained that a narrative review is prone to several shortcomings while the systematic review shows the best degree of validity, and a rapid review lies somewhere in between. Given that a rapid review is a useful approach to providing actionable and relevant evidence in a timely and cost-effective manner, it is the best method to answer the research question (Langlois, 2017).

Since there is no globally accepted definition for a rapid review, or the lack of a universal and standardized method for a rapid review (Tricco, *et al.*, 2015), the planned research will use the steps as described by Dobbins (2017:1). This detailed guidebook provided helpful methods and tools for performing a rapid review. The guidebook describes the necessary

steps for conducting a rapid review and the guidance document provides helpful tips for conducting the reviews and also provides tools to help the reviewer complete each step of the process. The summary of the rapid review guidebook was found at <http://www.nccmt.ca/resources/rapid-review-guidebook> and is attached as Addendum B. These steps correspond with the steps of a systematic review (Boland, Cherry and Dickson's, 2014):

- a) **Define a practice question** (Dobbins, 2017:5) which is relevant, focused, clearly articulated and answerable. A preliminary literature study is to be conducted to determine whether there is literature on the subject (King, *et al.*, 2014:24). This research should have answered the question, "What are the common themes of attachment that social workers should be acquainted with in order to render quality foster care services?"
- b) **Search for research evidence** (literature) in order to answer the research question (Dobbins, 2017:9). During this literature study, several databases such as PsycARTICLES, ScieinceDirect, SocINDEX with Full Text, and CINAHL with Full Text was utilized; only English sources were used, and grey literature will only be used within a specific timeframe (King, *et al.*, 2014:24).
- c) **Critically appraise the information sources** (Dobbins, 2017:16). A critical appraisal would answer the question "were the methods used good enough that I can be confident in the findings and apply these findings to public health practice?" (Dobbins, 2017:16; Gough, *et al.*, 2017:259). The Critical Appraisal Skills Programme (CASP) checklist was used in the quality appraisal of this study.
- d) **Synthesize the evidence** – "putting it all together" (Dobbins, 2017:17). During this step in this study, the relevant information was summarized on a data withdrawal table and conclusions were formulated that are relevant to the research question. This table covered the following: Title, Author(s), Date of publication, Type of publication (eg. summary, synthesis, single study, article, book, web page, thesis or dissertation, conference publications), and any information that carried relevance to the research question.
- e) **Identifying applicability and transferability issues for further consideration during the decision-making process** (Dobbins, 2017:21). This step is essential to determine the applicability of the acquired information for the local context and to determine if the acquired information answered the review question which will increase the chances of success for utilizing the information received for a possible training programme. The

researcher corresponded with the co-reviewer on whether the results of the rapid review identified the common themes of attachment that should be included in an attachment training programme for social worker in order to improve placement stability for foster children. These results should be further researched in order to develop a training programme for social workers by means of PhD studies.

1.5.1 Performing a literature overview, identifying the review question, and writing the protocol

The preliminary literature overview indicated whether there is a need for the rapid review. Furthermore, it also indicated whether such studies have already been undertaken. In this study, a scope study was conducted on the subject of the proposed study in order to determine whether there were studies on the subject (King, *et al.*, 2017:24). Various sources, such as scientific sources and grey literature, were consulted in order to determine whether there was a need for the proposed review before it was initiated. From this literature overview, it has been found that such a review has not yet been undertaken, and that the need exists to conduct a review on the common themes of attachment that social workers should be acquainted with in order to render quality foster care services.

The literature overview further contributed to defining and refining the review question (Boland *et al.*, 2014:10). A clearly defined review question forms the essential basis for a good rapid review, while a vague question leads to vague research (Meinck & Spreckelsen, 2018). The provisional literature overview gave rise to the review question and it was further refined by the PICo (Table 1-1) (Murdoch University Library, 2019) method to: “what are the common themes of attachment that social workers should be acquainted with in order to render quality foster care services?” The PICo method is the first step in formulating an answerable evidence-based review question, and a well-formulated question will facilitate the search for evidence and will assist the reviewer in determining whether the evidence is relevant to the review question or not (Cherry & Dickson, 2014:28).

P	Population or Problem (what is the problem the researcher is interested in)	What are the common themes of attachment that social workers should be acquainted with
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I	Interest (interest related to an experience or process)	In existing training programmes or relevant literature on attachment
Co	Context (context is the setting or distinct characteristics)	To enhance attachment in foster care placements

Table 1-1: PICo Method

Pilkington and Hockenhull (2014:186) confirmed Boland *et al.* (2014:10) definition of a protocol that acts as a written plan or map of the journey and enables the reviewer to determine the approach in order to answer the review question. A written and detailed protocol was drawn up to ensure the consistency of data obtained (Okoli & Schabram, 2010).

1.5.2 Search for research evidence

In order to answer the review question: “What are the common themes of attachment that social workers should be acquainted with in order to render quality foster care services” a search for evidence was done (Dobbins, 2017:9). Several databases were searched for theses, dissertations, training material, and conference proceedings within a specific timeframe of 1900 to 2019 (King, *et al.*, 2014:24). As recommended by Meinck and Spreckelsen (2018), the following inclusion criteria was applied: search engines to which the North-West University has access, national and international conference articles, national and international websites, grey literature, and other search engines such as Google and Google Scholar. In order to address the review question, sources that address the phenomenon of attachment in foster care, and not only training programmes on attachment, was also included. Thus, the researcher has identified common themes of attachment that came forth in relevant literature pertaining to attachment as well as existing training programmes.

The following exclusion criteria were applied: studies published in languages other than English or Afrikaans, studies older than 1900, non-peer reviewed studies, quantitative studies, and review studies.

The search strategy was done using the following keywords: “attachment” OR “attachment training” AND “foster care” AND “social work”. Search parameters were set to title and abstracts. The search produced enough records, and thus no adaptations were applied to the search. After the records were identified, the titles and abstracts were screened for relevance.

1.5.3 Screening of titles and abstracts of records

The records found were screened according to their titles and abstracts in order to determine their relevance to the review question of what are the common themes of attachment that social workers should be acquainted with? The relevant records were saved in their full text formats while duplicate records were excluded (Fleeman & Dundar, 2014:52). The library search function automatically indicated if duplicate records were found. Record keeping of the search strategy and screening process is important in order to report the findings of the records screened. The screening of found records was based on the PICO for determining inclusion. Thus, population, interest, and context were considered during the screening of titles and abstracts before full text records were selected (Fleeman & Dundar, 2014:51).

The review co-reviewer independently screened the titles and abstracts of the potentially eligible records found after employing the search strategy. A discussion followed between the reviewer and the co-reviewer in order to reduce disagreement about records found. No disagreements arose between the reviewer and co-reviewer.

1.5.4 Finding full text records of potentially eligible records

After the predetermined search strategy were employed based on the PICO method and inclusion and exclusion criteria, the full text formats of potentially eligible records were located and electronically saved. The reviewer made use of other search engines such as Google Scholar in order to locate full text records, as the library did not have access to full text records. The reviewer also consulted the subject librarian for locating full text records.

1.5.5 Selection of full text records for inclusion in the review

After full texts records have been obtained, the reviewer had to determine whether the records met the predetermined selection criteria and held relevance to the review question.

Full text records were considered and those that did not meet the inclusion criteria, were excluded. It is helpful to record reasons for excluding records (Fleeman & Dundar, 2014:52) and thus, the reviewer recorded the reasons for exclusion. The eight records that were to be included in the review are not specifically focused on training programmes, but also on relevant literature that highlight common themes of attachment that could be used in a training programme.

1.5.6 Report the results of the searches using the PRISMA diagram

The Preferred Reporting Items for Systematic Reviews and Meta-analysis (PRISMA) Flow Diagram (Moher, *et al.*, 2010) was used as a guideline for record keeping during the search for records which is to be included in this review, as demonstrated by Figure 1-1. The PRISMA flow diagram was used in order to enable the researcher to improve the reporting of the rapid review (Fleeman & Dundar, 2014:54).

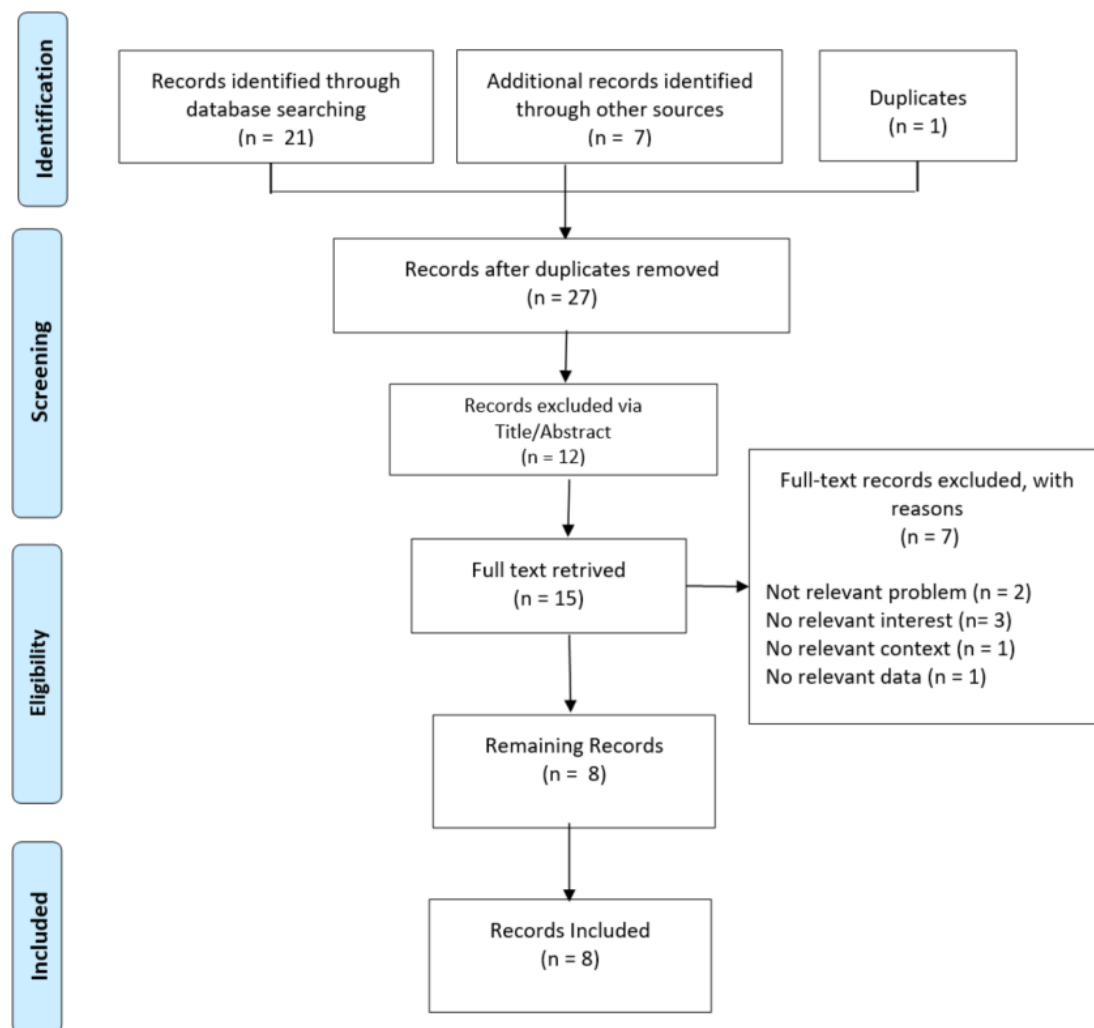


Figure 1-1: PRISMA Flow Diagram of information through the phases of the rapid review

1.5.7 Critical appraisal of the full text records

The quality of included full text records should be carefully considered as it should ensure that the outcome of this review can be used in the social work practice where the common themes of attachment could be used in a possible attachment training programme for social workers. The Critical Appraisal Skills Programme (CASP) tool was used by the reviewer to critically appraise the records that have to be included in the review. The CASP tool was developed from guides produced by the Evidence Based Medicine Working Group published in the Journal of the American Medical Association. The critical appraisal skills enabled the researcher to systematically assess the trustworthiness, relevance and results of published papers (Critical Appraisal Skills Programme, 2018). Thus, the CASP tool is an evidence-based approach to help the researcher make sense of research evidence, as well as help the researcher to apply the evidence in practice. The CASP tool asks three broad questions: 1) is the study valid? 2) what are the results? 3) will the results help locally? The CASP Qualitative Checklist was used, as it holds the most relevance to the appraised records.

Find attached four CASP checklists filled out as Addendum C.

The reviewer retrieved records that can be defined as grey literature. Grey literature can be defined as follows: "that which is produced on all levels of government, academics, business and industry in print and electronic formats, but which is not controlled by commercial publishers" (GL'99 Conference Program, 1999). According to Paez (2018:234) grey literature can reduce publication bias, increase reviews' comprehensiveness and timelines and foster a balanced picture of available evidence. A critical appraisal tool specifically designed by Tyndall (2010) for use with grey literature sources was used to critically appraise the four grey literature records accessed by the reviewer. The tool is called the AACODS checklist (Authority, Accuracy, Coverage, Objectivity, Date, Significance) as demonstrated by Figure 1-2.

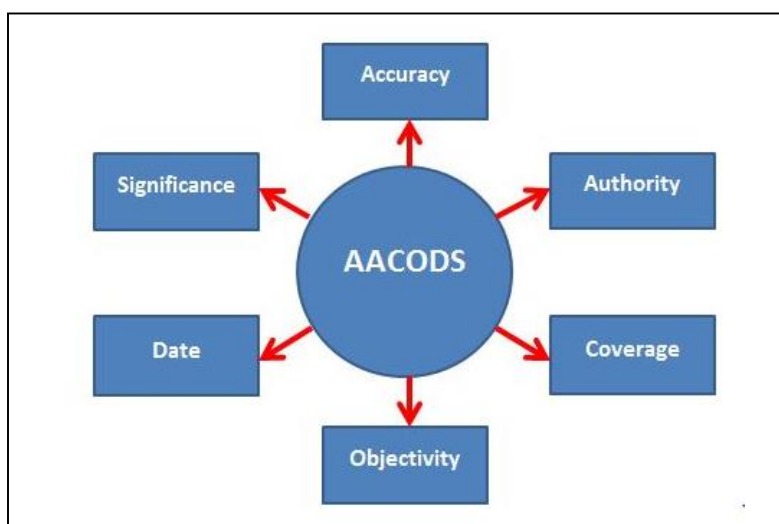


Figure 1-2: AACODS checklist illustration

The reviewer retrieved the AACODS checklist from https://dspace.flinders.edu.au/xmlui/bitstream/handle/2328/3326/AACODS_Checklist.pdf;jsessionid=CDF539EA2713FE21EC3121E3A36E4C52?sequence=4 and completed the form in word format.

Find attached four AACODS checklists filled out as Addendum D.

1.5.8 Synthesis of evidence

After the quality of all relevant evidence was evaluated, the evidence was combined. The reviewer has to answer the question, “what does the research evidence say about the issue (what are the common themes of attachment that social workers should be acquainted with in order to render quality foster care services) and what are the practice implications for research?” (Dobbins, 2017:17). The reviewer extracted relevant information from the included records; summarised the overall results and formed conclusions. The data extraction steps that was followed was adopted from De Vos, Strydom, Fouche and Delpont (2011:381) and adapted to suit the review: 1) the review question, “What are the common themes of attachment that social workers should be acquainted with in order to render quality foster care services” was formulated; 2) possible records were found and archived as illustrated by the PRISMA flow diagram (Figure 1-1); 3) the records found were critically read and examined by means of extracting the information using a data extraction table. A data extraction form was developed by adopting the proposed data extraction table of Dobbins (2017:18). A data extraction table is included in the review as Addendum E.

The qualitative data synthesis followed where the researcher organized the results and findings to simplify the process, identified the themes from the findings and drew conclusions in order to make a recommendation for the development of a possible foster care training programme in attachment (Dobbins, 2017:20).

1.5.9 Identifying applicability and transferability issues for further consideration during the decision-making process

It is essential to determine the applicability of the acquired information for the local context, which will increase the chances of success for utilizing the information retrieved for a recommended training programme. The researcher corresponded with the co-reviewer on whether the results of the rapid review in order to ensure that the results are common themes of attachment that social workers should be acquainted with in order to render quality foster care services. It was also determined whether the results would be applicable for the recommendation to develop a foster care attachment training programme for social workers that focuses on the common themes of attachment.

1.5.10 Writing the report

A documented report constitutes the organizational record of the process that resulted in the development of the evidence brief (Dobbins, 2017:22). The reviewer has created a final report of the steps, results and implications of the research evidence found. The following sections were included in the rapid review article as suggested by Dobbins (2017:22-24):

- Key messages;
- Executive summary;
- Review question;
- Literature overview;
- Results;
- Implications for practice (possible training);
- References;
- Addendums.

1.6 Limitations of the study

The following limitations have been identified in the rapid review of literature:

Only eight records adhered to all the search terms and inclusion criteria, and even though this review should be seen as explorative, it should be regarded as an important limitation. Therefore, generalizing the findings of this study is not possible. Also, no studies done in South Africa were included. Due to the lack of research on the application of the Attachment Theory in South Africa, this study was mostly on focused on Attachment Theory literature rather than existing training programmes. Furthermore, the included records only focused on the training for foster parents rather than that of social workers while the review aimed to look at existing training programmes for social workers.

1.7 Provisional section division

Section 1: Introduction to the research

Section 2: Literature overview

Section 3: Research article

Section 4: Summary, limitations and recommendations.

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2 SECTION 2: LITERATURE OVERVIEW

2.1 Introduction

Attachment theory has become a widely recognised aspect in foster care service provision. It has much to offer social workers who should facilitate attachment in foster care placements. As foster care is a form of alternative care in the field of child protection, the placement stability thereof is increasingly important for which social workers have to render quality foster care services. Unfortunately, social workers are not acquainted with the theory of attachment and they are unaware of its advantageous to the foster care placement. For this reason, this review will focus on the common themes of attachment in existing training programmes that social workers should be familiar with in order to render quality foster care services and thus improve foster placement stability.

In this section, key concepts such as the attachment theory, the application of the attachment theory in social work, the importance of attachment in the lives of foster children, and why training for social workers is needed on the attachment theory will be defined and discussed in order to answer the review question of ‘what are the common themes of attachment social workers should be acquainted with in order to render quality foster care services?’

2.2 Key Concepts

The key concepts in terms of this review are described as follows:

2.2.1 Attachment

An enduring emotional bond that exists between a child and a primary caregiver, who could be a biological parent of an unrelated caregiver such as a foster parent (Harden, 2004:31).

2.2.2 Attachment figures

Foster parents who act as a secure base from which foster children can explore, a haven of safety and a source of comfort (Van Schalkwyk, 2015:31).

2.2.3 Foster care

Foster care is the temporary placement of a child who is in need of care and protection. The child is placed in the care of a suitable person who is not the parent or guardian of the child (South African Government, 2020).

2.2.4 Foster parents

People who officially take a child into their family for a period of time, without becoming the child's legal parents (Collins English Dictionary, 2019:1).

2.2.5 Foster child

"Foster care is not the same as legally adopting a child. Foster care is the placement of a child, who needs to be removed from the parental home, into the custody of a suitable family or person willing to be foster parents. This is done by order of the Children's Court. Children can be removed from the custody of their biological parents if they are abused, neglected or abandoned". (Foster Care in South Africa, 2013:1).

2.3 Attachment Theory

The attachment theory suggests that children have a natural tendency to form attachment relationships that allows them to experience a sense of security and comfort (Golding, 2007:2). Even more so, attachment is "the emotional connection between a child and their caregiver" (Mitchell, 2007:3). Bowlby defines attachment "as an enduring emotional bond which an individual form to another person" (Malekpour, 2007:82). Also, children need to form attachments to maintain the balance between connectedness and separation and this ensures a felt sense of security which must be constant in relationships (Moore, *et al.*, 2010:8). In accordance, Moses (2000:476) maintains that security and trust develops from an attachment relationship and this creates a sense that the child's individual needs and wants will be met by an attachment figure.

Bowlby was the first to theorize about attachment as a fundamental human need (Moore, *et al.*, 2010:8) and its importance in the success of foster care relationships has been demonstrated ever since. Thus, the attachment theory focuses on how children form an attachment with an attachment figure and the influence this attachment has on the child's

emotional development and growth into adulthood. The theory of attachment can help social workers understand the foster family's attachment expectations and behaviour motivations and enable them to provide the foster family with timely interventions that meet attachment needs (Golding, 2007:2). Hence, the attachment theory should help foster parents and foster children understand each other's pure intentions and what they are trying to accomplish in their relationship. Foster families consequently need an understanding of the attachment theory and how it can impact the foster care placement.

Van Schalwyk (2015:3-4) described what she found to be the basic functions of attachment. These include; basic trust that develops and forms the basis for all future relationships; the development of feelings of safety and security that leads to healthy cognitive and social development; self-regulation of behaviour and emotions start to take place; a moral framework is developed that involves empathy, compassion and a conscience; a positive identity, self-worth and a balance between dependence and independence is created; and it develops a defence against stress and trauma. These positive attachment outcomes are likely to result in placement stability for foster children.

Therefore, attachment is important as in its absence, foster children are at risk of not meeting their developmental goals, experience challenges in later relationships and have poor psychological health later in life (Golding, 2007:12; Malekpour, 2007:81; Moore, *et al.*, 2010:9). Because the overall wellbeing and secure attachments between children and attachment figures are widely recognized, the attachment between a child and an attachment figure is so important (Golding, 2007:12). Past research showed that secure attachment is not only needed for the healthy development of younger children, but also for higher self-esteem, better mental health, and resilience towards high risk behaviours in later years for foster children (Mennen & O'Keefe, 2005:578; Lesch, *et al.*, 2013:1102). Research further indicated that security and trust which stem from an attachment creates the sense that the child's individual needs and wants are met by their attachment figure (Moses, 2000:476; Moore, *et al.*, 2010:9). If attachment is crucial for the successful long-term developmental success of children, then social workers should be aware of its positive impact and how it can be applied in practice.

Since attachment play such an important role in positive childhood development, it is now more commonly applied in various interventions focusing on child-foster parent relationships (Botes & Ryke, 2011:31; Lesch, *et al.*, 2013:1102; Van Schalkwyk, 2015:2). With specific reference to child-foster parent relationships it is important for the social work practice to

recognise the importance of forming a secure attachment and the value such an attachment has for the future well-being of a foster child.

2.4 The application of attachment in foster care

Foster care placements are intended to protect children from harm and provide them with a safe and stable home (Allen & Bissel, 2004:50). Unfortunately, these children who have difficulty adapting to the foster care placement, due to previous disrupted care, may find it difficult to attach to an attachment figure (Collazo, 2013:2). Thus, it is likely that the foster care placement will fail as foster children will present with attachment difficulties (Stovall-McClough & Dozier, 2004:254). Fortunately, evidence suggests that attachment in foster care placements are still possible, as trust and positive emotional regulation between the child and foster parent can enhance attachment (Malekpour, 2007:83). A secure attachment would require a protective factor such as a sense of security and confidence that is exercised by the foster parent and sensed by the foster child (Bowlby, 2008:124). However, less secure attachments that is characterized by placement instability can lead to future mental health problems of children (Bowlby, 2008:120). Therefore, a secure attachment between a child and foster families would result in an emotionally, socially, and mentally healthy foster child (Golding, 2007:2; Malekpour, 2007:85). Against this background, foster parents need to create attachment inducing environments for which they would need guidance from social workers who can help them implement attachment enhancement interventions in the foster care process.

Although the attachment theory is now more commonly applied in the fields of adoption and foster care (Peluso, *et al.*, 2004:139), social workers seem to lack adequate knowledge of the attachment theory that would enable them to become sensitive to the attachment needs of foster families and deliver appropriate attachment interventions (Botes & Ryke, 2011:35). Attachment is an important aspect to be considered by social workers and foster care parents, as the value of fostering and attachment with the foster child will determine the value of the child's development (Durand, 2007:i). Before attachment in foster care placements are considered, it is important to understand that previous disrupted care has an influence on a foster child's ability to attach with foster parents.

Smith, Stormshak, Chamberlain and Bridges Whaley (2001:200) believed that foster care placement disturbances can be linked to attachment difficulties earlier in the life of the foster child, as well as the foster parents' failure to be sensitive to the foster child's attachment

needs. Therefore, within the field of social work, there is latent need for the application of the attachment theory as social workers, who are the key actors in foster care placements, need to have a thorough knowledge and understanding of the nature, origin and significance of attachment, as well as a sound understanding of how children adopt to foster placements and why they behave the way they do in such placements.

According to the NSW Department of Community Services (2006:1), attachment theory concepts explain why children who had a poor start to relationships with others, or who have experienced seriously disrupted care, often behave in very concerning ways while in foster care. Fortunately, NSW Department of Community Services (2006:5) commented that foster children will base their attachment on how they expect their foster parent to respond to their attachment needs. If this is the case, then social workers should be able to facilitate attachment processes between foster parents and children that allow them to become sensitive to their attachment needs.

Foster parents might have difficulty to focus on and attending to the child's attachment needs as they themselves have insecure attachment patterns (Harden, 2004:40; NSW Department of Community Services, 2006:5). Therefore, foster parents need support and guidance from social workers, who should provide consistent, responsive care and enable foster parents to identify and regulate their emotions and behaviour in order to enhance attachment. Accordingly, Mennen and O'Keefe, (2005:578) commented that "greater reliance on attachment theory could help avoid some of the problems that make child welfare intervention potentially harmful to children". When foster parents are able to be sensitive to a child's emotional needs and respond positively, the child would better be able to cope with traumatic experiences as it is a form of attunement that inevitably facilitates attachment. Fortunately, adverse factors such as removal trauma and foster parents' own attachment histories are not detrimental to attachment formation.

The evidence thus suggests that children with disturbed relationship histories are in a position to develop new and positive attachment relationships with new and sensitive attachment figures (NSW Department of Community Services, 2006:4; Stovall-McClough & Dozier, 2004:154). While attachment can and do form in foster care, the process takes time and research suggests that attachment knowledge could enhance attachment development in foster care relationships. Thus, positive attachments can develop despite disrupted care, before foster care placements, when foster parents are able to respond to attachment needs with warmth and sensitivity. This required sensitivity is defined as "the ability and willingness to try and understand behaviours and emotions from the child's point of view". Recent foster

care studies have found that if foster parents can demonstrate sensitive care to foster children and love then unconditionally, then attachment will most likely take place. (NSW Department of Community Services, 2006). Thus, social workers need to facilitate open communication in foster families in order to develop trust and sensitivity to each other's attachment needs.

Unfortunately, limited empirical work on attachment in foster placements show that attachment challenges might pose to be too difficult for foster parents to handle (NSW Department of Community Services, 2006:7). Therefore, in practice, attachment is not given enough focus and social workers lack the understanding and support to guide foster parents and children. The little research that has been devoted to attachment enhancement in foster care placements proposes that parental guidance by social workers to foster families are the key ingredient in determining whether an attachment will develop or not (NSW Department of Community Services, 2006:7; Botes & Ryke, 2011:31). Also, positive psychological and environmental characteristics of foster families will enhance attachment formation in foster care relationships (Smith, *et al.*, 2001:201; Ranson & Urichuk, 2008:129). Smith, Stormshak, Chamberlain and Bridges Whaley (2001:201) further indicated that according to literature, the degree of contact, rapport building and energy expended by the social worker and the social worker's continuity towards foster parents proved to increase placement stability for foster children. However, there is a very limited research base concerning attachment training for social workers, which has a negative effect on the stability of foster care placements (Smith, *et al.*, 2001:203).

Evidence suggests that there is a clear need for social workers to engage in long-term support for foster families and ensure a stable, nurturing family environment which enhances attachment in these foster care placements (Smith, *et al.*, 2001:201). The application of the attachment theory in foster care placement supervision would ensure more successful placements, as evidence suggests that child welfare systems must provide support and training to foster parents, establish a well-specified model of care to promote child well-being, focus on the positive behaviours of foster parents and children, and create needs-oriented services that respond specifically to child and family attachment needs (Smith, *et al.*, 2001:204). If social workers lack the knowledge of attachment and supervisory support, then they would fail to support and guide foster parents and children in identifying and managing their attachment needs. However, if social workers have the knowledge of the attachment theory, they would be able to empower foster families to understand and apply better attachment practices, in order to strengthen attachment and ensure placement

stability. Literature has already indicated that if the foster parents are sensitive in their response to the attachment needs of the child, the child will be able to form attachment to the foster parent and experience more positive outcomes later in their life (NSW Department of Community Services, 2006:10; Ranson & Urichuk, 2008:129). Thus, it is the responsibility of the social worker to provide foster families with the knowledge of attachment and guide them in the application of attachment interventions.

2.5 The importance of attachment in the lives of foster children

UNICEF South Africa (2010:1) reported that in 2010 half a million children from South Africa were in permanent, court-ordered foster care. Reasons for foster care placements most often include severe neglect, physical maltreatment, abandonment, and/or sexual abuse (Stovall-McClough & Dozier, 2004:253). The concept 'foster care' includes all types of community-based care of children who are not cared for by the biological parents. According to section 180 of the Children's Act 38 of 2005, a child may be placed in foster care with 1) a person who is not a family member of the child, 2) with a family member who is not the parent or guardian of the child or, 3) in a registered cluster foster care scheme (Breen, 2015:1). Furthermore, section 181 of the Act indicates the purposes of foster care as being to 1) protect and nurture children by providing a safe, healthy environment with positive support, 2) promote the goals of permanency planning, first towards family reunification, or by connecting children to other safe and nurturing family relationships intended to last a lifetime, and 3) respect the individual and family by demonstrating a respect for culture, ethnic and community diversity (Breen, 2015:1). For these foster care placements, the duties of the social worker include the removal of children from abusive and neglecting homes (Lesch, *et al.*, 2013:1101) and social workers are mandated "to protect and nurture children by providing a safe, healthy environment with positive support; and promote the goals of permanent planning, first towards the family reunification, or by connecting children to other safe and nurturing family relationships intended to last a lifetime" (South African Amendment Children's Act, 2005). Thus, South African social workers face an immense responsibility in delivering quality foster care services that advocate attachment in foster care placement in order to ensure permanency and the long-term well-being of foster children.

South African foster care encompasses two processes, firstly, service delivery to the biological parents of the foster child, and secondly, service delivery to the child placed in foster care and to his or foster parents. Although both processes play an integral part in the

foster care system, this review will focus more on the foster child within his or her foster family. Also, due to the nature of removal of foster children that is marked by severe abuse and neglect, foster care placements as a result has become more permanent alternative care arrangements (Wulczyn, 2010:1) and the reunification with biological parents are less likely. Section 7(1) and 9 of the South African Amendment Children's Act (2005) states that in all matters concerning the care, protection and well-being of a child, the best interest of the child is of paramount interest and should be applied. Thus, should biological parents fail to act in the best interest of the child, they would not be fit and proper to be reunified with the child who is placed in foster care. Also, the demanding caseloads of social workers prevent them from investing more time and effort in reunification services and as a result, biological parents would remain stuck in unsuitable environments and their children remain in foster care on a long-term basis (Wulczyn, 2010:1). Also, the lack of family readiness, engagement, co-operation and motivation contribute towards the low re-unification success rate (Wulczyn, 2010:1). Therefore, family reunification seems to be a somewhat unlikely event and therefore result in permanent foster care placements.

Furthermore, if reunification with biological parents are unlikely to happen, then foster care initiatives such as placing more focus on attachment should be employed in order to provide foster children with permanency and stability which is advantageous to their well-being. Any form of attachment is beneficial to the psychosocial development of a child (Miller & Commons, 2010:10). Thus, even if a foster child who has attached to a foster parent has to be reunited with his or her parents, he or she will have experienced beneficial development as a result of attachment and will find it easier to form future, long-term relationships (Miller & Commons, 2010:10). A noteworthy finding of current research is that it appears to be possible for foster children to form attachments with foster parents while still having contact with their biological parents (Howe, 1999:671-687 *in* NSW Department of Community Services, 2006:4). Findings like this strengthens the need for attachment knowledge as a comprehensive service attends to the foster family's attachment needs and have the potential to enrich foster care experiences and ensure placement stability (Botes & Ryke, 2011:36).

Since care placements within the South African foster care system end up to be more permanent placements, the attachment relationships between foster parents and foster children are negatively impacted (Lesch, *et al.*, 2013:1101). This is because these placements are not supervised and guided by the social worker who should implement attachment interventions. Stovall-McClough and Dozier (2004:255) stated that "according to

the attachment theory, a parent's state of mind in regard to attachment influences how he or she will anticipate, interpret, and respond to attachment related events, including a child's attachment signals and needs". Thus, foster parents are unable to meet the newly placed foster child's attachment needs. If social workers lack in the implementation of attachment interventions, foster parents will continue to experience attachment difficulties and be unable to overcome it.

Past research (Golding, 2007:2; Malekpour, 2007:81) showed that early attachment with biological parents predicts the quality of later relationships, and the success of these relationships stem from the context of the parent-child relationship. However, the child-foster parent attachment relationships will also set a prototype for all future relationships of the child (Ranson & Urichuk, 2008:129). Fortunately, even when early parent-child interactions set the course for future relationships and development, studies have found that outcomes can be altered by changes in the environment (Ranson & Urichuk, 2008:129). Therefore, the sensitivity of foster parents to create an environment that promotes attachment can be sufficient to improve attachment relationships despite previous disruptive care (NSW Department of Community Services, 2006:10). Evidently so, it is essential for social workers to spend energy on implementing attachment interventions that will ensure secure attachment in foster care placements.

For secure attachment to take place in a foster parent-child relationship trust and positive emotional regulation needs to form and take place (Malekpour, 2007:83). Secure attachment leads to psychological well-being and resistance to stressful and ordinary experiences throughout a lifetime (Malekpour, 2007:83). Malekpour (2007:86) stated that "young children who do not have a relationship with at least one emotionally invested, predictably available caregiver – even in the presence of adequate physical care and cognitive stimulation – display an array of developmental deficits that they endure over time". Bowlby believed that insecure attachment can cause dwarfism, aggressiveness, dependency anxiety, intellectual retardation, social maladjustment, affectionless psychopathy, depression and delinquency. Also, failure of attachment to take place in a foster parent-child relationship will result in relational difficulties throughout a child's life (Malekpour, 2007:86).

Even more so, Golding (2007:2) suggests that "secure attachments allow children to develop trust in others and self-resilience in themselves". Grounded in the empirical evidence of Bowlby, it is suggested that foster children should experience a warm, intimate and continuous relationship with a foster parent in which both are content and satisfied in order to grow up mentally healthy (Bretherton, 1992:437; Ranson & Urichuk, 2008:129). Several

studies (Malekpour, 2007:84; Moses, 2000:476) concluded that if the social environment of foster children remain unchanged, constant, and reliable, it will enhance attachment formation in foster families. Foster families need to know that a secure attachment between them and a foster child would require a relationship that exhibits a sense of security and confidence, which is regarded as a protective factor and is an advantage to foster children (Bowlby, 2008:119-120). However, less secure attachments that is characterized by instability and foster parents' own attachment difficulties can lead to future mental health problems of foster children (Bowlby, 2008:120). The co-operation of the social worker in the supervision and monitoring of the issues between a foster parent and child should enhance and enable secure attachment relationships (Lesch, *et al.*, 2013:1102).

Social workers therefore must know and consider that foster care children come from backgrounds of abuse and neglect, and it is most likely that they will display insecure attachments to their foster parents (Stovall-McClough & Dozier, 2004:254). Lesch *et al.* (2013:1101) mention that "children placed in foster care are at high risk to develop attachment disorders that may affect their ability to form attachments later in life". Thus, foster parents should be willing and able to provide them with special attention and care, have non-judgmental and accepting attitudes and provide trusting and supportive relationships in order to enhance attachment (Lesch, *et al.*, 2013:1101). Even more so, foster parents should have resolved experiences associated with trauma and loss, which might come from their own attachment histories, in order to enhance and enable the attachment between themselves and their foster child (Stovall-McClough & Dozier, 2004:255; Harden, 2004:40; NSW Department of Social Development, 2006:2).

When considering the importance of secure attachment between a foster child and foster parents, Stovall-McClough and Dozier, (2004:253) claim that one cannot dismiss the influence of parental maltreatment and the effect thereof in the future, but that one can ensure that the quality of the relationship between the foster parent and the foster child is of such a nature that it will positively affect the child's developmental course and the success of future relationships. This is only possible if social workers render the required and appropriate attachment related guidance to foster families. Unfortunately, South African literature indicated that social workers and foster parents are unaware of the theory of attachment and how its application can positively influence the foster care placement, their relationships and the behaviour of the foster child (Lesch, *et al.*, 2013:1102).

2.6 Why attachment training of foster care social workers is needed

The knowledge of the attachment theory should be conveyed by social workers to the foster parents. Attachment theory is a useful framework for understanding how early adverse experiences influence later emotional and behavioural development, and research concludes that children base their attachments on how they expect their foster parents to respond to their attachment needs (Smith, *et al.*, 2001:201; NSW Department of Community Services, 2006:2). As already indicated, children can form attachments with a foster parent as long as the foster parents are sensitive to, respond to, and interpret the child's attachment needs and behaviour (NSW Department of Community Services, 2006:2). One might believe that attachment is a natural occurring process, however, it is a "mutually reinforcing" process where foster parents need the motivation and understanding to respond to the child's attachment needs (NSW Department of Community Services, 2006:5) and so create a sensitive environment that enhances attachment. Therefore, the need to understand the importance of attachment theory is of paramount interest as its application will result in successful foster parent-child relationships.

If social workers had a comprehensive understanding of the attachment theory they would improve in the facilitation of foster care placements and provide appropriate support to foster families who need to apply the attachment theory and enhance attachment in the foster parent-child relationship (Smith, *et al.*, 2001:205). However, a study by Lesch *et al.* (2013:1102) found that due to social workers' limited knowledge, it is likely that the attachment needs of foster families are not adequately addressed. Therefore, Lesch *et al.* (2013:1102) suggested that further investigation is done into the knowledge and application of the attachment theory by social workers.

Thus, it is evident that there is a research need on the importance of attachment and how it can improve foster care services. There is an identified need for research on the support and supervision services rendered by foster care social workers to foster families (Botes & Ryke, 2011:47-48). Botes and Ryke (2011:48) suggested that training of social workers on the attachment theory should be encouraged, as it is a comprehensive service that attends to the child and foster parents' attachment needs. By providing adequate support, it has the potential to enrich the foster care experience and it could alleviate the occurrence of unsuccessful placements that is a result of unsuccessful attachment between foster parent and foster child (Botes & Ryke, 2011:31). Research that has been done in the United States of America and the United Kingdom indicate that a good understanding of the attachment theory has much to offer social workers who work with foster families (Cooper, 2010:3;

Shemmings, 2015:2). If social workers have a full understanding and appropriate knowledge of attachment, they would better be able to guide foster parents, plan timely interventions and repair any situation where a child struggles or failed to attach with the foster parent (Cooper, 2010:2).

Cooper (2010:1) stated that “a knowledge of attachment theories can be invaluable in helping children’s social workers solve many of the issues facing them”. This statement is further strengthened by Stevenson (2015:1) who indicated that all social workers should be trained on identifying and assessing attachment needs in children and foster parents. Thus, social workers should have the knowledge on attachment theory in order to support and guide prospective foster parents to be competent in managing the array of feelings in themselves and the foster children that can hinder attachment (Walker, 2008:54). Therefore, social workers should be able to screen and identify the attachment pattern of the foster parents and then give them the necessary support and guidance in order to enhance attachment. If social workers have the knowledge to enable foster parents to identify and regulate their emotions and behaviour to meet the attachment needs of the child, then foster parents would be sensitive to a child’s emotional needs and respond positively. This will enable the child to cope with traumatic experiences. (NSW Department of Community Services, 2006). When a child struggles to attach with a foster parent, the social worker should be aware of the common themes of attachment in order to guide and inform the foster parents on the attachment practices that can inevitably enhance attachment.

Social workers should be aware of and convey their knowledge that positive psychological and environmental characteristics of foster families can greatly influence the type of attachments they form with a child (Smith, *et al.*, 2001:205). Based on the above information it is evident that social workers lack the required knowledge on the common themes of attachment and thus fail to provide foster families with the needed support and guidance. There is a very limited research base concerning attachment training for social workers (Smith, *et al.*, 2001:203). In accordance, there is a critical knowledge gap, as Lesch *et al.* (2013:1101) mentions that despite the importance of attachment relationships between foster parents and children and the prominence of attachment theory in international foster care literature and practices, South African foster care research indicates that attachment theory does not feature prominently in these studies. Even more so, studies that did focus on the provision of training and support for foster parents only briefly mention the importance of attachment in foster placements, but fail to explore the social worker’s use of the attachment theory (Lesch, *et al.*, 2013:1102).

Lesch *et al.* (2013:1101) found that both social workers and foster parents lack the sufficient knowledge on attachment theory and how its application can provide for the attachment needs of the whole foster family. Therefore the lack of knowledge and application of the attachment theory by foster care social workers should be considered and initiatives should be employed to promote the attachment theory in foster care relationships (Lesch, *et al.*, 2013:1101). In support, Smith *et al.* (2001:205) maintain that, if social workers had a comprehensive understanding of the attachment theory, they would be able to improve the facilitation of foster care placements and provide support to foster families and consequently enhance and promote attachment in foster care placements.

Due to the apparent lack of knowledge on attachment theory, social workers should be acquainted with the common themes of attachment, so that they would better be able to solve attachment related issues in foster care placements (Cooper, 2010:2; Shemmings, 2015:2; Stevenson, 2015:2). The US-based Dr Patricia Crittenden (cited by Cooper, 2010:1) indicated that a “fundamental understanding of attachment theories” is one of the most powerful weapons in a social worker’s armoury. She further stressed her point by stating that “attachment theories can solve many of the issues facing children’s services” (Cooper, 2010:2).

2.7 The reality of attachment theory application by foster care social workers

Simmons (2016:1) indicated that it is questionable whether social workers are competent in the attachment theory. Psychologists do receive partly attachment training, however, “a social worker with a deep understanding of attachment theory is to be preferred over an apparently more highly qualified practitioner who does not possess this skill” (Simmons, 2016:1). The UK-based Professor Munro who compiled ‘The Munro Review of Child Protection: Final Report for the Department of Education’, said that “all social workers should be trained in attachment theory” (Simmons, 2016:2). A more recent report on the education of social workers in 2014 by Narey (Simmons, 2016:2) said that, “at graduation, a newly qualified children’s social worker should have a comprehensive grasp of the basics of attachment theory”. Unfortunately, social workers still have to make a conscious and self-propelled effort to obtain fundamental knowledge, training and understanding on attachment. The attachment expert Simmons indicated that the theory of attachment is not a service priority as it should be, and therefore educators and health and social services

providers should give social workers the support and the time necessary to obtain and develop their knowledge and skills in the vital area of attachment (Simmons, 2016:2).

2.8 Conclusion

This literature overview endeavoured to explain the central concepts of attachment and the need to identify the common themes of attachment in foster care social work which social workers should be acquainted with in order to render quality foster care services. Even though the importance of the attachment theory is highlighted in international foster care literature as well the importance of attachment relationships in successful foster care, the attachment theory and its practices do not feature noticeably in South African foster care research. Unfortunately, the foster care placements as a form of alternative care are forever increasing and this leads to an increased need of quality foster care services. The quality of foster care services is greatly impacted by the lack of understanding and application of the attachment theory by social workers. The end goal is to identify the common themes of attachment in existing foster care programmes which social workers should be acquainted with. If a future training programme is developed, based on the identified themes of attachment, it should contribute towards the improvement of the quality of services rendered by foster care social workers and thus ultimately ensure more successful foster care placements.

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3 SECTION 3: RESEARCH ARTICLE

A RAPID REVIEW OF ATTACHMENT THEMES IN EXISTING TRAINING PROGRAMMES FOR SOCIAL WORKERS

A qualitative research approach was used to conduct this rapid review in order to explore current literature that will answer the review question of ‘what are the common themes of attachment social workers should be acquainted with in order to render quality foster care services?’ The review question arose from the social practice but was answered by literature.

As a form of alternative care in the field of social work, foster care is one of the most common options for a child in need of care. These foster care placements more often disrupt or present with challenges due to attachment related issues. Even more so, social workers do not receive the basic attachment training that would enable them to deliver timely attachment related interventions that should ensure successful foster care placements. This rapid review strives to determine common themes in attachment training programmes through an exploratory study of what social workers should be acquainted with in order to enhance attachment in foster care placements so that more successful foster care placements can be made.

From the data synthesis, five themes were identified that social workers should be acquainted with in order to render quality foster care services. The implementation of these themes should aim to be used in future attachment training programmes for social workers which will improve foster care services to foster families and ensure successful foster placements.

Key terms: Attachment, attachment figures, foster care, foster parents, foster child

3.1 Introduction

The need for a possible attachment training programme for social workers arises from attachment related challenges reported by foster parents to foster care social workers. From a preliminary literature overview, it appears that there is no scientific research on the training of social workers regarding the attachment theory in South Africa. A rapid review of the content of existing attachment training programmes for social workers is undertaken to determine whether the need for an attachment training programme exists and to answer the review question of “what are the common themes of attachment that social workers should be acquainted with in order to render quality foster care services?”

3.2 Problem statement

Research has indicated that it is questionable whether social workers are sufficiently qualified in the attachment theory and social workers should be trained in the crucial area of attachment (Cooper, 2010:1; Simmons, 2016:1; Stevenson, 2015:1). The increasing number of foster care placements requires social workers to provide quality long-standing support to foster families by assessing their attachment needs and enable them to create a stable, nurturing environment that is beneficial to attachment (Shemmings, 2015:2). If social workers are knowledgeable on the theory of attachment, they would be able to support and guide families to modify their behaviour in order to meet the attachment needs of the child placed in foster care. However, the researcher is of the opinion that social workers lack the required knowledge on the common themes of attachment, and thus fail to provide foster families with the needed support and guidance.

Attachment focused foster care services can ensure fulfilling foster care experiences and prevent placement disruption (Botes & Ryke, 2011; Smith, *et al.*, 2001:201). Unfortunately, South Africa has not placed enough focus on the theory of attachment and how its application in the field of social work can alleviate many of the placement challenges social workers are faced with (Lesch *et al.*, 2013:1102).

It is evident that attachment related research would be beneficial to the South African social work practice, considering the its importance in international foster literature and its value to ensuring placement stability services (Lesch, *et al.*, 2013:1102). Thus, South African social workers are in dire need of training on the theory of attachment at its implementation will ensure that the attachment needs of foster families are met (Botes and Ryke, 2011:36).

3.3 Research question

The provisional literature overview gives rise to the review question and it was further refined by the PICo (Table 1-1) (Murdoch University Library, 2019) method to ask: “what are the common themes of attachment that social workers should be acquainted with in order to render quality foster care services?”

P	Population or Problem (what is the problem the researcher is interested in)	What are the common themes of attachment social workers should be acquainted with
I	Interest (interest related to an experience or process)	In existing training programmes or relevant literature on attachment
Co	Context (context is the setting or distinct characteristics)	To enhance attachment in foster care placements

Table 1-1: PICo Method

3.4 Research approach

A qualitative synthesis was used in this rapid review where the basic research objective was exploring (literature overview) and not describing or explaining (Engelbrecht, 2016:110). A rapid review will be utilized in order to identify the common themes of attachment and produce information in a timely manner (Dobbins, 2017:2; Tricco, *et al.*, 2015). Although content analysis was conducted by studying the content of documents (Engelbrecht, 2016:118), a thematic analysis (Engelbrecht, 2016:120) was also utilized by distinguishing themes (Engelbrecht, 2016:121).

Qualitative synthesis of extracted data works with textual or visual data by organizing it, breaking it down into controllable units, synthesizing it by discovering patterns, and finally deciding what is important based on the phenomenon and the review question being investigated (Engelbrecht, 2016:118).

A rapid review of literature was used as a research method.

3.5 Method: rapid review

Rapid reviews can be seen as falling 'within the family' of systematic reviews as the methodology is of such a nature that it provides a transparent, scientific method that is still detailed and that repeatability can be provided in advance by others (Langlois, 2017:5). In accordance, Grant *et al.* (2014:vii) state that rapid reviews "are a resource-efficient way to identify and summarise the general characteristics, issues, data and knowledge gaps surrounding a problem. They aim to be rigorous, transparent and explicit in method, but make concessions for the timelines and utility of the output, and thus are not full systematic reviews of the literature or wider evidence."

Ciapponi (2017) indicates that a rapid review can be completed within three months, compared to the systematic review that takes a minimum of six months. A rapid review is less prone to several shortcomings and shows a good deal of validity (King, 2017). A rapid review allows the researcher to obtain relevant information in a timely and worthwhile manner and therefore, it is the most appropriate method to answer this review question.

In this study, a rapid review was the most appropriate method to provide a prompt answer to the review question within a specific time frame. The focus of this study was on common themes of attachment in existing training programmes, which social workers should be acquainted with in order to render quality foster care services.

3.6 Literature overview for the study

The theory of attachment indicates that attachment relationships creates a sense of safety and security between foster families (Golding, 2007:2). Attachment can be describes as an emotional bond that forms between a child and a care giver (Mitchell, 2007:3).

The theory of attachment was first theorised about by Bowlby (Moore, *et al.*, 2010:8) and the its value to the success of foster care placements has been researched and validated ever since. The attachment theory theorises about how children form attachment relationship to attachment figures and how this attachment relationship impacts the child's emotional and behavioural development. Thus, the attachment theory would enable social workers to understand, identify and assess attachment needs of foster families and allow social workers to enrich the foster care experience (Golding, 2007:2). In other words, the attachment theory allows foster families to adopt a different perspective and approach to

how they perceive their relationships and how they should go about to strengthen the foster care placements. Consequently, just like social workers, foster parents need a fundamental understanding of the attachment theory and how it can be implemented in the foster care placement.

With regards to foster care placements, social workers need to realize that secure attachments have a direct impact on the future welfare of the foster child. Foster care placements as a form of alternative care, is a way of securing safety and stability for children who have experienced previous disrupted care (Allen & Bissel, 2004:50). However, previous disrupted care impacts the foster child's ability to form an attachment to a foster parent (Collazo, 2013:2). As a result of the attachment challenges, foster care placements are prone to disrupt (Stovall-McClough & Dozier, 2004:254). Fortunately, due to the research of attachment, evidence suggests that attachment can still form between foster families as trust, positive emotional regulation, and safety and security between foster families can enhance attachment (Malekpour, 2007:83).

Even though the attachment theory is now more commonly applied in the fields of adoption and foster care (Peluso, *et al.*, 2004:139), social workers do not have the appropriate attachment related skills that would allow them to help foster families overcome attachment difficulties (Botes & Ryke, 2011:35). As a result, social workers are unable to guide foster families in discovering how their previous attachment experiences have an impact on how they will form attachments

Fortunately, research evidence proposes that positive attachment relationships between foster families are still possible, despite previous disrupted care, as long as the foster parents are sensitive to the attachment needs of the foster child (NSW Department of Community Services, 2006:4; Stovall-McClough & Dozier, 2004:154). Since the attachment process requires tremendous input into the foster care relationship from both the foster parents and the social workers, attachment knowledge would be a definite surety of positive attachment relationships. Again, attachment formation between foster parents and foster children are bound to take place if foster parent is knowledgeable in how to respond to the attachment needs of a foster child in order to combat previous attachment experiences.

Unfortunately, evidence suggests that the attachment difficulties faced by foster families become intolerable causing the placement to disrupt (NSW Department of Community Services, 2006:7). Added to this is the fact that social workers and the social work practice

in general do not place enough focus on the attachment theory and how it can strengthen foster care placements. However, the little empirical work on attachment in foster care indicates that if social workers can provide foster parents with attachment related parental guidance, then attachments should form between the foster parents and the foster child (NSW Department of Community Services, 2006:7; Botes & Ryke, 2011:31). Even more so, social workers should know and convey the knowledge to foster families that a positive emotional environment can enhance attachments in the foster care placement (Smith, *et al.*, 2001:201; Ranson & Urichuk, 2008:129).

Social workers should educate foster parents on the theory of attachment. The theory of attachment allows a framework for understanding how previous attachment experiences impact new attachment relationships as well as provide a deeper understanding of how to meet the attachment needs of the foster child (Smith, *et al.*, 2001:201; NSW Department of Community Services, 2006:2). As previously mentioned, due to the work done on the attachment theory, foster children are able to form positive attachments to foster parents when foster parents are able to interpret the child's attachment needs and respond to it in a sensitive and appropriate manner (NSW Department of Community Services, 2006:2). Thus, foster parents need the deeper understanding and support in order to appropriately respond to their foster child's attachment needs (NSW Department of Community Services, 2006:5). As indicted several times, it is necessary to comprehend and understand the value of the attachment theory and how its implementation in foster care placements can ensure placement stability.

Regrettably, it is questionable whether social workers are suitably skilled in the area of the attachment theory (Simmons, 2016:2). International work on attachment have stressed the importance of attachment education for social workers as its value in the field of foster care is immeasurable (Simmons, 2016:2). In South Africa, social workers have to embark on further studies in order to gain knowledge and insight into the theory of attachment. As the value of the attachment theory in foster care placements have received some attention, social workers need more support to implement attachment related interventions in foster care placements (Simmons, 2016:2). Consequently, the question is asked, 'what are the common themes of attachment that social workers should be acquainted with in order to render quality foster care services?' A rapid review was conducted by the reviewer on the content of training programmes that should enhance attachment in foster care placements.

3.7 Search for research evidence

3.7.1 Database search strategy

Keywords were identified through consultations with the co-reviewer and subject librarian regarding the topic. The MeSH (Medical Subject Headings) browser were also utilised to find suitable subject terms related to the search topic (<http://www.nlm.nih.gov/mesh/Mbrowser.html>). No related subject terms were found through the MeSH browser search; therefore, the search was conducted on the North-West University databases.

3.7.2 Inclusion Criteria

The following criteria were used to include studies for this review:

- Studies published in languages other than English and/or Afrikaans, as the research is not literate in any other languages;
- A publication time range of 1900 to 2019 will be utilized as the researcher will draw from all sources on the attachment theory. For the purpose of this study, it will be helpful to use recent sources in order to make a convincing case of the research question (Lumen Learning, 2018);
- Full text journal studies;
- Peer reviewed studies;
- Qualitative studies;
- Mixed method studies;
- PhD theses;
- Masters'/mini-dissertations;
- Conference proceedings;

3.7.3 Conducting the search

The following keywords were used in combination with the inclusion criteria and Boolean operators:

“attachment” OR “attachment training”

AND

“foster care”

AND

“social work”

The following databases were searched on 4 March 2019:

- PsycINFO (15);
- OAlster (3);
- Academic Search Premier (3);
- SocINDEX with Full Text (2);
- ScienceDirect (1);
- Health Source: Nursing/Academic Edition (1);
- Journals@OVID (1).

The titles and abstracts that were identified were screened in order to determine their relevance to the review and their scientific quality. A small total of 21 articles were found searching the North-West University databases. An additional 7 records were identified through other sources, 4 of which was included as grey literature. According to Paez (2018) grey literature can reduce publication bias, increase reviews' comprehensiveness and timelines and foster a balanced picture of available evidence.

After titles and abstracts identified were assessed, 12 records were excluded. 15 Included full text articles were retrieved and assessed to determine their relevance to the current review and their scientific quality. Seven full text articles were excluded with the following reasons:

- Not relevant problem/population (n = 2)
- No relevant interest (n= 3)
- No relevant context (n = 1)
- No relevant data (n = 1)

The realisation of the search process is indicated in the PRISMA flow diagram (Figure 1-1).



Figure 1-1: Discussion of the application of the PRISMA flow diagram for the selection of records

After the included full text documents were assessed for relevance to the study, only eight records were identified as meeting all the inclusion criteria. One scientific article, 'Enhancing the parent-child attachment of children adopted from foster care in the United States: a workbook' by Bateman (2016) was retrieved on 4 March 2019. Bateman (2016) is a dissertation for the fulfilment of the requirements of the degree of Doctor of Psychology in California. A chapter in a collected work, 'From Out of Sight, Out of Mind to In Sight and In Mind: Enhancing Reflective Capacities in a Group Attachment-Based Intervention' by Murphy, Steele and Steele (2013) was retrieved on 4 March 2019. This chapter forms part of the book 'Attachment-Based Clinical Work with Children and Adolescents', which was published in New York. This book assembles current theory and findings on attachment, applies them to clinical work, and offers valid ideas for building an attachment framework in practice.

An additional search was conducted on 4 March 2019 using other search engines such as Google Scholar. Two books, 'Attachment handbook for foster care and adoption' by Schofield and Beek (2006) and 'Foundations for attachment training resource: the six-session programme for parents of traumatized children' by Golding (2017) were identified and included in the rapid review. Schofield and Beek's (2006) published work arose from a working partnership between John Simmonds and Julia Feast (British Association for Adoption & Fostering), Jeanne Kaniuk (Coram Family), Dr Miriam Steele (New University, New York, previously University College, London and the Anna Freud Centre), and Gillian Schofield and Mary Beek in the Centre for Research on the Child and Family at the University of East Anglia. Golding (2017) used the attachment theory and research as her guide in designing this effective resource. The two books, 'Attachment handbook for foster care and adoption' by Schofield and Beek (2006) and 'Foundations for attachment training resource: a six session programme for parents of traumatized children' by Golding (2017) provide a well-founded and researched base which will strengthen the rapid review.

A further manual search on 4 March 2019 delivered four records of grey literature. A PowerPoint presentation on 'An Introduction to Attachment and the Implications for Learning and Behaviour' was developed through partnership between Bath Spa University, Bath and North East Somerset Council, the National College for Teaching and Leadership, a range of third sector organisations, attachment specialist and local schools (Atkinson, *et al.*, 2014). O'Connor (2016) developed another PowerPoint presentation on 'Why attachment matters: supporting resilience through attachment'. A third 'Attachment Training' presentation was retrieved and developed by Looked After and Adopted Children's Support and Therapeutic Team (LAACSTT) (2013). These PowerPoint presentations all meet inclusion criteria as they are specific to professionals and is developed around the attachment theory. The last grey literature article is an online article on 'The Science of attachment parenting' as published by Gwen Dewar, Ph.D (2017).

3.8 Critical appraisal

Critical appraisal is the process of assessing the quality of study methods in order to determine whether the findings are trustworthy and meaningful. Each of the eight included records were individually appraised by the reviewer using two appropriate tools, namely the Critical Appraisal Skills Programme (CASP) and AACODS (Authority, Accuracy, Coverage, Objectivity, Date, Significance).

The critical appraisal of the 8 included records was conducted by the reviewer and the co-reviewer in order to confirm methodological validity (Tricco, *et al.*, 2015). Findings were compared and discussed to eliminate any discrepancies.

The critical appraisal was conducted by utilising the CASP tool. The CASP tool is an evidence-based approach to help the researcher make sense of the research evidence, and also to help the researcher apply the evidence to practice. The grey literature was critically appraised using a tool specifically designed by Tyndall (2010) for use with grey literature sources. The tool is called the AACODS checklist (Authority, Accuracy, Coverage, Objectivity, Date, Significance), as demonstrated by Figure 1-2.

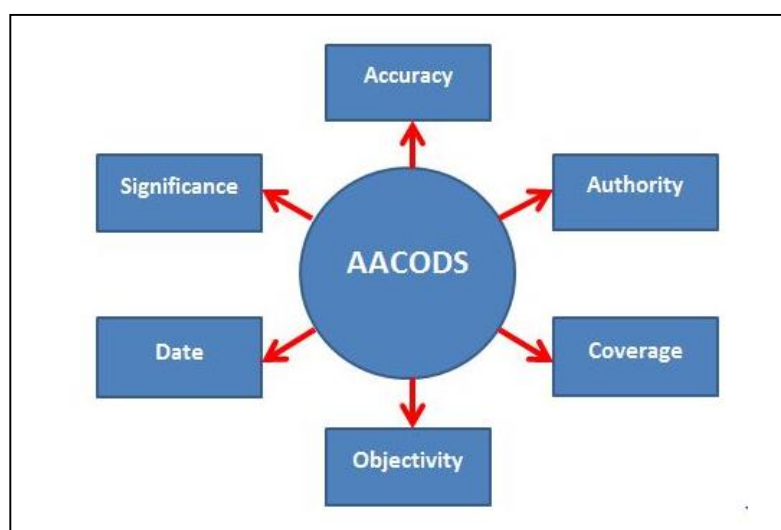


Figure 1-2: AACODS checklist illustration

3.9 Data extraction and synthesis of evidence

The synthesis of evidence results from the summary of all of the high quality and relevant evidence gathered (Dobbins, 2017:17). The goal of the reviewer should be to come to a conclusion about what is known about the review question in the literature (Dobbins, 2017:17). For the synthesis of evidence, Dobbins (2017:17) recommends the following steps: 1) extracting relevant information from included records; 2) summarising the overall results from the included records; and 3) formalizing conclusions. This will help the reviewer answer the question “what does this research evidence say about the issue and what are the practice implications for research?” Firstly, the data extraction process was followed.

3.9.1 Data Extraction

The data extraction steps that were followed was adopted from De Vos, Strydom, Fouche and Delport (2011:381) and adapted to suit the review. Firstly, the review question, “What are the common themes of attachment that social workers should be acquainted with in order to render quality foster care services?” was formulated. Secondly, possible records were found and archived as illustrated by the PRISMA flow diagram (Figure 1-1). Thirdly, the information was coded into five themes and recorded in Addendum F. Fourthly, the extracted information was synthesised in order to answer the question, “What do the included records tell us?” (Dobbins, 2017:17). Following the data extraction, the data synthesis process was employed.

3.9.2 Data Synthesis

The qualitative data synthesis was conducted using the Data Extraction Table (Addendum E) to organise the results and findings of the included records. An additional table (Addendum F) was created for coding in order to identify themes which will be discussed. The following themes were identified: **Theme 1:** Why attachment matters; **Theme 2:** Attachment core concepts; **Theme 3:** Attachment and foster care; **Theme 4:** Attachment enhancement factors; and **Theme 5:** The role players in the attachment process. Finally, deductions can be made from the synthesised data.

3.9.3 Drawing Implications

Now that all the data has been extracted and themes have been identified, it is time to answer the question, “based on the research, what should be done?” (Dobbins, 2017:20). The evidence will be considered in its entirety in order to develop recommendations for the possible development of a foster care attachment training programme for social workers. Based on the data that was extracted, the evidence does not suggest that there are any attachment training programmes aimed at foster care and social workers in South Africa specifically. The extracted data was synthesised according to the identified themes in order to draw implications and answer the review question, “What are the common themes of attachment that social workers should be acquainted with in order to render quality foster care services” (Dobbins, 2017:20).

Therefore, the themes that were derived from the extracted data will be presented and discussed in such a way as to answer the review question: “What are the common themes of attachment that social workers should be acquainted with in order to render quality foster care services?” The identified themes are evidence based as it is derived from scientific evidence and helps guide the researcher to make recommendations for a future attachment training programme for social workers.

3.10 Results

The data analysis process produced five themes which should be included in an attachment training programme for social workers. The children placed in foster care come from backgrounds of abuse and neglect and these circumstances can cause emotional and developmental disruption as well as mental and physical health disruption for the foster child (Bateman, 2016:1). This results in foster children who struggle to form a positive emotional attachment with foster parents (Bateman, 2016:1). The theory of attachment offers a rich and powerful explanatory framework, both for understanding the backgrounds and behaviour of foster children and for outlining helping potential of new relationships in the foster care placement (Schofield & Beek, 2006:1). The themes identified imply that if social workers are to facilitate attachment in foster care placements, they need a good understanding of why attachment matters and how it applies to foster care.

From the included records, the following themes emerged: **why attachment matters** (Atkinson, *et al.*, 2014; Dewar, 2017; O’Connor, 2016), **attachment core concepts** (Dewar, 2017; Looked after and adopted children’s support and therapeutic team (LAACSTT), 2013; Schofield & Beek, 2006), **attachment and foster care** (Atkinson, *et al.*, 2014; LAACSTT, 2013; O’Connor, 2016), **attachment enhancement factors** (Bateman, 2016; Dewar, 2017; Golding, 2017; Murphy, Steele & Steele, 2013; Schofield & Beek, 2006), and **the role of the social worker** (Bateman, 2016; Atkinson, *et al.*, 2014; Golding, 2017; LAACSTT, 2013; Murphy, Steele & Steele, 2013; Schofield & Beek, 2006).

3.10.1 Theme 1: Why attachment matters

Transitions such as foster care placements are not desirable for young children and social workers are responsible for the patchwork; “perhaps we (social workers) are the thread that holds the whole thing together” (O’Connor, 2016:18). Therefore, O’Connor (2016:18) indicated that social workers need to deliver foster care services of the highest quality in

order to ensure that attachment takes place in foster care placements and ensure their well-being. If social workers can understand the “how” and “why” of behaviour challenges presented by foster children, they can find ways to help them succeed in their relationships (Atkinson, *et al.*, 2014:5). Children who are in foster care, who have been abused, neglected, or suffered loss or illness, and who failed to form a secure attachment with an attachment figure will exhibit challenging behaviour, and if this is not recognised it can lead to wasted lives (Atkinson, *et al.*, 2014:2; Dewar, 2017:9; O’Connor, 2016:4). Children who did not form an attachment with an attachment figure can be classified as unfocussed, disruptive, controlling, withdrawn, and destructive and tend to underachieve in educational and social circumstances (Atkinson, *et al.*, 2014:4). If social workers can better understand why and how foster children behave the way they do, then they can find ways to help foster families to exceed in their relationships and ultimately at life (Atkinson, *et al.*, 2014:5).

Attachment promotes independence, it fosters better emotional regulation, it helps children cope with stress, fewer behavioural problems, cognitive advantages, moral development, social competence, and a willingness to take on challenges (Atkinson, *et al.*, 2014:23; Dewar, 2017:11-16). According to Atkinson *et al.* (2014:16), attachment regulates brain processes such as emotions, experiences, relationships, opportunities, attitudes, values and beliefs, knowledge and genes of future generations and therefore feeling safe and secure is more important than other learning experiences. Secure, nurturing environments and stimulating, engaging experiences help build brain processes (Atkinson, *et al.*, 2014:17). Also, empathetic, supportive attachments and relationships are essential to optimize brain development (Atkinson, *et al.*, 2014:17).

According to O’Connor (2016:19) the foster parent can be regarded as the secondary attachment figure, a “back-up team” who can provide warm, responsive relationships and interaction (attunement). This will allow the child to form attachments that help them learn to self-regulate their behaviour and develop resilience (Atkinson, *et al.*, 2014:20; Dewar, 2017:11; O’Connor, 2016:20). Connections, relationships and attachments are vital for the development of the brain and mind, and support learning at an anatomical, physiological, psychological, social and environmental level (Atkinson, *et al.*, 2014:20). Attachment can help children build social and emotional capability within themselves which can break inter-generational cycles of dysfunction and underachievement (Atkinson, *et al.*, 2014:20).

Insecure attachments can cause children to have challenging behaviour and social and cognitive difficulties (Atkinson, *et al.*, 2014:34). Insecure attachment is also linked to Attention Deficit Hyperactive Disorder (ADHD) (Atkinson, *et al.*, 2014:13; O’Connor,

2016:11). As a result, children will tend to seek alternatives to contact with an attachment figure, such as substance abuse (Atkinson, *et al.*, 2014:35). According to Atkinson *et al.* (2014:36) a structured environment with firm boundaries and nurturing empathic relationships will result in the child developing social skills, self-esteem, emotional literacy, autonomy and self-identity. Thus, attachment figures can help a child to reshape insecure attachment behaviours and support the development of a more secure attachment by means of taking into consideration the concepts that are central to attachment (Atkinson, *et al.*, 2014:38; Dewar, 2017:17).

3.10.2 Theme 2: Attachment core concepts

The framework provided by the attachment theory helps social workers understand how a foster child's development and the care they receive are related (Schofield & Beek, 2006:9). The application of the attachment theory allows that children can change in the way they feel about themselves and other people in their lives and Schofield and Beek (2006:9) indicated:

“It is this potential for change in children's thoughts, feelings and behaviour in the context of new relationships that needs to be understood in order to promote successful adoption and fostering practice.”

Thus, attachment theory has provided a rich source of concepts that help explain how a foster child's early experiences in adverse family conditions (abuse, neglect, loss, removal from family environment) affect their minds and behaviour, and how applying the core concepts of attachment can bring about positive change in a new foster care environment (Schofield & Beek, 2006:9). Therefore, the core concepts of attachment are very important in attachment training for social workers, as they need to understand what 'attachment' is and its significance in the foster care setting.

Attachment is an emotional bond between attachment figures and children that involves an interactive process of expectation. Expectation entails that attachment figures will offer care and protection (Dewar, 2017:1; LAACSTT, 2013:9; Schofield & Beek, 2006:11). This interactive process will share how the child relates to the world, others and themselves (LAACSTT, 2013:9). Children are biologically programmed to seek safety and security from attachment figures (Schofield & Beek, 2006:45; LAACSTT, 2013:6). The available and sensitive attachment figure provides a secure base that enables the child to explore and learn. “Mind-minded” attachment figures see the child as an individual with a mind, feelings, thoughts and beliefs of their own, which helps the child to regulate their feelings and

behaviour (Dewar, 2017:18; Schofield & Beek, 2006:45). The core concepts of attachment are summarized by Schofield and Beek (2006:11), and illustrated by Figure 1-3:

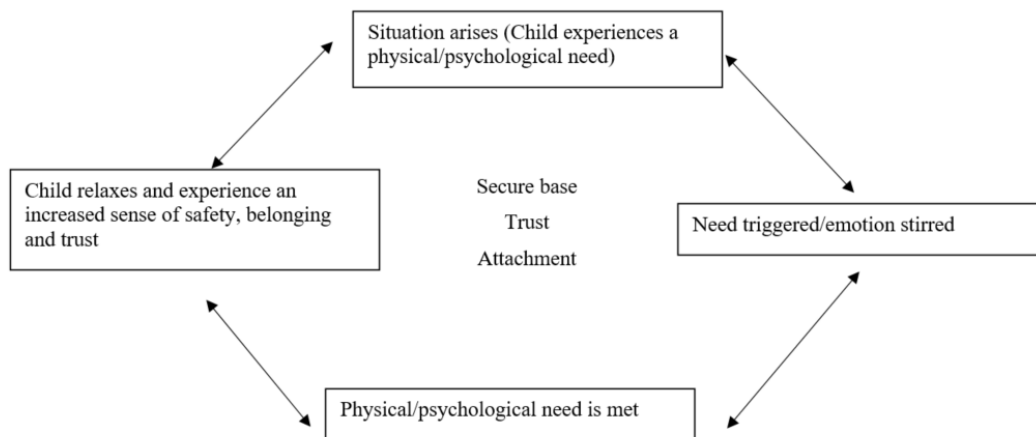


Figure 1-3: Attachment cycle

Children will adapt their experience of their needs being met in order to maximise changes of safety and security (Schofield & Beek, 2006:46). As the figure illustrates, children are biologically programmed to seek closeness in order to feel safe, secure and protected, and foster parents need to be able to identify this attachment need and respond in an accurate and timely manner (Schofield & Beek, 2006:11). The foster child needs to be confident in their ability to communicate their attachment need and derive comfort from their foster parents (Schofield & Beek, 2006:11), and so the foster parent and the foster child reach a harmonization in the context of their relationship and become attuned to each other. This restores the equilibrium of the cycle and both the attachment needs of the foster parents and foster child is met (Schofield & Beek, 2006:11). Thus, the nature of the attachment relationship will be largely impacted by the availability of the foster parent to respond to the attachment needs of the foster child.

Accordingly, children will develop unsuitable behaviour if their attachment needs are not met, which might also lead to insecure attachment (LAACSTT, 2013:8). According to Dewar (2017:17) attachment is another name for being sensitive and responsive. This interaction process will allow children to form mental representations of people, themselves, and of relationships, and thus form internal working models which is a set of beliefs and expectations that influence behaviour (LAACSTT, 2013:17; Schofield & Beek, 2006:46).

This means that each child should be responded to on a case-by-case, individual basis which is a practice “that seems to work well with some children that are unsuitable for others” (Dewar, 2017:17). The quality of the caregiving by attachment figures will have consequences on the child’s mind, internal working models, exploration, behaviour and later relationships (Schofield & Beek, 2006:46). According to Schofield and Beek (2006:46), attachments can form at any age but would most likely be affected by previous attachment experiences. Increased sensitive care by attachment figures can make insecure children become secure children (Dewar, 2017:10; Schofield & Beek, 2006:46). This possibility and potential for change allows foster parents to make a difference to the development, security and happiness of foster children (Dewar, 2017:18; Schofield & Beek, 2006:46).

3.10.3 Theme 3: Attachment and foster care

Foster care children struggle to manage separation and loss as a result of adverse family conditions, and this is why they struggle to bring about positive change in the foster care environment (Schofield & Beek, 2006:9). The abusive and traumatic experiences foster children face are seen as time holes in which foster children get pulled into and they re-enact scripts from their previous family experiences (LAACSTT, 2013:19). Trauma is the emotional neglect and abuse foster children have faced, and the lack of unconditional regard they experienced (O’Connor, 2016:7). The traumatic experiences of foster children prior to placement directly affect their brain development and impact the way they relate to foster parents (Atkinson, *et al.*, 2014:35; LAACSTT, 2013:21; O’Connor, 2016:7). Early trauma and insecure attachment of foster children can be linked with: poor self-regulation; lack of executive functioning skills; poor physical development and; developmental delay and learning difficulties (Atkinson, *et al.*, 2014:34; O’Connor, 2016:11). However, Atkinson *et al.* (2014:20) indicated:

“Recent neuroscientific evidence demonstrated that warm, responsive relationships and interactions (attunement) build children’s brains and help them to learn to self-regulate their behaviour.”

In accordance, attunement is the ability to understand that there are lots of levels and channels for communication with foster children, it’s the ability to read the foster child’s cues, and the ability to respond sensitively and appropriately in the foster child’s best interest (LAACSTT, 2013:23; O’Connor, 2016:20). Foster children will form secondary attachments with foster parents, and they have the ability to help foster children recover from trauma

(O'Connor, 2016:19). Social workers will need to facilitate this successful intervention which is based on:

“providing a structured environment with firm boundaries and nurturing empathic relationships. From this secure foundation other areas – developing social skills, self-esteem, emotional literacy, autonomy and self-identity – can be developed (Atkinson, *et al.*, 2014:36).

Emotional resilience and attachment are inextricably linked as resilience comes from 1) having enough positive experiences to create a sense of security and trust in others as well as the child in him/herself; 2) feelings of self-worth and knowing that others believe in the foster child; 3) having a safe place to build resilience helps the foster child to take risks and make mistakes; and 4) being well-supported through difficulty and change (Atkinson, *et al.*, 2014:37; O'Connor, 2016:3). Social workers can therefore not disregard the impact of trauma on the new relationships foster children will form and thus need to understand how attachment is fundamental to help a foster child build resilience and support their transition to foster care.

“Early trauma and lack of secure attachments can lead to unhealthy forms of resilience. This is one of the most important reasons why attachment really matters.” (O'Connor, 2016:4).

In knowing that previous negative attachment experiences do not deter the formation of new attachment relationships in safe environments, it is important to look at evidence that suggests *how* attachment can be enhanced in foster care placements.

3.10.4 Theme 4: Attachment enhancement factors

The foster child enters foster care with relational wounds, high levels of internal stress, and a desperate need for attachment with a consistent attachment figure (Bateman, 2016:51). Although a secure attachment relationship between a foster child and foster parents might be difficult, it is not impossible (Bateman, 2016:51; Schofield & Beek, 2006:46). According to Bateman (2016:51) the possibility of a foster child attaching to a foster parent is influenced by three factors: 1) the environment, 2) past attachment experiences, and 3) a pre-disposition to respond in a certain way (internal working models). Foster care allows the foster child the opportunity to learn new ways of interacting with the world, as well as the opportunity to heal from past maltreatment and poor attunement of parents (Bateman,

2016:51). The possibility is there for the foster child to alter his or her attachment style as Bateman (2016:51) indicated:

“Because attachment is determined not by biological relationship but by the parent’s state of mind, adopted parents (foster parents) can have a great impact on promoting the attachment bond between themselves and their new child.”

In accordance, there are specific measures foster families can adopt in order to enhance the foster parent-child attachment relationships. Identified factors (Bateman, 2016; Dewar, 2017; Golding, 2017; LAACCSTT, 2013; Murphy, Steele & Steele, 2013; Schofield & Beek, 2006) that can enhance attachment are:

1) Being available:

A foster caregiver that is both physically and emotionally available, warm, consistent and reliable can help foster children to rebuild their trust in adults and their own belief in themselves as valued and able individuals in their relationships and in the larger world (Dewar, 2017:10; Golding, 2017:60; Schofield & Beek, 2006:177). Foster parents should be able to provide foster children with nurture, comfort and protection whenever needed, as this will lay a foundation of trust in themselves and the foster parents (Schofield & Beek, 2006:177). Once foster children can trust in the consistent, unwavering environment, they are freed from tormenting feelings that result in undesirable behaviour (Schofield & Beek, 2006:177). Due to prior attachment experiences, children have learned that adults are unavailable to meet their needs and they have deep-rooted behaviour patterns that enable them to feel safe and get their needs met as best they can, even when those behaviours are regarded as inappropriate (Schofield & Beek, 2006:177). Foster families thus have to demonstrate their ability to protect, comfort and soothe the foster child, making the needs of the foster child the central priority in the foster parents’ mind (Schofield & Beek, 2006:178). However, Schofield and Beek (2006:178) warns that each child will need a different approach, depending on their attachment histories, and therefore foster parents need the sensitivity and attunement required to promote attachment.

2) Parental sensitivity:

Sympathy and understanding from a foster parent towards a foster child directly correlate with the development of a secure attachment (Bateman, 2016:60; Dewar, 2017:9; Schofield & Beek, 2006:181). The process of responding sensitively towards the needs of the foster child is summarized by Schofield and Beek (2006:181), and illustrated by Figure 1-4:

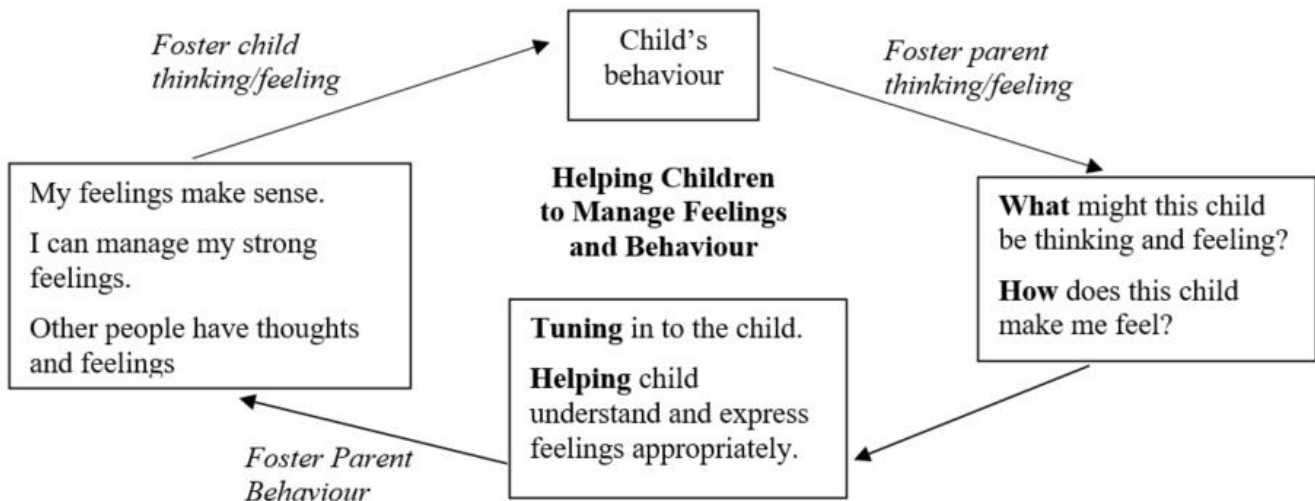


Figure 1-4: Parental sensitivity

Foster parents should help foster children make sense of themselves and other people and the world around them in order to develop a social understanding which enables them to manage themselves and their relationships (Bateman, 2016:60; Schofield & Beek, 2006:182). According to Schofield and Beek (2006:184), the task of the foster parent is the practice of attunement where they are thoughtful of the child's previous attachment experiences and flexible in their thinking and behaviour of how it might shape the child's thinking processes and behaviour. Murphy, Steele and Steele (2013:242) refer to this process as reflective functioning where the foster parent has the "ability to think about the thoughts, feelings, and intentions guiding or underlying the behaviour of others as well as self".

3) Emotional attunement:

According to LAACSTT (2013:23), attunement is the process whereby the foster parent has the ability to read the child's cues and respond sensitively and appropriately in the child's best interests. Accordingly, Murphy, Steele and Steele (2013:243) indicated that foster parents and children should recognize that their emotional states convey a sense of being understood. Before behavioural change should be attempted, foster parents should attempt

to see the world from their foster child's point of view (Bateman, 2016:61; Golding, 2017:20). An attachment specialist, Dan Hughes (cited by Golding, 2017:20) refers to the shift of focus from behaviour to the inner child as "connection with correction". According to Bateman (2016:61) a shift of focus from the external behaviour to the internal thinking and feeling processes of the foster child can enable the foster child to process negative feelings about attachment figures, and thus change their internal working models of attachment.

Dan Huges (cited by Golding, 2017:103) invented PACE, which is a parenting attitude that facilitates connection between the foster parent and child. PACE is an acronym for: Playfulness (joy in the relationship), Acceptance (of the child's internal experience), Curiosity (to discover the child's world), and Empathy (that communicates understanding and compassion for the child). Social workers can facilitate foster parents' exploration of PACE as a way of staying open and engaged to self and the child in the attachment process.

4) Accepting the child – identity formation and building self-esteem:

Every person needs to answer the question "Who am I" when forming self-identity, but for foster children additional questions such as "Where do I come from" and "Why am I in foster care" needs to be answered (Bateman, 2016:61). Foster children can become well-adjusted if they understand their histories prior to placement (Bateman, 2016:61). In accordance, Schofield and Beek (2006:221) stated that it is important for foster parents to establish a sense of mind that the foster child remains accepted and valuable regardless of their mood, achievements, or behaviour. "In foster care, a child changes his or her self-identity based on his or her current family" and therefore, when a child is placed in foster care, all aspects regarding the child needs to be considered for healthy identity and self-esteem development (Bateman, 2016:62; Golding, 2017:79). When foster parents accept their foster child with both their past and current identities, it becomes possible for them to convey messages of unconditional acceptance that are appropriate to the attachment needs of the foster child (Schofield & Beek, 2006:221). The moment the self-esteem of a foster child is improving, they start to accept themselves, with both their strengths and weaknesses (Schofield & Beek, 2006:221; Bateman, 2016:62).

5) Co-operative caregiving and Positive relational interactions:

Foster caregiving should promote the choice and autonomy of foster children and allow them to negotiate within firm boundaries, as this will make them feel more effective, assist them

to make positive choices, and to compromise and accommodate the goals of others (Dewar, 2017:11; Golding, 2017:98; Schofield & Beek, 2006:244). In order for the foster parent and child to co-operate, trust and safety should already be established in the relationship (Dewar, 2017:11; Schofield & Beek, 2006:178). According to Bateman (2016:62) “enhancing attachment between parent and child may need to involve the parent’s perspective of the child just as much as the child’s perspective of the parent”. Fostered children will most likely lack a sense of self-competence and effectiveness and misinterpret the efforts of adults who want to co-operate (Schofield & Beek, 2006:244; Golding, 2017:160). As a result, foster children may find it hard to act with a degree of autonomy, be unable to make a decision, or be unable to appropriately conduct themselves, while other foster children might want excessive control and influence over their foster parents, themselves and their environments (Schofield & Beek, 2006:244).

This would require the social worker to try to facilitate the foster family’s co-operation, which is a critical skill to ensure attachment relationships (Murphy, Steele & Steele, 2013:244). Foster parents need to know that in order for them to provide a safe and predictable environment, they must fully accept responsibility for the foster child and set firm boundaries around them (Schofield & Beek, 2006:244).

“Within these boundaries, an underlying sense of the child as an individual with his or her own thoughts and feelings, which are valid and understandable in the circumstances, will help the caregiver (foster parent) think in terms of working together in order to achieve their shared and separate goals” (Schofield & Beek, 2006:244).

3.10.5 Theme 5: The role of the social worker

It is essential for social workers to receive training on attachment, as they are responsible to help foster parents and foster children who have attachment needs. Social workers can enable foster parents to be “fully emotionally available to the child” by applying the theory of attachment to foster care placements (Golding, 2017:29; Schofield and Beek, 2006:72). Three of the training resources (Golding, 2017; Murphy, Steele & Steele, 2013; Schofield & Beek, 2006) require the active involvement of social workers, and if this is the case, social workers will need training on the attachment theory and it can be applied in foster care.

According to Schofield and Beek (2006:364), the social worker has the task of working directly with the foster family during the foster care placement process. The social worker

and the foster parents need to co-operate in the process of helping the child reach fulfilment of potential in the foster family through attachment (Bateman, 2016:v; Schofield & Beek, 2006:364). As the foster family's perception about attachment greatly impacts the foster child (Bateman, 2016:52), foster families need assistance from social workers to resolve their own unresolved attachment issues. Also, social workers are responsible to facilitate open communication, parental sensitivity, regulation of feelings, building self-esteem, co-operation between foster parent and child, and family membership in foster care placements (Dewar, 2017:9-10; Schofield & Beek, 2006:364-367).

Against this background, Schofield and Beek (2006:368) suggest that: 1) social workers should be able to assess children with attachment issues and integrate their findings within the foster child's developmental functioning, and other areas of physical and emotional health; 2) social workers need to exert continuity in the relationship with the foster family as it builds the bridge between the foster parent and the foster child; 3) social workers should employ skills and resources to facilitate and understand communication with the foster child; 4) social workers should empower the foster child to feel understood, safe and secure in the care of foster parents; and 5) social workers should engage foster children in therapy to achieve a sense of identity. Also, that social workers should facilitate good self-care, social support and self-understanding for foster parents as the process of attending to your own needs will strengthen the attachment process (Golding, 2017:149; LAACCSTT, 2013:2). Social workers should ensure that foster parents: get proper emotional support; build emotional reserves through time and space to recharge emotional batteries; reduce feelings of being emotionally overwhelmed by making time for self and social support; are emotionally attuned towards their foster child; create stability and continuity in that foster parents adopt a relational rather than behavioural perspective (Golding, 2017:170; LAACCSTT, 2013:39; Murphy, Steele & Steele, 2013:243).

According to Murphy, Steele and Steele (2013:240), social workers face the challenge of balancing their own capacity to keep in mind the experience of the child in light of the past, present, and anticipated stresses impacting the foster parent, the child and the social worker. Therefore, support and supervision of social workers are important to ensure that the attachment needs of families are met, to enable social workers to step back from intense interactions with the foster child and reflect on the needs of the child and the implications for the foster care placement, to ensure the emotional well-being of the social worker and to minimize the risk of secondary trauma to the child or burnout of social workers who are

working closely with foster children (Atkinson, *et al.*, 2014:49; Murphy, Steele & Steele, 2013:240).

3.11 Discussion

Although a large amount of studies has been conducted on the topic of the attachment theory, only eight records (Atkinson, *et al.*, 2014; Bateman, 2016; Dewar, 2017; Golding, 2017; LAACSTT, 2013; Murphy, Steele & Steele, 2013; O'Connor, 2016; Schofield & Beek, 2006) were identified which complied with the inclusion criteria in this review. From the eight records that were included in this rapid review five themes were identified which does answer the research question of “what are the common themes of attachment that social workers should be acquainted with in order to render quality foster care services?”, namely: 1) why attachment matters; 2) attachment core concepts; 3) attachment and foster care; 4) attachment enhancement factors; and 5) the role of the social worker. These common themes of attachment can be used to develop an attachment training programme for social workers and ensure quality service delivery in the social work practice.

From the identified themes, some key issues emerged. Firstly, children who are placed in foster care most likely suffered from abuse, neglect or suffered loss or illness and as a result will suffer from attachment related issues. Fortunately, attachment between foster parents and foster children are still possible given that the foster parents can create attachment enhancing environments. Attachment to a foster parent are very beneficial in the development and psycho-social well-being of the foster child. Children are biologically programmed to seek attachment, and therefore foster parents are in the position to provide foster children with safe and secure environments that help them regulate their emotions and form attachments. It is evident from research that there are attachment enhancement factors. These include: being available; parental sensitivity; emotional attunement; accepting the child – identity formation and building self-esteem; and co-operative caregiving and positive relational interactions.

There are however, factors that possibly contribute to the breakdown of foster care placements, such as the ability of social workers to assess children with attachment related issues; the inability to provide a continuous and supporting relationship to foster parents; the lack of skills and resources to facilitate attachment; and the inability to assist foster parents in dealing with their own attachment related issues. The observation that social workers lack the skills to facilitate attachment in foster care placements is confirmed by the

included records. In contrast, these records highlight how these factors can contribute towards attachment in foster care placements.

Finally, research has also indicated that social workers need to resolve their own experiences with regards to attachment related issues, as they need to maintain their capacity to comprehend the full experience of the child and the foster parents who struggle with attachment related issues. Therefore, supervision of social workers who provide attachment related services should also be considered in order to prevent secondary trauma and ensure that they are able to provide continuity of foster care services and reliability for foster families.

3.12 Conclusion

The aim of the rapid review was to determine the common themes of attachment that social workers should be acquainted with in order to render quality foster care services. Social workers should receive more formal training on attachment that would enable them to ensure the success of foster care placements. The rapid review was deemed relevant and important as attachment is a highly researched topic that can be applied in the field of foster care. A rapid review was done based on the guidelines of Dobbins (2017) and qualitative approaches to the data synthesis were followed.

In essence, it was found that the included records focused on training for foster parents rather than that of social workers, but as the records also indicated the important role of the social worker, it is essential for the social worker to receive training on attachment and then apply the learned practices to foster care placements by educating the foster parents. Also, these trainings were focused on countries such as the United States of America and the United Kingdom and not on South Africa specifically. However, the evidence that were extracted from the included records did answer the review question and the aim of the review, which was “to determine the common themes of attachment that social workers should be acquainted with in order to render quality foster care services.” As established in the literature overview, South Africa faces a vast amount of foster care placements and this leaves a void between what is offered and what is subjectively needed. The information from the rapid review confirms that there is abundant potential for attachment enhancement in foster care placements, and that there is need for a training programme for social workers in South Africa that enhances attachment in foster care.

Based on the findings and the discussion, the researcher has identified common themes of attachment that are relevant to the social work profession, but not in the way that it was presented, more specifically, in a way that focus should be shifted from training of foster parents to the training of social workers as in the larger context, as social workers are the foster care placement specialist.

3.13 Limitations and recommendations

Only eight records adhered to all the search terms and inclusion criteria, and even though this review should be seen as explorative, it should be regarded as an important limitation. Therefore, generalizing the findings of this study is not possible. Also, no studies done in South Africa were included. Due to the lack of research on the application of the Attachment Theory in South Africa, this study was mostly on focused on Attachment Theory literature rather than existing training programmes. Furthermore, the included records only focused on the training for foster parents rather than that of social workers, while the review aimed to look at existing training programmes for social workers.

In order to equip social workers for better service delivery in terms of attachment in foster care, it is recommended that:

- A training programme on attachment in foster care should be researched and developed that suits the unique circumstances of South Africa;
- Social workers should be exposed to a training programme for attachment in Foster Care;
- For such a training programme to be evaluated for further adjustments and recommendations after its implementation;
- A recommendation to South African Universities, who provide social work undergraduate studies, to give more in-depth attention to training on the attachment theory; and
- South African Universities to include the identified “common themes of attachment” in the curriculum for undergraduate Social Work studies.

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4 SECTION 4: SUMMARY, LIMITATIONS AND RECOMMENDATIONS

4.1 Summary

The central review question this study wanted to answer was:

What are the common themes of attachment that social workers should be acquainted with in order to render quality foster care services?

For the summary all data collected in the study were taken into consideration. Although the Attachment Theory is a widely researched topic, attachment in foster care placement is a relatively new construct and scientific investigations into this phenomenon have been limited. The majority of evidence available on attachment in foster care are theoretical or presented as grey literature. Through the data obtained from the eight (8) records included in the study, it is evident that the review question, “what are the common themes of attachment that social workers should be acquainted with in order to render quality foster care services?” were successfully answered. Even more so, the aim of the rapid review was to “determine the common themes of attachment that social workers should be acquainted with in order to render quality foster care services”, and five common themes of attachment were identified that can be included in a future attachment training programme for social workers in South Africa. In essence, the five identified common themes of attachment will be summarized in order to highlight their relevance to the review question.

4.1.1 Theme 1: Why attachment matters

If social workers can understand the “how” and “why” of behaviour challenges presented by foster children, they can find ways to help them succeed in their relationships (Atkinson, *et al.*, 2014:5). Children who are in foster care, who have been abused, neglected, or suffered loss or illness, and who failed to form a secure attachment with an attachment figure will exhibit challenging behaviour and if this is not recognised, it can lead to wasted lives (Atkinson, *et al.*, 2014:2; Dewar, 2017:9; O’Connor, 2016:4). If social workers can better understand why and how foster children behave the way they do, then they can find ways to help foster families to exceed in their relationships and ultimately at life (Atkinson, *et al.*, 2014:5).

Fortunately, the foster parent can be regarded as the secondary attachment figure, a “back-up team” who can provide warm, responsive relationships and interaction (attunement) (O’Connor, 2016:19). This will allow the child to form attachments that help them learn to

self-regulate their behaviour and develop resiliency (Atkinson, *et al.*, 2014:20; Dewar, 2017:11; O'Connor, 2016:20). Thus, foster parents are able to help a child to reshape insecure attachment behaviour and support the development of a more secure attachment (Atkinson, *et al.*, 2014:38; Dewar, 2017:17). The theory of attachment can thus make a valuable contribution in the foster care relationship and so ensure placement stability.

4.1.2 Theme 2: Attachment core concepts

The attachment theory provides a useful framework for social workers to understand how a foster child's development are related to the care they receive (Schofield & Beek, 2006:9). The application of the attachment process has the potential to ensure successful foster care placements (Schofield & Beek, 2006:9). Thus, attachment theory has provided a rich source of concepts that help explain how a foster child's early experiences in adverse family conditions (abuse, neglect, loss, removal from family environment) affect their minds and behaviour, and how applying the core concepts of attachment can bring about positive change in a new foster care environment (Schofield & Beek, 2006:9). Therefore, the core concepts of attachment are very important in attachment training for social workers, as they need to understand what 'attachment' is as well as its significance in the foster care setting. According to Dewar (2017:17), attachment is another name for being sensitive and responsive. The quality of the caregiving by attachment figures will have consequences on the child's mind, internal working models, exploration, behaviour and later relationships (Schofield & Beek, 2006:46). Increased sensitive care by attachment figures can make insecure children become secure children (Dewar, 2017:10; Schofield & Beek, 2006:46). This possibility and potential for change allow foster parents to make a difference to the development, security and happiness of foster children (Dewar, 2017:18; Schofield & Beek, 2006:46). Foster parents have the ability to enhance attachment between themselves and their foster child, however, they need to understand their own attachment needs as well as that of the foster child that is influenced by past attachment experiences.

4.1.3 Theme 3: Attachment and foster care

The traumatic experiences of foster children prior to placement directly affect their brain development and impact the way they relate to foster parents (Atkinson, *et al.*, 2014:35; LAACSTT, 2013:21; O'Connor, 2016:7). Early trauma and insecure attachment of foster children can be linked with: poor self-regulation; lack of executive functioning skills; poor

physical development; and developmental delay and learning difficulties (Atkinson, *et al.*, 2014:34; O'Connor, 2016:11).

Luckily neuroscientific evidence suggests that warm, responsive relationships and attunement can rebuild the child's ability to form healthy, new relationships (Atkinson, *et al.*, 2014:20). Emotional resilience and attachment are inextricably linked as resilience comes from: 1) having enough positive experiences to create a sense of security and trust in others as well as the child in him/herself; 2) feelings of self-worth and knowing that others believe in the foster child; 3) having a safe place to build resilience helps the foster child to take risks and make mistakes; and 4) being well-supported through difficulty and change (Atkinson, *et al.*, 2014:37; O'Connor, 2016:3). Social workers thus cannot disregard the impact of trauma on the new relationships foster children will form, and therefore need to understand that there are attachment enhancement factors that can enrich the foster care experience.

4.1.4 Theme 4: Attachment enhancement factors

There are specific measures foster families can adopt in order to enhance the foster parent-child attachment relationships. Identified factors (Bateman, 2016; Dewar, 2017; Golding, 2017; LAACCSTT, 2013; Mruphy, Steele & Steele, 2013; Schofield & Beek, 2006) that can enhance attachment is:

- *Being available;*
- *Parental sensitivity;*
- *Emotional attunement;*
- *Accepting the child – identity formation and building self-esteem; and*
- *Co-operative caregiving and positive relational interactions.*

These attachment enhancement factors are crucial to the success of foster care placements. It is important to the foster care social worker to facilitate these attachment interventions in foster care placements and guide the foster family on their attachment journey.

4.1.5 Theme 5: The role of the social worker

It is essential for social workers to receive training on attachment as they are responsible to help foster parents and foster children who have attachment needs. Social workers can

enable foster parents to be “fully emotionally available to the child” by applying the theory of attachment to foster care placements (Golding, 2017:29; Schofield and Beek, 2006:72). Three of the training resources (Golding, 2017; Murphy, Steele & Steele, 2013; Schofield & Beek, 2006) require the active involvement of social workers, and if this is the case, social workers will need training on the attachment theory so that it can be applied in foster care.

Social workers should be able to: 1) assess children with attachment issues and integrate their findings within the foster child’s developmental functioning, as well as other areas of physical and emotional health; 2) exert continuity in the relationship with the foster family as it builds the bridge between the foster parent and the foster child; 3) employ skills and resources to facilitate and understand communication with the foster child; 4) empower the foster child to feel understood, safe and secure in the care of foster parents; and 5) engage foster children in therapy to achieve a sense of identity (Schofield and Beek, 2006:368).

The common themes of attachment that were derived from the presented evidence indicated that social workers can draw from and implement accurate and timely interventions that will benefit the foster care placement. This is crucial for the ever-increasing foster care placements in South Africa where social workers need to make a lasting contribution towards ensuring placement stability and continued welfare for the foster child.

4.2 Limitations of the study

The following limitations were identified:

- Only eight records adhered to all the search terms and inclusion criteria, and even though this review should be seen as explorative, it should be regarded as an important limitation. Therefore, generalizing the findings of this study is not possible.
- No studies done in South Africa were included. Due to the lack of research on the application of the Attachment Theory in South Africa, this study was mostly on focused on Attachment Theory literature rather than existing training programmes.
- The included records only focused on the training for foster parents rather than that of social workers, while the review aimed to look at existing training programmes for social workers.

4.3 Recommendations for further studies

In order to equip social workers for better service delivery in terms of attachment in foster care, it is recommended that:

- A training programme on attachment in foster care should be researched and developed that suits the unique circumstances of South Africa;
- Social workers should be exposed to a training programme for attachment in Foster Care;
- For such a training programme to be evaluated for further adjustments and recommendations after its implementation;
- A recommendation to South African Universities, which provide social work undergraduate studies, to give more in-depth attention to training on the attachment theory; and
- South African Universities to include the identified “common themes of attachment” in the curriculum for undergraduate Social Work studies.

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ADDENDUMS

ADDENDUM A: RESEARCH PROPOSAL



Recommendation of the Research Proposal Committee to the Research Ethics Committee Research Using Human Participants

Scientific Committee	Name	Catherina du Toit	Discipline	MSW (Child Protection)
	Research Entity	COMPRES	Contact Person	Valencia Walker
	Faculty	Health Science	E-mail	33052018@nwu.ac.za
Title of the study:	A rapid review of attachment themes in existing training programs for social workers			
Researchers involved in the study:	Dr Marie Ubbink			
Executive summary of the research:	<p>Bowlby defines attachment "as an enduring emotional bond which an individual form to another person (Bowlby, 1977, as cited by Malekpour, 2007:82). Attachment can take place between the child and an attachment figure as the child only needs a secure base from which to explore, and a haven of safety and a source of comfort (Benoit, 2004; NSW Department of Community Services, 2006). Attachment is important, as in its absence, children are at risk of not meeting their developmental goals; experience challenges in later relationships and have poor psychological health later in life (Golding, 2007; Malekpour, 2007; Moore, Moretti & Holland, 2010). The overall wellbeing and secure attachments between children and attachment figures is widely recognized and therefore attachment between a child and an attachment figure is so important (World Health Organization, 2004). Past Research (Lesch, Deist, Booysen, & Edwards, 2013; Mennen & O'Keefe, 2005) showed that secure attachment is not only needed for healthy development of younger children, but Lesch et al. (2013:1102) also states that several studies have confirmed the positive link between attachment and higher self-esteem, better mental health, and resilience towards high risk behaviours in later years for foster children. Research indicates that in general, security and trust between a child and attachment figure creates the sense that the child's individual needs and wants are met by their attachment figure (Moses, 2000; Moore, Moretti & Holland, 2010). Because attachment play such an important role in positive child development it is now more commonly applied in various interventions focusing on child-foster parent relationships (Botes & Ryke, 2011:31; Van Schalkwyk, 2015:2). Despite the importance of attachment in foster parent-child relationships, it is questionable whether social workers have the necessary information on attachment to ensure more successful foster care placements.</p> <p>Research indicated that it is questionable whether social workers are sufficiently trained in attachment theory when it has already established that social workers should obtain and develop their knowledge and skills in the crucial area of attachment (Cooper, 2010:1; Simmons, 2016:1; Stevenson, 2015:1). Also, Shemmings (2015:2) indicated that there is a clear need for social workers to poses to ability to recognise the attachment needs in foster care placements in order to provide long-term support for foster families and ensure a stable, nurturing family environment that can enhance attachment in foster children. If social workers receive training on attachment, they would be able to support and guide families to modify their behaviour in order to meet the attachment needs of the child placed in foster care. However, social workers lack the required knowledge on the themes of attachment and thus, fail to provide foster families with the needed support and guidance. If social workers can provide adequate support, it has the potential to enrich the foster care experience and it could alleviate the occurrence of unsuccessful placements (Botes & Ryke, 2011; Chamberlain, Smith, Stormshak & Bridges-Whaley, 2001). Lesch, Deist, Booysen, & Edwards (2013:1102) further found that South African social workers have limited knowledge on the attachment theory and that South Africa have not been the focus of investigation for research on the application thereof. In light of the importance of the attachment theory in international foster care, and the apparent lack of implementation of attachment theory in South African foster care research, it is evident that there is a research need for the common themes of attachment and how it should be adopted in a training programme in order to improve foster care services (Lesch et al., 2013). Botes & Ryke (2011:36) suggests that training for south African social workers on the attachment theory</p>			


	<p>should be encouraged as it is a comprehensive service that attends to the child and foster parents' attachment needs.</p> <p>Anecdotal evidence indicates that there may be definite advantages in educating potential foster parents regarding the importance of providing a positive attachment environment to children placed in their care (Harden, 2004:34; NSW Department of Social Development, 2006:2; Stovall-McClough, & Dozier, 2004:253). However, the knowledge of attachment theory should be carried over by the foster care social workers to the foster parents. Attachment theory is a useful framework for understanding how early adverse experiences influence later emotional and behavioural development and research concludes that children base their attachments on how they expect their foster parents to respond to their distress (Chamberlain, Smith, Stormshak, Bridges-Whaley, 2001:200; NSW Department of Community Services, 2006:5). Thus, children can form attachments with any attachment figure as long as these attachment figures are able to respond to and interpret the child's attachment needs and behaviour (NSW Department of Community Services, 2006:2). The limited empirical work on attachment in foster children show that foster children are more likely to demonstrate insecure attachment when placed in foster care. However, the little research that has been devoted to attachment enhancement in foster care placements proposes that if foster parents acquire the skills and understanding to enhance attachment then attachment between them and the foster child would most probably take place (Botes & Ryke, 2011:48; NSW Department of Community Services, 2006: 7:). Hence, the responsibility of foster parents to acquire the knowledge on attachment rests with the social worker who is responsible for the foster care placement. Unfortunately, anecdotal observations indicate that foster care supervision social workers themselves do not have an adequate understanding of attachment theory in general, and frequently do not have the necessary techniques or skills to apply this theoretical perspective fully in the foster care practice environment (Chamberlain, Smith, Stormshak, Bridges-Whaley, 2001:200; Cooper, 2010; NSW Department of Community Services, 2006:5; Shemmings, 2015). Social workers lack the sufficient training on attachment and thus, lack the ability to convey the important themes of attachment to their foster families even when the advantages thereof has been established through research.</p> <p>Literature indicates that the degree of contact, rapport building, and energy expended by the social workers and the social workers' continuity can enhance attachment between a child and foster parents and thus, ensure the success of foster care placements (Smith, Stormshak, Chamberlain, & Bridges Whaley, 2001:20). Also, the overall wellbeing and secure attachments between children and attachment figures is widely recognized and therefore attachment between a child and an attachment figure should become an important intervention focus in foster care services (World Health Organization, 2004). Hence, social workers should acquire the understanding and on attachment in order to sufficiently support and educate their foster parents. Consequently, based on existing attachment training programs, educators and supervisors should become aware of the most common themes in attachment that should be included in a training programme.</p>
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Potential risk level for human participants:	No risk	<input type="checkbox"/>	Motivate: Click here to enter text.
	Minimal risk	<input type="checkbox"/>	
	Medium risk	<input type="checkbox"/>	
	High risk	<input type="checkbox"/>	
Potential risk level for children and incapacitated adults:	No risk	<input type="checkbox"/>	Motivate: Click here to enter text.
	No more than minimal risk of harm	<input type="checkbox"/>	
	Greater than minimal risk with the prospect of direct benefit	<input type="checkbox"/>	
	Greater than minimal risk with no direct benefit	<input type="checkbox"/>	
Recommendation for the ethics committee	Expedited review	<input type="checkbox"/>	Motivate: Click here to enter text.
	Full review	<input checked="" type="checkbox"/>	
	Exempted from review	<input checked="" type="checkbox"/>	
Any additional comments	Motivate: Click here to enter text.		
Committee members present during the review	Members present		
	Prof Wim Roestenburg		
	Werner de Klerk		
	Prof Elma Ryke		
	Prof Karel Botha		
	A second expedited application was done with additional input from Prof Ansie Fouche and Dr Hanelie Malan as additional members – this was a measurement after a second expedited application was submitted due to miscommunication between panel members and the applicant. The rebuttal letter indicated that all changes were done. The application has no risk and the process is clear and sound within the said methodology		
Date of review	2019/01/30		

[Redacted Signature]

Signature of Chairperson

Date: [Click here to enter a date.](#)



Signature of Research Director

Date: 2019/01/31

Decision of the Ethics Committee:

Expedited review	<input type="checkbox"/>	Motivate: Click here to enter text.
Full review	<input type="checkbox"/>	
Exempted from review	<input type="checkbox"/>	

[Redacted Signature]

Signature of Chairperson of the Research Ethics Committee

Date: [Click here to enter a date.](#)



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Building capacity for
evidence-informed public health

Rapid Review Guidebook

Steps for conducting a rapid review

Maureen Dobbins, RN, PhD



The National Collaborating Centre for Methods and Tools (NCCMT) is hosted by McMaster University and funded by the Public Health Agency of Canada. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

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Table of Contents

Conducting Rapid Reviews	2
Purpose	2
Evidence-Informed Decision Making	2
Planning	2
Step 1: Define a Practice Question	5
Definition	5
1.1 Type of practice question	5
1.2 Develop a focused, clearly articulated, answerable practice question	6
1.3 Confirm the practice question with your manager	8
Step 2: Search for Research Evidence	9
Definition	9
2.1 Determine the database search strategy	12
2.2 Conducting your search.	13
2.3 Saving your search	14
2.4 Citations retrieved – assessing for relevance	14
Overview of Search Process flowchart	15
Step 3: Critically Appraise the Information Sources	16
Definition	16
3.1 Conduct critical appraisal	16
Step 4: Synthesize the Evidence – “Putting it all Together”	17
Definition	17
4.2 Data synthesis	19
4.3 Drawing implications	20
Step 5: Identifying Applicability and Transferability Issues for Further Consideration during the Decision Making Process	21
Definition	21
Writing the Report	22
Definition	22
Sections to include	22

Conducting Rapid Reviews

Purpose

The purpose of this document is to provide guidance on the process of conducting rapid reviews to use evidence to inform policy and program decision making. While a specific process is outlined, it is understood that rapid reviews may vary in scope and methodology and the timeline for preparing them may vary from a few days to several weeks or months. Ideally all of the outlined steps would be completed during a rapid review; however, there will be instances where timelines will be such that some steps may need to be skipped, or some steps may not be completed as thoroughly as they would be if more time were available. In instances where timelines are short, it is important to decide, with management, which steps must be completed, which ones may be skipped, and/or which ones may not be completed as thoroughly as possible. Throughout this guide, suggestions are made where time can be saved, as needed, on particular steps. This guide follows the seven step process of evidence-informed decision making promoted by the National Collaborating Centre for Methods and Tools. Rapid reviews are a form of knowledge synthesis that follow the systematic review process, but components of the process are simplified or omitted to produce information in a timely manner (Khangura, 2012).

Evidence-Informed Decision Making

Evidence-informed decision making (EIDM) involves the translation of the best available evidence from a systematically collected, appraised and analyzed body of knowledge for consideration alongside other forms of knowledge in policy and program decisions. EIDM has been defined as a process characterized by: 1) the articulation of public health practice-based issues; 2) searching for and accessing relevant research evidence; 3) appraising the methodological quality of research evidence; 4) synthesizing the evidence; 5) adapting the evidence to the setting; 6) implementing the decision; and 7) evaluating the impact of the decision on public health practice and potentially population health outcomes. This guide will describe the first five steps in the process.

Planning

Before working your way through these five steps it is important to plan. Planning to use the EIDM process includes the following steps. Steps 1 and 2 are further described in the next pages.

1. Preparing an overview of the public health topic.
2. Initiating a document that will become a final report. Step 5 of this guide thoroughly describes each section of the final report and suggested appendices.
3. Identifying key check-in points with your Manager/Associate or Medical Officer of Health. It is important to check in with your manager before you begin a rapid review and possibly at the completion of each step along the way.

1. Prepare an Overview of the Public Health Topic

The purpose of the overview is to describe the public health policy or program issue, what is currently known about the issue, and conclude with the question that the rapid review aims to answer. Gather all of this information (see section 1B), put it together in a written format and if time allows, in a conceptual model as well. The written overview will form the first section of the rapid review report. If a final report is produced, possible report sections are outlined in the Writing the Report section of this Guide.

1A. Identify your Team and Stakeholders

Identify the primary lead, and other team members who will contribute to the rapid review. Identify those who have current knowledge of the issue who may be consulted, in particular policy and program decision makers in the health unit, epidemiologists, and library personnel. Consider who may be affected by the findings included in the rapid review. This may include other staff in the program or external partners and stakeholders. There may also be people who are more peripheral to the project who have an interest in the findings and wish to be informed of them. It will be important to remember these stakeholders for future knowledge exchange initiatives. The rapid review team may need to connect regularly with their manager during the initial stages of the rapid review process to ensure the public health policy or issue is clearly defined. The manager may need to connect with senior management during the process of refining the issue to ensure it is clear what is needed and wanted by senior management.

1B. Define the Public Health Topic

Briefly explain the public health policy or program issue and what is driving the need for addressing the topic. The length of this section in the final report is one half page to one full page. Use the most current statistics, preferably Canadian, provincial and local data, to describe incidence and prevalence of the issue where appropriate. Include any information that compares the incidence and prevalence data with those of other relevant jurisdictions, if appropriate. Contact the epidemiologist for the topic (if available) to identify or confirm relevant statistics. A summary of current practices may also be included.

Provide definitions for conditions if they would not be widely understood by senior decision makers. Describe any political situations or issues of relevance. Describe any community situations or issues of relevance, including important partnerships that could be affected by any policy or program change implemented as a result of the findings of the rapid review.

Describe any practice issues that may be directly and/or indirectly affected by this rapid review, for the health unit and other partner or stakeholder organizations. Be sure, when quoting references, to use the primary source or reference and not a secondary reference (e.g. where an agency has quoted a primary reference).

1C. Review Current Knowledge of the Public Health Topic, Issue, Disease or Situation
(Review what you already have and then describe what the health unit already knows about this topic)

Work together with the people assigned to the project to come to a common understanding of the relationships and factors underlying the public health issue. This common understanding can be acquired by reviewing a variety of materials such as:

- Systematic reviews on the issue
- Official statistics (such as the Chronic Disease Indicator Framework)
- Organizational reports
- Past briefing notes on the issue
- Regional Risk Factor Surveillance System
- Canadian Community Health survey
- Protocols
- Best practice guidelines
- Manuals
- Situational analysis or environmental scans
- Developed models or frameworks for the issue
- Consultation with external partners, such as academics
- Grey or unpublished literature
- Practice reviews
- Key informants or field experts

2. Initiate the Document that will become the Final Report

Create a program folder to electronically store your tools and documents. Create a document with the headings outlined in **Writing the Report** on page 22. Under the headings "Public Health Topic" and "Current Knowledge", prepare a written description of the relevant information that you have identified in steps 1B and 1C. Explain the burden of illness associated with the public health issue, the threat to the population's health, or other details that make the issue important. The team may also create a conceptual/logic model. Click on the following link to see an example of a logic model related to a youth suicide prevention program.

http://www.excellenceforchildandyouth.ca/sites/default/files/docs/PEtoolkit2013/Pg9_LogicModelTemplate_Example_EN.pdf

The remainder of this document will identify the activities involved in completing each of the steps of a rapid review

Step 1: Define a Practice Question

Definition

A practice question is one that is relevant to policy and program decision making in the health unit and is focused, clearly articulated and answerable. For example, in order for quantitative questions to meet these criteria, the question may use the **PICO framework**, identifying the following components: the **P**opulation of interest; the **I**ntervention(s) and/or **E**xposure (risk factor) being considered; the **C**omparator (what the intervention or risk factor is being compared to); and **O**utcome(s). Questions should be framed to be neutral rather than focused on a particular direction for the outcome. By framing the question in a neutral way you are in a better position to identify all of the research evidence relevant to the practice issue. Framing the question with a particular direction of the outcome (e.g. the intervention has a positive effect) may bias your search for evidence along the direction you have articulated. The following is an example of a focused, clearly articulated, answerable, and neutral practice question:

What is the impact of school-based physical activity interventions on time spent engaged in moderate to vigorous physical activity, among children aged 6-12 years of age, in comparison to children not exposed to school-based interventions?

The following is an example of a practice issue that requires further refining in order to be focused, clearly articulated and answerable:

What interventions are effective in reducing health inequalities?

The following is an example of a focused, clearly articulated, answerable, but not neutral practice question:

Which school-based interventions are effective in increasing the amount of time children engage in moderate to vigorous physical activity?

1.1 Type of practice question

A first step in defining a public health issue is in determining the type of question you have been asked to address. The following are examples of some of the types of practice questions you may be asked to answer with your rapid review:

- **Intervention:** What is the effect of an intervention or program on one or more outcomes?
- **Harm/Causation:** What is the relationship between a risk factor and an outcome? For example, the relationship between second hand smoke exposure and the risk for various types of cancer.
- **Diagnosis:** What is the extent to which a tool accurately identifies the presence of a disease or health condition?
- **Economics:** Assess the relative cost of an intervention for the expected outcome
- **Meaning/Lived experience:** What is the lived experience of a process or phenomenon?

1.2 Develop a focused, clearly articulated, answerable practice question

Once the type of practice question has been determined, it is time to define the question. From the above list, questions related to Intervention, Harm, Diagnosis and Economics are generally answered using quantitative research, while questions related to Meaning/Lived experience are answered by qualitative research. When a practice question is quantitative in nature, the following components should be identified as specifically as possible: Population, Intervention/Exposure, Comparison, and Outcome(s). The acronym PICO is used when addressing the effectiveness of an intervention or PECO if assessing the relationship between a risk factor to which a population is exposed and a (health) outcome. However, if a practice question is qualitative then the following components should be articulated: Population and Setting, or PS.

Depending on the question needing to be addressed, [other frameworks](#) may be applicable.

When a request for a rapid review is received, the primary lead should confirm the scope of the practice issue with their manager. If the scope is not clearly defined at the outset, the manager will seek additional clarity from senior management. It may be helpful to conduct a quick literature search to help inform the scope. Consider contacting a librarian, if available at your organization, to help scope the research question. It is important that team members understand the purpose of the review (e.g., what decision makers need and why they need this information). Specific questions that can be asked to ensure that the practice issue is clearly defined and understood by those developing the rapid review include:

1. Which populations are of interest?
2. What interventions/programs or risk factors are to be included?
3. Are there any interventions/programs or risk factors that should be excluded?
4. What outcomes should be addressed and/or excluded?

For qualitative questions, for example “what are the lived experiences of caregivers of youth with mental illness?”, the components requiring definition include: Population and Situation. However, even for some quantitative questions, it may be useful to gather qualitative research related to an intervention or risk factor that has been evaluated. For example, while the rapid review may focus primarily on the impact of an intervention/program on specific outcomes, qualitative research may provide further insight into why the intervention was effective or not, for whom, and in which settings or circumstances. So, it may be necessary to further refine the PICO components by adding Setting as a component or developing an additional question using PS.

Depending on how long you have to complete the rapid review you may spend more or less time defining each of the components (PICO, PECO, or PS).

The link to a tool available through Health Evidence™ is provided below. This tool provides guidance on how to develop PICO/PECO and PS practice questions.

http://www.healthevidence.org/documents/practice-tools/HETools_DevelopingEfficientSearchStrategyUsingPICO_18.Mar.2013.doc

Some requests for rapid reviews will require you to assess policy and program options, while taking into account the social determinants of health (SDOH) and/or the extent to which policies and programs address health inequities. In such instances further work will be required during the **Define** step to identify specific populations of interest and other factors related to inequalities such as ethnicity or socio-economic status. The following practice question illustrates how a question can change depending on whether an SDOH perspective is taken:

Non SDOH perspective

'What is the effect of school-based nutrition programs on dietary outcomes among children?'

SDOH perspective:

'What is the effect of school-based nutrition programs on dietary outcomes among children who are from socioeconomically disadvantaged households?'

or

'Do nutrition programs have differential effects on dietary outcomes depending on the socio-economic status of children and their families?'

Figure 1 below depicts the addition of an equity lens to a public health practice issue.

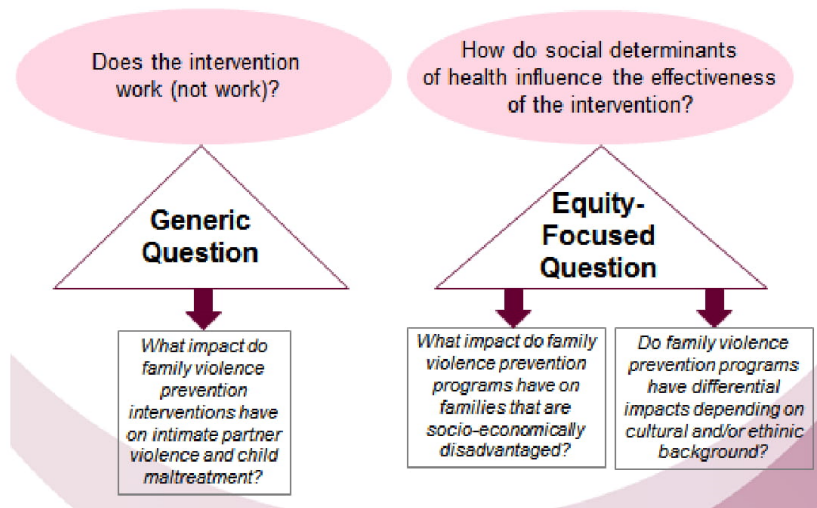


Figure 1: Applying an equity lens to a public health practice issue

A tool to help further define the practice issue taking equity factors into account is PROGRESS-Plus. This tool can be used to identify and further refine specific factors related to the social determinants of health including:

- Place of residence
- Race/ethnicity/culture/language
- Occupation
- Gender/sex
- Religion
- Education
- Socioeconomic status
- Social capital
- Plus** other possible factors such as disease status or disability

More information on this tool can be accessed at:

<http://methods.cochrane.org/equity/projects/evidence-equity/progress-plus>

1.3 Confirm the practice question with your manager

The final activity in the Define step is to confirm with your manager that the focused, clearly articulated, answerable, neutral practice question(s) you have developed address(es) the needs of those who requested the rapid review and is feasible within the required time frame and capacity. Once confirmation is received you are ready to move on to **Step 2: Searching for Evidence**.

Step 2: Search for Research Evidence

Definition

The second step in the rapid review process is searching for evidence to address the public health policy or program issue developed during the **Define** stage. In an ideal situation, or in conducting a full systematic review, you would conduct an exhaustive search for all available evidence – both quantitative and qualitative, published and grey literature – addressing the issue. However, in most instances an exhaustive search will not be feasible. Therefore, a process for identifying evidence is needed to ensure your search is effective and efficient so that your search efforts produce relevant results in a timely manner. Furthermore, when possible, it is important that policy and program decisions be informed by the results of a body of literature, rather than single studies. A body of literature will provide more generalizable findings applied at the level of a population, and therefore provide more accurate and realistic findings for policy and program decisions.

The amount of time in which you have to conduct a rapid review will significantly impact the extent to which a comprehensive search for all available evidence is conducted. The 6S Pyramid of Evidence illustrates a hierarchy of evidence starting with the most synthesized evidence at the top of the pyramid (systems) and ending with the least synthesized evidence (single studies) at the bottom. The 6S Pyramid is shown in **Figure 2**.

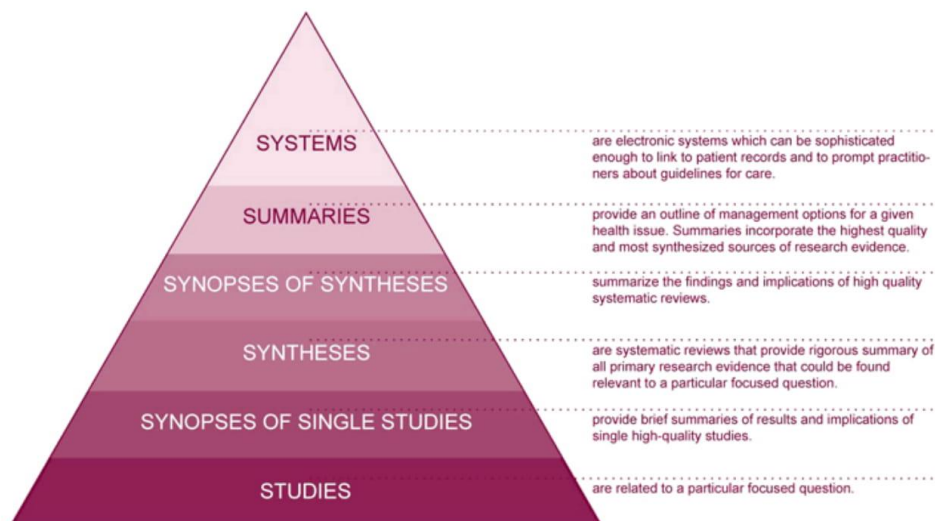


Figure 2: 6S Pyramid of Evidence

The National Collaborating Centre for Methods and Tools has identified relevant sources of public health evidence in the 6S Pyramid. This interactive version of the pyramid can be accessed at:

<http://www.nccmt.ca/eiph/search-eng.html>.

This tool can save you significant time by guiding you to search for synthesized evidence first and only proceeding to less synthesized evidence when you determine there is no evidence higher in the pyramid that addresses your practice question. When timelines are very tight, it may only be possible to search for the most synthesized evidence that exists at the summaries or syntheses levels.

The 6S Pyramid starts with systems, then moves down to summaries, synopses of syntheses, syntheses, synopses of single studies and single studies.

Systems are electronic platforms that combine patient level information with best practice guidelines to identify, for health professionals, the best course of action for patients. Currently there are no systems in place for public health although efforts are underway to develop them. This may become an important level of evidence in the near future. The next level down is summaries.

Summaries combine the results of all available research evidence along with expert opinion to create a single document that identifies recommendations for practice. Summaries are generally referred to as best practice guidelines. Summaries that have been rigorously developed and are recent (less than 3 years since release) are the most synthesized forms of evidence to inform public health policy and program decisions. If a relevant summary is found but was not rigorously developed or is more than 3 years since release, then additional evidence lower on the pyramid should be sought to determine if any new knowledge has emerged more recently that may impact recommendations for practice. The next level down on the pyramid is synopses of syntheses.

Synopses of syntheses are short summaries identifying the key findings of syntheses (reviews of all the available research evidence on a particular topic). Sites that provide synopses of syntheses can save you significant time in identifying relevant syntheses as you can quickly scan titles and content to identify syntheses that are relevant to your practice question. Generally, synopses of syntheses will include a direct link to the full text of the synthesis providing quick access to relevant evidence. Whether or not you find a synopsis of a synthesis, you should still search the syntheses level because there are many syntheses in public health for which synopses have not been written. If you were to only search for synopses of syntheses there would be a high potential to miss important evidence. Furthermore, if you do find a relevant synopsis based on a synthesis that is more than three years old, you should continue searching at the synthesis level of the pyramid.

Syntheses, as stated previously, combine the results of single studies on a particular topic into one document. You want to focus your search on identifying systematic reviews and meta-

analyses. Sites which publish only syntheses can save you significant time because there is much less content to search through. Syntheses should be used to inform policy and program decisions as opposed to single studies. Results obtained from syntheses better reflect effects of an intervention at a population level, therefore more confidence can be placed on the results of syntheses when considering impact across the whole population of interest. If you identify a synthesis that addresses your practice question, has been rigorously conducted and is less than three years since publication, you would end your search for evidence at this point. If the synthesis was not rigorously conducted, and/or is more than three years since publication, you would continue down the pyramid to determine if additional single studies have been published since the synthesis. The results of these additional single studies, if rigorously conducted, would then be considered alongside the results of the synthesis or summary. To begin a search for single studies we start with searching for synopses of single studies. However, currently there are no high quality sources of synopses of single studies for public health, and so we continue down to the bottom of the pyramid to search for single studies.

The following **Figure 3** illustrates the number of results obtained by searching sources of evidence at all levels in the pyramid where the practice question was focused on the impact of family violence prevention programs.

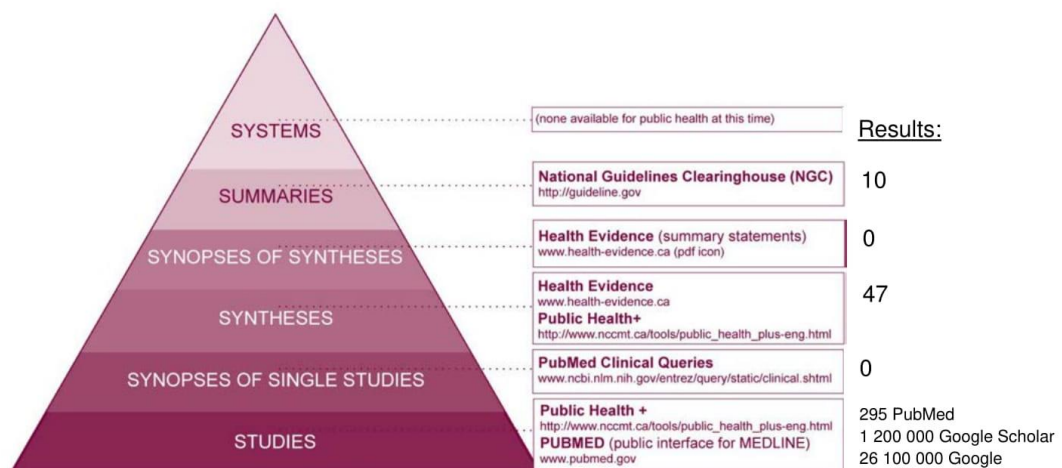


Figure 3: Number of results obtained at each level of pyramid for question on impact of family violence prevention programs

The example in **Figure 3** illustrates that higher levels on the pyramid return fewer results than those at the bottom of the pyramid. For example, at the summaries level, ten best practice guidelines were identified by searching for the term family violence. At the syntheses level 47 results were identified and at the studies level 295 single studies were identified. A search in Google Scholar returned 1 200 000 results and Google returned 26 100 000 results. Given that a much more manageable amount of evidence was identified at the higher level on the pyramid, searching from the top down has the potential to significantly reduce the time it takes to identify relevant evidence to address the practice issue.

2.1 Determine the database search strategy

Recall at this point the practice question developed during the **Define** stage. The components identified for your question (PICO, PECO, or PS), as well as the PROGRESS- Plus factors, can now be used as the basis for the keywords in the search strategy. Additional keywords such as social discrimination, social distance; social marginalization, social isolation; social stigma; and social class could also be used at this point to focus the search further toward an equity perspective, as needed.

The following tips will also assist in refining the search strategy:

- 2.1.1 Brainstorm any terms, names, synonyms, alternate spellings and concepts related to your topic. Expand acronyms to the original words.
- 2.1.2 Use the MeSH (Medical Subject Headings) browser to find suitable subject terms related to your search topic. The MeSH browser can be found here:
<http://www.nlm.nih.gov/mesh/MBrowser.html>
- 2.1.3 Identify what shouldn't be included in your parameters. For example, if you are searching for physical activity interventions for the work place setting, you do not want to include reports on physical education in schools in your final analysis. These are your exclusion criteria. Other possible inclusion and exclusion criteria may include publication date ranges or language (e.g. are you limiting your search to articles written in English / French?).
- 2.1.4 "Group" your concepts/terms, for example, (Smoking, Tobacco) (Adolescents, Adolescence, Teenagers, Teens, Youth, Young Adults). Depending on the database you may need to combine keywords with subject headings.
- 2.1.5 Document your process throughout.

The National Collaborating Centre for Methods and Tools hosts a suite of online learning modules, one of which focuses on searching. This module takes approximately 3-4 hours to complete and provides you with the opportunity to learn and practice new skills on searching for

research evidence using the 6S Pyramid. The search module can be accessed through the NCCMT's Learning Centre after logging in with a free NCCMT account.

www.nccmt.ca/learningcentre

Confirm your search terms with your manager.

2.2 Conducting your search.

When conducting a rapid review, whenever possible have a librarian conduct the searches for you. Librarians will search electronic databases, which are primarily populated with single studies, as well as additional sources containing evidence higher up on the pyramid which may not be found in electronic databases.

There are two tools that you can use to keep track of the results of searches obtained from various sources of evidence. It is important to document your search strategy for at least two reasons: 1) you can include this information in supplementary documentation in the report to demonstrate the comprehensiveness of the search; and 2) if you were asked to look at this same topic again in the future, documentation of the search strategy and results will allow you to quickly build from the previous search and move forward in time. While a small amount of additional time is needed to complete these forms, they can save time in the future and are instrumental in demonstrating an evidence-informed approach.

The **Levels & Sources of Public Health Evidence** tool provides a visualization of the 6S Pyramid and can be found here:

http://www.healthevidence.org/documents/practice-tools/HETools_Levels&SourcesPublicHealthEvidence_18.Mar.2013.doc

The **Resources to Guide & Track Your Search** tool provides a document in which to track your search terms and results and can be found here:

http://www.healthevidence.org/documents/practice-tools/HETools_ResourcesGuide&TrackYourSearch_18.Mar.2013.doc

Most websites have very simple search engines, similar to Google. They are best searched using fewer keywords (2-3 usually works best). Re-run the search a few times, using alternate words to ensure you have collected the most relevant documents available in that resource.

Searching methods often differ between databases, but (Parentheses), "quotation marks" and asterisks* are most commonly used to help define searches. Check individual databases "Help" features, if available, for details on how to search that particular database/site.

Consider the number of citations retrieved in your search – a large number retrieved may require you to refine your search question or inclusion / exclusion criteria. You can try narrowing

the scope of your question or search a limited number of appropriate databases/sources. A small number of citations retrieved may require you to expand your search question or remove some of the limits on your inclusion/exclusion criteria, and search additional databases/sources. Searching can be an iterative process and you may need to revise your question, inclusion / exclusion criteria and/or search strategy before finalizing your method.

If you still have too many or too few results, consult with a librarian if possible. Consider a consultation with your team, manager and stakeholders.

2.3 Saving your search

Ensure you have documented each source searched, the terms used and the results for each source. Many databases allow you to save your search strategy to your user profile. This is an important step as you may try many different combinations of search terms before finalizing the search strategy. It will be important to capture the exact set of search terms and how they were specifically combined. It will also help you fill out the Search Process flowchart from Health Evidence, discussed below.

2.4 Citations retrieved – assessing for relevance

Save all citations in a reference management system (e.g. RefWorks, Endnote). If you are unfamiliar with which software your organization uses consult your manager and/or librarian. Assess the citations first for relevance by a quick review of titles and abstracts and their relation to your practice question.

Document the reasons why citations were removed from further consideration. For example, document which inclusion/exclusion criteria a citation did not meet. Be mindful that you have not excluded articles based on outcome (positive or negative) from your results. You do not want to bias your report.

Relevant citations need full article retrieval (i.e. you need a hard or electronic copy of the full document.) If after reviewing the title/abstract you are unsure if the article meets your inclusion criteria, include it for full text retrieval. Consult your manager/librarian on the process for requesting/accessing full-text articles in your organization. Screen the full-text articles and exclude citations which do not meet your inclusion / exclusion criteria.

Document the reasons why they were removed from further consideration.

To help minimize bias, when possible, have two authors independently review the references at both the title/abstract and full text level to determine if they meet the inclusion/exclusion criteria. Decide how disagreements are dealt with. For example, a third person could be a tie breaker.

Overview of Search Process flowchart

The Overview of Search Process flowchart from Health Evidence™ allows you to keep track of the citations retrieved and decisions made regarding relevance and quality at various points throughout your search, appraisal and documenting process. The tool can be accessed here:

http://thehealthevidence.org/documents/practice-tools/HETools_KeepingTrackSearchResultsFlowchart_18.Mar.2013.ppt

Update the flowchart at three key points during the review process:

- Retrieving citations
- Assessing citations for relevance based on your search question
- Critical appraising the evidence

Step 3: Critically Appraise the Information Sources

Definition

Critical appraisal is the process of assessing the quality of study methods in order to determine if findings are trustworthy and meaningful. Critical appraisal helps you answer the question: "Were the methods used good enough that I can be confident in the findings and apply these findings to public health practice?"

3.1 Conduct critical appraisal

If critical appraisal was not already conducted by a credible source (e.g. Health Evidence™), you need to critically appraise every document you include in your rapid review using an appropriate tool (see table below). These tools guide you through a series of questions to assess the quality of the methods the authors used to conduct the research. If you have a very short timeline, sites like Health Evidence™ (www.healthevidence.org) will save you time as all reviews included on this site have been assessed for methodological quality by two independent raters and an overall rating for each review is provided on the site. Some sites that house best practice guidelines and other research evidence repositories also provide assessments of methodological quality. For each site you use, you will need to determine whether the evidence has been assessed for methodological quality. If the site has not assessed the quality of the evidence, it is important that you conduct this assessment before extracting data from the documents.

Use **Table 1** below and consider the type of research evidence you have found to determine what tool to use. The table includes a link to the collaboration or organization that developed each tool as well a direct link to the tool itself.

Table 1: Critical Appraisal Tools by Type of Evidence

Type of Evidence	Collaboration/Organization	Direct Link
Summaries/Guidelines	AGREE II: www.agreetrust.org	AGREE II Tool: www.agreetrust.org/agree-ii
Syntheses/Systematic Reviews and Meta-Analyses	Health Evidence™: www.healthevidence.org AMSTAR: www.amstar.ca CASP: www.casp.uk-net	Health Evidence™ Tool: www.healthevidence.org/documents/our-appraisal-tools/QA_Tool&Dictionary_10_Nov16.pdf AMSTAR Tool: www.amstar.ca/Amstar_Checklist.php CASP Tool: http://docs.wixstatic.com/ugd/d

		ded87_7e983a320087439e94533f4697aa109c.pdf
Single Studies (Quantitative and Qualitative)	CASP: www.casp-uk.net	Collection of CASP Tools: www.casp-uk.net/casp-tools-checklists

Step 4: Synthesize the Evidence – “Putting it all Together”

Definition

In the synthesize step, results from all of the high quality and relevant evidence that you gathered is aggregated. The overall goal is to come to a conclusion about what is known about the practice question in the literature. This step involves: 1) extracting relevant information from included documents (e.g., guidelines, systematic reviews and single studies); 2) summarizing the overall results from included documents; and 3) formalizing conclusions. This step helps answer the question “What does the research evidence say about the issue and what are the practice implications of the research?”

4.1 Data Extraction

Consider how much detail is important to extract from each of the included documents. Data extraction answers the question “what do the included documents tell us?”

Extracted information should include title, author(s), date of publication, type of publication (e.g., summary, synthesis, single study), number and type of included studies (if a summary or synthesis), settings and population studied, interventions implemented, outcomes measured and results, and if relevant to the question, whether results differed among subgroups, such as by gender, socioeconomic status, ethnicity, etc.

An example of a data extraction table is included in **Table 2** on the following page. This table includes a sample of results from a review of studies examining the effectiveness of family or community-based interventions to decrease sedentary behavior in three age groups.

Table 2. Sample Data Extraction Table

What is the effectiveness of family or community-based interventions to decrease sedentary behaviour? 3 age groups: Children 5-13; Adolescents 14-18; Adults 18-50								
Participants	Author (Year)	Quality	Interventions	Outcomes Measured (how measured, tools used)	Years	Study Design	Results	Sub Population Differences
Children 5-13	DeMattia (2007)	Strong (7)		Outcomes should focus on decrease in sedentary B or increase in PA, so did prelim relevance screening based on what looked like it would meet that criteria				
	Connelly (2007)	Strong (7)	Provision/making PA compulsory					
	Salmon (2007) *also adolescents	Strong (7)	Promoting PA participation (focus mostly school setting but 57 interventions total are evaluated and some are family)					
	Flynn (2006) *also adolescents	Strong (10)						
	Flodmark (2006) *also adolescents	Moderate (6)						
	Campbell (2001)	Moderate (5)						

4.2 Data synthesis

Synthesis answers the question “what are the overall conclusions from all of the included research?” Use the results from the Data Extraction Table (Table 2) to organize results and findings to simplify the process of drawing conclusions.

Additional tables can be created to group data according to: a) population, b) intervention, or c) outcomes. An equity perspective can also be included in a separate column to identify differential effects of the intervention on, for example, different populations. Arranging the data in this way can assist in identifying similarities and differences in results across studies. In addition, the following tool “Support Tools for evidence-informed health policy making 10: Taking equity into consideration when assessing the findings of systematic reviews” can provide further guidance on applying an equity perspective.

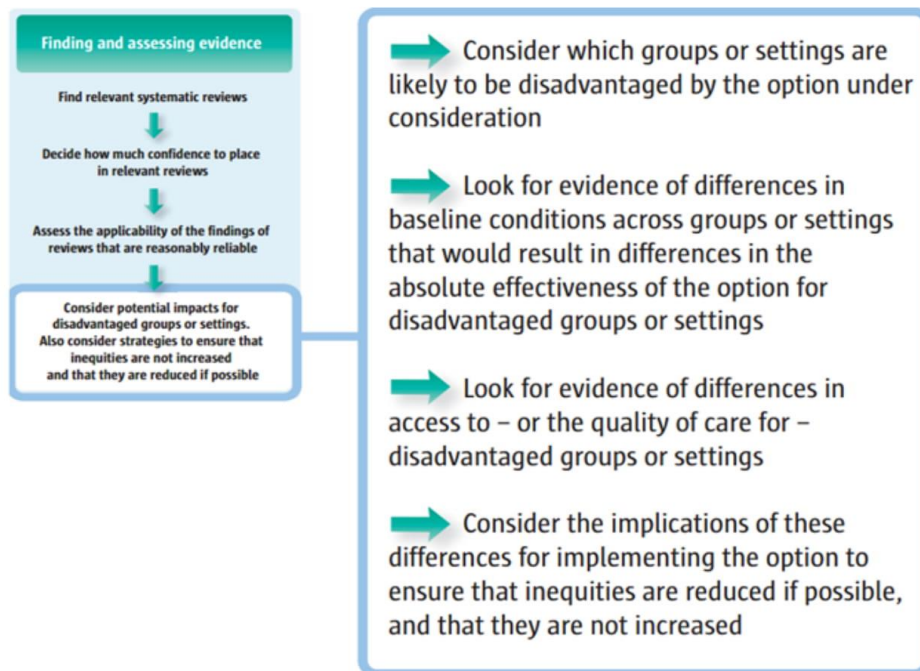


Figure 4: Applying a health equity perspective to data extraction. Image from Oxman, A. D., Lavis, J. N., Lewin, S. & Fretheim, A. (2009). SUPPORT Tools for evidence-informed health Policymaking (STP) 10: Taking equity into consideration when assessing the findings of a systematic review. *Health Research Policy and Systems*, 7, (S1): S10. doi: 10.1186/1478-4505-7-S1-S10

4.3 Drawing implications

Now that all the data has been extracted, categorized and considered it is time to answer the following question: “based on the research, what should be done?” The evidence should be considered in its entirety to develop recommendations for policy and practice as opposed to selecting the results of particular single studies to highlight. Synthesizing the evidence across studies is not an exercise in vote counting, meaning it is not sufficient to tally up those studies finding a positive effect and comparing that to the number of studies showing no effect, or a harmful effect. Synthesizing the evidence requires careful consideration of the commonalities and differences across the studies, along with weighting of results by their methodological quality. Furthermore, if your search identified a summary and/or synthesis and a few single studies, the results of the single studies need to be considered alongside all of the evidence included in the synthesis. The results of a recently published single study should not be given equal weight in comparison to the results of a high quality synthesis or summary. In other words, if you had a synthesis that included 20 single studies and two additional single studies published since the review, then the results of the two new single studies need to be considered alongside the 20 single studies in the synthesis.

Recommendations for policy and programs may be quite diverse. The following is a list of some possible recommendations: start a new program; modify an existing program; stop a program; deliver an existing program differently; re-focus programs to focus on different populations; or continue with the status quo. The following tool can be used to document how you arrived at your conclusions.

http://healthevidence.org/documents/practice-tools/HETools_BriefingNote_18.Mar.2013.doc

In addition, you can use the Health Equity Impact Assessment tool to summarize the findings using an equity perspective as well as support development of policy and program options that take into account their impact on health equity. This tool can be accessed using the following link:

<http://www.nccmt.ca/registry/view/eng/146.html>.

Consult with your manager regarding the recommendations to be included in the rapid review. Following approval of the recommendations from your manager, proceed with writing the final report. The draft rapid review report should be reviewed and approved by your manager and possibly others before continuing on to Step 5.

Step 5: Identifying Applicability and Transferability Issues for Further Consideration during the Decision Making Process

Definition

This step is crucial to determine if the policy or program will be relevant and suitable in Canada or your local context which would increase its chance for success. Adapting research evidence to the local context helps answer the question: “Can this research be used with our population?”

This step should involve meeting with others on the team from the organization who were involved in the rapid review’s development. To help team members prepare for the discussion they need to receive a copy of the draft rapid review and other supplemental documents you have created related to this practice question prior to the meeting.

The Applicability and Transferability tool is designed to capture important issues related to the proposed policy or program and should be documented in the notes section of the tool. Team members should discuss which factors included in the Applicability and Transferability tool would be important to consider prior to making policy or practice decisions. The identified factors could then be included in supplementary documentation accompanying the rapid review, to be discussed by managers and senior managers, and any other relevant stakeholders.

The Applicability and Transferability tool can be accessed at the following link:

<http://www.nccmt.ca/publications/9/view-eng.html>.

However, the assessment of the recommendations can also occur using an equity lens. In this situation the following tool will more adequately help you focus in on equity issues related to the applicability and transferability of evidence.

<http://stmichaelshospitalresearch.ca/research-programs/urban-health-solutions/resources-and-reports/knowledge-translation-toolkit/>

Writing the Report

Definition

A documented report constitutes the organizational record of the process that resulted in the development of the evidence brief. It involves creating a final report of the steps, results, and implications. It is a tool for communication and contributes to the knowledge bank. As much as possible, the document should use plain language. Consider reviewing and revising the report every 2-3 years. It should follow a 1:2:20 format: one page of key messages, a 2-page executive summary, and an up to 20-page full report.

Sections to include

The EIDM Report requires the following sections:

Key Messages

This is one page, in bulleted format. Write this section last.

Provide, in plain language, statements that are the 'bottom line' about the implications arising from the result of the rapid review development process.

These are derived from the evidence itself as well as the applicability and transferability discussion.

Executive Summary

The length of the executive summary is 1 to 2 pages. Write this section after completing the full report. Provide a concise overview of the policy and/or program question, context, methods and results of the research, a synthesis of overall findings and concluding policy or program recommendations.

Public Health Topic

The length of this section is up to five to six sentences. Describe the issue that led you to conduct the rapid review (what was behind the request for the evidence brief to be conducted).

Current knowledge

The length of this section is up to one and a half pages. Include only what is relevant for your issue. Include available data about the incidence, prevalence, or other statistics relevant to the health issue. In addition, where available, focus on Canadian statistics. Include any information that compares the incidence and prevalence data with those of other relevant jurisdictions (if appropriate).

Public health policy or program question

The length of this section is up to three sentences.

Include the plain language practice question the rapid review aims to answer.

Synthesis of findings

The length of this section is five to six sentences for each recommendation.

Provide an overall summarizing statement for each recommendation (for each outcome or intervention, depending on how you decide to present the findings and include the population studied). Use PICO to frame how you state your results. For example, “There was no effect shown among 7-14 year old school children (*population*) of curriculum based interventions (*intervention*) compared to educational interventions (*comparison intervention*) on screen time (*outcome*)”.

Following the overall statement, describe each of the relevant references that support the finding or conclusion. Where effects were found, report the magnitude or size of the effect, with applicable statistics for each intervention. Where applicable, interpret the effect size. For example, “At 15-60 months post intervention, participants who received the school-based physical activity intervention were X times more likely to engage in 60 minutes of physical activity per day compared to those not exposed to the intervention (*comparison population*) (include relevant statistics such as odds ratios or relative risks, or weighted mean difference and 95% Confidence Intervals if available).

Note: Data Synthesis Table is appended to the report.

Implications for the Organization

The length of this section is one sentence per recommendation.

Based on the evidence, outline the recommendations made. Outline the financial and resource implications of any policy or program change implemented as a result of the review.

References

Be sure to include all references quoted in the final report in your reference list. For help using a reference management system contact the library (if available).

Appendix

Details on the following sections can be included in an appendix when and if time permits.

Literature search

The completed tools on sources searched and keywords used can be included here. In addition, including the full search strategy for at least one database will allow your rapid review to be reproduced by others and lend credibility to your report.

Relevance assessment criteria

The criteria developed to determine which evidence was included and excluded can be provided here.

Results of the search

Describe the total number of documents of each type of evidence that were identified in the search (final version of the implemented search).

Describe how many articles of each type were found to meet the relevance criteria.

Critical appraisal

Describe the process used to appraise quality (e.g. the tools used to assess quality, how many reviewers independently completed the assessments and the method to resolve any disagreement in assessment among reviewers).

Describe how many papers of each type were assessed in each category of weak, moderate or strong quality. Include a summary statement stating the final number of documents included in the review, including a statement about any papers that were excluded based on a weak quality score.

Note in the report that the Critical Appraisal Outcome Tool is appended. If time permits a table providing the ratings for each criterion for each document should be provided by the reviewers

Description of included studies

Include the completed data extraction table(s) and note this in the report.

ADDENDUM C: CRITICAL APPRAISAL TOOL



CASP Checklist: 10 questions to help you make sense of a **Qualitative** research

How to use this appraisal tool: Three broad issues need to be considered when appraising a qualitative study:

- ▶ Are the results of the study valid? (Section A)
- ▶ What are the results? (Section B)
- ▶ Will the results help locally? (Section C)

The 10 questions on the following pages are designed to help you think about these issues systematically. The first two questions are screening questions and can be answered quickly. If the answer to both is “yes”, it is worth proceeding with the remaining questions. There is some degree of overlap between the questions, you are asked to record a “yes”, “no” or “can’t tell” to most of the questions. A number of italicised prompts are given after each question. These are designed to remind you why the question is important. Record your reasons for your answers in the spaces provided.

About: These checklists were designed to be used as educational pedagogic tools, as part of a workshop setting, therefore we do not suggest a scoring system. The core CASP checklists (randomised controlled trial & systematic review) were based on JAMA 'Users' guides to the medical literature 1994 (adapted from Guyatt GH, Sackett DL, and Cook DJ), and piloted with health care practitioners.

For each new checklist, a group of experts were assembled to develop and pilot the checklist and the workshop format with which it would be used. Over the years overall adjustments have been made to the format, but a recent survey of checklist users reiterated that the basic format continues to be useful and appropriate.

Referencing: we recommend using the Harvard style citation, i.e.: *Critical Appraisal Skills Programme (2018). CASP (insert name of checklist i.e. Qualitative) Checklist. [online] Available at: URL. Accessed: Date Accessed.*

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Paper for appraisal and reference: **Bateman (2016)**

Section A: Are the results valid?

1. Was there a clear statement of the aims of the research?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- what was the goal of the research
 - why it was thought important
 - its relevance

Comments:

2. Is a qualitative methodology appropriate?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants
 - Is qualitative research the right methodology for addressing the research goal

Comments:

Is it worth continuing?

3. Was the research design appropriate to address the aims of the research?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- if the researcher has justified the research design (e.g. have they discussed how they decided which method to use)

Comments:

4. Was the recruitment strategy appropriate to the aims of the research?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- If the researcher has explained how the participants were selected
 - If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study
 - If there are any discussions around recruitment (e.g. why some people chose not to take part)

Comments: **This dissertation examines relevant research to create an interactive workbook designed to increase the secure attachment relationship for foster-adoptive children and their parents.**

5. Was the data collected in a way that addressed the research issue?

Yes	<input type="checkbox"/>
Can't Tell	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- If the setting for the data collection was justified
 - If it is clear how data were collected (e.g. focus group, semi-structured interview etc.)
 - If the researcher has justified the methods chosen
 - If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews are conducted, or did they use a topic guide)
 - If methods were modified during the study. If so, has the researcher explained how and why
 - If the form of data is clear (e.g. tape recordings, video material, notes etc.)
 - If the researcher has discussed saturation of data

Comments: **This record draws from relevant research.**

6. Has the relationship between researcher and participants been adequately considered?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- If the researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location
- How the researcher responded to events during the study and whether they considered the implications of any changes in the research design

Comments:

Section B: What are the results?

7. Have ethical issues been taken into consideration?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained
- If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)
 - If approval has been sought from the ethics committee

Comments:

8. Was the data analysis sufficiently rigorous?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- If there is an in-depth description of the analysis process
 - If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data
 - Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process
 - If sufficient data are presented to support the findings
 - To what extent contradictory data are taken into account
 - Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation

Comments:

9. Is there a clear statement of findings?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider whether
- If the findings are explicit
 - If there is adequate discussion of the evidence both for and against the researcher's arguments
 - If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)
 - If the findings are discussed in relation to the original research question

Comments: The workbook was given to 15 experts in fields of psychology, family counseling, social work, and child development. These individuals were asked to provide feedback about the workbook's accuracy, effectiveness, and design through a Likert scale and open-ended questions. The workbook was selectively edited according to the accuracy of presented information as well as legal or ethical issues.

Section C: Will the results help locally?

10. How valuable is the research?

HINT: Consider

- If the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g. do they consider the findings in relation to current practice or policy, or relevant research-based literature
- If they identify new areas where research is necessary
- If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used

Comments: It is would be helpful in identifying common themes of attachment social workers should be acquainted with and what can be included in a possible training program fro social workers.

Paper for appraisal and reference: **Golding, S. (2017)**

Section A: Are the results valid?

1. Was there a clear statement of the aims of the research?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- what was the goal of the research
 - why it was thought important
 - its relevance

Comments:

2. Is a qualitative methodology appropriate?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants
 - Is qualitative research the right methodology for addressing the research goal

Comments: Dr. Golding invariably uses attachment theory and research as her guide in designing her very effective programme.

Is it worth continuing?

3. Was the research design appropriate to address the aims of the research?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- if the researcher has justified the research design (e.g. have they discussed how they decided which method to use)

Comments:

4. Was the recruitment strategy appropriate to the aims of the research?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- If the researcher has explained how the participants were selected
 - If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study
 - If there are any discussions around recruitment (e.g. why some people chose not to take part)

Comments:

5. Was the data collected in a way that addressed the research issue?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- If the setting for the data collection was justified
 - If it is clear how data were collected (e.g. focus group, semi-structured interview etc.)
 - If the researcher has justified the methods chosen
 - If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews are conducted, or did they use a topic guide)
 - If methods were modified during the study. If so, has the researcher explained how and why
 - If the form of data is clear (e.g. tape recordings, video material, notes etc.)
 - If the researcher has discussed saturation of data

Comments: **This record draws from relevant research.**

8. Was the data analysis sufficiently rigorous?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- If there is an in-depth description of the analysis process
 - If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data
 - Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process
 - If sufficient data are presented to support the findings
 - To what extent contradictory data are taken into account
 - Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation

Comments:

9. Is there a clear statement of findings?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider whether
- If the findings are explicit
 - If there is adequate discussion of the evidence both for and against the researcher's arguments
 - If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)
 - If the findings are discussed in relation to the original research question

Comments: The workbook was given to 15 experts in fields of psychology, family counseling, social work, and child development. These individuals were asked to provide feedback about the workbook's accuracy, effectiveness, and design through a Likert scale and open-ended questions. The workbook was selectively edited according to the accuracy of presented information as well as legal or ethical issues.

8. Was the data analysis sufficiently rigorous?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- If there is an in-depth description of the analysis process
- If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data
- Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process
- If sufficient data are presented to support the findings
 - To what extent contradictory data are taken into account
- Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation

Comments:

9. Is there a clear statement of findings?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider whether

- If the findings are explicit
- If there is adequate discussion of the evidence both for and against the researcher's arguments
- If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)
- If the findings are discussed in relation to the original research question

Comments:

Section C: Will the results help locally?

10. How valuable is the research?

HINT: Consider

- If the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g. do they consider the findings in relation to current practice or policy, or relevant research-based literature
- If they identify new areas where research is necessary
- If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used

Comments: This book is based on extensive research and experiences of professional with regards to attachment. It is an excellent resource for engaging in attachment issues.

Paper for appraisal and reference: **Murphy, Steele & Steele (2013)**

Section A: Are the results valid?

1. Was there a clear statement of the aims of the research?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- what was the goal of the research
 - why it was thought important
 - its relevance

Comments:

2. Is a qualitative methodology appropriate?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants
 - Is qualitative research the right methodology for addressing the research goal

Comments: **The research methodology is based on theoretical and research findings from an attachment perspective and thus, it addresses the research question.**

Is it worth continuing?

3. Was the research design appropriate to address the aims of the research?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- if the researcher has justified the research design (e.g. have they discussed how they decided which method to use)

Comments:

4. Was the recruitment strategy appropriate to the aims of the research?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- If the researcher has explained how the participants were selected
 - If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study
 - If there are any discussions around recruitment (e.g. why some people chose not to take part)

Comments:

5. Was the data collected in a way that addressed the research issue?

Yes	<input type="checkbox"/>
Can't Tell	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- If the setting for the data collection was justified
 - If it is clear how data were collected (e.g. focus group, semi-structured interview etc.)
 - If the researcher has justified the methods chosen
 - If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews are conducted, or did they use a topic guide)
 - If methods were modified during the study. If so, has the researcher explained how and why
 - If the form of data is clear (e.g. tape recordings, video material, notes etc.)
 - If the researcher has discussed saturation of data

Comments: This record forms part of a collected work and is only a chapter in the book called "From out of sight, out of mind to in sight and in mind" thus, the reviewer do not have access to the data collection methods.

6. Has the relationship between researcher and participants been adequately considered?

Yes	<input type="checkbox"/>
Can't Tell	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- If the researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location
- How the researcher responded to events during the study and whether they considered the implications of any changes in the research design

Comments: This record forms part of a collected work and is only a chapter in the book called "From out of sight, out of mind to in sight and in mind" thus, the reviewer do not have access to research methodology.

Section B: What are the results?

7. Have ethical issues been taken into consideration?

Yes	<input type="checkbox"/>
Can't Tell	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained
- If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)
- If approval has been sought from the ethics committee

Comments:

8. Was the data analysis sufficiently rigorous?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- If there is an in-depth description of the analysis process
- If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data
- Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process
- If sufficient data are presented to support the findings
 - To what extent contradictory data are taken into account
- Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation

Comments:

9. Is there a clear statement of findings?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider whether

- If the findings are explicit
- If there is adequate discussion of the evidence both for and against the researcher's arguments
- If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)
- If the findings are discussed in relation to the original research question

Comments: **This chapter in the collect works extensively discusses the findings and draws clear parallels between the theoretical and research findings that inform practice.**

Comments: **This chapter in the collect works extensively discusses the findings and draws clear parallels between the theoretical and research findings that inform practice.**

Section C: Will the results help locally?

10. How valuable is the research?

HINT: Consider

- If the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g. do they consider the findings in relation to current practice or policy, or relevant research-based literature
- If they identify new areas where research is necessary
- If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used

Comments: This is a very valuable record as it focuses on training professionals on the attachment theory which is highly relevant to the review question.

Paper for appraisal and reference: Schofield & Beek (2006)

Section A: Are the results valid?

1. Was there a clear statement of the aims of the research?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- what was the goal of the research
 - why it was thought important
 - its relevance

Comments:

2. Is a qualitative methodology appropriate?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants
 - Is qualitative research the right methodology for addressing the research goal

Comments:

Is it worth continuing?

3. Was the research design appropriate to address the aims of the research?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- if the researcher has justified the research design (e.g. have they discussed how they decided which method to use)

Comments:

4. Was the recruitment strategy appropriate to the aims of the research?

Yes	<input type="checkbox"/>
Can't Tell	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- If the researcher has explained how the participants were selected
 - If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study
 - If there are any discussions around recruitment (e.g. why some people chose not to take part)

Comments: This book guides professionals from theory to practice as it is based on research and experiences of expert professionals.

5. Was the data collected in a way that addressed the research issue?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- If the setting for the data collection was justified
 - If it is clear how data were collected (e.g. focus group, semi-structured interview etc.)
 - If the researcher has justified the methods chosen
 - If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews are conducted, or did they use a topic guide)
 - If methods were modified during the study. If so, has the researcher explained how and why
 - If the form of data is clear (e.g. tape recordings, video material, notes etc.)
 - If the researcher has discussed saturation of data

Comments: This record draws from relevant research.

8. Was the data analysis sufficiently rigorous?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider

- If there is an in-depth description of the analysis process
- If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data
- Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process
- If sufficient data are presented to support the findings
 - To what extent contradictory data are taken into account
- Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation

Comments:

9. Is there a clear statement of findings?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

HINT: Consider whether

- If the findings are explicit
- If there is adequate discussion of the evidence both for and against the researcher's arguments
- If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)
- If the findings are discussed in relation to the original research question

Comments: The workbook was given to 15 experts in fields of psychology, family counseling, social work, and child development. These individuals were asked to provide feedback about the workbook's accuracy, effectiveness, and design through a Likert scale and open-ended questions. The workbook was selectively edited according to the accuracy of presented information as well as legal or ethical issues.

Section C: Will the results help locally?

10. How valuable is the research?

HINT: Consider

- If the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g. do they consider the findings in relation to current practice or policy, or relevant research-based literature)
- If they identify new areas where research is necessary
- If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used

Comments: **This book is based on extensive research and experiences of professional with regards to attachment. It is an excellent resource for engaging in attachment issues.**

Section C: Will the results help locally?

10. How valuable is the research?

HINT: Consider

- If the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g. do they consider the findings in relation to current practice or policy, or relevant research-based literature
- If they identify new areas where research is necessary
- If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used

Comments: This book is based on extensive research and experiences of professional with regards to attachment. It is particularly relevant to social workers, therefofe, it is a relevant record to the reveiw.

<p>Accuracy</p>	<ul style="list-style-type: none"> • Does the item have a clearly stated aim or brief? • If so, is this met? • Does it have a stated methodology? • If so, is it adhered to? • Has it been peer-reviewed? • Has it been edited by a reputable authority? • Supported by authoritative, documented references or credible sources? • Is it representative of work in the field? • If NO, is it a valid counterbalance? • Is any data collection explicit and appropriate for the research? • If item is secondary material (e.g. a policy brief or a technical report) refer to the original. • Is it an accurate, unbiased interpretation or analysis? 	<p>YES</p>		
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<p>Coverage</p>	<p>All items have parameters which define their content coverage. These limits might mean that a work refers to a particular population group, or that it excluded certain types of publication. A report could be designed to answer a particular question, or be based on statistics from a particular survey.</p> <ul style="list-style-type: none"> • Are any limits clearly stated? 	<p>YES</p>		
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Objectivity	<p>It is important to identify bias, particularly if it is unstated or unacknowledged.</p> <ul style="list-style-type: none"> • Opinion, expert or otherwise, is still opinion: is the author's standpoint clear? • Does the work seem to be balanced in presentation? 	YES		
Date	<p>For the item to inform your research, it needs to have a date that confirms relevance.</p> <ul style="list-style-type: none"> • Does the item have a clearly stated date related to content? No easily discernible date is a strong concern. • If no date is given, but can be closely ascertained, is there a valid reason for its absence? • Check the bibliography: has key contemporary material been included? 	YES		
Significance	<p>This is a value judgment of the item, in the context of the relevant research area.</p> <ul style="list-style-type: none"> • Is the item meaningful? (this incorporates feasibility, utility and relevance) • Does it add context? • Does it enrich or add something unique to the research? • Does it strengthen or refute a current position? 	YES		

	<p>In all cases:</p> <ul style="list-style-type: none"> Does the item have a detailed reference list or bibliography? 	YES		
Accuracy	<ul style="list-style-type: none"> Does the item have a clearly stated aim or brief? If so, is this met? Does it have a stated methodology? If so, is it adhered to? Has it been peer-reviewed? Has it been edited by a reputable authority? Supported by authoritative, documented references or credible sources? Is it representative of work in the field? If NO, is it a valid counterbalance? Is any data collection explicit and appropriate for the research? If item is secondary material (e.g. a policy brief of a technical report) refer to the original. Is it an accurate, unbiased interpretation or analysis? 	YES		

<p>Coverage</p>	<p>All items have parameters which define their content coverage. These limits might mean that a work refers to a particular population group, or that it excluded certain types of publication. A report could be designed to answer a particular question, or be based on statistics from a particular survey.</p> <ul style="list-style-type: none"> • Are any limits clearly stated? 	<p>YES</p>		
<p>Objectivity</p>	<p>It is important to identify bias, particularly if it is unstated or unacknowledged.</p> <ul style="list-style-type: none"> • Opinion, expert or otherwise, is still opinion: is the author's standpoint clear? • Does the work seem to be balanced in presentation? 	<p>YES</p>		
<p>Date</p>	<p>For the item to inform your research, it needs to have a date that confirms relevance.</p> <ul style="list-style-type: none"> • Does the item have a clearly stated date related to content? No easily discernible date is a strong concern. • If no date is given, but can be closely ascertained, is there a valid reason for its absence? • Check the bibliography: has key contemporary material been included? 	<p>YES</p>		

Significance	<p>This is a value judgment of the item, in the context of the relevant research area.</p> <ul style="list-style-type: none"> • Is the item meaningful? (this incorporates feasibility, utility and relevance) • Does it add context? • Does it enrich or add something unique to the research? • Does it strengthen or refute a current position? • Would the research area be lesser without it? • Is it integral, representative, typical? • Does it have impact? (in the sense of influencing the work or behaviour of others) 	YES		

Jess Tyndall, Flinders University, Nov. 2010

NAME OF GREY LITERATURE RECORD: **Dewar, G. 2017. The science of attachment parenting.**

AACODS		YES	NO	?
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<p>Authority</p>	<p>Identifying who is responsible for the intellectual content.</p> <p>Individual author:</p> <ul style="list-style-type: none"> • Associated with a reputable organisation? • Professional qualifications or considerable experience? • Produced/published other work (grey/black) in the field? • Recognised expert, identified in other sources? • Cited by others? (use Google Scholar as a quick check) • Higher degree student under “expert” supervision? <p>Organisation or group:</p> <ul style="list-style-type: none"> • Is the organisation reputable? (e.g. WHO) • Is the organisation an authority in the field? <p>In all cases:</p> <ul style="list-style-type: none"> • Does the item have a detailed reference list or bibliography? 	<p>YES</p> <p>YES</p> <p>YES</p>		
<p>Accuracy</p>	<ul style="list-style-type: none"> • Does the item have a clearly stated aim or brief? • If so, is this met? • Does it have a stated methodology? • If so, is it adhered to? • Has it been peer-reviewed? • Has it been edited by a reputable authority? • Supported by authoritative, documented references or credible sources? • Is it representative of work in the field? • If NO, is it a valid counterbalance? • Is any data collection explicit and appropriate for the research? 	<p>YES</p>		

	<ul style="list-style-type: none"> • If item is secondary material (e.g. a policy brief of a technical report) refer to the original. • Is it an accurate, unbiased interpretation or analysis? 			
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Coverage	<p>All items have parameters which define their content coverage. These limits might mean that a work refers to a particular population group, or that it excluded certain types of publication. A report could be designed to answer a particular question, or be based on statistics from a particular survey.</p> <ul style="list-style-type: none"> • Are any limits clearly stated? 	YES		
Objectivity	<p>It is important to identify bias, particularly if it is unstated or unacknowledged.</p> <ul style="list-style-type: none"> • Opinion, expert or otherwise, is still opinion: is the author's standpoint clear? • Does the work seem to be balanced in presentation? 	YES		

<p>Date</p>	<p>For the item to inform your research, it needs to have a date that confirms relevance.</p> <ul style="list-style-type: none"> • Does the item have a clearly stated date related to content? No easily discernible date is a strong concern. • If no date is given, but can be closely ascertained, is there a valid reason for its absence? • Check the bibliography: have key contemporary material been included? 	<p>YES</p>		
<p>Significance</p>	<p>This is a value judgment of the item, in the context of the relevant research area.</p> <ul style="list-style-type: none"> • Is the item meaningful? (this incorporates feasibility, utility and relevance) • Does it add context? • Does it enrich or add something unique to the research? • Does it strengthen or refute a current position? • Would the research area be lesser without it? • Is it integral, representative, typical? • Does it have impact? (in the sense of influencing the work or behaviour of others) 	<p>YES</p>		

Accuracy	<ul style="list-style-type: none"> • Does the item have a clearly stated aim or brief? • If so, is this met? • Does it have a stated methodology? • If so, is it adhered to? • Has it been peer-reviewed? • Has it been edited by a reputable authority? • Supported by authoritative, documented references or credible sources? • Is it representative of work in the field? • If No, is it a valid counterbalance? • Is any data collection explicit and appropriate for the research? • If item is secondary material (e.g. a policy brief of a technical report) refer to the original. • Is it an accurate, unbiased interpretation or analysis? 	YES	NO	
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Coverage	<p>All items have parameters which define their content coverage. These limits might mean that a work refers to a particular population group, or that it excluded certain types of publication. A report could be designed to answer a particular question, or be based on statistics from a particular survey.</p> <ul style="list-style-type: none"> • Are any limits clearly stated? 	YES		
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Objectivity	<p>It is important to identify bias, particularly if it is unstated or unacknowledged.</p> <ul style="list-style-type: none"> • Opinion, expert or otherwise, is still opinion: is the author's standpoint clear? • Does the work seem to be balanced in presentation? 	YES		
Date	<p>For the item to inform your research, it needs to have a date that confirms relevance.</p> <ul style="list-style-type: none"> • Does the item have a clearly stated date related to content? No easily discernible date is a strong concern. • If no date is given, but can be closely ascertained, is there a valid reason for its absence? • Check the bibliography: have key contemporary material been included? 	YES		
Significance	<p>This is a value judgment of the item, in the context of the relevant research area.</p> <ul style="list-style-type: none"> • Is the item meaningful? (this incorporates feasibility, utility and relevance) • Does it add context? • Does it enrich or add something unique to the research? • Does it strengthen or refute a current position? 	YES		

	<ul style="list-style-type: none">• Would the research area be lesser without it?• Is it integral, representative, typical?• Does it have impact? (in the sense of influencing the work or behaviour of others)			
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Jess Tyndall, Flinders University, Nov. 2010

ADDENDUM E: DATA EXTRACTION TABLE

Table 1-2: Data extraction table

#	Title of the article	Authors & publication date	Country study is conducted in	Interventions	Participants	Outcomes measured	Study designs	Main findings
1	Enhancing the parent-child attachment of children adopted from foster care in the United States: A workbook.	Bateman, E. A. (2016)	California	Based on the relevant literature, a workbook aimed at helping a secure-attachment relationship to develop between foster-adopted children and adoptive parents was designed,	Experts: licensed psychologists; Post-doctoral interns; licensed clinical social workers; licensed marriage and family therapists; and certified child life specialists.	<p>1) To review the workbook created for this dissertation and provide feedback via an online survey.</p> <p>2) To use the workbook as a tool to enhance the relational bond between parent and</p>	Qualitative	<ul style="list-style-type: none"> Alternative caregivers need assistance in helping the child develop an attachment to them; Factors that assist the development of a secure attachment relationship are 1) parental sensitivity; 2) internal attachment representations; 3) childhood identity formation; 4) positive relational interactions. Lack of interaction resources for parents and

				created and evaluated by experts.		foster adopted child.		children to use together to enhance attachment.
2	From out of sight, out of mind to in sight and in mind: enhancing reflective capacities in a group attachment-based intervention	Murphy, Steele & Steele (2013)	New York	<p>Training social workers on the Group Attachment-Based Intervention (GABI).</p> <p>Translational research whereby the clinical work influences the research and the research influences the clinical work.</p>	Clinicians (social workers) & researchers	To train clinicians (social workers) on the GABI who is responsible for creating change in the children and parents based on the attachment framework.	<p>Book – this book assembles current theory and findings on attachment, applies them to clinical work, and offers valid ideas for building an attachment framework in practice.</p>	<ul style="list-style-type: none"> • Social workers need to balance their own capacity to hold in mind the experience of the parent while simultaneously holding in mind the experience of the child, in light of the past, present, and the anticipated stresses impacting the parent, the child, and the social worker herself. • Attachment concepts central to GABI: <ol style="list-style-type: none"> 1) Reflective functioning; 2) Emotional attunement; 3) Affect regulation;

								<p>4) Reticence in therapeutic and parental relationships;</p> <p>5) Intergenerational patterns;</p> <p>6) Nurturing the parent and child and enhancing parents' nurturing of their children; and</p> <p>7) Support.</p> <ul style="list-style-type: none"> • Reflective supervision is required to assist the social worker who has to assist the family.
3	Attachment handbook for foster care and adoption	Schofield, G. & Beek, M. (2006)	London, UK.	To provide practitioners, foster carers and adoptive parents with	Practitioners/foster carers/adoptive parents	1) How can the attachment theory be useful in working with	Book	<p>1) Attachment theory – core concepts:</p> <ul style="list-style-type: none"> • Proximity seeking and the significance of a secure base;

			<p>an account of attachment theory and research that will enable them to use the concept of attachment in more accurate and constructive ways, whether in undertaking assessments, writing reports and making decisions or in providing the quality of day-to-day care and relationships</p>		<p>and caring for children?</p> <p>2) Models of caregiving</p>		<ul style="list-style-type: none"> • Mind-mindedness and the regulation of affect and behaviour; • Adaptation, mental representations, and internal working models; • Attachment formation and development: key stages; • Patterns of attachment; • Attachment disorders; • Measuring attachment <p>2) Providing a secure base;</p> <ul style="list-style-type: none"> • Being available; • Responding sensitively; • Accepting the child and building self-esteem; • Co-operative caregiving; • Helping children to belong <p>3) What social workers should know;</p>
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				that can help turn children's lives around.				<ul style="list-style-type: none"> • Attachment and common behaviour problems; • The role of the social worker; • Attachment and contact
4	Foundations for attachment training resource	Golding, K. S. (2017)	London, UK	To gain an understanding of challenges and explore ways of building emotional connections with children. This can increase trust in reciprocal and attachment relationships leading to increased attachment	Foster carers/adoptive parents/kinship carers/parents of traumatized children	<ol style="list-style-type: none"> 1) Increase in the knowledge of attachment; 2) Increase in self-care; 3) Increase in self-efficacy 	Book – a pilot study was carried out during the development of this book.	7

				security and reduced levels of shame.				
5	An Introduction to attachment and the implications for learning and behaviour	Atkinson, Balbernie, Bomber, Cairns, Crockett, Ford, Fergusson, Geddes, Gilbert, Gorman, Heald, Holmes, Jackson, Mainstone-Cotton, McCarty, McDonald, Parker,	England, UK.	To increase awareness of attachment issues and to develop strategies to break the cycle of deprivation.	Teachers	To educate teachers on attachment issues in order to enhance successful attachment in relationships of the child.	Educational resource	<p>1) Why attachment matters:</p> <ul style="list-style-type: none"> • Children will end up being unfocussed, disruptive, controlling, withdrawn and destructive; • Children underachieve in life and are punished for it and experience adaptation difficulties later in life; • The need to understand WHY and HOW some children behave the way they do. <p>2) Understanding of what is attachment:</p> <ul style="list-style-type: none"> • Internal working models; • Nurturing relationships can provide children with

		<p>Rose, Strickland, Taggard, Wood. 2014</p>						<p>protective, safe havens, and secure bases from where they can explore and engage with others in their environment.</p> <p>3) Identify the risk factors affecting attachment and who are the vulnerable groups (insecure attachment may occur within non-vulnerable children as well).</p> <p>4) Attachment types and identification of self-protective behavioural strategies.</p> <p>5) The neuroscience of attachment:</p> <ul style="list-style-type: none"> • Warm, responsive relationships and interactions (attunement) build children's brains and
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								<p>develop self-regulating behaviour;</p> <ul style="list-style-type: none"> • Secure attachment allows for positive internal working models. <p>6) Recovering from trauma – what is needed:</p> <ul style="list-style-type: none"> • Feeling safe and secure physically and emotionally; • Relationships and secure attachments; • Being able to express what has happened – creating a narrative to make the memories safe; • Providing a structured environment with firm boundaries and nurturing empathic relationships. <p>7) Support for staff working with children.</p>
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								8) Different frameworks for supporting behaviour: <ul style="list-style-type: none"> • A relational rather than behavioural framework is needed; • Relational framework = behaviour is a form of communication (emotion coaching).
6	Why attachment matters: Supporting resilience through attachment	O'Connor, A. (2016)	Newcastle				Training resource	<ul style="list-style-type: none"> • Resilience comes from <ol style="list-style-type: none"> 1) having enough positive experiences to create a sense of security and trust in others as well as yourself, 2) feelings of self-worth and knowing that others believe in you, that helps you know you can get through the hard times, 3) having a safe place to build your resilience

							<p>gradually, to take risks and make mistakes, and</p> <p>4) being well-supported through difficulty and change.</p> <ul style="list-style-type: none">• Early trauma and lack of secure attachments can lead to unhealthy forms of resilience and therefore attachment really matters.• What can get in the way of attachment (generational cycles of insecure attachment/lack of support/separation/illness/substance abuse/poverty).• Trauma – emotional neglect and abuse/lack of unconditional regard/impact on brain development.
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								<ul style="list-style-type: none"> • What does insecure attachment look like? • Early trauma and insecure attachments can be linked with behavioural problems. • Impact of early transitions on a child. • Secondary attachments = the foster carer. • Positive attachments help build resilience for change. • Feeling 'held in mind' is fundamental to attachment, helps build resilience and supports transition.
7	Attachment Training	Looked after and adopted children's support and therapeutic team	Rotherham, UK.	To train child care workers on attachment.	Carers, adopters, residential workers, professionals.	1) To gain an understanding of attachment theory and neuro-development research and	Training resource	<ul style="list-style-type: none"> • Attachment cycle – healthy attachment cycle/2nd year attachment cycle/insecure attachment cycle. • What is attachment?

	(LAACSTT). (2013)				<p>its impact on looked after children;</p> <p>2) To gain an understanding of how early life experiences and trauma impact the child and their perception of the world;</p> <p>3) To identify successful evidence based ways of working to support children with attachment difficulties and complex needs due to trauma</p>	<ul style="list-style-type: none"> • What behaviours indicate attachment difficulty? • What are the reasons for insecure attachments? • Types of attachment styles: 1) Secure attachment, 2) Open book attachment, 3) Closed book attachment, and 4) Disorganised attachment. • Internal working model. • Re-enactment of abusive & traumatic experiences. • Brain development. • Attunement. • Trauma and attachment. • Attachment enhancing activities (theraplay/PLACE/ Supervision/Shield of shame).
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						and early life experiences.		<ul style="list-style-type: none"> • Self-care – first aid/self-esteem.
8	The science of attachment parenting.	Dewar, G. (2017)		To give insight into attachment parenting.		What is attachment parenting?	Educational resource	<ul style="list-style-type: none"> • What is attachment parenting (definition and purpose)? • What does attachment parenting look like (practices and approaches)? <p>(What's important is that parents strive to be sensitive and responsive, so that they can learn how to meet their child's needs in an affectionate, effective way.)</p> <ul style="list-style-type: none"> • The importance of attachment parenting: <ul style="list-style-type: none"> - High quality communication; - Maternal sensitivity during play;

								<ul style="list-style-type: none">- Insight into child's mental and emotional states;- Sensitivity to distress;- Emotional availability.• Fostering better emotional regulation.• Help child cope with stress (skin-to-skin contact/co-sleeping/parental warmth/positive discipline).• Attachment holds cognitive advantages and promotes moral development.
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ADDENDUM F: DATA SYNTHESIS

Table 1-3: Data Synthesis

#	Title of the article	Authors & Publication date	Main findings	Themes identified Theme 1/ Theme 2/ Theme 3/ Theme 4/ Theme 5
1	Enhancing the parent-child attachment of children adopted from foster care in the United States: A workbook.	Bateman, E. A. (2016)	<ul style="list-style-type: none"> Alternative caregivers need assistance in helping the child develop an attachment to them; Factors that assist the development of a secure attachment relationship are 1) parental sensitivity; 2) internal attachment representations; 3) childhood identity formation; 4) positive relational interactions. Lack of interaction resources for parents and children to use together to enhance attachment. 	<p>Theme 1: Why attachment matters</p> <p>Theme 2: Attachment core concepts</p> <p>Theme 3: Attachment and foster care</p> <p>Theme 4: Attachment enhancement factors</p>
2	From out of sight, out of mind to in sight and in mind: enhancing reflective capacities in a	Murphy, Steele & Steele (2013)	<ul style="list-style-type: none"> Social workers need to balance their own capacity to hold in mind the experience of the parent while simultaneously holding in mind the experience of the child, in light of the past, present, and the anticipated stresses impacting the parent, the child, and the social worker herself. Attachment concepts central to GABI: <ol style="list-style-type: none"> Reflective functioning; 	<p>Theme 5: The role of the social worker</p>

	group attachment-based intervention		<p>2) Emotional attunement;</p> <p>3) Affect regulation;</p> <p>4) Retention in therapeutic and parental relationships;</p> <p>5) Intergenerational patterns;</p> <p>6) Nurturing the parent and child and enhancing parents' nurturing of their children; and</p> <p>7) Support.</p> <ul style="list-style-type: none"> • Reflective supervision is required to assist the social worker who has to assist the family. 	
3	Attachment handbook for foster care and adoption	Schofield, G. & Beek, M. (2006)	<p>1) Attachment theory – core concepts:</p> <ul style="list-style-type: none"> • Proximity seeking and the significance of a secure base; • Mind-mindedness and the regulation of affect and behaviour; • Adaptation, mental representations, and internal working models; • Attachment formation and development: key stages; • Patterns of attachment; • Attachment disorders; • Measuring attachment <p>2) Providing a secure base:</p> <ul style="list-style-type: none"> • Being available; • Responding sensitively; 	

			<ul style="list-style-type: none"> • Accepting the child and building self-esteem; • Co-operative caregiving; • Helping children to belong. <p>3) What social workers should know;</p> <ul style="list-style-type: none"> • Attachment and common behaviour problems; • The role of the social worker; • Attachment and contact. 	
4	Foundations for attachment training resource	Golding, K. S. (2017)	<ol style="list-style-type: none"> 1) Understand own attachment history; 2) Parents need to know how to build connections (connection vs correction), support behaviour of children behaviour (support instead of behaviour management) and how to parent an insecure child; 3) Self-care is important to enhancing attachment. 	
5	An introduction to attachment and the implications for learning and behaviour.	Atkinson, <i>et al.</i> (2014)	<ol style="list-style-type: none"> 1) Why attachment matters: <ul style="list-style-type: none"> • Children will end up being: unfocussed, disruptive, controlling, withdrawn and destructive. • Children underachieve in life and are punished for it and experience adaptation difficulties later in life; • The need to understand WHY and HOW some children behave the way they do; 2) Understanding of what is attachment: 	

		<ul style="list-style-type: none">• Internal working models;• Nurturing relationships can provide children with protective, safe havens, and secure bases from where they can explore and engage with others in their environment.3) Identify the risk factors affecting attachment and who are the vulnerable groups (foster children) (insecure attachment may occur within non-vulnerable children as well).4) Attachment types and identification of self-protective behavioural strategies.5) The neuroscience of attachment:<ul style="list-style-type: none">• Warm, responsive relationships and interactions (attunement) build children's brains and develop self-regulating behaviour;• Secure attachment allows for positive internal working models;6) Recovering from trauma – what is needed:<ul style="list-style-type: none">• Feeling safe and secure physically and emotionally;• Relationships and secure attachments;• Being able to express what has happened – creating a narrative to make the memories safe;• Providing a structured environment with firm boundaries and nurturing empathic relationships.7) Support for staff working with children.	
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			<p>8) Different frameworks for supporting behaviour:</p> <ul style="list-style-type: none"> • A relational rather than behavioural framework is needed; • Relational framework = behaviour is a form of communication (emotion coaching.) 	
6	<p>Why attachment matters: Supporting resilience through attachment.</p>	<p>O'Connor, A. (2016)</p>	<ul style="list-style-type: none"> • Resilience comes from 1) having enough positive experiences to create a sense of security and trust in others as well as yourself, 2) feelings of self-worth and knowing that others believe in you, that helps you know you can get through the hard times, 3) having a safe place to build your resilience gradually, to take risks and make mistakes, and 4) being well-supported through difficulty and change. • Early trauma and lack of secure attachments can lead to unhealthy forms of resilience, and therefore attachment really matters. • What can get in the way of attachment (generational cycles of insecure attachment/ lack of support/ separation/ illness/ substance abuse/ poverty). • Trauma – emotional neglect and abuse/ lack of unconditional regard/ impact on brain development. • What does insecure attachment look like? 	

			<ul style="list-style-type: none"> • Early trauma and insecure attachments can be linked with behavioural problems. • Impact of early transitions on a child. • Secondary attachments = the foster carer. • Positive attachments help build resilience for change. • Feeling 'held in mind' is fundamental to attachment, helps build resilience and supports transition. 	
7	Attachment training	LAACSTT (2013)	<ul style="list-style-type: none"> • Attachment cycle – healthy attachment cycle/2nd year attachment cycle/insecure attachment cycle. • What is attachment? • What behaviours indicate attachment difficulty? • What are the reasons for insecure attachments? • Types of attachment styles: 1) Secure attachment, 2) Open book attachment, 3) Closed book attachment, and 4) Disorganised attachment. • Internal working model. • Re-enactment of abusive & traumatic experiences. • Brain development. • Attunement. 	

			<ul style="list-style-type: none"> • Trauma and attachment. • Attachment enhancing activities (theraplay/PLACE/Supervision/Shield of shame) • Self-care – first aid/self-esteem. 	
8	The science of attachment parenting.	Dewar, G. (2017)	<ul style="list-style-type: none"> • What is attachment parenting (definition and purpose)? • What does attachment parenting look like (practices and approaches)? <p>(What's important, is that parents strive to be sensitive and responsive, so that they can learn how to meet their child's needs in an affectionate, effective way.)</p> <ul style="list-style-type: none"> • The importance of attachment parenting: <ul style="list-style-type: none"> - High quality communication; - Maternal sensitivity during play; - Insight into child's mental and emotional states; - Sensitivity to distress; - Emotional availability. • Fostering better emotional regulation. • Help child cope with stress (skin-to-skin contact/ co-sleeping/ parental warmth/ positive discipline). 	

			<ul style="list-style-type: none">• Attachment holds cognitive advantages and promotes moral development.	
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This certificate declares that the thesis **A rapid review of attachment themes in existing training programs for social workers** by Catrien du Toit was edited by:

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