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Attachment theory and research: what should be on the core curriculum for child and family social workers?

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ABSTRACT

Attachment theory is one of the core theories proposed for child and family social work, but concerns have been raised regarding misunderstandings and misapplications. Misinformation about attachment is widespread, and texts and teaching on attachment theory often emphasize aspects of the theory that have limited value for applied practice while other elements with greater practice value are often overlooked. As an international group of social work and clinical educators, practitioners, and attachment researchers, we propose an updating of the core social work curriculum on attachment. We present eight core concepts from attachment


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theory and research. These concepts support thinking about children's relational needs and behavior, caregiving characteristics, and broader contextual factors. We argue that these concepts are particularly relevant for social work with children and families and should form the basis of teaching on attachment. We also address prevalent myths about attachment, to help protect students from misinformation and simplistic accounts, and support them to challenge misuses of attachment theory. Our recommended curriculum update aims to help trainee social workers appreciate the value of attachment theory for their practice and use the theory in helpful and appropriate ways.

Introduction

Attachment is among the core theories for applied work with children and families. In many countries it is taught on courses that result in a professional qualification in social work. In England, the Munro (2011) Review of Child Protection proposed that the minimum capabilities for child and family social work must include knowledge of attachment.

Various commentators have advocated that attachment should be given greater priority in the taught curriculum, since it is fundamental to many areas of practice such as supporting families of children in need; making safeguarding interventions for at-risk children; placing children in alternative care; and supporting young adults from care. Narey (2014) named attachment theory as one of seven topics that newly qualified child and family social workers should understand at graduation. Wright et al. (2023, p. 80) argued that:

There is a clear need for more rigorous training and sources of reliable information about attachment for practitioners so that their use of findings, assessments and interventions from this field is done in a way that is accessible and clinically useful, but also consistent with the underpinning research.

Wright and colleagues highlight that there has not always been clear dialogue between attachment researchers and practitioners. Compounding this, many attachment concepts (such as 'sensitivity') use terms from ordinary language but ascribe them specific technical meanings, which can hinder communication and understanding (Duschinsky, 2020). The attachment research community has also traditionally not prioritized validating accessible assessment tools which are feasible for use by practitioners, although there is important work in this direction (e.g. Cooke et al., 2020). These factors contribute to forms of practice that are not always aligned with available evidence and may be unhelpful for children and families. Concerns about misunderstandings and misapplications are echoed in a recent international consensus statement on the use of attachment theory, research, and assessments in child welfare and family court practice (Forslund et al., 2022).

Convergent evidence from various countries and methodologies highlights problems in the reception of attachment theory, research, and methods (e.g. Beckwith et al., 2022; Foster, 2023; Hammarlund et al., 2022). This has prompted researchers to advocate for reforming the teaching of attachment in professional training. As an international group

of social work and clinical educators, practitioners, and attachment researchers, we believe it is time to update the attachment curriculum. We present essential concepts for the basic curriculum, and aim to debunk common myths about attachment, to help ensure newly qualified social workers are accurately informed.

Students, practitioners, and the families they work with are likely to encounter misinformation about attachment from various sources. This misinformation is widely available, can take the form of eye-catching claims, and much of it sounds plausible and promises ready practice-relevance. It is important to alert students that many websites provide inaccurate information about attachment, which could distort their interpretation of accurate sources. Although correcting misinformation is challenging, the curriculum for trainee social workers presents a unique opportunity to counteract some pervasive myths.

Our proposals offer learning objectives and content for courses to train as a social worker. We do not focus on the content of specialist courses practitioners may take for further development. We acknowledge the constrained time available in qualifying training and so we have concentrated on core content that can be delivered in lecture format, ideally supplemented by facilitated discussions of practice scenarios where students can consider ways to apply the concepts, as well as further guided reading. Reading recommendations are provided in Supplement 1.

Most social work training programmes are generic qualifications, covering social work with children and families and adults. While attachment theory also holds relevance and value for social work with adults (see, e.g. Blood & Guthrie, 2018), this paper focuses on core ideas from attachment theory that are particularly pertinent to child and family social work. Children's practice is the primary area where attachment theory is applied, and the area where it has been subject to most controversy, debates, and confusion. This is where we believe change should begin.

Pre-empting some myths

Before introducing core concepts from attachment theory, we recommend that educators provide a brief overview of the theory's origins and development, to help students understand what kind of knowledge the theory provides.

Attachment theory was initially developed in the mid-late 1900s by John Bowlby, whose clinical work with children informed the theory. While some of these early theoretical ideas remain important today, it is incorrect to assume that attachment theory and research have stayed static and become 'outdated'. Subsequent research has led to refinements, expansions, and alterations to Bowlby's original theory, as well as the development of assessment measures and attachment-based interventions. When we refer to 'attachment theory', we are referring to contemporary attachment theory, as informed and adapted by decades of research studies.

One criticism of attachment theory has been that it is used in child welfare practice with oppressed groups, who are judged against the implicit parenting standards of dominant majorities. For instance, Wright et al. (2024) have observed that attachment theory and research is drawn on in Australian child protection policy in ways that stigmatize Aboriginal families. They have argued that attachment theory gives practitioners inappropriate confidence in applying a limited model of normative family

relationships, such as priority to the infant-mother relationship, when assessing child safety. Yet they do regard some aspects of attachment theory as helpful for culture-aware and even emancipatory child welfare practice. It is important to preempt the myth that attachment theory needs to be rejected or accepted wholesale in terms of its cross-cultural validity. Rather, more specificity is needed about what concepts are regarded as relevant and appropriate when working with diverse families (Duschinsky, 2025; Keller, 2021).

Infant attachment research often involves classifying attachment relationships based on Ainsworth's Strange Situation procedure, a lab-based structured assessment of children's expectations about their caregiver's availability and responsiveness. This might inadvertently suggest to practitioners that the primary goal of attachment research is to categorize children and their caregivers based on their behavior. While attachment categories are useful for research, and understanding the function and dynamics described by the different categories may have considerable heuristic value, the key value of work on attachment for social work does not lie in assigning categories to children. This can be reductionist and lead to 'attachment' being inappropriately seen as a fixed property of a person, rather than as a potentially changeable description of a current relationship. Furthermore, assessments of attachment have not yet been adequately validated for use in applied practice (Forslund et al., 2022). Therefore, we argue that the Strange Situation and other attachment classifications are not critical components of the basic curriculum. However, given their frequent mention in literature, addressing this myth upfront is advisable.

Another myth worth challenging is the notion that social workers should look for 'disorganised' or 'disordered' attachment. 'Disorganised attachment' is a classification researchers use to describe specific behaviors observed in infants during the Strange Situation procedure. While maltreated children are more likely to display disorganized attachment (Madigan et al., 2023), this does not mean that this classification can be used to identify child maltreatment, as has sometimes been proposed. Not all maltreated infants exhibit disorganized attachment, and there are numerous other potential causes of disorganized attachment (Granqvist et al., 2017). 'Reactive Attachment Disorder' (RAD) is a psychiatric term for a rare condition that can develop after extreme neglect and/or multiple changes in primary caregiver early in life. Even after such experiences, this disorder is uncommon and often resolves with stable and responsive care. However, research has found that practitioners overuse the specific term RAD and the nonspecific term 'attachment disorder' in relation to fostered and adopted children (Woolgar & Baldock, 2015). Therefore, in the basic curriculum, disorganized attachment and RAD should be discussed primarily to highlight potential issues with the misuse and overuse of these terms. This will support students to identify and challenge such practices by others.

Eight core concepts

Having preempted some potential myths, we propose eight core concepts from attachment theory to include in the basic curriculum. These concepts support thinking about children's relational needs and behavior, caregiving characteristics, and contextual factors. It should be emphasized to students that these are not the only valuable ideas from

attachment theory for practice, but rather some especially foundational ideas of value for practice with children and families.

It will also be useful to highlight that use of these ideas does not prevent use of other theories. At times, drawing on multiple theories to think about a family may help to build a more holistic picture. At other times, the particular circumstances and reasons for involvement with a family may lead to attachment ideas being especially important to consider or, conversely, less relevant to consider than other factors and/or theories.

Concept 1: Safe haven

Infants and children are predisposed to want to seek one or more of their familiar caregivers as a metaphorical ‘safe haven’ when they are hurt, anxious, distressed, or alarmed (Marvin et al., 2016). This predisposition is a typical feature of our experience as humans, and is what Bowlby was ultimately pointing to with the concept of ‘attachment’, though ‘safe haven’ is a more specific and less ambiguous concept. It is also more appropriate for thinking about applied work with diverse families: whereas anthropologist critics have criticized the absorbative concept of attachment as having dubious cross-cultural validity, there is considerably more agreement on the relevance and applicability of the concept of safe haven (Rothbaum & Morelli, 2005).

The safe haven concept is the heart of attachment theory. In contrast, the general term ‘attachment’ is useful primarily in indicating the general topic, rather than for description or explanation. In ordinary language, ‘attachment’ can refer to any kind of emotional investment, which can misdirect attention. For example, treating ‘attachment’ as equivalent to the whole relationship rather than a specific part of it, or viewing it as a quality of the child rather than a specific aspect of a child’s experience of relationships can be misleading. Additionally, the term ‘attachment’ can incorrectly imply that the only important aspect is whether a child feels a ‘bond’ with a particular caregiver. In reality, attachment theory and research focus on a specific kind of relationship and interaction, where children seek help from a familiar caregiver when they are in need (Duschinsky, 2020).

One of the most important aspects of the safe haven concept for practitioners is that it highlights that caregivers are not interchangeable once children have well-established relationships with them. These relationships should be supported and maintained wherever possible. Long-term separation from familiar caregivers, such as due to incarceration or hospitalization, can weaken children’s trust in their caregivers as potential safe havens, which in turn may hinder their development (Moss et al., 2004).

The term ‘safe haven’ does not imply that the caregiver is necessarily safe; it signifies that the child wants safety and comfort from their most familiar caregivers in times of need (Umemura et al., 2013). The concept of the safe haven can help social workers understand why children may still seek out, and may not want to be separated from, even harsh or abusive caregivers. It also emphasizes that all long-term separations from familiar caregivers should be recognized as a loss for a child, even when those separations are necessary to safeguard a child.

Attachment researchers advocate for supportive interventions to prevent unnecessary family disruptions and criticize practices biased toward surveillance and forensic assessment without offering help. However, when a child’s relationship with caregivers must

end or be curtailed, for instance to protect the child from maltreatment, children can develop expectations about new caregivers as potential safe havens. This does not mean that attachments are simply ‘transferred’ (Forslund et al., 2022): building expectations about a new caregiver as a potential safe haven takes time and requires substantial interaction and continuity of care from the new caregiver.

Concept 2: Child-caregiver security and insecurity

Children develop expectations, based on their day-to-day experiences, about the relative availability and responsiveness of familiar caregivers in times of need (Waters & Waters, 2006). When children learn from experience that a caregiver will provide help when needed, attachment researchers refer to this sense of trust as child-caregiver ‘security’. Trust in a caregiver’s availability and responsiveness allows the child to treat that caregiver not only as a ‘safe haven’ in times of need but also as a ‘secure base’ for exploration (Madigan et al., 2024). When the environment is calm, the child can venture out into this environment to explore and learn, confident help will come if needed.

Conversely, when children’s experiences lead to less trust in their caregiver’s availability and responsiveness as a safe haven, attachment researchers call this child-caregiver ‘insecurity’. Insecurity varies by degree and can manifest in different forms. Some children may downplay their needs to avoid disturbing their caregiver, show anger or distress to attract and maintain their caregiver’s attention and proximity, or be uncertain about how to regulate their behavior around the caregiver. Others may control their caregiver through aggressive behavior, or display apprehension toward their caregiver yet still approach them. Despite their differences, these patterns of behavior may all reflect in different ways and to varying degrees that children are not confident that their caregivers will be available and responsive if comfort and help are sought (Duschinsky, 2020; Madigan et al., 2024).

Attachment theory can thus be helpful for understanding certain relational behaviors. However, practitioners should avoid relying solely on attachment-based interpretations. For example, one child may struggle to be soothed by their familiar caregiver due to a history of inconsistent responsiveness, leading to limited trust in the caregiver as a safe haven. Another child might struggle to be soothed because their distress is caused by illness or ongoing physical pain. Similarly, one child may not show distress because past expressions of distress led to caregiver withdrawal or harsh responses, while another child may not show distress because the situation is not alarming to them. Context is crucial, and social workers should also remain aware of their own biases. Valuable insights can be gained however—by social workers, and by parents and foster carers supported by social workers to think in this way—by being curious about whether a child’s behavior might be partly or fully understood as an attempt to achieve the best possible caregiver availability and responsiveness given their experiences and circumstances.

A child’s security or insecurity with one caregiver only weakly predicts their security or insecurity with another caregiver, especially in younger children (Pinquart, 2022). This makes sense because security reflects the child’s expectations about that specific caregiver’s availability in times of need. On average, around half of children have at least one insecure safe haven relationship, as classified by researchers (Madigan et al., 2023). It is

important therefore for social workers to recognize that child-caregiver insecurity is not rare. Everyone experiences security and insecurity to varying degrees, depending on the relationship. For this reason, the term ‘attachment styles’ has generally fallen out of favor among researchers, as it can be misleading.

Furthermore, contrary to a common stereotype about attachment, child-caregiver security and insecurity are not fixed traits. Children’s expectations can and do change when caregivers modify their responses to their children’s bids for comfort and protection, although there may be a delay. For example, if a caregiver experiences stressful events or is more isolated from friends and family, this is generally associated with increased child-caregiver insecurity (Vaughn et al., 1979). Conversely, if a caregiver experiences fewer stressful events or receives more support from friends and family, this is generally associated with increased child-caregiver security, as the caregiver is more available to attend to their child when they are hurt, anxious, distressed, or alarmed. Additionally, attachment-based interventions aimed at increasing parents’ responsiveness to their children’s distress and following their children’s lead have also been shown to increase child-caregiver security (e.g. van IJzendoorn et al., 2023).

Researchers have found that where children’s expectations about their caregivers remain stable over time, this is largely due to stability over time in how their caregivers respond to them (Beijersbergen et al., 2012). Children who have had insecure safe haven relationships with previous caregivers can develop secure safe haven relationships with new caregivers, including foster carers, if those caregivers are available and responsive when the child needs comfort and protection (Stovall & Dozier, 2000).

One key finding of attachment research is that child-caregiver security contributes positively, above and beyond the absence of insecurity. Security is more than not having insecurity. For instance, trust in the availability and responsiveness of a safe haven during childhood is associated with positive outcomes even many years later for children growing up in adversity (Englund et al., 2011). Therefore, considering child-caregiver security can help social workers identify or support the development of a potential source of resilience for some children.

It is easy to find both overstated and understated claims about the impact of child-caregiver security, and excessive weight can sometimes be placed on single studies with extreme findings, which are not representative of the general population of children. Looking across studies, the associations between children’s expectations about safe haven availability and their later outcomes are highly notable, and give a clear signal that these experiences are important. Across ages, these expectations are associated with a variety of aspects of our social relationships and mental health (Groh et al., 2017). Nevertheless, the strength of these associations does not imply that all or even most children who experience child-caregiver insecurity will necessarily have negative outcomes, or vice versa. While researchers have identified patterns at the level of groups of children, social workers should not extrapolate these patterns to predict the fate of any individual child.

Concept 3: Network of relationships

Attachment theory is sometimes assumed, following Bowlby’s early writings, to emphasize the importance of child-mother relationships at the expense of other child-caregiver relationships. This has been one basis of criticisms of the lack of cross-cultural validity of

attachment theory. In fact, Bowlby was surprised that people took this idea from his work and regarded it as a misreading (Duschinsky, 2020). Children are predisposed to identify particular caregivers as potential safe havens/secure bases, provided they have sufficient interaction with them to experience these caregivers as familiar. Attachment theory and research suggest that multiple relationships that serve as a safe haven and secure base can benefit children, and that additional safe haven/secure base relationships can be developed at any age (Forslund et al., 2022). These relationships typically do not disturb one another, unless one relationship poses a threat to another.

Having access to a network of potential safe haven/secure base relationships can increase the likelihood that a child will have someone to turn to in a manner that satisfies their emotional needs. Furthermore, support from additional network members, such as grandparents, can increase the capacity of individuals within the network to be available as a safe haven and secure base for a child (Liang et al., 2021).

Some attachment researchers believe that infants are primed to treat their most familiar caregiver as especially important. However, whether infants treat a particular caregiver as of special importance for a time is separate from the relative contribution of different early attachment relationships to later development. For example, compared to children with one secure and one insecure attachment relationship, children with two secure attachment relationships are more likely to have fewer behavioral difficulties (Dagan et al., 2021). In general, children without any secure attachment relationships within their network are the most at risk for adjustment and mental health difficulties.

The concept of the attachment network is important for social workers as it underscores the value of supporting a child's access to multiple sources of safe haven/secure base availability, and considering this broader network in assessments. It also highlights the importance of observing the different relationships a child has with adults and older siblings.

For social workers aiding looked-after children's transitions, this concept emphasizes the benefits of maintaining contact with existing safe haven relationships (when possible and appropriate) alongside supporting the formation of new ones. It also counters the myth that maintaining existing relationships will hinder the development of new safe haven relationships.

Concept 4: Stable, non-abusive, family-based care

Attachment theory's emphasis on the importance of children having access to familiar caregivers helps draw attention to why stable, non-abusive, family-based care is important. When making decisions about permanency, social workers should consider that highly unstable caregiving arrangements can prevent or hinder children's access to relationships that provide a safe haven and secure base for their development. Repeated changes of foster caregivers have been found to negatively affect children's mental health and their expectations about safe haven availability and responsiveness (Bacro et al., 2020).

The principle of the importance of stable family-based care has sometimes been misinterpreted as suggesting that reunification with birth parents must occur within a fixed term for the sake of the child's attachment. However, these decisions should depend on a range of relevant factors, including children's safety and who they

experience as part of their safe haven/secure base network. When reunification is pursued, consideration should be given to maintaining links with adults they have used as a safe haven and/or secure base.

Institutional care often includes features that can interfere with children's capacity to perceive that there are people available to them as a safe haven/secure base. These features may include high staff-to-child ratios, staff turnover, and the qualities of professional distance. Institutional care has been found to profoundly impact children's development across all measured domains, including their expectations about safe haven availability and responsiveness (van IJzendoorn et al., 2020). Therefore, attachment theory emphasizes that the primary goal should be to achieve stable high-quality family-based care where possible. However, when children do experience institutional care, such as incarcerated young people and children in residential care, professionals should proactively consider how to maintain or develop access to safe haven and secure base relationships.

Concept 5: Sensitivity to the child's signals and needs

Children are more likely to trust in the availability and responsiveness of a caregiver as a safe haven and secure base if the caregiver can identify and respond to the child's intentions and needs. Attachment researchers use the term 'sensitivity' in a distinct sense, to mean the caregiver's ability to *perceive* and *accurately interpret* the signals and communications implicit in a child's behavior, and given this understanding, to respond *appropriately* and *promptly* (Ainsworth et al., 2015).

It is important to note that the word 'sensitivity' has various meanings in ordinary language, many of which differ greatly from the concept of caregiver sensitivity as defined by attachment researchers. Discussions quickly get confused when the term 'sensitivity' as used by attachment researchers is interpreted in other ways than the technical meaning. Social workers may therefore find it useful to avoid using the word 'sensitivity' when discussing this concept with caregivers, instead talking about understanding and responding to children's signals and needs for support and help.

Caregivers cross-culturally tend to agree that sensitive care is good for children (Mesman et al., 2016). However, cultural beliefs and practices will shape *how* caregivers offer sensitive care (Schmidt et al., 2023). The attachment theory concept of sensitive caregiving emphasizes the importance of social workers looking not for the presence or absence of a fixed set of concrete caregiving behaviors, but at the function of a caregiver's behavior.

Understanding that sensitivity has multiple elements and that caregivers may have different strengths and challenges can help social workers target their support and interventions effectively. For example, one caregiver might struggle to respond sensitively because they misunderstand their child's needs and signals. In this case, helping the caregiver to better interpret their child's needs and signals would be beneficial. Another caregiver might understand their child's needs well but struggle to meet them, for example due to environmental stressors limiting their time and energy. Addressing these stressors and increasing the practical support network around the caregiver would be helpful in such instances.

Moreover, this concept of sensitivity emphasizes that the focus should not be solely on caregivers. Some children's behavioral signals may be more difficult for caregivers to interpret accurately. For example, neurodivergence can sometimes make it harder for a child to clearly signal their needs and/or for a caregiver to understand those signals. Similarly, children entering care may have adapted the way they signal their needs to maximize safe haven provision from previous caregivers, making it harder for foster carers to interpret their needs. Social workers in children's disability teams and fostering and adoption can play an essential role in helping caregivers understand children's universal safe haven/secure base needs and tune into a child's unique signals.

Interventions aimed at improving caregiver sensitivity have been shown in studies across a variety of countries to improve children's expectations about their caregivers' availability, increasing their observable reliance on the caregiver as a safe haven, and improving developmental outcomes (van IJzendoorn et al., 2023). Training in these interventions is available.

The concept of sensitivity can also be applied to the relationship between practitioners and service-users. Underfunding and high demand mean that many social workers operate in contexts that make it difficult to perceive and respond appropriately and promptly to service users' signals and communications. Nonetheless, when feasible, sensitive behavior by practitioners may contribute to trust in the relationship or service, and in turn may help service users to accept, utilize, and learn from the support they receive.

Concept 6: Mentalizing

Beyond observable behaviors, researchers have examined psychological processes that influence whether caregivers are available as a safe haven and secure base for their children. One such process is 'mentalizing', which refers to the capacity to consider thoughts and feelings in making sense of one's own and others' behavior and experiences (Fonagy et al., 1991).

The concept of mentalizing highlights the relevance of a caregiver's curiosity about, and reflections on, their child's thoughts and feelings. Social workers can gain insight into family dynamics by considering how caregivers think about their child's psychological experience (Vreeswijk et al., 2012). For practitioners working with families with pre-verbal or nonverbal children, interventions that help caregivers consider the child's thoughts and feelings could be valuable. However, we acknowledge that to date there is less cross-cultural research on mentalization-based interventions, and extra care needs to be taken to ensure that interventions with families focused on mentalizing take culture and context into account.

The concept of mentalizing also draws attention to the importance of a caregiver's degree of insight into themselves and their reactions to their child. Caregivers might find this particularly difficult if they have experienced trauma in their past (Luyten & Fonagy, 2019), and so helping caregivers access support to make sense of and process past trauma may help facilitate their mentalizing.

Mentalizing is a skill that can be developed. Research has shown that mentalizing capacity can be increased through training or psychotherapy (Levy et al., 2006; Trowell et al., 2008). However, mentalizing capacity can also be temporarily reduced by stress

(Nolte et al., 2013). Therefore, interventions and techniques that reduce caregiver stress may support mentalizing. Social workers should also recognize that their own capacity to mentalize families may be reduced when under stress. Reflective supervision can be useful for supporting professionals' mentalization, along with stress reduction techniques.

The term 'mentalizing' is not familiar to most people and is not particularly accessible. While everyday terms such as empathy, perspective-taking and insight partially overlap with mentalizing, they do not fully capture the concept. As with sensitivity, explaining the concept of mentalizing in detail is more helpful than trying to encapsulate it with a single word when using it in social work practice.

Concept 7: Alarming caregiver behaviour

Alarming behavior by a caregiver can have a particularly negative effect on a child's expectations of that caregiver as a safe haven and secure base (Hesse & Main, 2006). If a child experiences their caregiver as alarming, this does not necessarily indicate abuse by that caregiver, though it is one possibility. Attachment researchers have identified various caregiver behaviors that may alarm a child, depending on their age and the situation. Hostile behavior, neglect, violence between caregivers, and caregiver substance misuse can all be alarming for a child (Duschinsky, 2018).

Parental symptoms of trauma, such as dissociation, may be alarming, especially if this occurs when the child seeks comfort or help (Abrams et al., 2006). This contrasts with past traumatic events that an adult has adequately processed and can think clearly about; such events are much less likely to lead to parenting behaviors that the child finds alarming.

Some caregivers may be very sensitive, yet still sometimes alarming. Social workers may therefore find it helpful to consider both insensitive and alarming caregiving behaviors in their supportive work with families, and the role of trauma in shaping these behaviors. It is important to note that alarming caregiving, as defined by attachment researchers, refers to behaviors that alarm the specific child in their specific context. Social workers need to be reflexive to consider how and when their own assumptions about what alarming parental behaviors look like could be overriding a focus on what a particular child experiences as alarming. This is particularly important to consider when working with families from a different culture or background than the social worker's own.

Interventions aimed at improving caregiver sensitivity and reducing alarming behaviors have demonstrated great effectiveness (Steele & Steele, 2017). Some interventions focus on changing caregiver behavior, while others include psychotherapeutic components to support the psychological processing of trauma. Training in these interventions is available.

Concept 8: Poverty and socioeconomic stressors

Experiences of poverty and other socioeconomic stressors can reduce the attention adults have available for parenting, decrease positive feelings, and increase feelings of helplessness and fear. Such stressors are associated with less sensitive caregiving, a greater

frequency of alarming caregiver behaviors, and a reduced capacity for mentalizing. For instance, socioeconomic pressures are linked to increased family conflict and a less supportive home environment (Raikes & Thompson, 2005). Researchers have found that caregivers facing five or more socioeconomic risks, where feelings of concern and helplessness may be especially pervasive, show similar frequencies of children displaying alarm in relation to their caregiver as samples known to social services for child maltreatment (Cyr et al., 2010).

These findings highlight the importance and urgency for social workers to address circumstances that can make parents feel helpless or afraid. Contrary to claims by those insufficiently familiar with attachment research, attachment theory does not imply that social workers should focus only on caregivers' behavior and not on their circumstances to make improvements in the lives of children. Any situation that routinely makes parents feel helpless or afraid is likely to hamper their ability to be available and responsive to their children and in turn limit their children's trust in them as a safe haven in times of need. However, some such circumstances, such as the effects of war or racial discrimination, remain under-researched to date. Generally, attachment researchers have given inadequate attention to caregivers' ecology, exposure to forms of violence and oppression, caregiver and/or child disability, and household, social and caregiving resources. Early attachment theory focused especially on caregiving, at the expense of the context of caregiving and the role of wider, structural factors. However, contemporary attachment research recognizes the role of these factors and has given them growing attention (Duschinsky, 2025). This remains a gap that is only starting to be filled.

Caregivers are likely to be more sensitive and less alarming in their care if practitioners can help address circumstances that make them routinely feel helpless or afraid. Validated attachment-based interventions with families living in poverty and experiencing neighborhood violence often include tangible support, such as helping parents achieve safe housing, social support and community, meaningful paid work, and coping with food insecurity (Steele & Steele, 2017). Attachment theory and research are therefore relevant not only to practitioners who work directly on improving caregiving behavior, but also to those whose work positively impacts the circumstances for caregiving.

In conclusion, addressing poverty and socioeconomic stressors is crucial for fostering better caregiving environments. Social workers should consider both the behaviors of caregivers and the broader socioeconomic context to support children's development effectively. In thinking about contextual adversities, attachment theory can have good synergies with other theories, such as systemic approaches.

Discussion

There is much of value within attachment theory for child and family social workers. Yet there is a lot of misinformation and misleading simplified information circulating on the topic of attachment, including in texts aimed at applied practitioners and students. There have also been repeated calls for reform of the teaching of attachment on qualifying courses for practitioners. As an international group of social work and clinical educators, practitioners, and empirical attachment researchers, we have therefore proposed some areas of focus for the core social work curriculum. We have advocated for eight concepts

from the study of attachment, which we feel have particular relevance for social work with children and families; and debunked some myths about attachment to help protect students against misinformation and oversimplified accounts and support them to challenge misuses of attachment theory in applied practice. We have drawn attention to some attachment-based interventions, which have demonstrated benefits to children and families by seeking to improve caregiver sensitivity and reduce alarming caregiver behaviors. Our view is that this content is the most crucial for trainee social workers. We believe that this content lays a strong foundation which could be built on further, e.g. through training in evidence-based attachment-informed interventions.

The most relevant aspects of attachment theory and research for social work practice are *not* the Strange Situation and the division of children into attachment categories, despite these being the focus of much teaching and texts on attachment. These categories are useful tools for researchers, for instance by helping researchers understand children's adaptation to adverse social environments. But the categories were developed for empirical investigations of large groups of parents and children, and have not been validated for individual-level applied practice. Furthermore, using these categories in social work can lead to unhelpfully reductionist practices. Recognition of this, coupled with misperceptions of attachment theory as solely comprising categorization, have at times caused social workers to turn away from the theory. Yet there is much in attachment theory that can be used to enhance practice.

Important ideas for social work students to take away are that children are disposed to look for a familiar safe haven in times of need, that children will differ in their expectations of the availability and responsiveness of their familiar caregivers in times of need, and that these expectations will vary in kind and by degree based at least in part on the particular experiences they have had with these caregivers. These expectations can shape children's behaviors, sometimes in ways that may not seem optimal, but which could be adaptive for the child in the context of what safe haven/secure base availability they have experienced. Furthermore, these expectations can be influential for children's development, social relationships, and what they may expect from applied practitioners seeking to engage with them. Mary Ainsworth wrote of feeling dismayed by how much focus her Strange Situation assessment procedure had received at the expense of elements of attachment theory that she felt were more important, such as safe haven, secure base, and sensitivity (Duschinsky, 2020).

We encourage educators to support students to reflect on how practitioners use theories, including attachment theory, in the service of different goals; with some of these more appropriate and beneficial than others. Issues can arise when attachment ideas are used in the service of labeling and predicting; especially when these labels are treated as fixed and/or are used to support overly-confident conclusions and recommendations (Foster & Duschinsky, 2025; White et al., 2020). This is not only at odds with supportive practice but also at odds with contemporary attachment research.

For example, attachment research has found a notable association between attachment security or caregiver sensitivity and later outcomes in children who have access to stable, family-based care. This clearly points to some important psychological processes. But it is far from a 1-to-1 correspondence: there will be many children with positive outcomes who had insecure attachment relationships and insensitive and alarming care, and vice versa. Associations with later negative

outcomes for children who lack access to secure, family-based care are considerably stronger. But even here there is variability. One factor, for instance, is that some children are more susceptible than others to the kind of care they receive (Assary et al., 2023). A second problem is in interpreting research findings: it is not straightforward to extrapolate from research on groups of children to what will happen in a particular case.

Instead, we propose that the eight concepts introduced herein have most value for practice when used in the service of exploring and supporting; when applied flexibly and tentatively, and used to generate questions and additional ideas about what might be going on and how best to help. Rather than as a set of classifications, attachment theory and research is more relevant in suggesting areas of focus for observation, providing ideas about the possible meaning of observed behaviors, and highlighting areas of focus for support.

Conclusion

Beneficial application of attachment theory to practice has been hampered by considerable mismatch and poor dialogue between attachment theory and research as a research programme and the needs of applied practitioners. But there is considerable appetite for change and for building bridges between research and practice (e.g. Forslund et al., 2022). The present article is an attempt to highlight some convergent findings from decades of attachment research and their bearing for the taught curriculum, and address misinformation about attachment which empirical research has found to be in widespread circulation.

In our view, inclusion of attachment theory in the social work curriculum is highly warranted. We hope that our recommended refresh of what is taught about attachment will support trainee social workers to see the value of attachment theory for their practice and use the theory in helpful and appropriate ways.

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