Assessing the capacities of caregivers to provide a secure base

Introduction

The Secure Base Model may be used alongside standard assessment procedures to assess the capacities of caregivers to provide a secure base in a wide range of circumstances. The Secure Base Interview is a key resource to help with this.

This section provides guidance on the use of The Secure Base Interview.

The interview can be used with the full range of caregivers, including birth parents, ‘connected people’ carers, foster carers, adopters and residential workers. The interview is relevant for the care of children and young people of all ages.

An outline ‘script’ for the interview is provided, but this should be adjusted to use language that is clear and understandable to the caregiver.

The interview can be used in a range of contexts and serve a variety of purposes. For example:

- When children and young people are thought to be in need or at risk. The interview can highlight the needs and strengths of the child or young person and the capacities of the caregivers. It can identify areas for further development and support.
- At the beginning of a fostering or adoption placement. The interview can be used to help foster carers and adopters to tune in to the child's needs. It can identify areas for further development and support.
- As part of the routine supervision of foster carers. The interview can help to set and monitor goals for the child's development and to develop the caregivers' capacities.
- As part of the foster carer(s)’ annual review. The interview can highlight caregiving capacities and identify areas for further development and support.
- When fostering or adoptive placements are in difficulties. The interview can highlight the needs and strengths of the child or young person and the capacities of the caregivers. It can identify areas for further development and support.
- In residential settings. The interview can help to set and monitor goals for the child or young person's development and to develop the keyworker/staff group's caregiving capacities.

The Secure Base Interview provides a means of exploring, with the current caregiver(s), their approaches to the child’s needs within the five dimensions of caregiving. This approach places relationship between the child and the caregiver at the centre of the discussion.

Within each dimension, the caregiver is asked for a specific example of an incident which illustrates the child's needs and capacities. Then the caregiver is asked to think about why the behaviour might have occurred, what they did about it and how they felt about it.
The diagram below illustrates the headings that are used in the Secure Base Interview and it can be helpful to show it to the caregiver as a guide to what will be discussed in the session.
Guidance notes for the Secure Base Interview

Section 1

A description of the child/young person

This introductory question is intended to ‘surprise the unconscious’, so the caregiver should be encouraged to describe the first things that come to mind about the child. Encourage a brief response to avoid straying into other areas of the interview.

Strengths in the relationship might be indicated by:

- Caregiver able to provide description that includes detail and is specific to this child.
- Caregiver shows warmth, interest, pleasure in the child.
- Description is balanced in terms of strengths and difficulties of child.

Difficulties in the relationship might be indicated by:

- Caregiver can provide only vague, generalised information (for example ‘just an ordinary little girl’).
- Caregiver is ‘cool’, detached, disinterested in child. Or indicates hostility, sees child as a burden, or appears frightened of the child.
- Description of child is largely negative and critical.

Section 2

AVAILABILITY - helping the child to trust

The child

The child’s capacity to trust is developed in the context of a caregiver who is physically and emotionally available. The Secure Base Interview addresses the issue of trust by focusing on the child’s capacity to seek comfort when anxious or upset – i.e. to trust that a close adult will be available and responsive at these times – and then return to play and exploration.

For this section of the assessment, it can be helpful to consider secure and insecure attachment patterns to help make sense of how the child behaves when he or she is stressed.

Securely attached children

A secure child will have the capacity to use the caregiver(s) as a secure base, providing comfort reassurance and support when the child runs into difficulties and enabling the child to return to play and exploration. For example, a toddler might play happily, away from the parent, but glance back or vocalise to the parent to ensure that they are still there. However, if the child hurts himself, he will run immediately to the parent for comfort. The quality of the exploration – relaxed, inquisitive, absorbed – is important here. Comfort seeking for a secure child is a means to an end – the end being to restore equilibrium so that further exploration and activity can occur.

Insecurely attached children

Children with avoidant attachment patterns are unable to use the caregiver as a secure base and may try to be self reliant when in difficulty. The child is not avoiding a relationship with the caregiver, but is avoiding displays of emotion, especially negative emotion, in order to not to cause stress to the caregiver and to maintain some kind of physical closeness. The child may focus on toys or activities rather than seek comfort and may seem ‘unmoved’ by difficult events. Such children, may mistakenly be seen as ‘resilient’ or said to have no attachment, when in fact they are highly anxious but their learned strategy is to minimise attachment behaviours because they lack trust in the response.
Children who have ambivalent attachment patterns have learned to get their needs met by showing their emotions and making constant demands in the hope of achieving the caregiver's availability and attention. These children may retreat to the caregiver when they are upset, indeed they may be clinging to the caregiver much of the time, but without being able to explore, play and learn. They cannot move confidently away from the caregiver because they do not trust that the caregiver will continue to be there for them if they do so.

Children with disorganised patterns who have experienced frightened or frightening parenting are left with a dilemma - how do I approach someone for comfort when they will raise my anxiety rather than reduce it? Infants and very young children are left without any effective strategy and they may display confused and confusing behaviour – perhaps 'freezing' in the presence of the caregiver, or approaching and then turning away.

Older, disorganised children learn to use a range of behavioural strategies that are designed to control the carer and make the environment more predictable. These behaviours (punitive aggression, compulsive self-reliance, compulsive caregiving) can already be developing in the pre-school years and make it difficult to interpret what the child is thinking and feeling.

The caregiver

Strengths in this dimension might be indicated by:

- Plenty of physical time available to focus on the child.
- Emotional space and availability (i.e. not preoccupied with own difficult feelings and unmet needs or emotionally detached and cut off).
- The capacity to reflect on the child's needs to build trust in them as caregiver(s) and to think about ways in which they might support the child to do so.
- Alert to child's needs and signals (e.g. able to identify and describe a time when the child was worried or upset, how the child showed this/did not show it, what signs they might look for in the child to signal distress etc).

Difficulties in this dimension might be indicated by:

- Lack of time/energy.
- The caregiver’s own unmet needs (perhaps from the past) are coming to the fore.
- The caregiver seems overwhelmed by the child's demands.
- The caregiver feels marginalised by child.
- The caregiver distances themselves from the child.
- Caregiver doesn't believe a child should need that much attention.

Section 3

SENSITIVITY - Helping the child to manage feelings and behaviour

The child

Critical to children's ability to engage comfortably and constructively with play or school work, as well as in their relationships with family and friends is their ability to manage or regulate their feelings and behaviour. Being overwhelmed by feelings such as anxiety or anger makes it very difficult for children to become competent and confident in play, learning or activities with others.

The Secure Base Interview focuses on how the child manages strong feelings, such as anger, as this is often one of the most problematic areas for troubled children of all ages. However, it may also be helpful to gather information about if and how the child expresses a range of feelings, such as sadness or happiness: are they being comfortably managed or suppressed or expressed explosively and excessively? Verbal and non-verbal, direct and indirect communication of feelings will be relevant. For instance, the assessment will need to include reports of rages and tantrums, but also headaches or tummy aches at times of stress.
The social worker needs to be aware that the child's capacity to express and manage the full range of feelings appropriately in relationships relies on mind-mindedness (i.e. the ability to think about what they and what other people might be thinking). In infancy it is the mind-mindedness of the caregiver which contains and regulates the child's feelings. But as the growing child spends increasing amounts of time away from the caregiver, they will need to think about their own mind and the mind of others in order to regulate their own feelings and behaviour and take account of the feelings of others.

Of concern here is the need to identify and understand patterns of behaviour that would indicate the coping or defensive strategies adopted by a child when strong feelings surface – or the lack of strategy and dysregulation that leads to extreme aggressive behaviours or to denial and dissociation.

**The caregiver**

Strengths in this dimension might be indicated by:

- The caregiver can think and talk about the child's feelings, recognise that the child has strong feelings at times, and that they are understandable, ‘in the circumstances'.
- The caregiver has the capacity to ‘stand in the shoes' of the child, to think flexibly about what the child may be thinking and feeling and to reflect this back to the child.
- The caregiver can think and talk about their own feelings and share them appropriately with the child and other people.

Difficulties in this dimension might be indicated by:

- The caregiver lacks interest and curiosity in what is in the child's mind.
- The caregiver appears overwhelmed by own strong feelings - or finds it hard to think and talk about own feelings. (N.B. There is a 'normal variation' in this; it is extremes that are of concern. Key is the capacity to acknowledge and understand the child's needs).
- The caregiver finds it hard to think and talk about the child's past – finds it too painful or feels that the child needs ‘a fresh start'.
- The caregiver has difficulty in thinking flexibly about a range of possible reasons for the child behaving in a certain way.
- The caregiver is frequently negative or angry towards child without 'pause for thought' about why child is behaving in this way or how best to respond.

Section 4

**ACCEPTANCE – Building the child’s self esteem**

**The child**

Children with good self esteem are able to enjoy their success, take the risk of trying new things and accept that they cannot be good at everything. Self-esteem, therefore, is often about aspiring to do well, while acknowledging realistically what can and cannot be achieved.

Many children have difficulty in accepting and valuing themselves and the exact nature of this difficulty for each child needs careful attention within an assessment. The obvious starting point is the child's history, to see where there may have been some opportunities for the child to feel loved and valued or where particularly harsh forms of rejection or scapegoating may have occurred. The Secure Base Interview builds on this by seeking specific examples of good self esteem, poor self esteem and the child's management of failure or setbacks.

Because children with low self-esteem have to defend against the feelings that this induces, what the child says openly is not likely to give you a straightforward or accurate picture. Smiles, boastfulness or an inability to accept ‘failure’ such as the loss of a game may be masking very low self esteem.

Accepting the self is not just about valuing personal qualities or perceived success, but is linked to a developing self-concept and identity. In this broader context, children's ability to accept and value their gender, ethnicity, community, culture and religion are important parts of the self-concept. In the minds
of children who experience various degrees of disruption and discontinuity, being lovable or unlovable, a good or a bad person may become linked to being a girl, being of a particular ethnicity or having a disability.

Multiple sources of information and observation relating to self-esteem are important in assessment, planning and supporting placements, whether to confirm a pattern or to provide windows on some very different aspects of the child's sense of self that need to be addressed.

The caregiver
Strengths in this dimension might be indicated by:

- The caregiver shows joy, pride and pleasure in the child.
- The caregiver can praise the child easily and readily.
- The caregiver can help the child to accept failures, setbacks etc in a kind, supportive way.
- The caregiver can actively support the child in pursuing (child led) experiences, interests and activities.

Difficulties in this dimension might be indicated by:

- A tendency to focus on negative aspects of the child, little pleasure or pride evident.
- Finding it hard to accept/enjoy the child's individuality and ways in which the child is different to other family members.
- The child seen as 'a burden.'
- The caregiver offers little active support to the child in pursuing (child led) experiences, interests and activities.

Section 5

CO-OPERATION – Helping the child to feel effective – and be co-operative

The child
The more appropriately effective and assertive a child is able to be, the more likely it is that the child will co-operate and compromise. Such a child has learned that assertiveness combined with willingness to make some concessions and co-operate with others is most likely to achieve their goals and maintain valued relationships.

The Secure Base Interview focuses on the extent to which the child can co-operate/work together with adults and this provides a window to the child's feelings of effectiveness.

However, the assessment of effectiveness is rarely straightforward and this area may need additional consideration and analysis. Some children's sense of effectiveness has been so undermined that they cannot assert themselves at all and they behave in a dependent and passive way. Other children become so frightened by their own powerlessness that they can only feel comfortable when they are in total control of others - and so seem very powerful. Similarly, being undemanding and self-reliant can actually be quite controlling, since the message to the parent is, 'I won't let you look after me'. Even very dependent children can be controlling, with the message, 'I won't let you get on with your life - I need you too much.'

Because of the nature and complex links between effectiveness and co-operation, the assessment needs to look at them separately and together. Thus, additional questions may be asked about the child's capacity to make choices or to complete a task competently and confidently.
The caregiver
Strengths in this dimension might be indicated by:

- The caregiver thinks about the child as an autonomous individual whose wishes, feelings and goals are valid and meaningful and who needs to feel effective (for example, 'he gets settled with his toys and it's understandable that he hates it when we have to go out').
- The caregiver can look for ways of working together to achieve enjoyable co-operation with the child wherever possible (for example, 'we make a game of clearing the toys up and he enjoys that so he doesn't mind going out so much').
- The caregiver promotes choice and effectiveness wherever possible.
- The caregiver can set safe and clear boundaries and limits – and also negotiate within them.

Difficulties in this dimension might be indicated by:

- The caregiver emphasises the need for control, for example - differences of opinion with the child are a battle that they must win.
- The caregiver finds it difficult to accept/enjoy child's need for autonomy and to allow choice/promote competence and effectiveness.
- The caregiver finds it difficult to allow child to take moderate risks.

Section 6

FAMILY MEMBERSHIP – Helping the child to belong

The child
Family membership is a vital strand of emotional and psychosocial development.
Assessment of this dimension requires a great deal of sensitivity to the child's experiences and views, but also to the very different ways in which families work and family membership is expressed. There are also important links to the child's need to develop a coherent sense of identity.

This assessment is not about the 'strength' of the child's attachment or loyalty as a member of different birth, foster or adoptive families, although issues of attachment and loyalty are part of the story, but the quality and meaning of these family memberships to the child. Additionally, if the arrangements are planned to be permanent, the extent to which they offer support for the child to become a happy, settled, secure, resilient and pro-social member of the community into adulthood.

All families define their boundaries differently and develop very varied ways of signalling to each other and the outside world 'We belong together'. They also vary in the extent to which they include this particular child within their family boundary. Differences may be based on culture, class or ethnicity or simply ways of talking about 'family'. These differences need to be listened to with care.

However, differences in messages of membership may also be about this child and whether this child is willing or able to fit in with the family's expectations of its members. Therefore the way in which the child talks, is talked to and is talked about in the family will vary in meaning but will always be significant. The meanings and long-term value of family relationships and memberships for the particular child cannot be judged on simple criteria, such as whether or not foster carers are called 'Mum and Dad', when children's memberships of multiple families are so much more complex than that.

The caregiver
Strengths in this dimension might be indicated by:

- The caregiver is able to give verbal and non-verbal messages of the child's inclusion in the family.

For children who are members of more than one family:
The caregiver is able to talk openly and appropriately with the child about both the strengths and the difficulties of their other families.

The caregiver is able to support the child to get ‘the best’ from both families.

Difficulties in this dimension might be indicated by:

- The caregiver tends to treat the child differently to other children in the family (this may be very subtle, for example, providing a different sort of biscuit for a lunch box).

For children who are members of more than one family:

- The caregiver is anxious that they might ‘lose’ the child to the other family or that the other family's values might conflict with and displace their own in the child’s mind.
- The caregiver talks/thinks negatively about other family.
- The caregiver creates (unreasonable) barriers to contact between the child and the other family.

Section 7

Caregiving and support

The final section of the interview explores, with the caregiver, the range and type of support available and the caregiver's willingness to seek and use support.

Strengths in this area might be indicated by:

- The caregiver showing pride and pleasure in caring for the child.
- The caregiver being able to identify difficulties, but not be overwhelmed by them.
- The caregiver indicating that they have tried and tested strategies and/or people that they can rely on for practical and emotional support.
- The caregiver being able to identify or be open to further help, if it is needed.

Difficulties in this area might be indicated by:

- The caregiver lacking pleasure and pride in caring for the child.
- The caregiver denying difficulties (unrealistically) or appearing overwhelmed by them.
- The caregiver lacking support or denying the need for support (unrealistically).
- The caregiver being resistant to further help if it appears to be needed.

Additional resources

The Secure Base Interview

The Secure Base Developmental Checklist provides detailed questions to support the assessment of children's security at different emotional and chronological ages.

The Attachment Handbook for Foster Care and Adoption