

KEY ADULT INTERVENTION WITH CHILDREN

# ‘He knows he is safe; you are the safety net’. Key adult intervention with children with attachment difficulties: the TAs perspective

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***Children and young adults who are ‘looked after’ can present teachers and teaching assistants with a variety of day-to-day classroom challenges and a range of complex behaviours due to adverse childhood environments. This group of vulnerable young people have very complex social and emotional behaviours that require a considered approach of support and interventions. The types of interventions deployed in schools, however, may depend on staff knowledge, staff self-confidence, and interpersonal skills to support the child’s learning and complex behaviours. An example of an intervention is the key adult intervention programme, which is purported to develop staff knowledge and self-confidence when working with looked after children. training in key adult intervention occurred at a special school, which had a high percentage of looked after children, situated in an East Midlands town. The purpose of the study was firstly to support the children through in-depth knowledge development for supporting staff, and secondly to investigate staff confidence and understanding of the needs of looked after children. In addition, supporting factors of the key adult intervention and a discovery of any barriers to its implementation were sought. Using a mixed***

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**methods approach, data were collected from participating staff using questionnaires and focused conversations. Qualitative data were analysed using Cresswells six-step process. Findings suggest that the key adult intervention is an effective means to support staff confidence and understanding and offer support for looked after children. Recommendations for future practice include increased training and support for teaching assistants, teachers and the school community as a whole. In addition, targeted professional and emotional support for the teaching assistants deployed, and increased communication between senior leaders and teaching assistants is crucial. The current research, therefore, adds to existing literature by providing an evaluation of the key adult intervention within a special school setting with evidence gathered from teaching assistants.**

**Key words:** looked after children, key adult intervention, attachment aware trauma informed (AATI), teaching assistant deployment.

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## Introduction

Children who are removed from parental care due to adverse childhood experiences are categorised as looked after children (LA Children). Adverse childhood experiences, defined by Felitti *et al.* (1998, p. 248), is when a child or young person witnesses or is a victim of physical, psychological or sexual abuse, neglect, trauma, and the loss of nurturing attachment relationships. The absence of positive early attachment experiences potential results in the child feeling insecure in general, and specifically lacking confidence in an adult's abilities to be nurturing, available or responsive to their needs (Geddes, 2018, p. 17). Attachment insecurity places children at risk of significant developmental vulnerabilities (Bomber, 2007, p. 23), and long-term consequences for their social and emotional development (Schroder *et al.*, 2019, p. 2). Neglect or inadequate care in childhood may lead to severe attachment disorders such as reactive attachment disorder (RAD) or disinhibited social engagement disorder (American Psychiatry Association [APA], 2013, p. 265). However, attachment insecurity and attachment disorders are different conditions that require different types of support (Schroder *et al.*, 2019, p. 1). LA Children, therefore, are considered to be more vulnerable to social, emotional and behavioural difficulties (Department for Education [DfE], 2018, p. 12). These concerns coincide with recent reports that state 52% of LA Children have difficulties with emotional and behavioural health (DfE, 2020).

The identification, prevention and management of the children has become a matter of high priority both nationally and internationally (Quigg *et al.*, 2018; Centre for Disease Control and Prevention [CDC], 2019). A formal diagnosis of attachment disorder, however, is an infrequent occurrence due to the complexity of the condition and professional misunderstandings regarding presentation or comorbidity with other conditions (Pritchett *et al.*, 2013, p. 5; Embury *et al.*, 2020, p. 240).

## Schools and LA children with developmental and/or behavioural difficulties

All educational settings are required to provide supportive environments and interventions for children who have developmental or behavioural difficulties due to adverse childhood experiences (DfE, 2018, p. 5; Timpson, 2019, p. 69; The National Institute for Health and Care Excellence, 2020, p. 5). Appropriate interventions for the children focus on supportive adult–child relationships, which improve children’s behaviours through sensitive, attuned and responsive interactions (Bomber, 2007, p. no; Buyse *et al.*, 2010, p. 44; Driscoll and Pianta, 2010, p. 55; Sabol and Pianta, 2012, p. 218; Williford *et al.*, 2015, p. 1055). Bomber (2007) was instrumental in the development of key adult (KA) intervention, which involves the deployment of an additional adult as one-to-one support and provides the LA child with a reliable, nurturing relationship built on trust. The KA facilitates the child’s emotional regulation, social skills development and increased self-esteem (p. 85). The KA intervention sits within ‘Team Pupil’, a support group that includes the child’s class teacher, a senior leader and a back-up adult to provide support alongside the KA or in their absence (Bomber, 2015, p. 24).

## Theoretical understanding

Bowlby’s (1944) study of ‘juvenile delinquency’, in addition to attachment theory (Bowlby, 1969) provides the foundation for understanding the causal link between adverse childhood environments and maladaptive attachment behaviours. In addition, investigation into mother–child attachment relationships by Ainsworth *et al.* (1978) indicates maladaptive attachment behaviours that can be caused by inadequate parent–child relationships.

Bomber (2007, p. 7) states that KA intervention is underpinned by attachment theory and since then, insecure attachment behaviours in classroom contexts has led researchers toward identifying complex challenging behaviours as summarised in

**Table 1.** The table brings the findings on attachment behaviours together in a new and useful review.

Additional findings from the literature (e.g., Webber, 2017, p. 326; Dingwall and Sebba, 2018, p. 4; Rose *et al.*, 2019, p. 178; Greenhalgh *et al.*, 2020, p. 83) suggest that LA Children's holistic development could be further fostered through staff training signposted as Attachment Aware Trauma Informed (AATI) (Bomber, 2016, p. 26), in conjunction with skills-based interventions such as the KA intervention.

This article reports an investigation into the effectiveness of the KA intervention to support staff understanding of LA Children who attend a special school. It focuses on the staff perspective to gain insight into staff confidence levels in supporting LA Children with special needs, and staff self-development. The purpose is to discover the factors that staff deem effective, and to identify any barriers to KA implementation from their perspective. Data are collected by interviews and a questionnaire.

## Methods

### Procedure

The principal researcher had a dual role in the school, so staff involved in the study were able to complete the questionnaire and participate in focused conversations at a mutually agreed time. Questions for the focused conversations and questionnaire were identified from peer reviewed studies and informed by a review of the research and related literature. The questions and focused conversations (Stanfield, 2013) explored how staff utilised the training and their confidence about working with LA Children. In addition, our questions sought to tease out individual practice with LA Children. Conversations were recorded with participant consent and transcribed verbatim and sent to staff concerned to verify content and meaning before analysis.

### Data analysis

Creswell and Guetterman (2019, p. 237) six steps of data analysis were utilised for our data analysis. Creswell and Guetterman stated that transcription analysis is an iterative process, therefore, raw data were reviewed six times enabling the primary researcher to define and extract emerging descriptions using the suggested layered approach. Coding was applied to the transcripts to help make sense of data and then all codes were reviewed for overlap. A coded transcript was sent for external

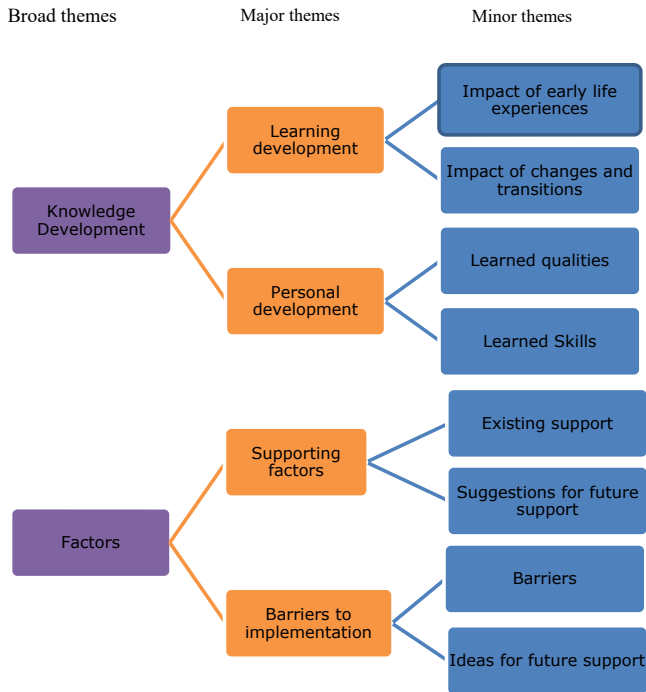
**Table 1.** Observable class behaviours related to attachment styles

<i>Pattern of attachment</i>	<i>Observable behaviours in school</i>
Insecure avoidant	Anxiety evoked by learning demands (Geddes, 2006, p. 83) Avoidant of creative or open-ended activities (Geddes, 2018, p. 18) Overly independent and task orientated (Bomber, 2007, p. 31) Can have perfectionist tendencies (Bomber, 2007, p. 30) Experience isolation and sadness that can result in stress and aggression (Bomber, 2007, p. 32) Avoidant of relationships with and in proximity to adults and peers (Geddes, 2006, p. 78)
Insecure ambivalent	High levels of anxiety (Geddes, 2006, p. 96) Changes and transitions trigger anxiety (Geddes, 2018, p. 19) Does not trust adults to keep them safe due to past experience (Bomber, 2007, p. 35) Focused on seeking and maintaining adult attention (Geddes, 2018, p. 18) Preoccupied with adult relationships which is detrimental to learning (Geddes, 2006, p. 97)
Disorganised	Extremely challenging behaviour as a result of extreme adversity and trauma (Geddes, 2018, p. 19) Overwhelming feelings of anxiety and hypervigilance (Bomber, 2007, p. 37) Sometimes behaviour appears to be an unusual response to situations or environments (Bomber, 2007, p. 35) Can display controlling behaviours (Geddes, 2006, p. 114). Avoids dependence or reliance on others (Bomber, 2007, p. 37) Often easily triggered into a fight or flight response (Geddes, 2018, p. 19) Often rejects learning due to fear of failure (Geddes, 2006, p. 115)

verification by the University supervisor. The analysis, therefore, comprised (1) data collection, (2) a description of staff events, (3) elementary minor themes found in the text (4) major themes to emerge from the minor themes and lastly (5) the broad themes. Quotations that represented key aspects and/or meanings of the themes were identified and used to demonstrate the meanings in the results.

## Results

Inductive analysis applied to data revealed 27 sub minor themes, which were condensed into eight minor themes. These minor themes were subsumed under four major themes to formulate two broad themes Knowledge Development and Factors (Figure 1).



**Figure 1.** Themes that relate to TAs working with LA children

## Knowledge development

The first broad theme of Knowledge Development related to the TAs understanding of LA children. The major themes of learning development and personal development connected to TAs growth in this understanding and how the knowledge translated into practice with their LA Child. There were two minor themes contained in each major theme of learning development and personal development.

### Learning development: impact of early life experiences

The two minor themes contained within the major theme of learning development were impact of early life experiences and impact of changes and transitions. TAs were of the opinion that the child’s behaviour was a communication of their

early life experiences, which included dysfunctional attachment relationships and experiences of trauma.

The Impact of changes and transitions emerged through the TAs recognition of the importance and value of continuity in relationships in the school environment, particularly because they saw how the impact of the early relationships and how the past affected the children's responses to changes and transitions in school:

You know that he's going through so much, then staff have left him...and then this is where the behaviour then comes in again. (TA1)

## Personal development

The major theme referred to the TAs' learned qualities and skills at a personal level. The training enabled TAs to be aware of the traits they needed to work with LA Children. In discussions, TAs and teachers mentioned the personal qualities that were conducive to the KA intervention being successful. These qualities were patience and understanding, the ability to be empathic, which was illustrated by

He needs someone who's gonna listen, someone is going to give him time, and someone who's just gonna be there if he needs it...Actions speak louder than words. (TA2)

The capacity for self-reflection and openness and capacity for nurturing were also thought to be excellent qualities that could be learned in addition to the skills of attunement, responsiveness, how to distract a child and how language may be used to defuse a potentially difficult situation:

'It's giving him different things to do, wasn't it, but jobs and things' 'Yes, and the anxiety goes away and the self-esteem comes up.' (TA 1 and TA 2)

I suppose it's the language you use when you talk to him...yeah so less is more. (TA 5)

## Factors

The broad theme of Factors related to the TAs' recognition of positive and negative elements that affected the ways LA Childrens were supported. The two major

themes, therefore, were supporting factors and barriers to implementation, which were found after collapsing four minor themes. Each major theme comprised two minor themes.

### ***Supporting factors***

The major theme of supporting factors focused on the TAs opinions about the factors they perceived to develop their practice, and to have benefit for the LA Children. Existing support and suggestions for future support were key elements as well as the minor themes. Support from the class teacher was held in high regard, especially if the teacher had been trained in attachment awareness. Conversely if the teacher had not had the training, the TAs felt they did not have the confidence to implement the strategies learned without the teachers consent. Existing support embraced peer support as TAs felt comfortable discussing the child with those also working with LA Children. This form of support was highly valued in light of changes to teaching staff. The attachment lead staff member was also held in such esteem, as this was someone who was responsive to the TAs needs. Interestingly, the TAs felt they could not access support from the school management team and felt they had been left to address problems on their own. Their suggestions for future support emphasised regular meetings and sharing good practice. Observations and feedback on practice were also suggested. With regard to the senior management team the TAs felt that regular communication would be welcomed, especially information about the child's 'home' life. TA staff felt that working with LA Children also bore an emotional cost, and a need to offload to a member of staff who had counselling skills. Their last suggestion was to have the whole school trained in attachment aware trauma informed intervention.

### ***Barriers to implementation***

The second major theme related to the time and space to build relationships with LA Children, which could be constrained by timetable pressures and the demands of the curriculum. Staff continuity was considered to be essential for the LA Children, and at the time TAs had not been notified of changes in teaching staff until the last minute. This meant they were unable to prepare the child for the change. Suggestions for future practice, therefore, related to the provision of quality time and space to build relationships with LA Childrens and the continuity of staff.



## Discussion

The TAs perspective of K A intervention from the results suggest that training can support the confidence and understanding of TAs working with LA Children, however, there are other factors that contribute to TA confidence in their abilities and practice. Being skilled with a professional toolbox improved TAs understanding of LA Children behaviours and that behaviour was ‘communication of underlying attachment needs’ or ‘historical trauma’ contained within this finding is that adult stress might be reduced once the child’s behaviour has been explained. The impact of the changes and transitions on the LA Children could not be overstated. Evidence gathered impresses the importance of consistency when working with LA children and warns that changes in the environment potentially triggers emotional dysregulation, which in turn inhibits learning, and although the children attended a special school, these findings reflect those of Geddes (2006, p. 102) and Bomber (2007, p. 113) whose research focused on children within regular provision. Further extrapolations from data show that TAs need to understand the effects of changes and transitions in home and school life of the LA Children with special needs, as potential negative impacts of these changes affect the LA Children’s learning and social development. A prudent step in mitigating for change might be to increase emotional support during changes and transitions to reduce an LA Child’s anxiety and increase the support for emotional regulation, which potentially further develops the child’s trust in adults. Therefore, careful management of the changes and transitions in schools is required to ensure learning and engagement.

TAs understood that traditional behaviour strategies, such as demanding the child follows behavioural expectations, would be counterproductive. TAs thus adapted practice according to the child’s needs. For example, TAs provided time and nurturing activities such as sensory activities to allow the child to become emotionally regulated. Bomber (2007, p. 51) recommended warm, nurturing interactions that provide opportunities for children to practise relative dependency and develop their trust in adults (p. 51). It could therefore be considered that positive touch and nurture are crucial to the development of these children to counterbalance their vulnerabilities. In addition, distracting or redirecting the child whenever possible, and reducing the amount of spoken language when presented with challenging behaviour were common strategies employed. One TA suggested that the child needed time for quiet reflection. When distracting and redirecting the children,

although the TAs were minimising conflict and shame, the children were neither able to reflect on their behaviours to develop their understanding of what went wrong nor were they able to discuss how they could adapt their behavioural responses. This finding suggests that TAs require an increased understanding on how to promote and enable the child's self-reflection so they may modify their behaviours.

The importance of remaining attuned, responsive and sensitive to the child's individual needs involved being able to read the child's body language and/or behaviour as a non-verbal communication of their needs, and children were supported through redirection or distraction, thus avoiding challenging behaviour or conflict. An adult that is available, attuned and responsive is considered key to supporting challenging behaviours in school-aged children in the dynamic maturational model of attachment (Crittenden, 2006, p. 111) as such adults challenge the children's concepts that adults are not able to keep them safe. This in turn enables the child to create new ideas about adults and to reflect on their conduct.

Challenging behaviours towards adults can be taken personally and affect the development of empathy for the LA Children. Developing empathy for the child, therefore, is a key quality for TAs to take on board. Researchers in the attachment field have proposed that children need to experience empathy before they can express empathy with others (Szalavitz and Perry, 2010 p. 14; Bomber and Hughes, 2013, p. 142). Moreover, children need to first experience empathy to develop their own capacity for empathy for themselves.

Some TAs opted for informal emotional support from peers rather than seeking the guidance and or advice from more senior members of staff. The absence of advice or support from senior staff may have hindered the TAs reflection and progress. What was of greater concern was that they did not discuss their concerns with senior staff who could affect change because TA concerns might have become actionable. In meeting the complex needs of children with attachment difficulties, Hughes (2012, p. 325) recommended increasing the support and training for teachers in relationship building followed by measuring and evaluating teacher-child relationships as part of teacher performance. Geddes (2006) suggested that support from colleagues enables teachers to respond to challenging behaviours effectively, resulting in positive outcomes for adults and pupils (p. 133). The KA approach aims to provide this support through an additional adult, other than the class teacher, which should reduce

teacher workload. The findings from this study emphasise that the teacher is important to KA intervention, and their own training, reflective practice and team support are vital.

## Recommendations

On the basis of the findings of our study we recommend the following for schools interested in developing support for LA Children with special educational needs. Whilst the study has developed the understanding of the KA intervention and the impact on LA Children's social and emotional development, additional longitudinal research is required to research the availability and practicalities of long-term deployment to the KA intervention.

When implementing the KA intervention consideration should be given to the characteristics of the TA. There needs to be a suitable match between specific characteristics and the skills of the individual, with key emphasis on their expectations about the KA role. Following recruitment strategic planning of initial training as well as ensuring time and space are provided to enable the KA intervention to take place is needed. TAs deployed to the KA role would benefit from access to regular, ongoing facilitated peer discussion, training and support such as work discussion groups with the key member of staff such as the attachment lead.

When considering the KA intervention, aims to develop attuned reciprocal relationships between adult and child are essential and for this to occur, the TAs require access to ongoing emotional support from trained attachment senior staff. Similarly, if a transition or staffing change is necessary, then appropriate planning and preparation are essential to support the child's emotional development and well-being.

The development of an open communication system between TAs and senior leaders would also be highly beneficial in facilitating the ongoing development of the KA intervention.

## Conclusions

The prospect of undertaking LA Children and special educational needs, and implementing the KA intervention is not without issues, however, conversely there

are also many benefits. The needs of these children are complex, even so trained key adults develop the necessary skills to be able to determine patterns of behaviour for each child. The provision of support for these children is complex, and the reliance upon adults for the intervention increases this complexity, due to the individual needs of the adult and their own attachment style.

Human connection is the vital golden thread of change between adults and children, and adults with adults, and appears to be key to successful interventions in educational settings; even more so when undertaking the support for LA Children. However, how human connection is facilitated poses strategic and financial challenges to the school. Nevertheless, there is a considerable need for schools to develop provision and support for children with attachment difficulties to enable them to move from maladaptive to adaptive social behaviours. This may be the only way to cease the cycle of trauma created by adults with attachment difficulties, who by no fault of their own, have fallen into the cycle of creating adverse environments for their children.

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