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## Introduction

All children of all ages need to feel secure in their relationships with the adults who look after them. A secure base is at the heart of any successful family environment. It is provided through a loving relationship with caregivers who offer the child sensitive care and protection, but also a reliable base from which to explore and enjoy their world. Thus a secure base relationship promotes not only a sense of security, but also confidence, competence and resilience.

All children need sensitive caregiving, but children who come into foster and adoptive families are likely to have experienced backgrounds of abuse and neglect, as well as separation and loss, so need a special kind of therapeutic caregiving.

### The Secure Base model of therapeutic caregiving

Since 2000, the authors, Gillian Schofield and Mary Beek of the Centre for Research on Children and Families at the University of East Anglia (UEA), have been developing and applying to fostering and adoption practice a framework for therapeutic caregiving: the **Secure Base model**.

The Secure Base model is founded on theories and research about attachment, child development and family relationships – and what we have learned from child placement research. The model also draws on theories of resilience. Resilience is associated with self-esteem, self-efficacy, a capacity to reflect on feelings and hopefulness for the future – all key characteristics of secure attachment. Resilience, like security, can be promoted in the context of a sensitive and responsive caregiving environment.

The goal of the Secure Base model is to support sensitive caregiving that develops secure close relationships and helps children to recover from

previous harmful experiences in relationships. Secure family life in foster care and adoption enables children to thrive in their peer groups and communities and to fulfil their potential.

The Secure Base model brings together five dimensions of caregiving. These five dimensions interact with each other to create a secure base for the child. The first four dimensions of caregiving – *availability*, *sensitivity*, *acceptance* and *co-operation* – come from the work of one of the earliest attachment researchers, Mary Ainsworth (1971, 1978). Ainsworth found in her study of infants that these four caregiving dimensions were associated with secure attachment. The fifth dimension, *family membership*, has been added to the model because of its significance for all children, but especially for children separated from their families of origin and developing new family memberships in their foster and adoptive families. The family membership dimension focuses on the child's need for a sense of belonging in their new family that still takes account of their connection with their birth family.

Research at UEA (for example, Beek and Schofield, 2004; Schofield and Beek, 2009) extended the application of Ainsworth's caregiving dimensions from infancy to childhood and adolescence. Although these dimensions may be expressed differently at different ages, they provide the same benefit for the child. For example, in both infancy and adolescence the availability of a caregiver is necessary to build trust.

UEA research, linked to attachment theory, also defined specific developmental benefits arising from each dimension of caregiving. These provide a framework for assessing children's development and progress, which in turn can inform the support needed for the caregivers. The five caregiving dimensions and their developmental benefits are: availability – helping the child to trust; sensitivity – helping the child to manage feelings; acceptance – building the child's self-esteem; co-operation – helping the child to feel effective; and family membership – helping the child to belong. These dimensions of the Secure Base model were first described in detail in the *Attachment Handbook for Foster Care and Adoption* (Schofield and Beek, 2006, 2nd edition 2018).

## The impact of the Secure Base model on practice in the UK

In 2007, the Government policy document, *Care Matters*, described the Secure Base model as helping to promote confidence and competence and it was recommended for training and supporting foster carers. In 2008, the model provided a foundation for a BAAF Good Practice Guide, *Achieving Permanence in Foster Care*, and a Secure Base model website was launched, with all training and other materials free to access (<https://www.uea.ac.uk/groups-and-centres/centre-for-research-on-children-and-families/secure-base-model>).

The Secure Base model went on to be incorporated in *The Skills to Foster* (2009), the training programme by the Fostering Network for new carers and, with support from Schofield and Beek, has remained an important part of the module on attachment, child development and caregiving in subsequent editions (2014, 2023).

Although a major focus of applications of the Secure Base model has continued to be adoption and fostering (including kinship care) practice across the UK, the model has also been applied in residential care and in schools, where it provides a useful way to support relationship building between staff and young people. From 2019, Beek and Schofield were funded by the Alex Timpson Trust to apply the model to support fostered and adopted children but also the full range of children in schools. The UEA *Providing a Secure Base in Schools* project team worked with schools to develop and deliver Secure Base model training programmes, which promote attachment and trauma awareness and are now available on the Secure Base model website.

In a further development, Mary Beek, Elsbeth Neil and Gillian Schofield worked with practice colleagues to develop the *UEA Moving to Adoption Model* (Beek *et al*, 2021), which builds on adoption research and the Secure Base model to support planning and practice with foster carers, adopters and children.

Alongside these practice developments, Laura Biggart, from the School of Psychology at UEA, undertook research and, in discussion with Schofield and Beek, developed the *Team as Secure Base* (Biggart *et al*, 2017), which supports emotional resilience in social workers and other professionals. This model can be used by organisations to promote a culture of supportive relationships in professional teams that can help manage emotions, reduce burnout and improve job satisfaction (details on the Secure Base model website).

## International developments

In addition to these varied developments in the UK, the Secure Base model has been implemented widely across a range of countries and cultures. For example, from 2006, the Secure Base model was adopted by fostering teams in Norway as a framework for training carers and supporting placements, with this practice guide being translated into Norwegian in 2015.

International interest in the application of attachment theory to family placement practice led to the *Attachment Handbook for Foster Care and Adoption* being translated into French (2011) and Italian (2013). Schofield and Beek were also invited to train practitioners on the Secure Base model in other countries, including Spain, Sweden, Scotland, Ireland and Australia.

An important development in the application of the Secure Base model internationally followed Mary Beek's work (2013–15) with Care for Children,

a UK-based charity which was introducing foster care as an alternative to institutional care in China, Thailand and Vietnam. This use of the Secure Base model in training and supporting new foster carers was also introduced in Ukraine from 2019, by a German-based charity, Care in Action, again with Mary Beek's support and training input.

## Implementation of the Secure Base model in practice

There are many areas of child placement practice that can benefit from implementation of the Secure Base model's systematic way of thinking about, describing and assessing key qualities of caregiving and key dimensions of child development. These include:

- assessing the capacity of prospective foster carers and adopters to provide a secure base for children;
- assessing and matching children and caregivers;
- assessing, supporting and reviewing a child's development and progress;
- assessing placements in difficulties;
- supporting caregivers and families.

These areas of practice can combine to support decision-making and care planning; for example, the assessment of caregivers and children using the Secure Base model dimensions can inform matching and support plans. The emphasis is on making practical everyday caregiving therapeutic, with social workers working collaboratively with foster carers and adoptive parents to maximise their capacity to care effectively for children from backgrounds of trauma, abuse and neglect.

The Secure Base model can be used by individual practitioners, adopters and foster carers as well as by teams, but whole agencies and organisations have also implemented the Secure Base model more systematically as a framework for practice. This commitment would include, for example, using the model in training for practitioners and caregivers, supervision, assessment and matching – and building it into associated documentation. (A guide on implementation is available on the Secure Base model website.)

This practice guide was first developed in 2014 and updated in 2023. It brings together a detailed explanation of the Secure Base model and practical guidance for putting it into practice. Further resources to support implementation, for example, training programmes and video material, are available on the Secure Base model website. A separate volume for foster carers and adopters, *Promoting Attachment and Resilience: A guide for foster carers and adopters on using the Secure Base model*, is also available.