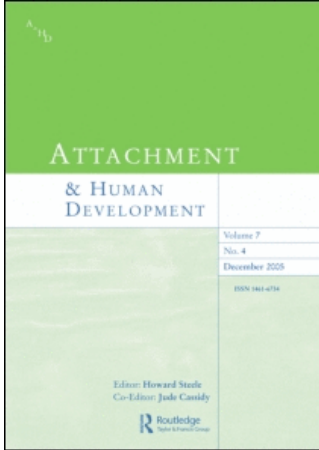


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Babies and toddlers in non-parental daycare can avoid stress and anxiety if they develop a lasting secondary attachment bond with one carer who is consistently accessible to them

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Babies and toddlers in non-parental daycare can avoid stress and anxiety if they develop a lasting secondary attachment bond with one carer who is consistently accessible to them

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Abstract

Babies and toddlers will have their attachment seeking response activated in the absence of the primary or a secondary attachment figure when they are in the presence of a stranger and in unfamiliar surroundings. Between the ages of about 6 months and 30 months, babies and toddlers can only terminate their attachment seeking response by reaching proximity to an attachment figure, and unless this can be achieved their attachment seeking response will remain unterminated. This is the experience of many babies and toddlers each day during certain forms of non-parental daycare. Daycare without access to a secondary attachment figure is more likely to be the case in group settings such as day-nurseries, than when care is provided by an individual carer such as a childminder, nanny, or grandmother, who is more likely to be a secondary attachment figure. This paper discusses the *likelihood* of babies and toddlers being able to terminate their attachment seeking response during different forms of non-parental daycare, and discusses some of the psychological defence processes (including dissociation), that may be activated when the attachment seeking response remains unterminated throughout the day.

This paper briefly examines a model of non-parental daycare that actively promotes and monitors long-term secondary attachment bonds between baby and carer.

Keywords: *Babies and toddlers, non-parental childcare, primary attachment figure, secondary attachment figure, child-minder, day-nursery, dissociation*

Background

Throughout human evolution, mothers have been helped to care for their young by members of the extended family. Some of these will have known the baby since birth and become secondary attachment figures, and their motivation to provide care would have come from shared attachment bonds. Then, the carer and baby would have had ready access to mother for feeding on demand and co-sleeping at night, and would usually have been within sight or earshot of her (Blaffer Hrdy, 1999).

Over the past 50 years, child development researchers have gained a profound understanding of the social and emotional needs of children and the importance of forming stable and loving family bonds, and during the past 20 years there's been a vast array of new

technology that's given neuroscientists the ability to discover how these emotional experiences affect the infant's developing brain. In this paper, I will examine the need of babies and toddlers to make secondary attachment bonds to their carers during non-parental child-care, and to look at the consequences for their emotional development if for any reason they are not able to do so. I am not going to address the needs of children older than 36 months.

I shall examine the *likelihood* of babies and toddlers having the opportunity to develop and maintain a secondary attachment bond to one committed carer within the Sure Start scheme both for registered childminders and for carers in day nurseries. Although achieving this may seem unrealistic and even unnecessary, I am increasingly convinced that this is a fundamental necessity for all babies and toddlers if they are to tolerate daily separations from their parents. In this paper I am presenting my own views which are based mostly on research findings and attachment theory, and partly on the opinions and circumstantial evidence provided by many professionals working in the field, and also on my personal observations and experiences: comments and contributions are welcomed.

I was born in 1941, I'm married with two children and five grandchildren, and I worked as a scientific photographer in medical research until I retired in 1999. My father, John Bowlby, was a scientist, and his theory of attachment was first outlined in 1958 and has now emerged as one of the world's largest fields of academic research into children's emotional wellbeing (Bowlby, 1958). Most of science is based on the *probability* of a theory being correct and attachment theory has been attacked, praised, and tested from so many angles that there is a high probability that it *is* correct (Bowlby, 2004).

Introduction

Each of us is the sum of our experiences interacting with our genetic inheritance. Our capacity to make intimate attachment bonds and our ability to form social relationships is rooted in the gene/environment interactions of our early childhood experiences. However, we are not all born with the same genetic makeup, neither do we all have the same experiences in life. Some are born more physically or mentally robust than most, others are more fragile than most; the majority are born with fairly similar propensities to respond to experiences in fairly predictable ways. To develop into young adults who are emotionally robust and socially competent, babies and toddlers need prodigious amounts of time and sensitive attention from trusted attachment figures. However, parents nowadays have to achieve a balance between giving their babies and toddlers these experiences and giving enough time and attention to paid work for adequate family income.

In the 1950s, observational research studies exposed the level of psychological trauma experienced by babies, toddlers, and young children who stayed in hospital or residential nursery for 10 days or more with only brief visits from a parent. These toddlers were physically well cared for but they were helpless to reach their parents and lost hope of being "rescued" by them. The sense of danger and the fear that separation induced in these children was such that many grew up feeling the impact of this early experience throughout their lives. The research studies of the 1950s eventually lead to the present policies of paediatric wards providing overnight accommodation for parents, and for babies and toddlers in extended non-parental care being fostered or adopted rather than living in institutions.

Now researchers are worried that similar, though less traumatic and much less easily detected, developmental problems may be experienced by some babies and toddlers who spend long periods in non-parental daycare. These problems seem to be more common for babies and toddlers younger than 30 months, and when a baby is cared for by unfamiliar people instead of by one who is well known and trusted. There has been a longstanding debate about whether these experiences have any effect on babies and toddlers and, if they

do, whether the effects will last, or disappear, or whether they will reappear later as a “sleeper effect.” There is now evidence showing a small increase in negative behaviour that endures into later childhood that’s linked to children who were in centre-based day nurseries when they were babies and toddlers (NICHD, 2005).

I have a growing conviction (shared by many health care professionals) that these negative behaviours may be just the tip of a more pervasive underlying psychological problem that could influence children’s future emotional resilience and mental wellbeing. This is a complex and emotionally charged subject with many facets, and I put forward my views in an attempt to alert people to my concerns and to focus future research towards the *attachment needs* of babies and toddlers in non-parental daycare (NICHD, 2007).

Attachment theory

The term principal or primary attachment figure refers to the person with whom a child develops their main lifelong emotional bond, and whom they most want to be comforted by when they are frightened or hurt. This is usually, but not necessarily, their birth mother. There are situations where someone other than the birth mother (such as father or grandmother, nanny, or adoptive parent) raises the child and the child develops a primary attachment bond with them and not with their birth mother. The term subsidiary or secondary attachment figure refers to the few special people in a child’s life with whom they have developed a close secondary attachment bond, for instance siblings, grandparents, nannies, childminders, and especially fathers, who have their own unique bond (Bowlby, 1969/1982, 1973).

The term secure attachment means having a predictable, safe, and affectionate bond with an attachment figure (either the primary or a secondary) and the term insecure attachment means having a less predictable bond with an attachment figure (either primary or secondary). A baby or toddler will often develop secondary attachments to people their primary attachment figure knows well and whom they both see regularly, such as grandmother or other relative, a neighbour, friend, or childminder. Having three or more secondary attachment figures will usually increase children’s resilience and promote mental health. Babies and toddlers are not usually affected by a few hours of separation from their primary attachment figure if they have a secure bond with a secondary attachment figure who cares for them. When these carers are consistent, sensitive, and responsive, they can benefit toddlers’ social and cognitive development and provide support to families.

By itself, insecure attachment is very difficult to identify unless the Strange Situation Procedure is employed. Insecure attachment is found in approximately 40% of toddlers in the UK and USA, and is acknowledged as a risk factor that often contributes to the mental health problems of children and adults. Insecure attachment can be classified as either avoidant, ambivalent, or disorganized, and as such babies and toddlers are less emotionally robust and more vulnerable to separation distress than securely attached toddlers. Once established, and in the absence of any major life events, there is a tendency for the quality of a child’s primary attachment bond to become their model for making future attachment relationships throughout their life.

From birth, babies are learning to recognize different people and are developing their capacity to form attachments; by about 6 months most babies are already showing a preference for one person. By 9 months old, their primary attachment bond to this person, usually the birth mother, is well advanced, and their ability to differentiate between familiar people and unfamiliar strangers has developed. By 12 to 14 months, their bond to their primary attachment figure is usually well established.

This is the age when the Strange Situation Procedure can be used to stress a toddler and assess the *quality* of their attachment bond. Mother and toddler are put in an unfamiliar

room with plenty of toys, a stranger joins them and a few minutes later mother leaves the room and the toddler is alone with the stranger in a strange place. At this age, toddlers instinctively sense this strange situation as being dangerous and they become frightened even when the stranger tries to comfort them. Then mother returns after a minute or two and the stranger leaves. What demonstrates the quality of the attachment bond between toddler and mother is the mother's ability to comfort the toddler and satisfy (terminate) their attachment-seeking response, and also the toddler's ability to accept comfort from her and return to confident and productive play.

But how can babies and toddlers terminate their attachment seeking response if they find themselves unable to access an attachment figure? Their attachment seeking responses will remain unterminated, which is a very distressing state for most babies and toddlers; only close proximity to a primary or a secondary attachment figure will terminate this response. However, there are some daycare situations where babies and toddlers do not always have access to a secondary attachment figure.

Brain development

Neuroscientists have observed that important structures in babies' brains are shaped by their emotional experiences, and that the most positive and the most negative impacts on the brain are the result of social and emotional relationships (enduring or fragmented), especially with their primary attachment figure (usually their mother). The physical structure of babies' brains is affected by the hormones that are generated within attachment relationships during the first 2 years whilst their brains are doubling in size.

In babies and toddlers younger than about 30 months, the right hemisphere of the brain develops more rapidly and exerts more control than does the left side of their brain. The right side develops the intuitive and emotional skills which are needed for relationships, and for the empathic understanding of another person's feelings. Babies learn these unconscious skills by experiencing sensitive and responsive care repeatedly, and the quality of *relationships* and the feelings they generate day after day can have a significant influence on the structure of the developing brain. These early experiences cannot be consciously recalled later on because they occur during the pre-verbal phase of brain development, but the enduring feelings and expectations will play an important part in forming their personality throughout childhood (Schoore, 1994).

By about 33 months, toddlers' brains begin to undergo a very significant change. The growth spurt of the right side of the brain has slowed down and the sensitive period for developing social and emotional intelligence makes way for a growth spurt on the left side instead. By about 36 months old, the left side of the brain becomes dominant and this promotes the development of complex speech and the ability to recall past events and anticipate future ones. High quality pre-school nursery education (which is different from daycare) helps most children older than 36 months to develop their cognitive and social skills and their emotional inter-dependence, but researchers have consistently found no real benefits for babies and toddlers younger than 24 months. For these reasons, toddlers aged between 24 and 36 months need very careful assessment of their individual capacity to cope with the stress of separation, and the average age of 30 months must be used as a guide only.

Risk factors

The risk factors that contribute to emotional disturbance in children vary greatly in their severity. Poverty is a well-known risk factor which tends to make the impact of all other risk

factors even greater. Serious risk factors include family breakdown, having a parent who was raised in care, or having parents who are chronically neglectful, have a drug or alcohol problem, are abusive, violent, or criminal. Other childhood risk factors that are not *as* serious include parental depression, young unsupported parenthood, and lack of parenting skills. The adverse effect on the child will be mediated by their genetic predisposition to different experiences, and by the particular combination of experiences (Farrington & West, 1993). Complex traumatic events of an interpersonal nature, which start at a very young age and last several years, can have a pervasive effect on a child's brain and lead to developmental trauma disorder (van der Kolk, 2005).

Toddlers who are *insecurely* attached to their primary attachment figure have a risk factor. Toddlers who are *securely* attached may have a risk factor if they are in non-parental daycare without an attachment figure. These two risk factors are difficult to detect *individually*, but if toddlers are both insecurely attached *and* have no access to an attachment figure during daycare, they experience two risk factors which, acting together, are likely to be more easily noticed.

An increasingly common risk factor is parental separation. This can usually be tolerated by securely attached children if they have no other risk factors, but if insecure attachment is added to daycare without an attachment figure, and there is family breakdown as well, the three risk factors acting together can overwhelm children and increase their risk of developing social and emotional problems in the future. These can include aggressive and disruptive behaviour, attention deficit, low academic achievement, truancy, drug and alcohol abuse, self harm, eating disorders, poor empathic skills, low self esteem, unhappiness, depression, and negative expectation of life (Maughan, Collishaw, Goodman, & Pickles, 2004). All of these can exacerbate family conflicts and strained parental relationships.¹

Stress and cortisol

In the normal course of everyday life, babies, toddlers, children, and adults all thrive on moderate and predictable amounts of controllable stress that are appropriate for their age and development. These experiences produce a normal level of cortisol which is needed by the body for healthy functioning, and the level of cortisol will rise and fall throughout the day depending on many physiological and psychological factors. However, babies have extremely fragile brains that are developing very rapidly, and some researchers are becoming very concerned about babies and toddlers whose levels of cortisol are elevated all day. They worry that as babies' brains develop in response to the neurochemicals in their body, their brains may become adapted to chronically high levels of cortisol, and this may be affecting their ability to control their emotions and behaviour as they grow up.

Attachment theory predicts that babies and toddlers will sense an increased level of danger when they are unable to access their primary or a secondary attachment figure, and this triggers an alarm reaction that activates their attachment seeking response, which is heightened if they are in unfamiliar surroundings. The theory also predicts that at this young age the attachment seeking responses will not be adequately satisfied (terminated) by a relatively unknown person. If they do not receive sensory evidence (sight, sound, touch, smell, or taste) that any of their familiar attachment figures is available, they have an instinctive sense of danger which increases by the minute. This sense of danger raises their levels of cortisol (the fight, flight, or freeze hormone) and induces a degree of distress or fear (Ahnert, Gunnar, Lamb, & Barthel, 2004).

Trauma theory predicts that children who sense an increased risk of danger will experience distress and escalating arousal, and will display increasing levels of "survival"

behaviour. The arousal continuum starts with being calm, then showing increased levels of vigilance, progressing through anxiety and distress to fear, with terror being the most extreme. If adults or children sense a life threatening danger (real or perceived) from which they are unable to defend themselves and from which they have no hope of being rescued, they will experience psychological trauma, the degree depending on their level of distress (Perry, 2000).

Babies and toddlers tend to live in the present, and when unable to access any well-known and trusted attachment figure, they usually (but not always) protest and become highly aroused, and if their “flight towards” an attachment figure is barred, they may try to “fight” by struggling and crying to varying degrees, some may cry only briefly and others more-so, but some become visibly distressed and scream long and loud. When fight and flight behaviours are unsuccessful, babies and toddlers tend to use “freeze” or dissociation as “psychological flight.” The level of dissociation will depend on the intensity and duration of the real or perceived threat, and can temporarily *de-activate* babies’ attachment seeking response; their senses become blunted or numbed allowing them to function again but at a subdued level.

There is a wide range of instinctive and learned dissociative behaviours that babies and toddlers adopt when they *de-activate* their attachment seeking response. Some appear unaffected by the experience of separation, and others may continue to be active but are rather subdued or withdrawn: some are very quiet and rarely smile or laugh, occupying themselves alone and appearing to be undemanding and “easy babies,” whilst others may be overly compliant or obedient and unusually affectionate and co-operative with unfamiliar people. (It’s important to distinguish between well focussed and secure exploratory play, and dissociative coping activities.) When reunited with an attachment figure, most babies and toddlers take a few minutes to *re-activate* their attachment seeking response before being able to take comfort from their attachment figure, and satisfy (terminate) their attachment seeking response.

The chronic stress of repeated separations can show as subtle behaviour and mood changes, but these are easily misunderstood and are often interpreted as babies and toddlers settling in and accepting their new surroundings. However, their behaviour is often not the same as it is when they are at home and their saliva cortisol levels are elevated. Common self-soothing activities are sucking a finger or pacifier, holding a transitional object such as a “security blanket,” stroking their face or hair, and gently rocking (Robertson & Robertson, 1989). Only at the extreme end of the dissociative spectrum is there the “freeze and surrender” response of blanking or stilling.²

Stress and daycare

There are many different daycare arrangements for babies and toddlers in the UK, and a wide variety of people providing them. The arrangements provide varying degrees of continuity of care, and the carers provide varying degrees of secure or insecure attachment, but some situations are more likely than others to provide a stable attachment between a baby and carer. The carers will have different temperaments, experiences, and training, and the babies and toddlers will be of different ages, sexes, temperaments, and birth orders, and have a range of secure or insecure attachment to their primary attachment figure at home.

A well-staffed day nursery in a modern children’s centre is many parents’ choice of daycare (Mathers & Sylva, 2007). However, many babies and toddlers have been found to have significantly elevated levels of cortisol in their saliva samples whilst they are attending centre-based daycare without an attachment figure, and normal cortisol levels whilst their

parents are present during the initial settling in period of a few weeks. This observation is consistent with separation from parents being stressful to a baby in the absence of a secondary attachment figure. Stress from loud noises, minor accidents, conflicts, and aggressive play are other causes of elevated cortisol, but this is not straight forward as some severely traumatized babies and toddlers have developed abnormally *low* levels of cortisol.

When babies and toddlers are eventually reunited with their primary attachment figure and receive enough time and sensitive attention, they are usually able to be sufficiently comforted that their cortisol levels return to normal before bedtime. In terms of attachment theory, their attachment-seeking behaviour was activated as they entered daycare, deactivated during daycare, and then re-activated when they got home. Without any additional risk factors, many babies and toddlers *appear* to tolerate this daily cycle without *noticeable* long-term effects. However, there are some babies and toddlers who are unable to be sufficiently comforted when they return home and their cortisol levels remain elevated and do not return to normal before bedtime. Their attachment-seeking behaviour remains deactivated, instead of being re-activated, and their cortisol levels are still elevated the following morning (Ahnert et al., 2004).

In my view, many babies and toddlers are using some level of dissociation as a mechanism to de-activate their attachment-seeking behaviour when they become overwhelmed by the stress of daily separation from their primary attachment figure in the absence of a secondary one. I think the regular use of this emergency survival mechanism is likely to be a risk factor for many babies and toddlers that increases their vulnerability to the impact of any additional risk factors if they experience them in the future (Baker, Gruber, & Milligan, 2006).

Disrupted attachments

A situation that can be a serious risk factor is if a baby develops a primary attachment bond to a carer (someone like a live-in nanny) instead of to their mother, and then when the carer leaves the family the baby's primary bond to her gets broken. A similar problem can arise when a grandmother raises the baby of her teenage daughter who then removes the child from the grandmother after a few years to start a new family. This form of loss can adversely affect children of any age, but if it happens during the preverbal phase of development they will be unaware of the origin of the pervasive anxiety they may experience throughout their lives. Many people do not understand the reason why a child is so distressed, and may deny the real explanation which can compound the child's anxiety even further.

The chances of a baby becoming *primarily* attached to a *carer* are more likely:

- when the carer starts looking after the baby soon after birth,
- when the carer spends more time with the baby than the parent,
- when the carer is living in the baby's family home,
- when the carer comforts the baby at night,
- when the carer is unclear about relationship boundaries.

The occasional loss of a secondary attachment figure need not be too distressing to a toddler if it is sensitively handled by the primary attachment figure. Some parents repeatedly swap carers to prevent a bond developing, or choose day nursery because the number of carers will stop babies getting too close to one of them. Regular swapping of carers can be a risk factor.

Some forms of group daycare do not lend themselves to babies and toddlers developing a lasting secondary attachment bond to one carer because the difficulty of maintaining

continuity of personalized care-giving is too great. There may be too many babies or toddlers per carer, or more than one carer providing for a baby's needs each day, or carers who may not have the time or inclination to form an attachment, or who are young and may not intend to stay very long.

Sometimes babies or toddlers do form attachments but policy may require babies to move to new groupings, or carers to be moved to other duties. Some carers may only work part time or be students on placement who only stay a few weeks, and sometimes agency staff have to cover for carers on sick leave. If any of these happen too frequently, the pain of repeated separation or loss can make babies and toddlers reluctant to form a new secondary attachment bond to another carer, especially if either the baby or the carer tends towards insecure-avoidant attachments.

A few babies and toddlers may easily make friends with adults and may be reasonably comforted by a wider circle of carers, but most babies and toddlers need access to a secondary attachment figure to meet their emotional needs during non-parental daycare. Babies and toddlers who are more sensitive than most cannot manage separation from their primary attachment figure and cannot take comfort from a secondary attachment figure.³

Attachment-based daycare

In order to develop and maintain a secondary attachment bond between a baby and a carer, it is necessary that the carer provides continuity of personalized care for several years. Even then there is no certainty that a bond will develop. For a bond to develop between them, the carer must be willing to make an emotional commitment to the baby. Even the most sensitive daycare with a secondary attachment figure is likely to be more stressful than care from the primary attachment figure, but it does not seem to constitute a significant long-term risk factor for either secure or insecure children.

A model for attachment-based daycare is a family-type grouping which allows a carer to provide age appropriate care for each child. The sort of features that distinguish attachment-based daycare are:

- that babies are not accepted until they're about 9 months old, by which time they have formed a primary attachment bond to the person who's raising them, usually but not necessarily the birth mother. Nine months statutory maternity pay has just been introduced in the UK;
- that carers actively encourage babies and toddlers to form secondary attachment bonds to them, and this is sanctioned by the parents;
- that babies and toddlers are accompanied by their primary attachment figure for the first few weeks of daycare whilst the baby makes friends with their new carer, the first stage of developing a secondary attachment bond;
- that by introducing a few minutes of separation and gradually increasing the time, the baby realizes that they can take comfort from their carer and feel secure, keeping cortisol levels as low as possible;
- that the duration of care each day is kept short for babies whilst their secondary attachment bond is developing;
- that the babies and toddlers are in part time daycare until they're 18 months old;
- that carers look after no more than three babies or toddlers well spaced in age, e.g., one aged 9 to 18 months, one between 18 and 36 months, and one child older than 36 months;

- that carers have sufficient energy, and are trained and supported to meet the physical, cognitive, and emotional demands of the babies, toddlers, and young children in their care;
- that babies' and toddlers' secondary attachment needs are always met, maintained and monitored; and
- that parents are supported in maintaining their child's primary attachment bond to them (Barnard, 2007).

Sure Start provision of daycare

The original Sure Start projects in the UK provided very little daycare and focused mainly on the social and emotional needs of mothers and young children, and many of these valuable services still survive. However, whilst retaining the original name, there has been a very significant change of purpose as Sure Start has gradually moved towards the administration of daycare (Sure Start, 2007).

The two models of non-parental daycare covered by Sure Start in 2007 are for registered childminders and for day nurseries in Children's Centres. In the Sure Start document "About childminders, Why choose a childminder?" the first two points are that childminders can: (1) provide consistent one-to-one care, tailored to the individual needs of a child; and (2) form a stable ongoing relationship with the child, continuing from when they are a baby through to when they need care around schooling. In another Sure Start document "Thinking about childminding?" in the section "How many children could I look after?" it says "You can look after up to six children under eight, including your own. No more than three of the six children should be under five and normally no more than one child can be under one."

The childminder model supports family groups of three children under 5 years old, and is sensitive to the needs of babies under 1 year old to have individual time and attention. The childminder model actively promotes continuity of personalized caregiving which facilitates the development of a long-term secondary attachment between a child and childminder throughout the pre-school years. The relationship is supported through the financial contract between the parents and the self-employed childminder to care for their child in the childminders home (Sure Start, 2004).

By comparison, the Sure Start document "Full day care" says the minimum ratios of staff to children in Children's Centres are, 1:3 children under 2 years, 1:4 children aged 2 years, 1:8 children aged 3–7 years. In the phase 2 (2006–08) document "A Sure Start Children's Centre for every community," Chapter 3, it says, "These following services **must** [sic] be offered in the 30% most disadvantaged areas (Super Output Areas): Early years provision (1) Integrated early learning and childcare for babies and children until they are five years old. (2) Childcare suitable for working parents/carers for a minimum of 5 days a week, 48 weeks a year, 10 hours a day" (Sure Start, 2005). That's a minimum provision of 50 hours per week, with no minimum starting age and no maximum number of hours.

Emotionally disadvantaged children who have a difficult relationship at home do not benefit from daycare where they have no stable relationship or a string of broken relationships. In order for the 30% of babies and toddlers who fall into the most disadvantaged category to learn that relationships can be enduring, trustworthy, and secure, they need to experience a positive model of a secure and enduring relationship. This is much more likely to happen with a childminder than in group daycare, even where there is a Key Person policy.

My concerns are these:

1. The Sure Start Children's Centre model for day nurseries does not specify the number of babies under 1 year old that a carer may look after. It specifies three children under 2 years old, and therefore does not address the need of babies to have individual time and attention in order to develop a secondary attachment to one carer.
2. This model requires childcare to be available for a minimum of 50 hours per week in the 30% most disadvantaged areas, which will necessitate shift working and a change of carer and Key Person for babies and toddlers who bridge two shifts.
3. This model requires carers each to care for a *group* of babies, toddlers, and young children within a certain age range, and the children are likely to have a different carer when they are old enough to be moved into the next age group.
4. Staff in this model are employed by the Children's Centre and will be required to undertake duties as instructed by their employer, which may involve temporarily or permanently discontinuing the care of a child.
5. Many Children's Centres have staff retention difficulties and high staff turnover. They may use agency staff for temporary cover, or have short stay students on work experience.

The Sure Start publications about childcare provision in Children's Centres are sending out a strong message to parents that there is no lower age limit for babies to start in daycare, and that there is no upper limit for the duration of daycare each day or the total number of hours each week. Parents will reasonably assume that these officially sanctioned practices have been proved to be universally beneficial to the emotional and social development of their babies and toddlers (Sure Start, 2007).

Conclusions

Long periods without access to any attachment figure is probably a developmental risk factor that goes undetected at the time, but which leaves babies and toddlers more vulnerable to developing social and emotional problems in the future. In a society which encourages both parents (or single parents) of babies and toddlers to work outside the home, attachment-based daycare can play a crucial role in helping to balance work and family life without putting children's emotional development and mental health at risk.

The long-term effects of *inappropriate* daycare on babies and toddlers is not immediately obvious, and with all Sure Start daycare being widely promoted as beneficial, there is no incentive for parents to start questioning specific aspects of daycare. The subject has become so highly charged and personal that there is no easy way to help worried parents understand the attachment needs of their babies and toddlers and make better-informed choices. Parents concerned for the safety of their babies and toddlers are attracted by the level of security, staff qualifications, and supervision offered by day nurseries, but many of these day nurseries cannot provide babies and toddlers with adequate continuity of personalized care-giving. Being unable to access an attachment figure during non-parental daycare can result in babies and toddlers experiencing stress and elevated cortisol levels, and my concern is that this may become even more widespread when the planned additional 2,500 day nurseries in Sure Start Children's Centres are opened by 2010.

Many babies and toddlers receive a risk factor at home from insecure attachment and another risk factor from non-parental daycare where there is not a "good enough" secondary attachment figure. These two risk factors have become normalized within the

UK, but they can be potent contributors to future mental health problems if a further risk factor such as parental separation is encountered. The combination of these three common risk factors can result in the increased likelihood of behaviour difficulties and mental health problems in children and adolescents across all social groups.

There are individuals and organizations who expect to provide secondary attachments for the babies and toddlers in their care, and they have adopted practices from the models of both childminders and day nurseries. These arrangements may have been established with theoretical understanding of the attachment needs of babies and toddlers, or have evolved over time with instinctive and empathic insight into their emotional needs. Two models that I know of:

- The **Soho model** is a charity which accommodates a group of 7 or 8 self-employed *child-carers* working under the supervision of a co-ordinator at the Soho Family Centre. Each child-carer expects to form a lasting secondary attachment bond with each of the three children under 5 years old that she cares for, only one of whom is younger than 18 months, and she is paid directly by the parents to care for their baby or toddler (very similar to childminders).
- The **Richmond model** is a charity that provides training and support to childminders, through their childminder co-ordinators plus an outreach worker who visits the childminders in their homes. The co-ordinators help organize childminder networks which reduce isolation and monitor the child/childminder attachments. The co-ordinators have links with Children's Centres and organize childminder drop-ins, and events for new parents to meet local childminders.

Observations about Sure Start

- Although I consider that babies and toddlers have a significantly greater chance of developing a long-term secondary attachment to a Sure Start childminder than to a Sure Start carer in a day nursery, there is no guarantee of this. It is essential that the carer expects the baby to develop a lasting attachment to them, and that the carer is prepared to reciprocate at an appropriately professional level which is carefully monitored. It is also vital that the babies' primary attachment bond to their primary attachment figure is as secure as possible, and that it is maintained throughout the period of non-parental child-care. This is especially important for those parents and babies who are most vulnerable.
- The **Sure Start childminder** model. For babies older than 9 months whose parents need them in daycare, the childminder model has a reasonable probability of providing a long-term secondary attachment bond between a baby or toddler and a childminder.
- The **Sure Start day nursery** model in Children's Centres. The day nursery model does not have a reasonable probability of providing a long-term secondary attachment bond between a baby or toddler and a carer.
- The **Sure Start Children's Centres** should provide childminders with professional supervision and support facilities, with social, emotional, and medical services for parents and carers of babies and toddlers. Children's Centres should provide appropriate daycare for children older than 36 months, plus high quality pre-school nursery education.

With so much focus on cognitive educational attainment, there is a grave danger that the *emotional* development of babies and toddlers will not be sufficient for them to take full

advantage of their future educational opportunities. For positive emotional development during this most sensitive period of brain growth, I believe that it's absolutely essential that continuity of personalized caregiving is available to babies and toddlers at all times, either from their primary attachment figure or from a trusted secondary attachment figure.⁴

Notes

- 1 There is a tendency to focus on the most recent or obvious risk factor in a child's history and attribute a disproportionate significance to it. Children's capacity to tolerate one or two modest risk factors will often mean the risks go undetected, and the most recent experience is then singled out as the sole cause.
- 2 Babies' instinct to de-activate their attachment seeking response under stress in the absence of an attachment figure was probably an evolutionary adaptation that reduced the risk of detection by predators.
- 3 I'd like this opportunity to clarify a few points. Parents may want to encourage their babies' and toddlers' cognitive skills, and be tempted to start pushing their education very young, focusing rewards mainly on achievements. Toddlers who feel they have to earn approval may become diligent students but emotionally rather withdrawn, and others, especially boys, who find personal relationships difficult may become preoccupied with various forms of solitary home-entertainment. There is a tendency for babies to form a similar quality of attachment with their parents, as the parents had when they were babies. It comes naturally to parent the way we were parented, it does not come naturally to do it differently. When searching for the origins of children's emotional problems, there is a great temptation to assume that the discovery of a link between a cause and an effect is proof of a genuine correlation. A problem faced by many researchers is sample bias. For example, higher quality daycare providers are more likely to take part in studies of child development than are lower quality, or unregistered providers. I avoid using the term "separation anxiety," because it's now being used to describe an entire spectrum of childhood behaviours ranging from mild protest when a baby tries to follow an attachment figure into another room, right through to the traumatic effects of months in institutional care. Another confusion is that since attachment seeking and protest are *natural* responses to separation, some people think separation cannot be traumatic because the response is a *natural* one. Some parents have the mistaken belief that their 6-month-old baby has become over-dependent on them, and that this can be "corrected" by leaving the baby in a supervised group without having one of their attachment figures present.
- 4 I have been a patron of The Soho Family Centre since 2003. The Centre has been providing attachment-based daycare since 1986.

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