

## **EXECUTIVE SUMMARY. Babies and toddlers in daycare can avoid stress and anxiety if they have a secondary attachment figure who always looks after them.**

*In any situation where they are separated from their parents, babies and toddlers younger than 30 months feel safe only when they are with someone else with whom they have an affectionate attachment bond. This paper will focus on the stress of separation experienced by babies and toddlers in non-parental day-care, who, for any reason, do not manage to develop or maintain a long-term secondary attachment bond to one person who cares for them. There is a belief that babies from disadvantaged backgrounds will benefit emotionally from attending high quality day-nursery, but unless continuity of personalised care is provided by one carer, the baby is not able form an enduring secondary attachment bond to them and will not benefit from daycare.*

- This paper examines the importance of attachment theory for understanding the provision of daycare, and examines why some babies and toddlers acquire a psychological risk-factor that can affect their future mental health.
- It discusses the environment needed for the emotional wellbeing of babies and toddlers younger than 30 months during non-parental daycare.
- It raises social policy concerns about the provision of mental health services, education support, and control of antisocial behaviour.
- It outlines recommendations within the Sure Start programme for the provision of non-parental daycare for babies and toddlers younger than 30 months.

As recently as a generation ago, non-parental childcare for babies and toddlers was usually provided by people the parent knew really well such as granny, father, neighbour, nanny or childminder. This close relationship may be highly significant because there would have been an expectation and a high probability that the baby would form a *secondary* attachment bond to that person, especially if the daycare was introduced gradually over several weeks.

Many researchers, academics and clinicians are now worried about the psychological effect on babies and toddlers younger than 30 months who do not manage to develop a lasting secondary attachment bond to one person who always cares for them during non-parental daycare. If neither their primary nor a secondary attachment figure is accessible, most babies and toddlers will usually protest by crying and searching for an attachment figure, sometimes for an hour or more, (although some appear to manage better).

Although the most well known response to fear is fight or flight, these aggressive responses are impractical for babies and toddlers and they tend to use a different response - dissociation or 'psychological flight' which can be seen in the 'freeze and surrender' response. There's a wide range of dissociative behaviours that babies and toddlers use when they're unable to reach an attachment figure: some behave as if they are unaffected by the experience, whilst others keep active but are rather subdued or withdrawn, and some quietly occupy themselves alone and are undemanding and seen as 'easy children'. Others are overly compliant or obedient and unusually co-operative, and if they become even more distressed some may rock themselves or become frozen or 'still'.

Although the stress of repeated separations may show in subtle behaviour changes, most parents and carers either don't associate these changes with the daycare experience, or don't realise that it could become a significant risk-factor that increases the likelihood of children developing emotional problems in the future.

The combined effect of having three or more significant risk-factors can be overwhelming and lead to child and adolescent mental health problems, educational difficulties and antisocial behaviours.

Sure Start has an excellent model for self-employed childminders who work from home; this model increases the likelihood of babies and toddlers developing a long term secondary attachment bond to the childminder, especially if care is gradually introduced over several weeks. However, when it comes to childcare in Children's Centres where babies and toddlers are in day-nurseries, Sure Start has a very different model that has a reduced likelihood of babies developing an attachment bond. Day-nurseries rarely provide continuity of personalised caregiving throughout the pre-school years, and therefore provide little opportunity for developing and sustaining a long term secondary attachment bond to an individual carer, even where there is a Key-Person policy.

- The Sure Start childminder model is more likely to be able to provide babies *older* than 9 months with appropriate child-care, and Children's Centres should provide childminders with professional supervision and support.
- The Sure Start day-nursery model for Children's Centres is much less likely to be able to provide appropriate child-care for babies and toddlers younger than 30 months.
- The Sure Start Children's Centres should provide social, emotional and medical support services for mothers and carers of babies and toddlers, and provide high quality pre-school nursery education and appropriate non-parental daycare for children older than 30 - 36 months.

**NOTE** During the first 9 months, babies need sufficient time and attention from their mother/primary attachment figure in order to develop as secure a primary attachment to them as possible before starting any form of non-parental day-care.

With so much focus on cognitive educational attainment, there's a grave danger that the *emotional* wellbeing of babies and toddlers younger than 30 months is being overlooked. To establish positive emotional health during this most sensitive period of brain development, it is absolutely essential that continuity of personalised caregiving is available to babies and toddlers at all times, either from their primary attachment figure or from a long-term secondary attachment figure.

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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.**

### **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.

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 talk I want to examine the needs 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'm 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 requirements both for registered childminders and for carers in day-nurseries. Although achieving this may seem unrealistic and even unnecessary, I'm increasingly convinced that this is a fundamental necessity for all babies and toddlers if they are to tolerate daily separations from their parents. My views 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 from my own personal observations and experiences.

I was born in 1941 and 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 I think his theory of attachment has been so thoroughly tested that there's a high probability that it's now trustworthy! Most of science is based on the *probability* of a theory being correct, and if a theory is still current after many years of critical investigation, there's a high probability that it *is* correct. Attachment theory has been attacked, praised and tested from many angles. It was first outlined in 1958 and now it has emerged as one of the world's largest fields of academic research into children's emotional wellbeing.

### **1 - INTRODUCTION**

As humans, 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. But 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, whilst others are more fragile than most; however, 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. But parents nowadays have to make the choice between giving their babies and toddlers these experiences on the one hand, and on the other hand giving enough time and attention to paid work for adequate family income.

In the 1950's, observational research studies exposed the level of psychological trauma experienced by babies, toddlers and young children who stayed in hospital or residential nursery for ten 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 1950's 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 a similar, though less traumatic and much less easily detected developmental problem may be experienced by some babies and toddlers who spend long periods in non-parental daycare each weekday. This problem seems to be more common for babies and toddlers aged between 6 months and 30 months, and when they're cared for by unfamiliar people instead of by a well known and trusted one. 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'll reappear later as a 'sleeper effect'. But 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 - the unintended by-product of a very convenient practice.

I have a growing conviction (shared by many health care professionals), that these negative behaviours most commonly occurs in babies and toddlers who experience periods of daily separation from all their trusted attachment figures, and that this is more likely to happen in centre-based day-nurseries than in other forms of non-parental childcare. However, my real concern is that these negative behaviours may be just the visible tip of a more pervasive underlying psychological problem that could influence children's future emotional resilience and mental wellbeing. Research in this field is very contentious, extremely complex, difficult to finance and takes many years to produce results, and even then there are usually more questions than answers!

## **2 - ATTACHMENT THEORY**

In attachment theory, the term *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 - usually but not necessarily their birth mother.

The term *secondary* attachment figure refers to the few special people in a child's life with whom they have developed a close subsidiary or secondary attachment bond, such as siblings, grandparents, nannies, childminders and especially fathers who have their own unique bond. Having three or more such people will usually increase children's resilience and act as a protective factor throughout childhood. These are the people who can provide babies and toddlers with comfort and security in the absence of a primary attachment figure, and act as a secure base and haven of safety.

*Secure* attachment means having a predictable, safe and affectionate bond with an attachment figure (either the primary or a secondary). Securely attached babies and toddlers are not usually affected by a few hours of separation from their primary attachment figure if they're being looked after by a person with whom they have developed a secure *secondary* attachment bond. When these carers are consistent, sensitive and responsive they can benefit toddlers' social and cognitive development and provide support to families.

*Insecure* attachment means having a less predictable bond with an attachment figure (either primary or secondary). 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 disorganised, and 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.

Most babies younger than about 6 months have not fully developed the capacity to form attachments and do not usually sense danger when 'cared for by a stranger'. By 9 months the babies' primary attachment bond is developing and their ability to differentiate between familiar people and unfamiliar strangers is usually well advanced, and by 12 to 14 months 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 senses 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 and reassure the toddler, and the toddler's ability to accept comfort and return to confident and productive play.

There is a tendency for parents to form a similar quality of attachment with their babies as they had with their own parents (primary attachment figure) when they were babies - it come naturally to parent the way we were parented, it does not come naturally to do it differently!

I'd like to take this opportunity to clarify a few points.

Child development is such a complex subject, that when looking at why children develop as they do, great caution is needed to avoid - when seeing a close correlation between a cause and an effect - assuming that they must be linked.

A problem faced by researchers is sample bias. For example higher quality daycare providers are more willing to agree to take part in long term academic studies of child development than are lower quality (or unregistered) providers.

I avoid using the term 'separation anxiety', because it's now being used indiscriminately 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 that's arisen is the distorted notion that because attachment seeking behaviour is a child's *natural* response to separation - that being *natural* means attachment seeking isn't traumatic - it may be a *natural* response to bleed when cut, but it's still traumatic!

And finally, some parents have the mistaken belief that they can reduce their baby's attachment demands on them - which they see as *over-dependence* - by leaving their baby in supervised groups without an attachment figure being present: they assume this will develop their baby's *independence*.

## **3 - BRAIN DEVELOPMENT**

Neuroscientists have observed that important structures in babies' brains are shaped by their emotional experiences, and that the most positive and negative impacts on the brain's development are the result of social and emotional relationships (either enduring or fragmented), especially with their primary attachment figure (mother). The physical structure of babies' brains is affected by the hormones that are generated within attachment relationships during the first two 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 over them 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 over and over again, 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 by children later on because they occur during the pre-verbal phase, but they engender enduring feelings and expectations which will play an important part in forming their personality.

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 the left side of the brain becomes dominant, and this promotes the development of complex speech and the ability to remember 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 skills and social independence, but researchers have consistently found no such 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.

#### **4 - 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, 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 genetic predisposition to different experiences, and by the particular combination of experiences.

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.

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 detected.

An increasingly common risk-factor to children 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 then 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. All of these can exacerbate family conflicts and strained parental relationships.

NOTE 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.

#### **5 - 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's appropriate for their age and development. These experiences produce normal levels of cortisol which is needed by the body for healthy functioning, and levels of cortisol will rise and fall throughout the day depending on many different physiological and psychological factors. However, babies and toddlers have extremely fragile brains that are developing very rapidly, and some researchers are growing very concerned about babies and toddlers who have elevated levels of cortisol all day. They worry that because 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 children's 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 leading to an alarm reaction and distress and have elevated levels of cortisol when they are unable to access their primary or a well known and trusted secondary attachment figure, especially if they are in unfamiliar surroundings. It also predicts that at this young age the attachment seeking responses will not be adequately terminated by a relatively unknown person - by about 36 months this begins to change.

Babies and toddlers between the age of 6 and 30 months tend to live in the present, and if they do not receive sensory evidence (sight, sound, touch, smell or taste) that any of their familiar attachment figures are available, they have an instinctive sense of danger which increases with time. This sense of danger raises their levels of cortisol (the fight, flight or freeze hormone) and induces a degree of distress.

Trauma theory predicts that children who sense danger will experience distress and escalating arousal and show 'survival' behaviours that match their levels of distress. 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 and 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.

When unable to access any known and trusted attachment figure, babies and toddlers 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 very distressed and scream long and loud. Although the best known response to fear is the aggressive fight or flight behaviour, this response is impractical for babies and toddlers and they tend to use dissociation as 'psychological flight', seen in the 'freeze and surrender' response. Their level of dissociation will depend on the intensity and duration of the real or perceived threat.

There is a wide range of instinctive and learned dissociative behaviours that babies and toddlers adopt when they are unable to reach an attachment figure: some appear unaffected by the experience of separation, and others may be over boisterous, others are more subdued or withdrawn but continue to be active, and some quietly occupy themselves alone and appear to be undemanding and 'easy children'. Others are overly compliant or obedient and unusually co-operative, and if they become even more stressed some may rock themselves or become frozen or 'still'.

It's important to distinguish between well focussed and secure exploratory play, and coping behaviours. 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 settling in and accepting their new surroundings, but their saliva cortisol levels are elevated, and their behaviour is often not the same as it is when they're at home.

## **6 - STRESS AND DAYCARE**

There are many different daycare arrangements for babies and toddlers in the U.K., and no guarantee that any of them will provide stable attachment relationships, but there are some that are more likely to do so than others. There's a wide variety of people providing childcare, who have varying capacities to make secure or insecure attachment relationships, and who provide varying degrees of continuity of care for the babies and toddlers. 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.

What are the psychological and physiological processes that babies and toddlers experience if they find themselves being left all day with well-intentioned but unfamiliar people in attractive but unfamiliar surroundings? A well staffed day-nursery in a modern Children's Centre is many parents' choice of daycare. However, research studies have shown that many babies and toddlers have significantly elevated levels of cortisol in their saliva samples whilst they are attending centre based daycare without an attachment figure, but that cortisol levels are not elevated whilst the parents are present during the initial settling in period. Physiological stress from loud noises, minor accidents, conflicts and aggressive play as well as psychological stress from separation are other causes of elevated cortisol. This is not a straight forward effect as some traumatised babies and toddlers have developed abnormally *low* levels of cortisol.

When securely attached 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, and in the morning the cycle can start again. Without additional risk factors, securely attached babies and toddlers appear to tolerate this cycle of daily separation and repair without *noticeable* long term effects. Nevertheless non-parental daycare in the absence of a secondary attachment figure is likely to be a risk factor for many children, increasing their vulnerability to the impact of any additional risk factors if they experience them in the future.

Some other babies and toddlers who experience long periods without access to an attachment figure, may have continuously elevated levels of cortisol. When they are reunited with their primary attachment figure, the relationship or other factors may prevent these babies and toddlers from being adequately comforted by their parents, and their cortisol level may not be returned to normal before bedtime. By morning the cortisol level may still be elevated and they continue the cycle of daycare and separation.

## **7 - DISRUPTED ATTACHMENTS**

A situation that can be a serious risk-factor is if a child develops a primary attachment bond to their carer (usually a full-time live in nanny) instead of to their mother, and then their primary bond gets broken when the carer leaves. A similar problem can arise when a grandmother raises the baby of a teenage mother, who then removes the child from the grandmother after a few years to start a new family. Children become consciously aware of the origin of these feelings only after they are old enough to recall the memories and communicate them verbally. But if a break of this kind happens when the toddler is too young to recall the memory of the separation or loss (under two or three years old), they can experience a pervasive anxiety throughout their lives, but are unaware of its origin. Many people (especially mothers) may not understand the reason why the child is so distressed, and frequently deny the explanation which can compound the child's anxiety.

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

- when the baby starts being cared for soon after birth
- when the carer spends more time with the baby than the primary attachment figure does
- 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.

**NOTE** The occasional loss of a secondary attachment figure need not be too distressing to a toddler if sensitively handled, but regular swapping of carers to prevent any attachment bond developing can be a risk factor. The complexities of making or breaking the attachment bonds of children who are fostered or adopted are not addressed in this paper.

Some forms of group daycare do not lend themselves to babies and toddlers developing a lasting secondary attachment bond to one carer because of the difficulties of maintaining continuity of personalised care-giving. 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. Sometimes short term agency staff may cover for carers on sick leave, work experience students may only stay a few weeks, or the parent may move the baby to a different facility. 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.

Psychologically robust babies and toddlers often make friends with adults more rapidly than others and may be comforted more readily 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. There are some babies and toddlers who are more sensitive than most, who cannot manage separation from their primary attachment figure and cannot take comfort from a secondary attachment figure.

**NOTE** Most parents want to encourage their babies' and toddlers' cognitive skills, and some may 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 rather emotionally withdrawn, and others, especially boys, who find personal relationships difficult may become preoccupied with various forms of solitary home-entertainment.

## **8 - 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 personalised care-giving for several years. But 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.

Although the most sensitive daycare with a secondary attachment figure is likely to be more stressful than care from the primary attachment figure, it does not seem to constitute a significant long-term risk factor for either secure or insecure children. Initially the duration of care each day needs to be kept very short, and as a guide, the quantity of care each week needs to be less than 10 hours for babies younger than 12 months, less than 20 hours per week under 24 months, and less than 30 hours under 36 months.

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 carers actively encourage babies and toddlers to form secondary attachment bonds to them.
- that babies are not accepted until they are 6 months (preferably 9 months) old, by which time they have formed a primary attachment bond to the person who's raising them long term - usually but not necessarily the birth mother, (9 months statutory maternity pay is being introduced in the UK by April 2007).
- that babies and toddlers are accompanied by their primary attachment figure for the first few weeks of daycare whilst they make friends with their carer - the first stage of developing a secondary attachment bond
- that the babies and toddlers are only in part time daycare for the next few months whilst their secondary attachment bond is developing. Cortisol levels are usually elevated during this period and it's very important that the child is able to be comforted by their carer and feel secure so that cortisol levels are kept as low as possible
- that carers look after no more than three babies or toddlers well spaced in age: 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 met, maintained and monitored.
- that carers' emotional attachment to the children they care for is sensitively supported and monitored
- that parents are supported in maintaining their child's primary attachment bond with their baby or toddler.

## **9 - 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, over time Sure Start has gradually moved into the provision of daycare - which is a significant shift of purpose, whilst retaining the original name.

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. (2) Form a stable ongoing relationship with the child, continuing from when they are a baby through to when they need care around schooling." Then 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, and is sensitive to the needs of babies under 1 to have individual time and attention. The childminder model actively promotes continuity of personalised 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 self-employed childminder and the parents to care for their child in the childminders home.

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 two 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." - that's a minimum provision of 50 hours per week, with no minimum starting age and no maximum number of hours.

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, despite there being 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, 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. By insisting on a minimum weekly provision of 50 hours 'childcare for babies and children' in the 30% most disadvantaged areas, and 'by 2008, of a new quality framework for integrated education and childcare for the 0-5 age group', there is a clear indication that there is no lower age limit for babies to start in daycare, and that there is no upper limit for the quantity 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.

## **10 - 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 future mental health at risk. The long-term effects of *inappropriate* daycare on babies and toddlers is not immediately obvious, and with no 'blood on the carpet', and 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 in Children's Centres cannot provide babies and toddlers with adequate continuity of personalised 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 normalised 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 organisations whose carers 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 the emotional needs of babies and toddlers.

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 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 groups of self employed childminders through co-ordinators and an outreach worker who visit the childminders in their homes. The co-ordinators help organise

childminder networks which reduce isolation and monitor the child / childminder attachments. The co-ordinators have links with Children's Centres and organise childminder drop-ins and events for new parents to meet the childminders.

## **11 - 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 day-nursery carer, there's no guarantee of this. It's essential that the carer expects the baby to develop a lasting attachment to them, and that the quality of the relationship between carer and child is carefully monitored. It's also vital that the babies' primary attachment bond to their primary attachment figure (especially those who are most vulnerable), is as secure as possible and is maintained throughout the period of non-parental child-care.

- 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 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 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 mothers 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's 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, it is absolutely essential that continuity of personalised caregiving is available to babies and toddlers at all times, either from their primary attachment figure or from a trusted secondary attachment figure.

**NOTE** I have been a patron of The Soho Family Centre since 2003. The Centre has been providing attachment daycare since 1986, based on a model of having self-employed child-care staff working together in a co-operative group, in accommodation provided and managed by the Soho Family Centre.

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### **Additional Reading.**

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