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Childcare and Children's Health

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# Promoting Secure Attachment Relationships

The impact of what babies and young children experience in their early years of life can last a lifetime. This early period is a time of wonderful opportunity that reflects the simultaneous competence and vulnerability of very young children. Caring for young children, and getting the caring right, is both a responsibility and an opportunity. Good caring can positively lay the foundations for development and learning that will ultimately impact upon individual lives, families, communities and society as a whole.

Care extends beyond the physical environment to also include social, emotional and psychological care. Both research into the neurobiology of brain development and research into attachment relationships show that warm, sensitive, consistent, responsive and nurturing relationships provide the best possible foundation for development and learning.

"*Being sensitive* means being 'tuned in' to the child's feelings, and able to read their cues."

"*Being responsive* means being psychologically available [i.e. not preoccupied or distracted by one's own personal needs and/or other issues], and able to respond to children's cues appropriately. Responsiveness and sensitivity are inter-related..." (Rolfe, 2004:223)

## Attachment

'Attachment' is the term used for the types of relationships described above between babies or children and their significant carers.

Attachment is "an emotional bond between two people, in which there is an expectation of care and protection" (Rolfe, 2004:6). Secure attachments nurture the development of emotional security and resilience and promote the child's feelings of self-worth and competence.

The emotional security built through secure attachment relationships allows the child to positively explore their environment, so these relationships are also a foundation for cognitive and social development.

Attachment relationships are not limited to the bond between a child and a parent, but can relate to all significant carer relationships in the child's life.

Most children form a network of attachment relationships with family and other carers. What is important is that there is at least one sensitive,

responsive and consistently available person who provides the sort of nurturing care and protection relationship that a child needs to develop a secure attachment. This is especially important in infancy when development and learning is rapid.

It is in the context of attachment relationships that each child individually develops a working model of how the world around them works – is the world friendly and ordered, or hostile and unpredictable? Are people reliable and supportive or, alternatively, are they erratic and antagonistic? Attachment relationships also tell the baby and young child about how they are valued by others. Are my needs responded to appropriately?
If emotional support is needed, is this provided? Does someone understand and respond to my communications? Am I greeted with pleasure and joy? The answers to these questions tell the baby and young child how much they are valued and they are the material the baby uses to develop their own sense of self-worth. Overall, they answer a question that is fundamental to the development of a child: am I loved and lovable?

Having a carer (or carers) who knows the baby and can read and respond to their cues is especially important. Learning to 'read' the cues and signals of individual babies takes time and it requires on-going observation, based on listening, watching and reflecting. The need for attachment relationships that are warm, responsive and consistent is universal, but there will be cultural and family differences in just how this care is given. For example, in some cultures, babies are carried most of the time, and some families are more physically demonstrative than others. Therefore, carers need to understand the cultural context of these attachment behaviours, so developing partnerships with families and sharing information about the child is critical.

Each baby and child will bring their individual experiences of attachment relationships to the care setting. Understanding their attachment history is an important factor in the carer's ability to provide care that is responsive to a child's individual needs. Carers also need to understand both this history and the context of current and ongoing attachment relationships within the baby or child's life. Reading the baby's cues and adapting care to respond to their individual needs is necessary. Although secure attachments are built through warm, responsive, and consistent care, just how this is delivered will vary from one child to another; each attachment relationship is unique, just as each child is a unique individual. Babies and young children will all have preferences for how they are comforted, soothed, etc., and so again, ongoing communication with families is important.

Attachments are not necessarily secure and some children will come to the care setting with experiences that have led to insecure or otherwise disrupted and problematic attachments. Since all babies and young children need secure attachment relationships, carers can play a special role in the lives of those who may not experience these relationships in other parts of their early lives.

Early attachment relationships provide the model for attachments throughout later life, so these early experiences are of lasting importance in our personal relationships and our own capacity to parent. Attachment histories also apply to carers. We all bring our own experiences of attachment relationships to the settings in which we care for babies and young children. Reflecting on these experiences and understanding both the importance of secure attachments and how they are developed will enhance a carer's capacity to form and sustain these attachments with the children in the care setting.

Secure attachments developed in the care setting are a protective factor for babies and children who are at-risk in the context of their family situation or other settings.

## Implications

As well as strongly emphasising the importance of interactions that are warm, consistent and responsive, what is now understood about the importance of secure attachment has policy implications in all care settings. These relate specifically to the ratio between carer and baby/child, staff rostering or changes of carers, and transitions from home to care or within care settings.

Carers need to consider the following questions:

- Is there a respectful partnership between carer/s and families?
- Is there a carer/s who the child knows they can reliably go to when they need support?
- What happens when this carer is absent in a centre or within a Family Day Care scheme?
- Are the ratios between carer and baby/child low enough to facilitate the type of individualised, sensitive and responsive care from which secure attachments grow?
- Do staff rosters support, disrupt or prevent the promotion of secure attachments?
- Is there sufficient continuity of care for secure attachments to develop? How does the centre/scheme minimise carer turnover?

To address the challenges these questions pose, carers might like to:

- consider longer term planning and budgeting to decrease the ratio between carer and baby/child over a period of time
- make information available to families about the benefits of better ratios for their child's well-being.

Family Day Care providers face particular challenges in providing continuity of care when they are sick or on leave. Sharing resources (e.g. regular relievers) and strategies between Family Day Care providers may help provide solutions to these problems.

An understanding of the importance of secure attachment also has implications for practice issues. Transitions between carers and settings are particularly important and they require special considerations and planning. A question to consider is: Are orientation processes and transitions planned to allow sufficient time for the child to build trust in the new carer/s before separation from their primary carer?

Separation from the parent (or other primary carer) and the baby or young child is a time of potential stress, so drop-off and collection times also require thoughtful care. Some questions to consider include:

- Am I available to welcome or farewell families at drop-off and collection times?
- How do I talk to the baby/child and invite them in?
- How do I acknowledge to the baby/child that I understand this may be stressful for them?
- How do I look for and respond to the baby's/child's cues on a day-by-day basis?
- If I am feeling stressed or fragile, how do I manage these emotions, particularly at drop-off and collection times, and how might this affect the babies/children who are in my care?

Underpinning these considerations is the need for carers to have the time and resources to be able to observe and respond appropriately to the attachment needs of each child in their care. These are important and challenging factors for carers, management and families to discuss together.

Carers are also models for parents and have an important role in promoting and modelling the type of positive interactions that are so important to the well-being of children.

Since everything carers do provides a model for the children in care and their families, it might be useful to explicitly consider:

- How do I respond to babies – especially when taking babies into care at the start of each day?
- How do I respectfully communicate with babies/young children?
- How do I adapt responses to the individual cues from babies/young children?
- How do I respond to distress or other strong emotions in babies/young children?
- How do I involve families in planning for their child's care?

## References


Harrison, Linda (2003) *Attachment*

www.raisingchildren.net.au/articles/attachment

Rolfe, Sharne (2004) *Rethinking Attachment for Early Childhood Practice*


*FDCQA: 1.1, 3.1*
*QIAS: 1.1, 1.2, 1.3, 1.4, 1.5*

# Promoting Secure Attachment Relationships: Case Study

Sustained, supportive relationships that develop trust and security through responding to individual needs and preferences are central to the care provided at the Lady Huntingfield Children's Centre in North Melbourne.

In the orientation and settling-in stages for babies and young children attending the Centre, parents provide much more than health and family information; they are also asked about how they want their baby or child to be cared for. Carers invite parents to tell them about their child's individual care needs, patterns and preferences. What are their special toys? How are they used to being settled to sleep? How are they comforted? Are there special or familiar words that they would like to have used?

This is only the starting point for the Centre's sensitive and responsive care – care that characterises attachment relationships. Secure attachment develops further as carers observe and respond to the baby's cues and communications about their individual needs and wants. Babies and children learn that their carers can be relied upon to provide care and protection that is appropriate and predictable.

Secure attachments provide the safe base from which babies and children explore and construct the environment of the Centre. Two of the Centre's three rooms are multi-age, each with 15 children and three carers, and an age range from three months to four years. Much thought and planning has gone into the physical environment and in many ways the Centre resembles a home. Decorations reflect the family backgrounds of the children. Soft couches allow children to snuggle up to their carers and both the inside rooms and the outdoors are divided into friendly, smaller spaces.

Carers follow the lead and interests of the children, and move with them as they play and explore. In this environment, the carers are careful not to overwhelm the children with too many choices. The effect is subtle and the atmosphere is calm, purposeful and nurturing.

This flexibility and responsiveness is shown in other ways too. Meal and sleep times are not rigidly prescribed and fit instead with the children's individual needs. Small groups of children of varying ages can eat together at a small table in the Centre's kitchen or they can eat in larger groups at a more regular time, if that suits.

Carers at the Centre take time to develop relationships with parents that support parenting, and carers are role models for secure attachments in the way they interact with and respond to the babies and children.

The Centre's manger, Maree Rabach, is also aware that many parents may have little or no experience with babies or young children until they have their own. Consequently, parents may have little knowledge or understanding of the emotional needs of children. Advice and support is provided in the context of on-going relationships in which the parent chooses which carer they are comfortable with.

Continuity of care, both in the curriculum and in the relationships formed between carers and children, is key to secure attachment. Every three weeks, all carers at the Centre, whether they hold formal qualifications or not, are involved in a planning day to keep everyone 'in the loop' and ensure consistency of care. Without careful planning, this arrangement could potentially be disruptive to the attachment relationships between carers and babies or children, however the Centre counters this by using regular relievers. The relievers also regularly work in the Centre when the permanent carers are absent, so they know and are known by the children and their families.

# Childcare and the Common Cold

The common cold is caused by viruses that infect the nose, throat and sinuses. Most colds seem to occur during the winter season. To keep warm and dry means that we tend to stay indoors and experience closer contact with other people. There are limited opportunities for outdoor activities and children and staff can become tired as the winter progresses. This increases the chances of spreading the cold virus from person to person and in the case of childcare from child to child, child to carer or carer to carer.

Although some parents are convinced that the common cold results from exposure to cold weather or from getting chilled or overheated, there is no evidence to support this belief. Stress and tiredness, as well as illnesses that affect the nasal passages and weaken the immune system, increase the chances of developing colds.

Common cold infections are widespread and very few people escape infection. Most individuals suffer multiple colds each year and they are the most common infectious illness, especially for young children. Children can catch colds from siblings, parents, other family members, playmates or carers. Due to the close contact involved, children with older siblings and those who attend childcare have more colds. Young children may have 8-10 colds each year, with the highest number usually being during the first two years in childcare, kindergarten or school. Once a child is exposed to a cold virus, the child develops immunity to that virus. By the time children start school, children who attended childcare may have fewer colds than other children.

## Cold symptoms

Symptoms may include:

- a runny or stuffed up nose
- sneezing or coughing
- a mild sore throat
- little or no fever (38.5°C or less)
- nasal discharge is usually clear to start with, and then within a day can becomes thicker, yellow and sometimes green.

## Incubation period

The time from being infected to showing symptoms (incubation period) is about 1-3 days.

## Infectious period

2-4 days after the cold infection; this may be before the symptoms are present.

## How are colds spread?

Cold viruses are found in the nose and throat. Children touch their noses, eyes and mouths often, put things in their mouths, and touch each other often during play, so cold germs spread easily. There is also a lot of contact between parents or carers and children: holding hands, picking up, feeding and changing nappies.

- Children with colds get viruses on their hands when they touch their runny noses or mouths or when they cough or sneeze. When they touch other children, they pass on the viruses.
- Cold viruses can live on objects for several hours and can be picked up on the hands of children who touch the same object as infected children. These children then get infected when they touch their eyes, nose or mouth.
- Carers can get viruses on their hands and spread them between children by touch.
- Some cold viruses may be spread through the air when a child with a cold coughs or sneezes. Droplets from the cough or sneeze may reach another child's nose or mouth.

## Controlling the spread of infection in the childcare environment

1. Ensure all carers maintain good hand washing techniques (and keep updated).
2. Encourage older children to cover their mouth and nose with a tissue when they sneeze or cough and immediately throw the tissue away into a closed bin. Assist younger children with nose wiping. Wash their hands with soap and water, and dry thoroughly.
3. Carers and parents may choose to use an antiseptic hand rub if water is unavailable.

4. Clean and disinfect surfaces and toys regularly.
5. Ventilate facility by opening windows or doors or by using a ventilation system that periodically exchanges the air inside the facility.
6. Keep children well nourished and hydrated.
7. Make sure that children are not crowded together, especially during naps on floor mats, beds or cots.

## Exclusion period

There is no need to exclude a child with a common cold from childcare, unless the child is unwell. Excluding children with mild respiratory infections, including colds, is generally not recommended as long as the child can participate comfortably and does not require a level of care that would jeopardise the health and safety of other children. Keeping children from childcare has little benefit since viruses are likely to be spread even before symptoms have appeared.

## Managing the child with a common cold

There is no specific treatment for colds, but rest, extra drinks and comforting are important. Decongestants and other cold remedies are widely promoted for the relief of symptoms of colds and flu, however, there is little evidence that these help. In fact, evidence shows that they may be harmful and cause unpleasant side effects such as irritability, confusion and sleepiness. Oral decongestants are not recommended for children under the age of two years. Cough medicines are not effective in reducing the frequency, intensity or duration of coughs. Like fever, the cough is there for a reason – it serves a useful function by clearing mucus from the child's airways and preventing secondary infection.

## When to contact parents:

The following are more serious symptoms and parents will need to be contacted and informed, and medical advice is recommended, if the child:

- has difficulty breathing
- refuses to drink fluids
- vomits
- is coughing uncontrollably
- complains of headaches, earache or has a discharging ear
- needs to be comforted constantly – has no interest in play
- has a fever (temperature of 38.5°C or higher)
- is pale and sleepy.

**Watch for new or more severe symptoms. They may indicate other more serious infections.**

*FDCQA: 4.3*

*QIAS: 6.3, 6.6*

*A full list of references and the Parent Fact Sheet (available in different community languages) can be downloaded from the Early Childhood Connections website: www.econnections.com.au*

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