

Positive Caring Relationships: Evidence Briefing

This briefing paper supports the 'Positive caring relationships' section of the [Early Years Mental Health Improvement Framework](#) which has been developed by NHS Greater Glasgow and Clyde. It demonstrates the importance of work that promotes positive caring relationships by outlining available evidence on the impact on babies, young children, and their families.

1. Introduction

Babies and young children rely on their care-givers to give them the warm, nurturing care they need to grow and thrive. The quality and predictability of the relationship between child and caregiver is central to nurturing emotional health, developing secure attachment, self-regulation and resilience, all of which help children cope with difficult experiences and underpin future development of good social skills, relationships and parenting.¹

2. Impact of positive caring relationships

This section provides an overview of some of the key areas through which positive caring relationships can influence the capacity to provide care, and the impact on babies and young children.

Healthy attachment

Secure attachment is promoted by strong bonding between care-giver and child, whereby the care-giver reacts sensitively and quickly to the child's needs, and the child learns how to navigate stressful experiences, regulate their feelings and behaviour, function independently and relate to others.² Healthy attachment provides a secure base that supports the child to feel safe to explore the wider world, play and learn.

Not receiving comfort and security from care-givers in the early years can have a negative effect on children's neurological, psychological, emotional and physical development and functioning³, and this may impact their ability to express emotions, develop trust and security, and build meaningful relationships later in life.⁴ This may be because their experiences have influenced them to believe that other people are unreliable or untrustworthy.⁵

Children can form attachments with more than one care-giver, but the bond with the people who have provided close care from early infancy is the most important and enduring.⁵ Forming an attachment is something that develops over time for a child, but parents and care-givers can start to form an emotional bond with their child before they are born.⁶ The first 18 months to two years of a child's life are the most critical for forming attachments⁷, from this point onwards they are likely to become less dependent on their primary care-giver, particularly if they feel secure and confident the caregiver will return and be responsive in times of need.⁵

Typical care-giver behaviours that promote a secure attachment style:

- Warm, nurturing and attentive
- Attuned to their child's needs and wants
- Stay close to their child but allow them the freedom to explore their world
- Reliable and consistent in their actions
- Focus on who their child is as a person rather than what they achieve
- Encourage a sense of independence in their child.²

Children's behaviour is influenced by a wide range of circumstances and emotions. Indicators that a child may not have a secure attachment with their care-giver will emerge as a pattern of behaviour over time, particularly during moments of stress or exploration. This pattern might include:

- Being fearful or avoidant of a care-giver
- Becoming very distressed when their care-giver leaves them, even for a short time
- Rejecting their care-giver's efforts to calm, soothe, and connect with them
- Being passive or non-responsive to their care-giver
- Seeming to be depressed or angry
- Not being interested in playing with toys or exploring their environment.⁸

Sometimes a parent or care-giver may have difficulty in forming a healthy bond with children and providing consistent and responsive care, for example if they are experiencing mental health issues, trauma or don't have an effective support network. Various programmes (e.g. video feedback) may help care-givers improve their interactions with their child.

Buffering of stress and Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are stressful events occurring in childhood including:

- Domestic violence
- Parental abandonment through separation or divorce
- A parent with a mental health condition
- Being the victim of abuse (physical, sexual and/or emotional)
- Being the victim of neglect (physical and emotional)
- A member of the household being in prison
- Growing up in a household in which adults experience alcohol and drug use problems

Frequent or prolonged experiences that cause excessive stress can be harmful to children's developing brains. As well as the widely recognised ACEs (above), there are a range of other types of childhood adversity that can have similar negative long term effects including bereavement, bullying, poverty and community adversities such as living in a deprived area and neighbourhood violence.⁹

When children are exposed to adverse and stressful experiences, it can have a long-lasting impact on their ability to think, interact with others and on their learning.

However, ACEs should not be seen as deterministic as there is much that can be done to build resilience in children who have experienced adversity in early life. Individuals' experience of, and response to, adversity and trauma depends on a range of factors, including the existence of supportive relationships, positive community experiences, access to financial resources and other forms of support.

Responsive care-giver / child relationships during the early years of life not only foster healthy brain development, but also protect the brain against the harmful effects of stress that can arise from ACEs. Even under optimal circumstances, adversity is sometimes unavoidable but a strong, stable relationship with a supportive parent, care-giver or other adult ('one supportive adult') can help buffer children from many of the negative health and life outcomes that stem from adversity. Similarly, not all stress is bad, children need to experience manageable amounts of adversity with help from supportive adults to develop coping skills and healthy responses to stress.

Types of responses which can help prevent, or mitigate, ACES:

- Provide more support for children and families in the early years via universal services
- Coach adult care-givers on serve-and-return interactions with children
- Invest in perinatal and infant mental health to support parents and infants early
- Increase family incomes and reduce living costs
- Develop high-quality, accessible, affordable and flexible early learning and childcare

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