

The Role of Early Relationships

In this assignment I will discuss the role of early relationships in the development of child behaviour. This involves many factors such as the family, child rearing styles, theory and development of attachment. I will discuss and explain experiences which I have come across within the children's sector and how these are influenced by the developmental theory. I will then discuss in depth how the main developmental perspectives play a part in early years.

P3. The role of family when considering child rearing is vital as this is where the bonding process begins; as this bond is formed the child develops an attachment to the person therefore creating a relationship. This bond in the beginning is primarily developed with the baby's main care provider, not necessarily the mother, as children are brought up in diverse family structures. Family structures such as: nuclear family which involves both parents being together to bring up the child not relying on others for support, lone parent families which is either the mother or father bringing the child up without the support of a partner, reconstituted families where two adults become partners whilst parenting children from a previous relationship and finally extended families where there is a close knit support from other family members such as grandparents who live together with the parent(s) and child. Many families don't fit ideally into just one of these support units and may be a single parent family with the close support of other family members even though they do not live together as one family unit, this then affects the people which the child develops primary attachments with as the parent may work and the grandparents become the main childcare providers for the child therefore forming multiple attachments.

P3. The ways in which child rearing has developed over time has changed dramatically not only due to the ways in which a family is structured but how the care is managed. The first theory of child rearing was developed by Truby King he suggested babies should be toilet trained as young as possible, have a feeding routine and spend lots of time outdoors in order to reduce the chances

of infant mortality and disease therefore cutting down the adult to child contact. We now realise that this would affect the child's opportunities to bond, develop relationships and attachment with its carers. During the 1950's and 1960's Benjamin Spock, who's theory is more child-lead than the previous, emphasised the importance of building a strong relationship between the child and its carers by encouraging parents to be more flexible with the child illustrating more affection listening to the child's individual needs but still appreciated the need for a routine. His suggestions, which were published as a guide to parents, counteracted the strict advice of paediatricians and doctors at this time. Medical professionals insisted that unremitting feeding routines should be undertaken whilst they also disapproved of parents openly showing affection towards their child.

"What good mothers and fathers instinctively feel like doing for their babies is usually best after all" (Spock B, Saidwhat.co.uk) His theory was focused on the physical aspect of relationship development believing that the child should be wrapped up to give them the feeling of security as they had in the womb of their mother, he believed that routine changes and feeds every four hours would suffice the child and leave them feeling happy, he also believed that a baby's every cry should not be answered if the routine was in place as they didn't physically need anything more.

P3. Penelope Leach developed further this approach suggesting that child rearing should be child-centred rather than child lead, meaning that responding to the child's social, emotional and cognitive needs not only reaffirmed the child but also the parents by allowing more bonding time. She helped parents understand their child's needs and cries, suggesting on-demand feeding is a better approach than feeding at set times as it better suits the child's individual needs. Leach therefore allowed parents to be carers of their child permitting them to spoil their child with love and affection rather than being there to enforce control and discipline.

P3. Kitzinger looked into this further in the mid 1970's and believes that a child should be cared for in a way that is natural and instinctive for both the child and the mother. Sheila Kitzinger says that parents need to see their children as "social beings" that need human interaction and companionship not just "servicing" by being fed, bathed and changed.

P3. Konrad Lorenz developed the theory of imprinting which was tested on animals showed that animals parted from their mother were able to bond immediately with the

first moving object recognising it as "mother". He suggested even as a mature animal this bond would still be apparent and it was shown the animal was unable to instinctively recognise an adult of the same species this led to the animal trying to mate with the bonded object a human for example. He believed that imprinting one permanent figure as the caregiver are vital and that children who are deprived of maternal links could lead to mental health problems.

P3. John Bowlby believed that the early relationships which children develop affect the emotional development and behavioural characteristics which persist through childhood and into adulthood, based upon this he discovered that children who had poor attachments or were unsettled in their earlier life were more likely to be irresponsible adults themselves after being starved of vital bonding with their parents resulting in poor attachments and skills to develop relationships. He believed that the first bonding experience a child has should be with one continual main caregiver he called this monotropism, when an attachment has formed with the main caregiver and baby is separated from this caregiver the child is likely to become clingy, whining and crying once the child is reunited this behaviour stops. If the relationship between mother and child is disrupted by being parted for a long period of time, lack of care or attention from the mother or bereavement will have significant effects on the bonding process.

P3. Schaffer and Emerson also believed that initially children developed a monotrophy attachment to the mother but believed quickly after this a baby begins to develop multiple attachments with other close carers such as the father, grandparents, siblings and other people they regularly come into contact with. They also established that the monotropic attachment does not necessarily have to be with the mother, the same attachment could well be formed with the father as it is formed primarily with the main care provider; it has been noted that a child is able to initially develop joint attachment towards both mother and father therefore meaning that the attachment wasn't necessarily with the main physical carer who fed and changed them. Rutter agreed that both the initial concepts of Bowlby and those of Schaffer and Emerson were correct in the sense that initially a child needs to make close emotional attachments, though not necessarily the mother like Schaffer and Emerson researched and shown by the Koluchova twins who developed attachments with each other.

P3. Ainsworth tested the stranger situation where a scenario was created leaving the child in an unfamiliar room after being allowed to freely explore in the presence of their mother, the stranger enters the room and the parent leaves, parent enters to

reassure the child while the stranger exits, the baby is then left in a room on its own and the stranger returns and interacts with the child, finally the parent returns and the stranger exits. The reactions of the child would be noted through out the experiment and will leave the child's behaviour falling into one of three categories anxious-avoidant, securely attached and anxious-resistant. Robertson and Robertson investigated the short term effects of maternal deprivation for example being in hospital where visitors were limited meaning that the attachment between children in hospital care and their parents was weaker than before they were admitted to hospital. Robertson and Robertson developed stages of separation anxiety which are protest, despair and detachment.

P3. Attachments are usually developed as a result of close contact between parent and baby for example through the delivery of routines such as feeding. During feeding the child feels secure, calm and loved while being held close to the adult although this is a necessary routine it gives parent and child the opportunity to bond by the parent soothing the child which could be done in a number of ways such as talking softly to or stroking their baby and using eye contact. Physical contact between the baby and their carer reinforces attachment this can be contact such as cuddling, stroking, rocking and comforting. An adult needs to spend time with the child not just to provide the physical needs and routines the child needs but to help the child feel secure about the environment they are in and the people who are around them, for example children in a day care setting feel more secure if they attend on a regular basis rather than once a week as they are able to build up an attachment with their carers and key worker.

P3. The way in which a key worker responds to a child will affect the development of attachment, when the key worker knows what the child needs or wants the key worker can respond in the correct ways so the child feels cared for and understood without needing to get frustrated. Before the key worker is able to do this they need to spend time with the baby so that they know the child as each child has individual needs and expresses these in different ways as an effect of their different upbringing and home environment for example who their main care provider is when at home as they may respond differently if they are from a large family unit as they are likely to find developing multiple attachments easier than a child from a single parent family which therefore

effects the child's ability to form attachments with their key worker and care providers in a childcare setting. The continuity of care the child receives is vital for the child to develop attachments as a child is likely to fail to develop this if their main care giver is not consistent, doesn't offer consistent care or deliver care in a consistent manner.

M2. In my work placements there have been set members of staff to provide care and learning for children of a specified age group or room, this allows continuous care for the children allowing them to build attachments and develop relationships with their care providers in the setting. Also all my placements have had a key worker system so that the children have one specific adult in the setting with whom they are given opportunities to take part in activities with in order to and strengthen the bond and allow time for an attachment to develop. These two examples benefit the child but also the member of staff, this is because they are able to understand and know the needs of the child, how the child behaves and therefore the practitioner is able to respond to the child in the correct ways. In my first placement lunch times were split and this meant that some days an extra member of staff was needed to maintain the correct adult to child ratio, one child was very wary of this unfamiliar member of staff and became very upset when this member of staff entered the room, this continued for some time and the child became clingy when the "strange" member of staff came in to the room. I now understand that this may be because the child has spent very little time with this member of staff and the child felt scared that her key worker and some of the familiar care providers were not there. This could be resolved by allowing the child to take part in group activities including the other children, familiar adults and the "stranger" to allow the child to become more open minded towards the unfamiliar member of staff, this would eventually allow the child to spend further time with the unfamiliar adult in order to prevent the child from feeling scared.

D1. In settings the Key Worker System allows children to form early multiple attachments with adults out of home life (not with a parent or extended family member). Many nursery settings provide home visits where the child's Key Worker is able to begin to develop a relationship with the child in an environment where the child

feels safe and comfortable as it is familiar. This then makes the child's first visit to nursery easier as they will already have developed a bond with one of the adults, many settings ease the child into the new setting beginning with a short visit accompanied by a parent and progressing to being left for a morning session without their parent so that they can spend time with their Key Worker exploring the new environment. Not only is this an advantage for the child but also the parents as they are able to develop a relationship with the Key Worker therefore building trust that their child will be safe, well looked after and cared for. The professional is able to gather information from parents about the child's home-life, background, likes and dislikes which can help develop a stronger relationship between the parents/child and the professional whilst aiding the Key Worker to meet the child's needs at the highest possible level.

D1. Some families may not embrace the idea of home visits and may feel uncomfortable discussing their background; this may be for a number of reasons such as wanting to keep the child's home and school life separate or they may feel it is invasion of their privacy. Parents, child and Key Workers will not always share the same views affecting the development of a positive working relationship.

D1. There may be implications regarding the Key Worker System for example when the child's Key Adult takes annual leave, is on long term sick or leaves employment within that setting; the child's attachment will be broken and the child is likely to feel abandoned by the adult as they have relied on them to meet their needs and have developed a strong bond. In my current setting over the duration of 3 months a group of children have had 2 new Key Workers, at first the children become upset and grieve for their lost attachment, this could lead to attachment issues in the future as the child may become afraid of forming an attachment and find it hard to feel secure as they have previously felt abandoned. Staff may feel under pressure as they have a responsibility to a small group of children, also in some settings the staff may have Key Worker groups with up to 20 children therefore making it hard to keep profiles up to date for all the children. In a previous placement a nursery nurse had two Key Worker groups in different rooms of the setting which made it especially hard for her to keep up to date with observations as she was spending 2 days a week with her original group and 3 with the new group she had been allocated as a result of staff ratios. This meant that she was neglecting the needs of the children she had built strong relationships with.

D1. Family structures of the 21st century are very different to those of previous as more women aspire to work alongside men, especially for those who are single parents and need to work, childcare has become more popular. The childcare and education workforce is very much a female dominated sector which affects the role models which children grow up with. Children from a single parent family where the mother is the main adult may deprive the child of much needed positive male role models in their life. Recently in London there has been a project set up to encourage more males to take up a career in nursery settings after a survey had been completed revealed that more parents would like to see more male's working within childcare (BBC News). The idea of bringing more men into the childcare sector is likely to result in new ideas and concepts to bring forward the setting and the children's development. It also opens up the access for equal opportunities and encourages more fathers to help contribute to care of children and help out at nursery.

D1. It is very important that parents are involved in the development of their child; this can be done through parent contribution in the setting such as volunteering to help supervise on trips. However some parents may be unable to help in this way due to commitments such as work or other younger children at home, this can leave some parents feeling guilty that they have not been able to offer the setting support. Other parents may feel that they are pressurised into helping and do not want to contribute in this way as they feel that they do not have the skills needed to help make a positive contribution. There may be unfairness in this as some parents will be able and willing to become more involved in the setting which may make others feel inadequate of offering positive support to the children of other adults.

D1. The work of Robertson & Robertson has made positive changes to hospital visiting thus allowing children to visit their parents. This is because Robertson and Robertson observed the behaviour of children when separated from parents who are in hospital, the observation showed that the bond between the child and carer eventually suffered as the child felt abandoned and grieved for the lost relationship, it was proven that children further to this developed problems when forming attachments and relationships after. Hospitals then changed their policies so that family rooms are now available to that parents can stay over night if the child is in hospital and similar for parents which meant that the parent and child were still able to bond during the stay in hospital. There is one main apparent disadvantage to his change and that is if the parent/family is unable to use the facilities provided to stay within the hospital due to

other commitments such as work, siblings and other family business which may need attending to.

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