

# What About The Children?

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*'Raising awareness of the never-changing emotional needs of children in our ever-changing society'*

## What About The Children?

### Opinion Survey January 2018

Media Report Prepared by Dr Carole Ulanowsky

## INTRODUCTION

Some results from a survey of 1026 adults about childcare, commissioned by What About The Children? (WATCh?), are of concern. Why? This paper explains.

*Typically a survey is set up to gain a snap-shot of a present-time state of affairs/opinion (Denscombe, 1998, 'The Good University Guide'). This was the intention at What About the Children? when it commissioned a survey to ascertain public opinion on a range of topics with respect to the care of children under three.*

### What we know

A significant and growing bank of scientific evidence confirms that the period from conception to age 3 impacts on children's development out of all proportion to the rest of childhood. Early experience has significant effect on children's learning, behaviour, emotional wellbeing and mental and physical health, life-long.

We must grasp the reality that ALL children are potentially vulnerable - not only those from economically challenging and/or abusive backgrounds.

An increasing level of mental health issues for children and young adults are of significant and growing concern, as reports testify. For example, new research from ACTION FOR CHILDREN (BBC Radio 4, News October, 18, 2018) reveals that:

### **One third of 15-18 year olds are suffering from mental health and emotional wellbeing issues.**

It is critical that we, as a society, find out why this is the case. We speculate on conditions concerning the nature and quality of early experience – specifically in the first 3 years when brain development is so rapid. We argue for a joined up and preventative approach to children developing mental health issues. We consider why so many young people are experiencing emotional pain. We arrive at the view that much of this is *preventable* pain.

Those who make choices for the good of society must seek ways to establish and sustain a healthy social ecology. It is crucial now in the light of worrying statistics that government takes the 'long view' and asks, 'What are the likely implications for children and young people 3, 4, and 10 years down the line of current policies and practices for the care of the under-3s?'

Parents and Early Years Practitioners are at the front line of how our children are nurtured, raised, and educated. Assuring the best possible chances for every child is a 'Social Justice' issue because care experiences in infancy lay down the foundations for holistic health and wellbeing, or otherwise. 'Sustainability' - formulating and implementing strategies most likely to result in positive futures for children and, subsequently, *all* young people, should be a key aim.

In fact, 'Sustainable Development' should be *the* organising principle of policy to meet all of society's goals. This principle would work for children's wellbeing and it would work for the economy too. Unhappiness and ill-health present significant challenges in the lives of young people and can be a significant and increasing drain on society's resources. 'Helicopter' projects to alleviate problems are expensive and often of short duration, lacking real impact in the longer term. National analyses indicate severe and rising economic cost of therapeutic interventions required to alleviate the symptoms. In part, the studies we access and our own research indicate this is due to inappropriate and or inadequate early care. The emotional costs are incalculable (Ulanowsky, 2018). This is not 'intentional' hurt but, as this survey has testified, could arise from ignorance or denial of the emotional needs of the under-3s which are then not sufficiently emphasised.

**The watchword is 'PREVENTION'**

**We must call for social justice now for healthy futures for all our children.**

**From substantive evidence we argue that Social Justice and Sustainability should be the guiding watch-words for meeting the needs of the most vulnerable**

## THE SURVEY

Title: 'Childcare PR On-Line Bus Survey' (S7306 – 260413109)  
Timing: conducted between 11-15 January, 2018, by KANTAR TNS  
Interviewing: Internet Omnibus on-line self-completion  
Sample size: 1026 Adults aged 16-64  
Sample range: Weighted to represent an adult population aged 16-64, representative of 'socio-economic groups spectrum' and 'working' and 'non-working' categories

The 1026 participants responded to each of 5 Statements by 'Strongly Agree/Agree'; 'Strongly Disagree/Disagree', or 'Don't Know' (See full list of 5 statements Appendix)

The results of 4 of the statements were broadly in line with our expectations of public knowledge/perceptions of children's needs and how adults might respond. However, results generated by the following statement were disturbing:

### **Statement 2**

***Thinking about children under 3 years old, how strongly do you agree or disagree with the following:***

***Generally, the emotional development of the under-3s is better achieved in a group setting like nurseries than at home with one-to-one care***

RESULTS: 47% agreed, 33% disagreed, 20% don't know

What follows is a discussion of the findings, underpinned by scientific evidence. In it, we challenge the majority view - that the emotional development of the under-3s is better achieved in group settings, like nurseries, than at home, with one-to-one care.

The Report is presented in the following way:

1. BREAKDOWN AND ANALYSIS OF RESULTS
2. DISCUSSION – INFORMED BY SCIENTIFIC RESEARCH FINDINGS
3. CHILDCARE IN 2018: REALITIES AND CHALLENGES
4. RECOMMENDATIONS

### **BREAKDOWN OF RESPONSES TO STATEMENT 2**

1. Gender  
More males than females 'agreed' or 'strongly agreed' with the statement (50% as opposed to 44% females)

More females than males either 'disagreed' or 'strongly disagreed' with the statement (39% as opposed to 26% males)

'Don't Knows' comprised 23% males and 17% females

Of respondents identifying themselves as (gender) 'other' – 47% agreed with the statement, whereas 22% disagreed, with 31% 'Don't Knows'

2. Age

58% of 16-24 age-group 'agreed' or 'strongly agreed' with the statement

50% of 25-35 age group 'agreed' or 'strongly agreed'

48% of 35-44 age group 'agreed' or 'strongly agreed'

44% of 45-54 age group 'agreed' or 'strongly agreed'

37% of 55-64 age group 'agreed' or 'strongly agreed'

3. 'Kids at Home of less than 15 years'

Differences between those in this category, and those who are not in this category were not statistically significant

4. Social Grade

Categories A, B, C1 net agreement with the statement = 47%

Categories C2, D, E net agreement with the statement = 48%

Categories A, B, C1 net disagreement with the statement = 31%

Categories C2, D, E net disagreement with the statement = 35%

## ANALYSIS

- A total of 67% of respondents either 'Agreed' with the statement or responded with 'Don't Know'. The question generated a high proportion of 'Don't-Knows'. This is surprising, given that the experience of being parented as a young infant is a common experience for the majority in a cross-population/cross-age survey
- A high proportion (58%) of the 16-24 year age group agreed, or strongly agreed, with the statement. *Half* 25-35 age group agreed or strongly agreed with the statement, along with *almost half* of the 35-44 age group. This is of concern, as respondents in these categories are likely to be parents already, or in the near future. Of the 'later parents'/grandparents' generation (45-54 and 55-64 age groups) the proportion 'agreeing', or 'strongly agreeing' with the statement was, again, surprisingly high, bearing in mind likely generational norms and experience. Overall, bearing in mind the likely 'expected experience' factor, the survey revealed a surprising proportion (26%) of 'Don't Knows'.
- Differences between whether respondents were parents, or not, were *not* especially significant. This is surprising. Also, there was no significant difference in responses between those 'with kids at home of less than 15 years' and those who had not.
- Differences between populations falling within different social grades were not notably significant; again, a surprising finding, assuming likely differences in educational levels/access to/understanding of, factual knowledge etc.

## DISCUSSION – CRITICAL ASPECT OF EMOTIONAL DEVELOPMENT WITH REFERENCE TO AVAILABLE SCIENCE

- THE INFANT BRAIN
- ATTACHMENT
- IMPACT OF STRESS ON THE INFANT BRAIN

'There is now little doubt that the first three years of life shape a human's mental, emotional and physical health for life – and quite out of proportion to the later years of childhood. The

third birthday is a milestone, because (by then) brain development is about 90% complete.’  
(What About The Children? 2012)

## THE INFANT BRAIN

*Experience sets up the morphology and functioning  
of brain and body systems*

(Narvaez and Gleeson, 2013)

Love ‘fires’ synaptic growth in the baby/young infant and begins the process of building links between neurons – in effect, ‘building the brain’ – especially the frontal cortex, its emotional centre. The links are forged by repetition - rather like a rope bridge across a canyon; one strand would not hold. However, in a context of reliable, responsive loving care, multiple linked strands ‘across the canyon’, whilst at first only tentatively in place, through repetition will become strong and permanent. However, in a context of inadequate/inappropriate care/emotional neglect, these links, initially formed only weakly, will not be reinforced; cells that are not utilised and strengthened in effect die off (What About The Children?, 2012). In summary, early experience promotes activation/de-activation of the major neurological pathways, influencing the direction of psycho/social health, lifelong. For this reason, the context of early care is critically important, for it literally shapes the brain’s architecture (Ulanowsky *et al.*, 2015). Sound and secure attachment is a vital element of this.

## ATTACHMENT

British Psychologist and Psycho-analyst, John Bowlby, presented in the 1950s his theory of Attachment, emphasising how loving family bonds, first and foremost between baby and mother, enable and establish healthy emotional connections. Bowlby’s theory was developed and confirmed through further and extensive research – primarily in the field of neuroscience. The attachment process, triggered by the infant, is driven by the survival instinct, a strategy for maintaining closeness with the mother. Attachment is also a significant regulator of negative emotional arousal. For this reason, initially, the infant’s psyche will be highly reliant on the mother’s proximity (Schoore, 2013).

The attachment process is at its most intense between 6-24 months. However, once secure in her/his ‘safe base’, the infant will begin confidently to explore the world through wider relationships. Early in the attachment process, infants will try to ‘mentalise’ what the mother is thinking and feeling, and what she is feeling about *them*. Sound attachment secures this ‘mentalisation’ process, through which the individual continues to develop empathetic relationships with others outside the family group, as she/he grows and matures (Baron-Cohen, 2012).

### **Attachment plays a foundational role in emotional health.**

A major longitudinal study of UK population, conducted by the London School of Economics, found ‘The most important childhood predictor of adult life-satisfaction is the child’s emotional health, followed by the child’s conduct. The least powerful predictor is the child’s intellectual development’ (Layard *et al.*, 2014). As time goes on, the link between emotion and cognition becomes ever more evident, because securely attached infants are found to be effective learners, confidently able to reflect and act on what they know, and what they do not know, and to display coping resilience to the changes and challenges of life.

Over a century ago, Charles, Darwin discovered that it is not the *strongest* of the species that’s most likely to survive, nor the most *intelligent*, but the ones *most responsive* to ‘change’. Managing change requires inner confidence and sense of personal security, initially forged through the medium of sound attachment and sustained through practical and insightful decision-making about on-going care. Every infant relies on the sound judgement of those responsible for its wellbeing – initially the parents.

## STRESS

*Stress in infancy has been found to have many negative effects as it leads to permanent changes in the brains of under-threes which are difficult to reverse*

(What About The Children? 2012)

Cortisol, sometimes termed the 'flight/fight or freeze' hormone, is generated by the brain at times of stress. Short-duration periods of stress, triggering bursts of cortisol, are not of concern – even for very young infants, whose brain development is highly sensitive to the neurochemicals in the body. However, problems can occur when stress in infancy is 'chronic and persistent', causing 'de-regulation' of brain and body systems and impacting on development, health and wellbeing into the future (Sigman, 2011).

For both adults and children, the natural pattern is for cortisol levels to be highest in the morning, diminishing during the day, with lowest levels in the evening. Levels and fluctuation of cortisol levels in the infant brain can now be captured simply and non-invasively, even from very young children, using saliva swabs. We have long been aware that children cared for in chaotic households, and/or with violent or unresponsive carers, are subject to high levels of stress causing negative spin-offs for their present and future emotional/mental health. However, no such dangers had been anticipated for the safety and organisational reliability of 'paid-for-care' in professional settings, until now, when some concerning behavioural signs for children spending substantial parts of their days in nurseries have triggered important studies. The non-invasive saliva swab method measures level and fluctuation in cortisol production throughout the day.

In the United States, Watanabe *et al* (2010) conducted ground-breaking research into the impact of childcare on cortisol secretion using this method. Her team tested children attending three different daycare centres, all rated as 'good to excellent'. Samples of saliva taken throughout each day were compared with samples taken at the weekend when the children were at home. The samples were tested for cortisol levels and also for an antibody called 'immunoglobulin A' - part of the body's immune system to fight infectious agents on which episodes of acute stress can have negative impact. Raised cortisol levels were detected in tests taken in the afternoon period in daycare – contrasting with normally expected patterns (see above paragraph 2). Of further concern was a decrease in antibody secretion correlating with raised cortisol levels having likely impact on physical health.

A more recent study, conducted in Norway by Drugli *et al* (2017), measured how cortisol levels in infants compared between daycare in nursery settings, and family care. The 112 infants in non-family care during the day were in 85 different childcare centres. The toddlers were split into two groups – the first having 5-7 hours in non-parental care, the second 8-9 hours. For both these groups, increases in cortisol levels through the day were found. However, it was the children in the second group, who spent the longest time in daycare, who registered the highest readings.

### **CHILDCARE IN 2018: REALITIES AND CHALLENGES**

It is established that secure early attachment is a significant protective factor for children's wellbeing, assuring sound emotional/mental health into the future. Argument is, therefore, strong that non-parental care arrangements should keep this in mind – not least by sustaining the attachment process. The critical question is how can this be assured? The number of under-3s spending a significant proportion of their day in non-parental care, mostly in nursery settings, increases year on year. 73% of under-2s in non-parental care are registered in private nurseries, with an increase in care by childminders for 6-12 month olds (careinspectorate.com, 2016)

As explained, for sound emotional development, children under 3 years require substantial one-to-one engagement with at least one continuously caring adult committed to them and concerned for their emotional security and overall wellbeing, whatever the setting. In theory, the 'Key Person' model, usual now in nurseries, recognises this. Here, each child is 'allocated' to a specific practitioner 'to

ensure that every child's care is tailored to meet their individual needs' (Great Britain, Department for Education, 2017).

Indeed, for some time, the benefits of the Key Person role have been recognised as critical to children's wellbeing in Early Years settings (see EYFS guidance, Early Education, 2012). The prime importance of one-to-one engagement – the *relationship* between each young child and the adult designated to give reassurance and provide a sense of safety in an unfamiliar environment of non-parental care - is emphasised (see Ulanowsky, 2018).

However, there are concerns; underfunding of Early Years provision is a major issue – not least following the national roll-out of 30 hours of free childcare for 3 year olds (Leitch, 2018). Lack of funding impacts significantly on staff/child ratios and, in turn, on the quality of the care experience for all children and most especially for the under-3s who require more individual one-to-one input than older children, as explained above.

Statutory ratios of 1 member of staff allocated to 3 babies/children under two years, and 1 member of staff to 4 children of 2 years, could be argued as overly demanding for both practitioners and children. Add to this the practical realities of staff changes, absences and shifts, and younger and less qualified staff often being allocated to the 'Babyroom', and likely changes of a different Key Person when the child moves to a different 'room', then the quality of a system which could work well for very young children will soon break down, with continuity and reliability seriously undermined. If adequate and peaceful one-to-one time with a committed adult does not happen, there can be profoundly negative consequences, and the persistent noise of other (perhaps crying) babies can be stressful. (Ulanowsky, 2018)

Dr Jools Page posed an important question to Early Years Professionals: 'Should Early Years professionals *love* the children in their care, and how can they show that love?' The majority of professionals agreed with this idea, being of the view that showing affection for children, including through touch, is an important part of professional practice. However, some expressed worries: 'It can be considered not the "done thing" to show affection to children, even though we know they need it' (Page *et al.*, 2016).

Touch is a powerful non-verbal message that someone is connecting with you, and caring about you, not least when upset or anxious. In general terms, there is considerable research to suggest that, the younger the child, the more important should be the provision of consistent, informed, responsive and committed one-to-one nurture and care, whatever the setting. However, observations from students on placement indicate this does not always happen.

*Today, during snack time, Child A looked very tired and unhappy. I approached him and asked if he was alright. Child A nodded, but reached up and put his hands around my neck and asked me to pick him up. He then said, "Can you sit next to me?" I picked him up and we went over to the snack table. Once I had sat down he wanted to sit on my knee. One of the Key Workers heard Child A and said, "You need to sit on your chair, please". I then placed Child A on his own chair, but I moved my own chair closer to him, as I believe that made him feel that I cared for and valued him (recorded in Ulanowsky, 2018, p. 8)*

Government should ensure that scientifically informed facts about early development and children's emotional needs are communicated both to parents and pre-parents eg Year 9 pupils so they can understand and make 'child-centred' choices. As explained above, this information should include: infant brain development; attachment and how it can be sustained, and the effects of *disturbed* attachment, as well as how best to avoid persistent stress levels in their babies and toddlers.



However, some parents have 'no (economic) choice' in a context of ever-rising housing costs when pressure to have two earners in the family is great. When this is the case, it is important that 'age-appropriate' choices are made. For example, choosing a childminder home-setting for care, or a nursery which practises 'family groupings' so the child is not moved from room to room and Key Person year on year.

It is the case that some women feel the pressure to return to work too early - at the end of maternity leave – perhaps when their baby is 12 months old and a sensitive time for the attachment process - for fear of jeopardising their careers. This often happens when 'job-share' or part-time arrangements are not on offer. In some instances, parents may be ignorant of the implications of the choices they make – perhaps focusing on *cognitive* rather than *emotional* development. For aspirational parents, there is often a belief that nursery is more 'educationally beneficial' for their under-3s than care by a family member or childminder, and this influences their choice. Some parents may deny the implications of the childcare choices they make for their youngsters.

For many women who are mothers, there is a form of social 'brainwashing' that only work *legitimises* them – a situation found by Ulanowsky (2008) which is even more prevalent with millennial mothers. Almost ¾ of mothers of dependent children are now in paid employment - a rise of 2 million in 2 decades: 'It takes 2 salaries to raise a family these days' (NETMUMS). It is the case that there are significant economic pressures. However, author, Lastoe, quotes some American mothers' reasons for early return to work: 'My career has always been top of my priority list – nothing has changed, post-baby'; '(I need) to exercise my non-parent-related skill set'; '(I need) to get to do work that retains a part of myself'; '(It is a) model to my children that women work'; '(I go out to work) as a reprieve from parenting!' Here in the UK, a Department for Education study (2014) found that take-up of formal childcare was *highest* among *higher income* families: 'Families earning £45000 or more per year were more likely to take up formal childcare than families earning less'. This challenges a dominant view that paid work for both parents is an economic necessity.

One might ask if there is inadequate understanding or acceptance that 'good parenting' at its heart is a supremely 'other-centred' role? in which the main focus should be on the child and her needs' Building and honing skills in any role or occupation are essentially about 'doing' – and 'parenting' is a life-long apprenticeship. However, if the care of one's child is passed to others, there may be insufficient opportunity for parenting competence to develop. Parents may become disconnected from their children and, in the end, there is a lack of self-believe to fulfil confidently a role which requires skill, experience and day-to-day knowledge of their child – not least when they move into the teenage years.

Parents especially, need information and support concerning how best to achieve work/life-balance for optimal wellbeing of both their children and themselves. Family economics require attention – the 'one size fits all' for earning and non-earning parents of young children, where Government provides economic support solely through *funded* childcare, should be challenged and without delay.

In some cases, it is legitimately claimed that children living in challenging home circumstances with inadequate or abusive parents are better off in daycare. However, one could speculate that an over-estimation of where this is the situation may have skewed public understanding. Overall, the findings of this present survey commissioned by What About The Children? (2018) gives strong indication of a widespread lack of understanding concerning the emotional needs of the under-3s.

It is pertinent to ask whether the majority of our population truly believe that parenting is best left to the 'professionals'? ... that they believe, 'If it's happening it must be right' ... that Government 'Must know what's best for children'. Perhaps there is a lack of understanding that current fiscal family policies focusing on tax-paying, working parents are driving the direction because this benefits the

Treasury. One can detect also a skewed idea of *women's rights* underpinning these policies. This, in effect, can serve to undermine *their children's* right to sound emotional development.

We may well ask why we proceed along paths likely to jeopardise the emotional stability and, ultimately, the mental health of our children? It is, of course, reasonable to suppose that the worrying rise in mental health issues of our children and young people may have causes other than their care; however, there *is* sufficient evidence to suggest that pathways to sound emotional mental health are set early on and do depend, to a significant extent, on the nature and quality of the early care experience.

On a national scale, whilst tax revenue from working parents generate considerable funds for the Treasury, one needs to ask whether this is partly through state denial of the emotional needs of a not insubstantial proportion of very young children spending their days in inappropriate settings. The emotional cost for them can be considerable and for the state, needing to deal with the fall-out, the economic cost will be incalculable.

## SUMMARY AND RECOMMENDATIONS

- National analyses indicate severe and rising economic cost of inappropriate, inadequate care and upbringing of our infant children – rising levels of behavioural difficulties and mental health conditions requiring intervention in ever younger children.
- Care arrangements must develop and sustain the attachment process to promote early emotional security. Children under 3 years require substantial one-to-one engagement with at least one caring adult, whether this be a family member, childminder or nursery practitioner. Whatever the setting, a form of 'sliding scale of care', with the very youngest taking priority of resource and skill, should be implemented without delay.
- Family economics require close study by Government. The 'one size fits all' of providing financial support only for parents in paid employment will not do. Recognition of the right to funding to support those parents who wish to care for their under-3s themselves is urgent.
- We need to ask whether parents adequately understand and accept that 'good parenting' at its heart is supremely an 'Other-centred' task in which the main focus is on the child and her needs'? Currently, parents' potential in their role is not supported. Building and honing skills in any role is essentially about 'doing it', but being disconnected from their children can mean that parents' competence may not sufficiently develop. Insufficient 'parenting practice' can, in the end, result in a lack self-belief to conduct a vital role requiring considerable skill and confidence to function adequately – not least when children move into adolescence.
- Pre-Parents: explore possibilities for education and information programmes; develop work in schools for example in Year 9 for example, *Roots of Empathy* programme.
- Early Years' culture and practice requires scrutiny. The Key Person model is critical to the emotional wellbeing of babies and very young children. However, in a situation of budgetary pressures and a context of increased numbers of children attending nursery, it is doubtful that the practitioner/child ratios can meet the emotional needs of Under-3s. Neil Leitch, Chief Executive, Pre-school Learning Alliance, clearly states: 'We want to keep underfunding at the top of the political agenda'.(30.7.18)
- Government's 'focus on cognitive skills in its push for 'school readiness' fails to appreciate the link between emotional development and cognitive development. Social functioning ability, confidence and self-regulation are the critical bedrock of both mental health and resilience.
- Early Years staff require on-going training and support, and child-minders too - often the forgotten and under-valued element of the early years workforce. Better pay for all Early Years practitioners is essential, together with recognition in group settings like nurseries that, the younger the child, the greater their need for care by the most skilled and informed Early Years staff



- Childcare/Early Years/Childhood Studies Education and Training Programmes at all levels, must include adequate coverage of the theory of Attachment and how it is established and sustained; conversely, how it can be undermined if arrangements for care of the under-3s is inappropriate through ignorance of the true facts of infants' emotional needs. The link between emotion and cognition needs to be recognised in all settings. The Key Person model, which is critical to the wellbeing of the very young, must not be undermined in a situation of budgetary pressures in the context of increased numbers of children attending nursery

It is pertinent to ask whether the majority our population, if aware of the facts about infant brain development, would truly believe that parenting is best left to the 'professionals'... that babies are best nurtured with other babies in group settings? As already stated, the results indicate a belief that: 'If it's happening, it must be right' ... that Government 'must know what's best for children'. Clearly, this is not the case and the findings of this Survey (TNS, 2018) are cause for concern.

We may well ask why we proceed along paths likely to jeopardise the emotional stability and, ultimately, the mental health of our children. Pathways to sound emotional and mental health are set early and depend to a significant extent on the nature and quality of early care. Rising levels of psychopathology in western advanced nations may well result from lack of awareness or denial of what constitutes optimal, and, conversely, sub-optimal care, in the earliest years when brain and body systems are built (Ulanowsky *et al.*, 2015).

### **Recommendations (Summary)**

1. **Decision-making for under-3s' care must prioritise *emotional* needs; otherwise children are at risk of developing mental health and other problems in the future.**
2. **Parents and pre-parents urgently need adequate and appropriate knowledge about early development – especially concerning Infant Brain and Attachment - to inform their decisions about childcare.**
3. **Funding streams for childcare should prioritise informed parental choice.**
4. **'Child-centred' agendas should direct policy decision-making. Perhaps policy-makers should take an 'attachment-awareness' test so they can understand the importance of adequate one-to-one care in the first 3 years – wherever this happens**
5. **Childcare settings must be adequately funded to ensure that provision can be truly 'child-centred'. Practitioner/child ratios should favour and facilitate the Key-person model.**

We need to ask: 'What do we owe today's children?' This paper is underpinned by a firm view that, for every child, Social Justice and Sustainability are the watch-words for how we should proceed.

***Dr Carole Ulanowsky on behalf of What About The Children?***

[http:// www.whataboutthechildren.org.uk](http://www.whataboutthechildren.org.uk).

PLEASE DO NOT QUOTE WITHOUT ACKNOWLEDGEMENT

### **APPENDIX (5 Survey Statements)**

1. From the minute after birth, new-born babies are ready and able to communicate (56% agree, 31% disagree, 13% don't know)
2. Generally the emotional development of the under-3s is better achieved in a group setting like nurseries than at home with one-to-one care (47% agree, 33% disagree, 20% don't know)

3. Child-friendly apps on mobiles/phones are just as educational as traditional activities like singing nursery rhymes (32% agree, 48% disagree, 20% don't know)
4. The use of mobile phones and social media distracts parents away from responding to their children (79% agree, 14% disagree, 7% don't know)
5. The seeds are sown in the early years for later addictions/mental health difficulties (68% agree, 14% disagree, 17% 'don't know')

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