

09 Early years practice procedures

**09.11 Managing separation anxiety in children under 2 years old**

Separation anxiety occurs when babies and toddlers do not feel securely attached to their key person. Taking steps to reduce anxiety and promote attachment is a priority task for the key person in partnership with the parent.

* Separation anxiety can be identified when signals are clearly understood by members of staff.
* Distress in children produces high levels of corticosteroids (neurochemicals) which hinder brain functioning. It is detrimental for babies to experience prolonged distress. Signals include:
* crying inconsolably for extended periods; causing coughing or difficulty to breath or vomiting
* holding breath
* head banging or rocking
* ambivalent feelings towards the key person, i.e. wanting to be picked up then struggling free
* frantic movement or lashing out with arms and legs
* biting, tantrums and snatching from others.
* jealousy shown towards other children in the key group
* refusing food or drink or showing signs of digestive problems
* temporary interest in toys or others, then crying again.
* prolonged periods of sleep
* switching off, staring blankly
* anxiousness about who is coming in and out of a room, standing by the door for long periods
* being held, but not responding or smiling
* crying when the parent collects or cheering up and eager when parent collects
* A picture of evidence builds up which may suggest that the baby/toddler is experiencing separation anxiety. This needs to be discussed with the parent and a plan made to help the child settle.
* The parent and key person discuss the reasons that the separation anxiety has developed or been made worse. It could be due to:
* hurried settling-in due to pressures on parents
* inadequate settling in due to the key person being absent or the baby not being brought in each day to complete the settling-in plan
* the key person’s absence during settling in period
* changes of staff
* part time attendance not allowing sufficient continuity for the baby to become familiar with the surroundings and to make an attachment to the key person
* change of key person in the setting
* changes at home – stress events in the family
* baby’s illness
* family having been away on holiday
* previous distressing experiences with another setting
* The goal of any plan is to ensure the child is secure through forming an attachment with the key person.
* The settling in process is reviewed; if any aspect has been missed, this needs to be re-planned. This may include the need for the parent to stay or find a close relative or friend whom the child feels safe with if the parent cannot be there.
* A baby who will be attending on a part-time basis will need to come in daily until he/she is familiar and beginning to settle.