

8.8 Managing Separation Anxiety

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.

This policy was adopted by _____ *(name of provider)*

On _____ *(date)*

Date to be reviewed _____ *(date)*

Signed on behalf of the provider _____

Name of signatory _____

Role of signatory (e.g. chair, director or owner) _____