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The **EARLY**
YEARS

YOUTH INVESTMENT

• *Chris Bullivant*

Social Capital Campaign.

The Early Years

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Foreword

There has been an alarming growth of federal government power in recent years. This has diminished the role of individual states. It has diminished the role of civil society. Federal government growth has coincided with the demise of social capital and a lack of trust among citizens and our institutions. Yet this current administration appears to want to exert even more control—too often sounding like it wants to take responsibility for the raising of America’s children. No. Parents are responsible for raising their children, not the government. What American families need is for the government to get out of the way. An incoming Administration must focus urgently on rebuilding social capital. This is why I have been glad to support the work of the Social Capital Campaign—putting together a plan to rebuild America’s social capital from the bottom up.

As we look at the state of America’s youth, the landscape is concerning. Half of adolescents in America have had a mental health disorder at some point in their lives. 15 percent of high school students have used illicit or injection drugs like heroin. Anxiety and depression increased by 63 percent among 18-30 year-olds between 2005 and 2017. The number of homicides committed by children under 14 in 2020 was the highest in twenty years, while 1 in 3 teenagers in the U.S. is a victim of teen dating violence.

What are the solutions? In this report, Chris Bullivant has outlined the importance of the early years and the need not just for policy, but for society more widely to reassess how we invest better in 0–3-year-olds. Most importantly, whether attachment theory and the opportunities for mothers of all backgrounds to bond with their children is the most fundamental, yet most neglected, building block of social capital in America today.

For now, America is one of the most hostile countries to allowing bonding to take place between mother and child. It also reports higher maternal mortality than other developed nations, despite having the second most expensive cost of child birth in the world. We have the least generous national government support of young families so

that 1 in 4 mothers return to work in America two weeks after giving birth—yet most mothers want to be able to stay at home to look after their children in the early years. America is an outlier in its lack of support for the early years.

The government is not here to raise children. But it can support parents in their responsibilities to raise their own children. It can prioritize moms. America can be the best country to raise a family. And we can start with the early years.

Senator Rick Santorum
Social Capital Campaign Advisory Board

Introduction

Social capital—the rich network of relationships that surround an individual—is a significant determining factor on life outcomes such as educational attainment, quality of professional and personal relationships, overall health, and happiness.¹

The Social Capital Campaign reports have identified a widening social capital gap based on socio-economic background.² Social capital is easier to accumulate and pass on among the wealthy than it is for those on low income—who experience the worst impacts of family instability,³ family affordability,⁴ estrangement from work,⁵ and civil society collapse.⁶ Diminishing social capital among lower-income families means less social capital to pass on to children. This lack fuels an intergenerational transmission of poverty and/or dysfunction.

The most fundamental building block to an individual's start in life is the nature and quality of the care-giving received in early childhood. This is the case for all children regardless of background. In particular, the quality of mother-child attachment in the first three years helps form a child's social brain, establishing patterns for all future relationships.

This report considers attachment theory, as developed by Bowlby and then Ainsworth—a theory supported by international studies conducted in a variety of cultures and societies, including Latin America,⁷ and developments in neuroscience.⁸ This report considers attachment theory as the gold standard for understanding the science of healthy child development. It places an emphasis on the unique biological and psychosocial role of a mother in raising young children, especially in the first three years of life.

No country fully aligns public policy with the tenets of attachment theory. But many other countries are closer to accepting its value and incorporating it as a reality. Many developed countries design their public systems to support the formation of a strong and secure attachment in the earliest years of a child's life—with policies such as paid parental leave, access to high quality child care, and affordable-to-free-of-charge healthcare for expectant/new mothers and their babies.

The United States by contrast has a highly variable set of practices and policies which inconsistently supports these early relationships between children and their parents. The result is divergent outcomes based on family resources. Those with means and job flexibility have greater opportunity to form secure attachment relationships; those without the means must navigate the lack of universal paid family leave policies, uncertain healthcare, inaccessible, low quality and expensive child care, and a culture hostile to mothers providing early years care. The lack of these supports strains the parent-child relationship and increases family stress.

This report touches on subjects of a sensitive nature. However, it provides a panoramic view of an area of behavioral science and considers its impact on public policy.

Part 1 outlines alarming societal ills as they relate to America's adolescents and young adults around mental health, anxiety, self-harm, addiction, and bullying. Does attachment theory have any light to shed on the causes of these concerning trends?

Part 2 gives an overview of attachment theory and international studies that explore the benefits of secure attachment on life outcomes. Two further studies highlight the negative impacts associated with non-maternal child care, and heavy use of day care. Together, there is a case for recognizing the role of attachment and suggestions for further research. In light of these findings, it is important to note the following difficulties for achieving secure attachment in America: the unfavorable outlier status in federal policy as it relates to paid family leave, employment protections, and healthcare provision for women of reproductive age—in particular America's high maternal mortality rates.

In **Part 3**, this report makes policy proposals and calls for further research and the mobilization of academics, practitioners, schools, the private sector, and parents to reconsider the value of attachment and the early years in American society.

Establishing a firm foundation of secure attachment during the early years is one of the greatest investments a family can provide for their child. It is also a benefit to society: early investment in the 0-3s yields a return in reduced economic burden on public funds in later years. There is a long way to go, but there is considerable room for American policy to focus on what truly matters: supporting families to give America's children the best possible start in life.

PART 1

Challenges—the State of Our Youth

Part 1 reviews America's youth mental health including self-harm, addiction, anxiety, violent crime, and bullying. Among the multiple and complex causes behind these issues, this section asks whether a significant root cause could be from early childhood and, specifically, attachment.

MENTAL HEALTH

Suicide

As recently as December 2021, the Surgeon General published an Advisory to bring the nation's immediate awareness and action to bear upon the state of mental health among America's young people.⁹

Nearly 3 in 5 (57 percent) U.S. teen girls felt persistently sad or hopeless in 2021.¹⁰ Feelings of sadness and hopelessness had increased by 40 percent in the period between 2009 and 2019, a 36 percent increase in those contemplating suicide, and a 57 percent increase in suicide rates among 10–24-year-olds in the period between 2007 and 2018.¹¹

It is estimated that 6,600 young people aged 10 to 24 killed themselves in 2020.¹² This makes the suicide rate in the U.S. the highest among wealthy countries, and the second leading cause of death in this age group after unintentional injuries.¹³ In all, 49.5 percent of adolescents in America has had a mental health disorder at some point in their lives.¹⁴

Self-harm

Self-harm and suicidal ideation have increased notably too among America's youth. There has been a COVID effect in this. *Forbes* reported how insurance claims for intentional self-harm as a percentage of all medical claim reports in the 13 to 18 age group increased 99.8 percent during the time frame April 2019 to April 2020. For overdoses a 119 percent increase, generalized anxiety 94 percent, and major depressive disorders 84 percent. In the Northeast of the United States claims for intentional self-harm in this period leapt by 333.9 percent.¹⁵

Such an increase, however, isn't just about COVID. A 2009-2015 study indicates that among hospital admissions of girls ages 10-14, rates of self-injury had increased by almost 19 percent.¹⁶ A 2018 study showed that 18 percent of 64,000 teens sampled had self-harmed. The main reason given for young people performing self-harm was to “regulate their emotions”.¹⁷ Research shows that teenagers who self-harm are more likely to have mental health problems in adulthood too.¹⁸

Other studies suggest a deterioration in the ability of young adults to handle stress and self-regulate. The proportion of 18- and 19-year-old first year students at the University of California Los Angeles (UCLA) who “felt overwhelmed by all they had to do” has increased steadily since the Higher Education Research Institute have carried out the survey: in 1985, 18 percent; 2000, 28 percent; and by 2016, nearly 41 percent.¹⁹

Addiction

Running alongside this rise in mental health deterioration, is a rise in drug use and polysubstance abuse. Drug use among 8th graders went up 61 percent between 2016 and 2020,²⁰ with overdose deaths among 15- to 24-year-olds increasing from 1,240 in 1999 to 4,777 in 2019.

Rushed legalization of marijuana, and labels like “medicinal” or “recreational,” have perhaps not helped with substance misuse among adolescents. 12.78 percent of all 12- to 17-year-olds report using marijuana in the last year,²¹ despite research linking its use among adolescents to serious mental illness such as schizophrenia—research which has been widely available for some years now.²²

The Centers for Disease Control and Prevention report that 15 percent of high school students have “used select illicit or injection drugs (i.e. cocaine, inhalants, heroin, methamphetamines, hallucinogens, or ecstasy).” Drug use is associated with sexual risk behavior, experience of violence, and mental health and suicide risks.²³

While it appears that young people drink less than their adult counterparts, when adolescents do drink, they drink more. In 2021, 3.2 million youth ages 12 to 20 reported binge drinking at least once in the past month.²⁴

Polysubstance use in late childhood can continue on into early adulthood, during important emotional, social, psychological and career milestones. The concern, therefore, is that a growth of drug use in childhood may not be an experimental phase but can persist.²⁵

This may explain why Substance Use Disorder (SUD) has been increasing in the United States for decades among both adults and adolescents.²⁶

Anxiety

American children have been experiencing a rise in anxiety in recent years too. The number of children with anxiety increased by 20 percent from 2007 to 2012, when 11.6 percent of children reported anxiety.

One 2020 study showed that anxiety had increased from 5.12 percent in 2008 to 6.68 percent in 2018 among adult Americans with the most notable increase from 7.97 percent to 14.66 percent among respondents 18-25 years old.²⁷

A JAMA Pediatrics report published in 2022 found that between 2016 and 2020, there were significant increases in children diagnosed with anxiety (up by 20 percent) and depression (up by 27 percent).²⁸

In summary, anxiety and depression are becoming increasingly prevalent among 18-30-year-olds in the U.S., with both disorders increasing by 63 percent from 2005 to 2017.²⁹

Violent crime

Violent juvenile crime peaked in 1994,³⁰ and then declined. Yet there has been a stark reversal of this trend since 2020. In 2020, homicides by juveniles acting alone rose by 30 percent, while those committed by multiple juveniles increased by 66 percent. The number of homicides committed by children under 14 was the highest in twenty years.³¹

Youth homicides and nonfatal physical assault-related injuries are not only a horrific loss of life: they are estimated to cost \$18.2 billion a year in medical and lost productivity costs.³²

Among young people ages 10-24, homicide is the leading cause of death for African Americans, the second leading cause of death for Hispanics, and the third leading cause of death for American Indians and Alaska Natives.³³

Bullying

Rates of bullying have remained about the same on average across all age groups, or gone down, since records began in 2005—28 percent compared to 20.2 percent today. Yet statistics and studies on bullying rates vary. What has increased is cyber bullying, which accounts for 15 percent of bullying for 12–18-year-olds. It also appears that bullying rates overall are higher for younger children. For 9–12-year-olds, 49.8 percent experienced bullying, and 14.5 percent bullying online.³⁴

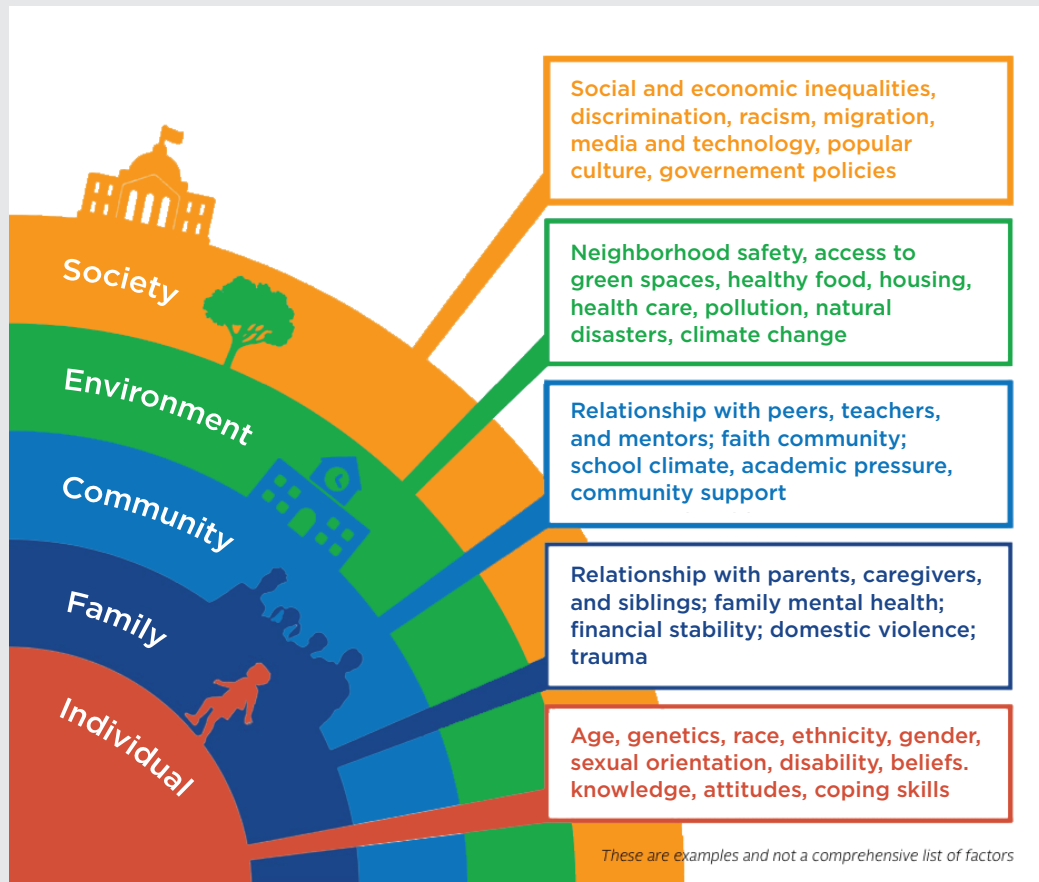
Fear of assault may explain why among 9th–12th graders, 7.8 percent report carrying a weapon on school property. There are 1,642 young people treated in emergency rooms for physical assault across the United States every day on average.³⁵

Meanwhile, almost 1 in 3 teenagers in the U.S. is a victim of teen dating violence, which involves physical, sexual, emotional, or verbal abuse from a dating partner.³⁶

The U.S. Surgeon General is right to draw urgent attention to the state of mental health among American youth. As he states, the factors that can help shape the mental health of young people include the individual, their family, their community, their neighborhood, wider culture and government policies.

However, this report considers the role of early childhood and attachment as a significant and overlooked factor. The interlocking layers of support, from family to society, must work to assist secure attachment. Presently, too many obstacles exist for families hoping to achieve secure attachment—with serious consequences for both individuals and society.

Figure 1. *Factors that can shape the mental health of young people*



SOURCE: *The U.S. Surgeon General's Advisory, 2021.*³⁷

PART 2

Attachment Theory. Improving Life Outcomes.

There are multiple causes for the decline in youth mental health described in Part 1. However, little consideration is given to the early years. Attachment theory may offer one clue as to the rise in mental health issues among America's young people.

Part 2 of this report describes the basic tenets of attachment theory, highlighting domestic and international studies that establish a connection between attachment styles and positive life outcomes in education, addiction, and mental health. Two further studies show the negative effects of non-maternal care, in particular day care centers, affecting behavior long into childhood and young adulthood. This section reviews the general incompatibility of attachment theory with the U.S. economy and culture—explicitly the unique lack of federal support for primary care givers raising children in the early years. (For the remainder of this report, the primary care giver will be referred to as the mother.)

The federal government is not the first source of help. This section reviews wider sources of social capital that help support secure attachment in the early years. It takes a village to support a mother, and parents, in the raising of their child. The demise of “the village” in recent decades is part of what is driving up costs, family affordability concerns, and likely contributing to a decline in fertility rates.

WHAT IS ATTACHMENT THEORY?

Attachment theory, first developed by British psychiatrist John Bowlby then Mary Ainsworth, developed the hypothesis that a child has a primal need to bond to her mother. Attachment theory suggests that this emotional bond between mother and baby establishes recognizable patterns of relating to one another. This “blueprint” impacts the child's relationship patterns with others thereafter. Attachment styles are designated as either secure, insecure (anxious-ambivalent or dismissive-avoidant), or disorganized. Ideally, a sensitive and responsive mother who is attuned to their child will form a secure attachment bond. Factors such as maternal stress, persistent maternal depression, poverty and other risk factors can hinder attachment.

Research since has borne out this thesis in a variety of cultural settings and is further supported by studies in neuroscience.

The human infant is one of the few mammals whose brain is not fully developed at birth. So large is the human brain that it would be impossible for a human child to leave the birth canal in childbirth if they were to develop fully in-utero. Instead, the new born baby's brain is about a quarter of the size of that of an average adult. The brain, therefore, doubles in size in the first 12 months, reaching about 80 percent of its adult size by age 3. At this point, the synaptic connections—forming at a rate of one million every second since birth—begin to pare down to their most optimal, efficient, or used pathways.³⁸ This rate of growth phase and architectural wiring is therefore a unique window of opportunity, and is a process that requires the context of a relationship.

When an infant is first born she is not aware that she is outside of the womb.³⁹ For the first several months, the child doesn't fully know she is a different individual to the mother.⁴⁰ Such fusion for a baby demonstrates the deep bond between mother and child. It takes the long-term physical presence, care-giving, and nurturing presence of the mother for the child to begin to separate from the mother.

Critical to this neurological and social development is the process of a baby's bonding with mother through touch, her voice,⁴¹ eye-to-eye contact,⁴² and over a continuity of predictable availability and care.⁴³ The quality of attachment is affected by a number of factors, but primarily the attuned, caring responses of the mother over time.

Secure attachment allows for a child to handle stress, separation, and to self-soothe, through the balance of oxytocin, the bonding hormone, which counter-effects cortisol, the stress hormone. The co-regulation found in early childhood slowly becomes self-regulation – the ability for a child to withstand difficulty as an individual.

The foundational systems established by attachment determine a person's abilities in self-regulation, empathy, susceptibility to vigilance, addiction, depression, and anger. Again, such system formation develops in the context of relationship.⁴⁴

DOMESTIC AND INTERNATIONAL STUDIES ON BENEFITS OF SECURE ATTACHMENT, LIFE OUTCOMES

The process of attachment deeply informs a child, as they go into later childhood, adolescence, and adulthood, on how they handle stress and their patterning of relationships. As the Centre for Social Justice in London, England note, “secure attachment in the first few years of life is strongly associated with the capacity to make satisfying relationships in later life,” versus more destructive ones.⁴⁵

According to a paper published by the Korean Pediatric Society, “Securely attached children also tend to become more resilient and competent adults. In contrast, those who do not experience a secure attachment with their caregivers may have difficulty getting along with others and be unable to develop a sense of confidence or trust in others.”⁴⁶ In the United Kingdom, the National Society for Prevention of Cruelty to Children recognizes that adults with insecure attachment are more likely to enter into “volatile relationships”, have poor parenting skills, behavioral difficulties, and problems with mental health.⁴⁷

Therefore, attachment isn’t just about the individual but has a multi-generational effect. The quality of attachment shapes an adult’s own emotional resources when it comes to parenting. According to the British Journal of General Practice, attachment “is a key factor in intergenerational parenting difficulties, and predisposes children to substance abuse, temper problems, homelessness, promiscuity, early pregnancy, and criminality.”⁴⁸

Similar findings are reported by researchers from Princeton University, Columbia University, the London School of Economics, and the University of Bristol, who “found that infants under the age of three who do not form strong bonds with their mothers or fathers are more likely to be aggressive, defiant and hyperactive as adults.” In 2014, they reported that 40 percent of the 14,000 children surveyed in the U.S. lacked secure attachment. Children with secure attachment are, they argued, more likely to be “resilient to poverty, family instability, parental stress and depression.” Secure attachment has a determining, measurable effect too on boys growing up in poverty, who are two and a half times less likely to exhibit problem behavior at school. Among children growing up in poverty, poor parental care and insecure attachment before age four strongly predicted a failure to complete school.⁴⁹ While “students who have a more secure attachment with their parents tend to get better grades than those who do not.”⁵⁰

Research shows that the quality of attachment can have an impact on mental and physical health outcomes across the life course, with insecure attachment related to more negative health outcomes.⁵¹

Secure attachment is also strongly correlated with the development of empathy not just during childhood but lasting through adulthood too.⁵²

These academic and practitioner perspectives shine an important light on some of the possible factors in the increasing mental health crisis among young people. A lack of secure attachment, and with it the ability to handle stress, could be one of the reasons for the rise in anxiety and depression among young people in the United States. Insecure attachment and the difficulties in providing attuned, nurturing parenting, particularly among those with economic distress, may contribute to the inability to pass on strong stocks of social capital for those already struggling to accumulate it.

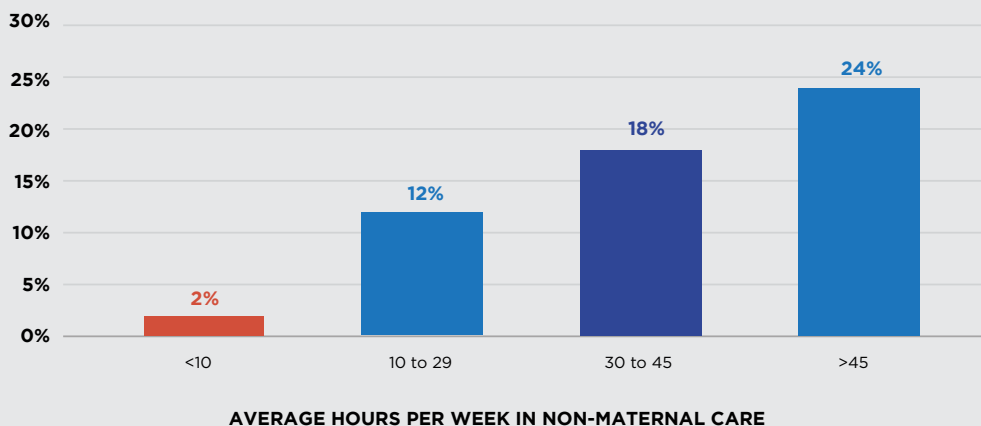
THE NEGATIVE EFFECTS OF NON-MATERNAL CARE

Jenet Erickson cites two studies that show the long-term negative impacts of non-maternal care, in an article for the Institute for Family Studies.⁵³

The National Institute of Child Health and Human Development Study of Early Child Care (NICHD-SECC) concluded that children who spent more than 30 hours per week in non-maternal care were, on average, three times more likely to exhibit poorer outcomes across all social-emotional development indicators—similar to the effect size of poverty on behavioral outcomes.

Of the 1,364 children followed for the longitudinal study from birth onwards, by age 4.5, children with 30 hours per week in non-maternal care were three times more likely to exhibit “weaker social competence, more behavior problems, and greater conflict with adults”. Those with less than 10 hours per week saw only 2 percent of children with such issues; 18 percent at 30 hours; and almost a quarter (24 percent) for those averaging 45 or more hours per week. Such behaviors were observed to persist through to age 15 regardless of socio-economic background: children who had experienced 30 hours plus in “any type of paid care before age four-and-a-half had higher average rates of risk-taking behaviors such as alcohol, tobacco, and drug use, stealing or harming property, and participating in unsafe activities.”⁵⁴

Figure 2. *Percentage of four-year-olds exhibiting at-risk levels of behavioral problems, by time in non-maternal care*



SOURCE: *Data drawn from Table 8 of NICHD Early Child Care Research Network (2003). “Does Amount of Time Spent in Child Care Predict Socioemotional Adjustment During the Transition to Kindergarten?” *Child Development* 74(4): 976–1005. Per the study, “Proportions are adjusted for site, child gender, child ethnicity, maternal education, average income-to-needs ratio (6–54 months), 6-month temperament, maternal depression (intercept and slope), parenting (intercept and slope), child care quality (intercept), proportion of center care, proportion of peer group exposure, instability of care. Reproduced with permission from the Institute for Family Studies.⁵⁵*

Similarly, studies of Quebec’s universal child care program, implemented in 1997 and which saw a rise in child care use, was shown to have dramatically increased rates of anxiety, aggression, and hyperactivity for children who attended. Follow-up studies 20 years later showed that these “negative social-emotional outcomes... persisted through adolescence and into young adulthood. Among young people from ages 12 to 20, self-reported health and life satisfaction decreased significantly.”⁵⁶

ATTACHMENT THEORY AND THE U.S. ECONOMY

Figures vary, but it is widely accepted that half of the American population have secure attachment.⁵⁷

However, this figure is perhaps on the decline, with a decrease in empathy and a rise in narcissism. While UCLA freshman were finding themselves increasingly less able to cope

with the pressures of their first year at college, a 2014 review of 100 studies completed between 1988 to 2011 among college students, revealed a 15 percent drop in secure attachment over this period. *The Atlantic* explicitly asks if this rise in insecure attachment accounts for the wider decline in social trust and our institutions in America.⁵⁸

What America has achieved, beyond all other developed countries, is an industrial scale experiment in the raising of children as though attachment-theory was entirely inconsequential.

The most significant factor being that the United States is the only developed country in the world that doesn't offer mandatory paid family or maternity leave at the federal level. By contrast, the OECD average of total paid leave available to mothers is 50.8 weeks,⁵⁹ up from an average of 17 weeks in the 1970s.⁶⁰ The average of total paid leave available to mothers in the European Union is 64.6 weeks.⁶¹

The United States, by contrast, offers 12 weeks of unpaid leave nationally. Even then, employers can force employees to use accrued paid vacation leave, paid sick leave, or paid family leave for this period. Any incapacitation during pregnancy is also covered by these 12 weeks of unpaid leave for companies with 50 employees or more within a 75-mile radius.⁶² Leave offerings thereafter vary by state.⁶³ Federal provision means that for the lucky ones—in America you may have to go on vacation to have a baby. The unlucky ones either lose their job or have to return to work within two weeks of giving birth—as 1 in 4 mothers in America do.⁶⁴

Other countries also offer better healthcare provision. American women of reproductive age have the highest rate of avoidable deaths, are the most likely to have trouble paying medical bills, the most likely to skip or delay needed care because of costs, and are among the least likely to have a regular doctor among developed countries.⁶⁵ Despite having the second most expensive cost of childbirth in the world, after Japan,⁶⁶ the United States reports higher maternal mortality than other developed nations, particularly for women of color.⁶⁷ If the country wants to prioritize strong attachment, it should prioritize bringing that number down. Especially when the CDC have determined that 2 out of 3 of pregnancy-related deaths are preventable.⁶⁸

Further, American culture is perhaps distinct in its neglect of early years in the private sector and employment culture. Female participation in the labor force in other countries comes with a much greater acceptance of the biological realities women face: namely

childbirth. As such, maternity leave, maternity pay, health care, and job protections are standard issue in other developed countries but presented as perks in the United States. Such provisions help families of all backgrounds to have the necessary space and financial security to be able to bond and care for newborn infants, in a way that doesn't force parents, in particular women, to return to the labor market prematurely.

But before rushing to the federal government for assistance, a look at the wider social capital context is necessary. Social capital decline has caused the demise of “the village” that supports the family in the raising of their child. This may help to explain a declining fertility rate, the rise of parents who say they are finding parenting harder than expected, and increasing pressures on affordability of raising a family.

THE DEMISE OF “THE VILLAGE”

Hillary Clinton popularized the adage that “It takes a village to raise a child” in her 1994 book of that title. Whatever the author intended, the idea has taken on a life of its own. There is widespread acceptance that a child can be raised by a village of care-givers, none of them primary.

Ignoring attachment theory as a guiding principle, it is seen as beneficial for infants and toddlers to be provided with multiple sources of attachment in early childhood, particularly at day care centers. Parents often believe that infants and toddlers in a facility are increasing their socialization skills, and improving the chances for their child's emotional and social success later in life.⁶⁹ Some day care centers sell their services offering socialization as a benefit.

Yet it is likely that the opposite is true. As Jenet Erickson, and Katharine B. Stevens note, according to a longitudinal investigation in the U.S., “children who had experienced at least 30 hours per week of non-parental care were rated by teachers as having worse social skills and poorer work habits” at both third and sixth grades.⁷⁰ A village of child care assistants can deliver food and diaper changes but are a poor substitute for the emotionally attuned, predictably available, sustained interaction provided by a mother. To this end, child care does not facilitate secure attachment, rather it provides fractured sources of irregular potential attachment figures.⁷¹ This instability likely helps to explain the higher levels of cortisol in children in day care centers, especially those attending for longer periods.⁷²

A child is not raised by a village. Rather parents are supported by a village in their raising of a child. Being a stay-at-home mother is said to be one of the most stressful and demanding roles, and if compared to employment the equivalent of 2.5 jobs,⁷³ that if remunerated would have a salary value in excess of \$160,000 per year.⁷⁴ Emotionally available, attuned mothering requires significant inputs and support from others, including financial stability. Stable family life based in marriage offers the first layer of “village”. Especially in infancy, the mother is supported by the father. As the child emerges through the early years, the father plays an increasingly important role in helping the child to explore and influencing cognitive processing networks.⁷⁵ The next ring of support is, ideally, grandparents and wider extended family. This family is perhaps supported by friends in a faith community or a neighborhood, informally through friendship, or through moms’ groups, mother’s helpers, young babysitters from across the street. Further, there is professional support in local libraries, doulas, healthcare providers, parent coaches, and for those who can afford them nannies, au pairs, and some pre-schooling.

What has been notable, is the alarming decline of “the village” for young parents and mothers. The reasons for this, and the extent of decline, will vary by state, zip code, the educational and income bracket of the parents, and the age at which women have children.

But the factors that can combine to have a consequential impact on the availability of the village include any of the following:

- Almost a quarter of America’s children live in single parent homes, more than in any other country, and more than three times the global average.⁷⁶ Any attempt to secure the village must start with securing the stability of families built around marriage, as described in our report “Family Stability: Bridging America’s Social Capital Divide.”⁷⁷
- In 2022, 67.9 percent of mothers with children under age 6 participated in the labor force (compared with 76.7 percent of mothers whose youngest child was age 6 to 17).⁷⁸ This is a significant rise since 1975, when 39 percent of mothers with children under age 6 participated in the labor force, (54.9 percent of mothers whose youngest child was age 6 to 17).⁷⁹ Therefore, the number of stay at home mothers able to provide community for each other has declined considerably in the last 48 years, dependent upon education and income background.

- Sociologist Karl A. Pillemer concludes that 27 percent of the U.S. adult population is estranged from a family member for reasons such as historic abuse, breakdown of family ties through divorce or cohabitation, and other conflicts⁸⁰ with adult-children cutting off parents perceived as being on the rise in the US, the UK, Australia and Canada.⁸¹
- The decline in attendance at houses of worship has further shrunk the village. In 1999, 70 percent of Americans said they attended a house of worship. In 2020, that figure was for the first time below half at 47 percent.⁸²
- As Daniel Cox has noted, Americans have fewer close friends than they once did. 33 percent of Americans had more than 10 close friends in 1990. In 2021, only 13 percent of Americans did.⁸³
- As both Daniel Cox and Richard Reeves have noted this “friendship recession” applies in particular to men.⁸⁴
- Research shows a decline in neighborliness, and neighbors who socialize with one another. In 1974, 61 percent of Americans would spend a social evening with someone in their neighborhood at least once a month. In 2014, 46 percent did.⁸⁵
- Trends also suggest a lack of children playing outdoors together amongst neighbors in free, unstructured, spontaneous play; replaced instead by organized “play dates”.⁸⁶ The lack of spontaneity may be based in safety concerns, but is likely to be a symptom of the lack of neighborliness and the decline of the village that supports parents in the raising of their children.
- In 2021, President Biden’s “Build Back Better” plan for child care and universal preschool would have made it “difficult for religious providers to remain in operation.”⁸⁷ Suspicion toward the role of faith-based groups in the provision of pre-school, education, child care, or support services to families would further diminish the village.

A lack of a village may also explain a University of California, Irvine study, which showed that mothers today spend more time on “child care activities” a day than they did in 1965: 54 minutes compared with 104 minutes in 2012. This “intensive parenting” trend is also seen outside of the U.S.⁸⁸ It is possible this additional time is compensation for both parents being in work, but just as likely reflects the demise of the village and support available, even for mothers who are in employment. But “intense parenting” does not necessarily mean the predictable, abundant availability required for secure attachment.

Lack of a village diminishes the resources, emotional and otherwise, required to support parents as they invest emotional energy and time in raising their children. This may explain why 62 percent of parents say being a parent has been at least somewhat harder than they expected, and 26 percent saying it's been *a lot* harder.⁸⁹ In the JAMA report previously cited, the period of 2016 to 2020 saw a rapid decrease in caregiver mental health (-5 percent) and emotional well-being and coping with parenting demands (-11 percent).⁹⁰ This, COVID-related drop, suggests that policies that curtailed the availability of the village available to support parents had a negative impact on parent mental health. It underlines the need for policy to enable, not interfere with, the building of the village that supports parents in the raising of their children.

Among other factors, the village shrinking, and the increased stress measured above, may also be one of the causes for the rise in one-child families.⁹¹ The \$300,000 cost of raising a child⁹² is, perhaps for most, an alarming amount especially when combined with the demise of the village that makes the demands of parenting more enjoyable. A greater supply of social and emotional resources, as well as voluntary practical help associated with “the village,” could perhaps play a role in helping support a higher fertility rate. And yet, for now, much of the focus from policy makers is on trying to expand child care provision.

Sixty percent of families had dual earners in 2012 versus just 25 percent in 1960.⁹³ Upward social mobility, as measured by household income, is achieved by having smaller families and pooling two incomes, rather than one.⁹⁴ For many, a period on just one income, is not feasible from a monthly budgeting perspective. For others, career breaks associated with caring for children can be ruinous.

This creates tension around how parents want to raise their children, because many Americans aspire to raise children with one parent at home for the early years.

CHILD CARE

A recent YouGov survey found that only 11 percent of full-time working mothers said using full time center-based child care was the best arrangement for families with children under age 5: 37 percent wanted flexible work with both parents sharing care, and 28 percent wanted one full time stay-at-home parent.⁹⁵

According to American Compass, 53 percent of married mothers “prefer to have a one full-time earner and one stay-at-home parent while raising children under the age of five.” In 2022, 7 percent of dads and 28 percent of moms were full-time stay at home parents.⁹⁶

Respondents to a Pew survey believed that in general, parents with young children in 2019 were best off with the father in full time employment (76 percent) while working part time was best for mothers (42 percent), and mothers not working at all (21 percent).⁹⁷

The picture here illuminates the conflict. In general, it appears that mothers and parents want to have more involvement in the raising of their children by the mother and/or father staying at home than are able to achieve it. The choice to use child care seems wildly unpopular as a first preference. Yet its use is in heavy demand: “Two thirds of young children receive some nonparental care (day care), compared with one fifth of children in the mid seventies.”⁹⁸

As Erica Komisar writes, for those mothers who are unable to care for their child, the second-best option is individual care, such as given by a father, relative, or nanny. This substitution isn’t without grief or complication for the child. It does, however, provide a consistent alternative surrogate attachment. Komisar notes with sobriety that, “the least good option for surrogate care is day care or institutional care.”⁹⁹

Part 3 considers policy proposals that would allow us all to create better conditions for achieving secure attachment. Secure attachment, established in the early years, is a unique opportunity to establish a solid foundation for the creation of social capital throughout childhood, adolescence and into adulthood.

PART 3

Policy Solutions

The studies reviewed in Part 2 offer evidence of the positive benefits of secure attachment, and the negative long-term impact of non-maternal care; explore the possible connection between insecure attachment and the rise of anxiety, self-harm, addiction, and depression among America's youth; and reveal that most parents want to have one stay-at home parent involved in raising of their children (at least in the early years). Also noted were the factors contributing to the shrinking of “the village” that supports parents, and mothers, in their roles.

The recent emphasis in public policy has been on child care and expanding provision of more day care. America has a substantial child care shortage, especially after the pandemic, with more than half of U.S. residents in areas where there are 3 children under the age of 5 for every licensed child care space,¹⁰⁰ and where infant care in 2021 was more expensive in 33 states and Washington D.C. than college.¹⁰¹ The current child care market was valued at \$60.4 billion in 2022 and anticipated to grow at a compound annual growth rate of 4.18 percent from 2023 to 2030, in part driven by the growth of single-parent families.¹⁰² Additionally, expanding the K-12 public school system with a universal pre-K program for three- and four-year-olds is estimated to cost about \$351 billion over 10 years, including the cost of constructing new facilities.¹⁰³

Yet this money could perhaps be better spent and address the actual challenge at hand. If young people self-harm to “regulate their emotions”, perhaps we need to promote secure attachment in the early years as the appropriate developmental stage in which self-regulation and self-soothing are established. If students and young adults cannot handle stress, perhaps we should promote secure attachment in the early years when an individual's stress responses are developed. If American youth are seeing a rise in depression and anxiety, we need to ask whether this correlates to a rise in non-maternal care.

FURTHER RESEARCH

1. Attachment theory and public policy

Attachment theory and the early years needs more vigorous research expressly focused on developing appropriate public policy in light of findings. Such research should accept that, as matters stand, there are substantial economic, political and cultural sources of resistance

to adopting policy that promotes secure attachment. Yet the findings of attachment theory should not be dismissed simply because they are an inconvenient truth.

2. Paid family leave and health insurance costs

One of the potential blocks to employer-paid paid family leave may be existing health insurance costs. Health insurance is expensive to both employees and employers. Health insurance premiums and deductibles combined have the potential to cost 10 percent or more of workers' earnings in 37 states.¹⁰⁴ Employer sponsored insurance premiums have risen above the rate of inflation and outstripped wage growth, leaving 40 percent of adults covered reporting difficulty in affording care, prescriptions, or premiums. The costs are higher for those on low incomes and for smaller firms.¹⁰⁵ Further, these costs do not yet reflect current inflation.¹⁰⁶ A rise in healthcare costs that cuts into both family budgets and those of small businesses, could decrease an appetite among private employers, and even their employees, in the introduction of paid family leave policies.

Further research is needed to explore whether the costs of health insurance to employers and employees is a choke point in the implementation of employer-based paid family leave or maternity leave policies that may further assist in attachment.

POLICY RECOMMENDATIONS

The Village - urgent need to reform the context in which we build family

An incoming administration must take seriously the decline in social capital in America today. This long-term decline has a serious impact not only on the quality of life for everyday Americans but, as reported in *A Civil Society*,¹⁰⁷ the governability of the country itself. The decline of social capital has shrunk the voluntary, informal networks of relationships that assist parents, and in particular mothers, in the raising of their children. Reversing these declines should be a priority, not least if we wish to value the role of families and mothers in America, in order to raise the next generation of securely attached individuals.

Too much of current policy debate is about extending the role of the K-12 system and expanding the role of government to support child care, not parents. In fact, much of

the noise appears to be an attempt to usurp the role of parents altogether.¹⁰⁸ The federal deficit, already at historic highs with a debt to GDP ratio of 124 percent in 2022,¹⁰⁹ would be swamped if it attempted to replace the village that supports a mother and parents—and totally overwhelmed by any attempts to replace parents themselves.

What must be recognized is that America is already a hostile environment for the raising of children. It is one of the more dangerous places in the developed world to give birth, despite being one of the most expensive places to do so. And it has a federal funding approach that is the least generous among wealthy countries.

A note on faith-based groups

One of the features that must distinguish social capital creation under a new administration is a focus on true diversity: allowing faith-based groups and civil society to have a greater role in the delivery of public services. Especially as it relates to the raising of children, in support roles to mothers and families.

Faith groups, and attendance at houses of worship, builds social capital. The inclusion of faith groups in the provision mix of, for example, affordable pre-school care, helps to build social capital. As Brad Wilcox, reviewing Robert Putnam's *Our Kids* writes for *The Wall Street Journal*, "churchgoing is associated with better performance in school, less drinking and drug use, and less delinquency. The class divide in institutional access [to houses of worship] translates into dramatically different chances that children will flourish later in life."¹¹¹ Attendance at a publicly funded faith-based service may lead to a few more families attending a House of Worship in their free time. This is a personal choice—but as one that builds social capital, is in turn good for the country. The separation of church and state is not a requirement for public funds to only support secular programs.

Policy Recommendation 1: Family hubs

Families have a variety of social capital accumulated: some with extensive networks, others with fewer. For those families with low social capital it is worth remembering that relationships are role-modelled. To facilitate secure attachment requires not just time to bond with a child and financial security to do it, but also some investment on how to parent. This is not simply a curriculum; relationships are role-modelled, learned by

experience and example. Family hubs could be established, a local center, perhaps run by a local church or non-profit as these are more informal and with a premium on relationship. Such family hubs could provide mom's groups, prenatal classes, parenting classes, family therapy, youth mentoring, as well as perhaps other services such as food banks, budgeting classes, cooking classes—practical information that assists parents who have limited relationship resources to learn from. Lawmakers should review the existing provision of such family supports, and see how a variety of providers could work to better support the enriching of social capital for those families who lack it.

Policy Recommendation 2: Attachment theory taught in prenatal classes, public health campaign

A public health approach to attachment would ensure that a wide-spread understanding of attachment theory was more common place. Hospitals, family practices and family hubs could teach attachment theory as part of their prenatal classes. This would better inform parents as they make choices about how to approach the early years. Also, a wider understanding of attachment theory should help to educate the wider labor market on the importance of attachment, and create a more compelling climate for employers to accommodate attachment through the voluntary implementation of paid family leave. High school, college curriculum, popular culture output—such as streaming shows—and successful public education campaigns, like that to reduce CFC-use to protect the ozone layer, could all be used to inform the public of the tenets of attachment theory and its benefits.

Policy recommendation 3: Social and emotional learning (SEL)

Social and emotional learning (SEL) within schools has a role to play *if* it helps to promote “nurture” approaches to the raising of children based on attachment theory principles. There are legitimate concerns that SEL in public school curriculum is used by teachers to move beyond an appropriate scope for the classroom. SEL should support parent leadership at home. Lawmakers should consider ways to ensure SEL is used to affirm the leadership role of parents.

Policy recommendation 4: Increase financial support to young families

Secure attachment requires the availability of a mother for long periods of time. A baby, after all, “cannot develop into an emotionally healthy, interdependent person without being intensely dependent first.”¹¹¹ In *Being There* Erica Komisar proposes an ideal as “a policy of six months’ leave at full pay, six months’ leave at partial pay, and the ability to have a flexible work schedule for the next two years.”¹¹² Certainly such a transition would take the United States from being an international outlier where, at present, there is no maternity support, to being a world leader in providing the necessary space to allow for secure attachment. While such a goal hasn’t been achieved anywhere, there is plenty of room in the United States to move in that direction. The following policies could help to move the United States to becoming a global leader in policy aimed at optimizing the climate for secure attachment.

4a) Super Child Tax Credit (SCTC)

Politicians may be reluctant to provide mandatory paid family leave. The current child tax credit is \$2,000 a year per child. But this is quite an insignificant sum in both a family’s budget but also by international standards. Hungary provides a range of benefits to support families, including a child care allowance that is 70 percent of a mother or father’s salary or 140 percent of the minimum wage. A significant SCTC could provide meaningful financial support to allow a mother to spend time with her child in the early years.

4b) Paid family leave

As discussed in our other reports, paid family leave, whether voluntary or mandatory, could ensure that particularly those on low- and low-medium incomes are not financially ruined by becoming parents, and to allow for longer periods of leave that promote secure attachment.

From international outlier to global leader—long-term possibilities

Attachment theory may seem implausible to accommodate in practice. Yet over the long term it may be possible to orient the American economy and society toward supporting secure attachment.

The world of employment is changing rapidly. People are not employed by the same employer for decades. Retirement age at 65 is no longer sustainable when 1 in 3 adults will live to 100. As explored in a previous paper “Social Capital Works,” automation is anticipated to leave no job role untouched—and to be a potential source of tax or social security revenue.

Automation is also anticipated to add a premium on emotional intelligence,¹¹³ therefore secure attachment would become an even more valuable asset in the labor market. Flexibility in career across the life course could allow for a greater job-security, not less. If maternity periods are seen as part of a wider socially and economically accepted reality of a work-life balance, maternal and paternal leave may be less stigmatized. In a context of life-long learning, retraining, upskilling, and career breaks as people anticipate working longer into a healthier older age, paid family leave may be seen as a responsible life choice rewarded by a more flexible, forward-thinking society.

What is critical is that secure attachment should be an asset available for all to develop. At present, the possibility of secure attachment is only possible for those who are independently wealthy, willing to make substantial income sacrifice (perhaps to the detriment of their overall upward social mobility), or those in high-skilled, high-income jobs.

Conclusion

International studies have demonstrated that secure attachment is a significant factor for positive mental health, educational attainment, empathy development, and the ability to enter into caring, loving, relationships. When we consider America's long term social capital decline, there is no better place to start the rebuilding of social capital than in the early years.

If we want to give our children the best start in life, we need to reorient our culture and policies for the long term. The most significant investment we can make in our young people is a secure attachment to their mother within the context of a stable family. With 1 in 3 children born in America today anticipated to live to at least 100 years old, the window of investment, ages 0-3, is a small one for the benefits conferred for life.

America is currently an outlier for negative reasons: higher maternal mortality than other developed nations, the highest single-parent rate in the world, and the least generous with federal benefits to support families with young children. This report also notes that America has the highest suicide rate in the developed world and other features of societal ills manifest from a variety of reasons. Yet, the role of attachment is not insignificant in considering these trends.

Long term, America can be a global leader when it comes to attachment—and to making this the best country in the world to raise a family. To start, we the people must recognize, as other advanced economies have, that mothers play a unique role in the raising of children, especially in the early years. Our culture, society, economy—including the labor market and federal and state supports—have a long way to go toward recognizing the unique biological and psychosocial role that only mothers can play. Rather than locking women out of careers, maternity breaks should be considered a norm, celebrated by employers who seek to be truly inclusive. When American mothers are more likely to die at childbirth than in any other developed country in the world, especially women of color, we must stop and pause. Does America want to value its mothers or not? The next President of the United States should recognize the unique role women play as mothers and to build this into the fabric of American life. This is the most significant source of social capital investment in American youth that could be accomplished.

Let's make America the best country in the world to start a family and to raise children. Let's ensure secure attachment in the early years is available for all.

About the Social Capital Campaign

The Social Capital Campaign promotes social capital and the institutions that create it to leading policy and opinion formers, particularly in Washington, D.C.

A DEFINITION OF SOCIAL CAPITAL

There are three main elements to social capital that we campaign on:

- **First**, social capital as the rich network of trusted relationships required for child development and formation through to adulthood
- **Second**, social capital as the rich network of relationships that sustain individuals throughout adulthood, both professionally and personally
- **Third**, social capital as the by-product of the first two: trust between citizens who have never met

FIVE FOCUS AREAS

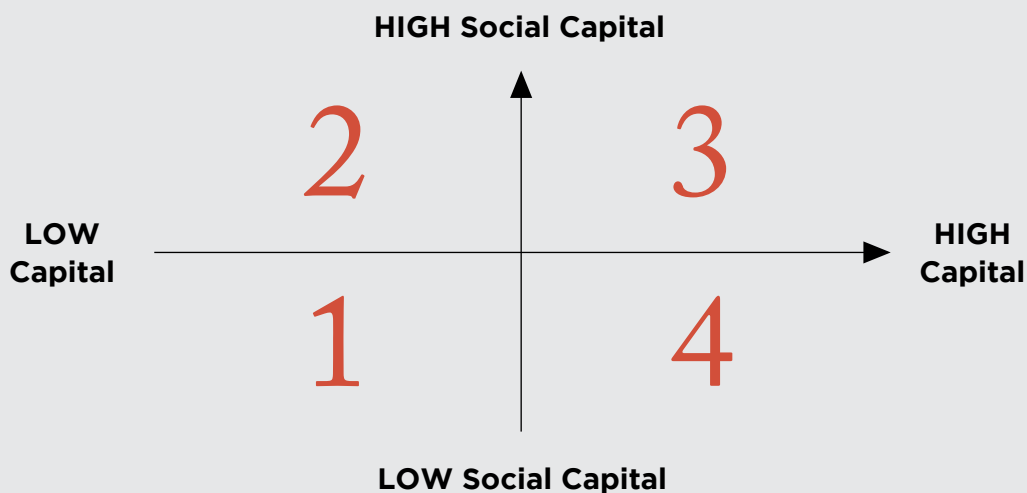
We draw our six policy focus areas from framework created by the Joint Economic Committee Social Capital Project, and we are grateful for the input and guidance of Dr. Scott Winship as we develop the campaign: **Family stability, Family affordability, Work, Youth investment, Civil society.**

THE FOUR QUADRANTS

The relationship between social capital and capital

All Americans should be able to accumulate both social capital and capital to achieve the American Dream. We use a simple chart to illustrate the relationship between capital and social capital to achieve that dream.

Figure. *The Four Quadrants of Social Capital and Capital*



Quadrant 1. The bottom left: low social capital, low capital

CONTEXT: People in the bottom left quadrant have low levels of both social capital and capital.

CHALLENGE: An individual who finds themselves here is in a significant environment of distress—likely trapped in intergenerational poverty, surrounded by and perpetuating higher than normal levels of antisocial behavior or dysfunction, with few opportunities, or resources required to escape poverty. Aspirations for stable family life and affluence are significantly difficult to achieve.

POLICY SOLUTIONS here must have as much emphasis on supporting the creation of social capital as well as capital resources.

Quadrant 2. The top left: high social capital, low capital

CONTEXT: People in the top left quadrant are low in capital but high in social capital.

CHALLENGE: An individual in this quadrant is likely to be low income but well placed to achieve the American Dream. Being part of relatively well functioning

extended family and wider community, such as a faith group, their social capital assets help them to access better paid jobs or opportunities.

POLICY SOLUTIONS here need to ensure strong social capital assets are not eroded, which would push the individual into Quadrant 1.

Quadrant 3. The top right: high social capital, high capital

CONTEXT: In the above table, people who are in the top right quadrant are high in social capital and high in capital.

CHALLENGE: Those in this quadrant embody the American Dream of a middle to upper middle-class life. Problems here relate to social capital collapse through breakdown of relationships, capital loss through job loss, or federal policy that penalizes them.

POLICY SOLUTIONS: Federal policy needs to support and reward pro-social capital assets. Policy solutions intended to help others should not unfairly impede the sustainability of their experience.

QUADRANT 4. The bottom right: low social capital, high capital

CONTEXT: Individuals in the bottom right quadrant are low in social capital but high in capital.

CHALLENGE: Such individuals may be few, but their capital assets maybe significant enough to compensate for a lack of social capital.

POLICY SOLUTIONS here are to help those with high levels of capital to benefit those with low levels of capital through philanthropy and job creation, in a manner that also supports social capital creation.

SOCIAL CAPITAL CREATION AT ITS BEST

Families, churches, schools, employers, societies, clubs, philanthropic endeavors, electoral processes—these are the institutions that create social capital. As we promote these institutions, we imagine them at their best: Families as positive, nurturing environments for raising children and enjoying long term relationships. Houses of worship as the best of collective action inspired by faith that benefits individual members and the wider community. Schools providing scaffolding and skills preparation that equip a child for adulthood. Employers providing opportunities that value profit, work, and positive employee experiences while benefiting their customers. Societies, clubs, and philanthropy that elevate the human condition and raise quality of life. Political campaigns that allow diverse opinion, organized around a fair and transparent democratic process to represent the interests of the people.

Yet all of these institutions can have their negatives. Families can be abusive, faith groups controlling, schools incompetent, employers exploitative, societies exclusive, philanthropies self-enriching, and political activism corrupt or silencing of diverse opinion.

The existence of negative forms of social-capital-creating institutions does not negate the need for these institutions. Rather they add to the urgency of our campaign to promote social capital creating institutions, and at their best.

SOCIALCAPITALCAMPAIGN.COM

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