



ATTACHMENT AND PARENTING

INSTITUTO DE APOIO À CRIANÇA
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ATTACHMENT

THE FIRST RELATIONSHIP THAT THE BABY FORMS WITH ITS MAIN CAREGIVER IS CALLED ATTACHMENT. IT IS A CLOSE EMOTIONAL RELATIONSHIP CHARACTERISED BY MUTUAL AFFECTION, AND A DESIRE TO MAINTAIN CLOSENESS.

The object of this attachment is the attachment figure, which is the person who usually reciprocates the child's feelings, creating a strong bond in both directions. Most often, this figure is the mother.

Attachment in children is characterised as being selective and consisting in seeking physical proximity, comfort, and security.

Attachment behaviour is any behaviour with the aim of bringing the child into a close, protective relationship with the attachment figure(s) in situations of anxiety or stress. We can describe three types of attachment behaviours [1]:

- Signalling behaviours, such as **smiling** and **vocalizing**, aim to alert the caregiver/attachment figure to the child's interest in interaction and summon him/her to them.

- Aversive behaviours, such as **crying**, are alert behaviours, intending to bring the caregiver/attachment figure to the child.
- Active behaviours of the child, such as **following**, intending to seek closeness to the caregiver.

The benefits of these behaviours for the child are **protection from danger**, **nutrition**, and **social interaction**, which provide opportunities for learning about the environment, relationships with others, and themselves.

The child attachment system emerges in close relation to the parental care system [2], whose objective is to protect and care for the child, as a way of guaranteeing their survival and well-being [3, 4]. These behaviours promote closeness and comfort to the child when there's a perception of a real or potential threat of danger, with the main behaviour being retrieving, and others like calling, reaching, grabbing, restraining, following, calming, smiling, and cradling [5].

The quality of the first relationship between the child and the attachment figure has a strong influence on the child's development, the organisation of their attachment system, and their ability to establish affective attachments then and throughout their life.

THE IMPORTANCE OF THE ATTACHMENT FIGURE

The main functions of attachment figures are:

1. To provide physical and emotional care.
2. Be consistent in the child's life.
3. Do an emotional investment in the child.

The child's first attachment figure is the mother or a maternal substitute, that is, its main caregiver.

The experiences of interaction and communication between the child and the attachment figures, during the first years of life, will organise the child's attachment pattern and define their perception, thoughts, feelings, and behaviours, especially in situations of distress. These experiences will shape the child's expectations and, in turn, their behaviour and cognitive strategies, allowing them to shape a cognitive representation of others, themselves, and the environment (Internal Working Models [IWM]), enabling them to predict the behaviour of others concerning their needs [7].

Internal working models are built based on the child's previous and early interaction experiences and tend to be reflected in the pattern of future relationships with others [2, 3, 4].

CHARACTERISTICS OF CAREGIVER BEHAVIOURS

The quality of care determines the organisation of the relationship, through its effect on the level of trust in the caregiver's availability, that is, the security that the caregiver transmits [8].

SENSITIVITY AND RESPONSIVITY

Sensitivity and responsivity refer to the caregiver's ability to detect the signals implicit in the child's behaviours and communications, interpret them correctly, and respond to them appropriately, satisfying their needs.



SENSITIVE, RESPONSIVE, CONTINGENT AND CONSISTENT CAREGIVER

They assure the child that in stressful and distressing situations they will be comforted and protected and that their needs will be met consistently [8].

They create positive expectations about what to expect from the caregiver in uncomfortable or distressing situations.

INSENSITIVE, UNRESPONSIVE, NON-CONTINGENT AND INCONSISTENT CAREGIVER

They transmit uncertainty and insecurity to the child regarding their comfort and protection in situations of need or that their needs will be answered in a negative and/or inconsistent way [8].

They create negative expectations about what to expect from the caregiver in uncomfortable or distressing situations.

CAREGIVER'S TYPICAL RESPONSES TO DAILY SITUATIONS

SENSITIVE, RESPONSIVE, CONTINGENT AND CONSISTENT CAREGIVER

INSENSITIVE, UNRESPONSIVE, NON-CONTINGENT AND INCONSISTENT CAREGIVER

EXAMPLE 1: A baby cries while in the crib trying to fall asleep. About 15 minutes pass and the baby continues to cry uncontrollably and distressingly.

The caregiver returns to the room and comforts the baby (e.g., holding him/her and talking in a calm, affectionate tone of voice), cradling him/her until he/she calms down.

When the baby calms down, the caregiver puts the baby back in the crib and waits a few minutes to make sure the baby is asleep.

The caregiver understands that the baby's cry is a sign of distress and discomfort, that the baby needs them to regulate its emotions and, therefore, they respond in an appropriate, affectionate, and contingent way.

The caregiver ignores the baby's cry, considering that he/she must be able to calm herself/himself down and get used to falling asleep on their own.

When the crying becomes unbearable, the caregiver goes back to the room, and looks at the baby, without holding him/her, because they think in doing so, the baby will become "spoiled" and will repeat this behaviour.

The caregiver does not understand the baby's need for emotional regulation and interprets the signals inappropriately, considering only their own perspective. Their response is, thus, insensitive, unaffectionate, and inappropriate.

EXAMPLE 2: On a trip to the supermarket, the child throws a tantrum because he/she wants a toy. Then starts crying uncontrollably and screaming that they want that toy.

Keeps a calm and assertive posture, with an affectionate tone of voice, as they try to explain to the child that they already have similar toys and that when they get home, they will play with them together.

The caregiver tries to comfort the child, emotionally and physically (for example they can hold them or get on their level), explaining why they cannot buy the toy at that time, without devaluing their will/desire.

They respond authoritatively, telling them that they won't buy more toys because the child already has too many. They may threaten the child saying that they will be leaving them alone or punishing them if they do not stop crying and screaming.

The caregiver does not try to comfort the child, thinking instead about their own needs and interprets, inappropriately, the child's signals (e.g., the child is only crying because they want to make them upset).

The ability of caregivers to be sensitive to the child's signals and needs is associated with positive consequences for their overall development:

- Establishment of a secure attachment relationship with the caregiver [8, 10].
- Development of language and cognition [9].
- Development of the child's socioemotional skills [11].

INTRUSIVENESS

Intrusiveness is defined as behaviours on the part of the caregiver that interfere with the child's activity and that show disrespect for their autonomy, desires, interests, and behaviours.

NON-INTRUSIVE CAREGIVERS	INTRUSIVE CAREGIVERS
They respect the child's wishes and interests and are attuned to the child's signals.	They put their desires and interests first while interacting with the child, not recognizing their signals to calm them down or to distance themselves.
They allow the child's autonomous exploration of the environment, avoiding interference in this activity [13].	They manifest inappropriate behaviours, such as interrupting the child during an interaction or during an activity in which the child is invested [6, 13, 14].

CAREGIVER'S TYPICAL RESPONSES TO DAILY SITUATIONS

EXAMPLE 1: A baby is exploring various objects in a room. The caregiver offers him/her a toy, but the baby does not show interest and continues to explore other objects.

The caregiver puts the toy aside and allows the baby to freely explore the environment around it.

The caregiver only interferes when the baby signals that it needs their help or shows interest in the caregiver's participation in the exploration.

The caregiver offers the toy to the baby again, insisting on its exploration and moving away other objects that may arouse the baby's interest.

The caregiver imposes their wishes, limiting the baby's autonomous exploration.

EXAMPLE 2: The child and caregiver are building a puzzle. The child appears to be having difficulty putting some pieces together.

The caregiver gives signs and hints so that the child can put the pieces together by themselves. When the child signals frustration, the caregiver asks if they need help, before intervening, exemplifying how to place the pieces.

The caregiver only intervenes in the exploration when requested or signalled by the child, encouraging their attempts to solve the problem autonomously.

The caregiver gives directions and clues for the child to put the pieces together. When the child signals frustration, the caregiver interferes, putting the pieces together for them.

The caregiver tends to interfere in the exploration, intervening in the activity without the child's signal or request. They limit the child's exploration and attempts to solve the problem autonomously.

The caregiver's ability to respect the child's wishes and interests is associated with several domains of their life:

- Less involvement of the child with the caregiver who consistently manifests these types of behaviours and an insecure attachment pattern (ambivalent or avoidant) [6, 14, 15].
- Difficulties in the child's cognitive and socioemotional development [16].
- Lower academic performance at school age [11].

THE ESTABLISHMENT OF ATTACHMENT

The construction of the attachment relationship does not occur immediately at birth. On the contrary, it develops gradually, meeting and adapting to the different stages of the child's development. There are four stages to attachment formation [17]:

ASOCIAL OR PRE-ATTACHMENT PHASE

- From 0-6 weeks:

The baby responds to stimuli with a positive reaction (e.g., smile), showing no preferences toward caregivers.

INDISCRIMINATE ATTACHMENT PHASE

- From 6 weeks-7 months:

The baby responds similarly to any caregiver, showing no preferences. At around 3 months, he or she begins to react mostly to familiar faces and is more easily comforted by a familiar caregiver. There is still no selected primary caregiver.

CLEAR/SPECIFIC ATTACHMENT PHASE

- From 7-9 months:

The baby shows a special preference for specific caregivers, turning to them when it needs comfort, security, and protection. At this stage, they begin to exhibit separation anxiety (e.g., they become uncomfortable and distressed when the caregiver is away) and anxiety towards strangers (e.g., hiding behind the caregiver, fixating their gaze on the unfamiliar person).

MULTIPLE ATTACHMENT PHASE

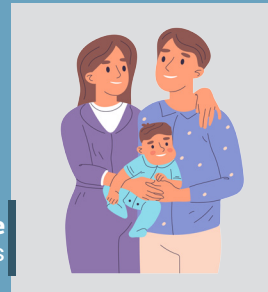
■ From 10-18 months:

The baby gradually becomes more independent and forms bonds with several people present in his/her life, who respond to it in a sensitive and contingent way (for example, brothers, grandparents, uncles...).

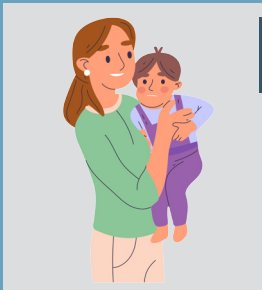
THE ESTABLISHMENT OF ATTACHMENT



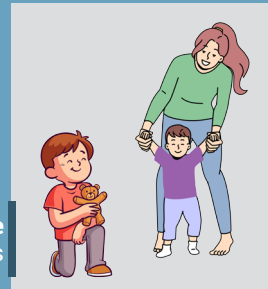
Asocial or Pre-Attachment Phase
From 0-6 weeks



Indiscriminate Attachment Phase
From 6 weeks-7 months



Clear/Specific Attachment phase
From 7-9 months



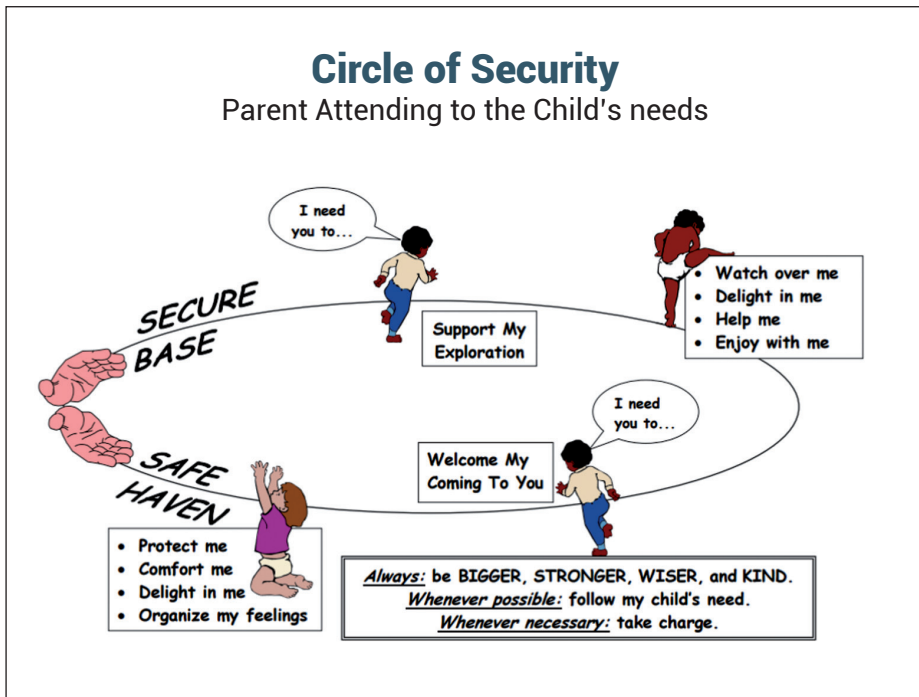
Multiple Attachment Phase
From 10-18 months

THE CIRCLE OF SECURITY

The relationship that is established with the caregiver is fundamental for the child's development, both in terms of their physical and emotional safety, as well as in encouraging the exploration of the environment and the promotion of their autonomy [2, 19].

According to the "Circle of Security" [18], the child tends to explore the environment, if they feel that the caregiver acts as a "secure base", that is, they support the exploration and are involved in that experience, being present and available in case of need.

When the child feels the need to approach the caregiver (e.g., because they are scared, distressed or hurt), they expect the caregiver to be a "safe haven" that will welcome, comfort, and organise their feelings, preparing them to resume exploration.



Circle of Security
(Marvin, Cooper, Hoffman, & Powell, 2002).

As the child grows and faces new developmental challenges, caregivers must adjust their behaviours. They must be available, accessible, and reliable, promoting the exploration and development of new skills and their empowerment, conveying that when they need help or comfort they can return to the “safe haven” [19].

Providing a safe haven for the child is one of the first tasks of caregivers and one that remains throughout the child's development. However, caregivers provide more than that, taking on other tasks as the child grows and becomes more autonomous and their social world expands. They offer stimulation (which may or may not be modulated appropriately), guidance, boundaries, problem-solving support, and support for the child to develop social contacts outside the family environment while accepting their growth and independence [20].

CAREGIVER BEHAVIOURS AND CHILD ATTACHMENT STYLES

The quality of attachment that a child develops with a caregiver is determined by that caregiver's responsiveness when the child's attachment system is activated (i.e., when the child is frightened, upset, physically hurt, etc.).

From approximately 6 months, the baby can anticipate specific behaviours on the part of the caregiver, in response to its distress and discomfort. This allows caregivers to develop strategies to adapt behaviours and deal with discomfort in the caregiver's presence, according to their daily interactions with the caregiver.

Based on these behaviours, four attachment styles were identified [8, 21].

It is important to mention that attachment occurs in all circumstances, regardless of the caregiver's behaviour, and this attachment may be secure or insecure.

SECURE ATTACHMENT STYLE

CAREGIVER BEHAVIOURS

The caregiver responds sensitively and affectionately to signs of discomfort and distress (e.g., approaching the child and comforting them).

EXPECTATIONS OF THE CHILD TOWARD THE CAREGIVER AND STRATEGIES TO DEAL WITH SITUATIONS IN THE PRESENCE OF THE CAREGIVER

- The child learns to deal with discomfort in an “organised” and “secure” way, looking for closeness and contact with the caregiver until they feel protected, knowing that the caregiver, being sensitive and responsive, will comfort them.
 - Actively explores the environment and turns to the caregiver when an uncomfortable or distressing event occurs, being easily comforted by the caregiver, can return quickly to their exploration.
-

INSECURE AND AMBIVALENT ATTACHMENT STYLE

CAREGIVER BEHAVIOURS

The caregiver responds inconsistently or unpredictably (e.g., expecting the child to be concerned with the caregiver’s needs and/or amplifying the child’s distress).

EXPECTATIONS OF THE CHILD TOWARD THE CAREGIVER AND STRATEGIES TO DEAL WITH SITUATIONS IN THE PRESENCE OF THE CAREGIVER

- The child uses an excessive expression of negative emotions to get the attention of their inconsistent caregiver.
 - It is considered an “organised” strategy because the child knows how to elicit a response by exaggerating displays of discomfort and distress so that the caregiver cannot ignore them.
 - However, they are resistant to the approach of the caregiver and are difficult to comfort [8, 21].
-

INSECURE AND AVOIDANT ATTACHMENT STYLE

CAREGIVER BEHAVIOURS

The caregiver responds insensitively or rejectingly (e.g., ignoring, making fun of, or getting angry with the child).

EXPECTATIONS OF THE CHILD TOWARD THE CAREGIVER AND STRATEGIES TO DEAL WITH SITUATIONS IN THE PRESENCE OF THE CAREGIVER

- The child deals with a distressing situation in an “organised” way by avoiding the caregiver and minimizing expressions of negative emotion in their presence.
 - It is considered “organised” because the child knows how to react to an insensitive caregiver, namely avoiding them in situations of need.
 - They have difficulties exploring the environment, oscillating between seeking proximity and avoiding the caregiver in stressful situations [8, 21].
-

INSECURE AND DISORGANISED ATTACHMENT STYLE

CAREGIVER BEHAVIOURS

The caregiver has atypical, distorted, frightening, or inconsistent behaviour (e.g., ignoring the child’s distress or crying while asking for a kiss/hug from him/her).

EXPECTATIONS OF THE CHILD TOWARD THE CAREGIVER AND STRATEGIES TO DEAL WITH SITUATIONS IN THE PRESENCE OF THE CAREGIVER

- The child demonstrates disorganised, disoriented, confused, and ambivalent proximity behaviours, seeking proximity to the caregiver and at the same time distancing themselves from them, for no apparent reason [22, 23, 24].
 - It is considered “disorganised” because they do not know how to act in the presence of the caregiver in uncomfortable situations and feel that they do not influence the caregiver’s behaviour.
-

Attachment is fundamental for development and psychological adjustment, from childhood to adulthood, determining expectations, representations, relational patterns, and adult behaviour towards others. It also influences their parenting experience [3, 4].

AND WHEN CHILDREN DON'T ATTACH?

Some children seem to never been able to create an attachment relationship with an adult.

UNATTACHED

CAREGIVER BEHAVIOURS

EXPECTATIONS OF THE CHILD TOWARD THE CAREGIVER AND STRATEGIES TO DEAL WITH SITUATIONS IN THE PRESENCE OF THE CAREGIVER

Caregivers are absent, very neglectful or abusive (e.g., children who live in institutions with few technicians and assistants where contact with a caregiver only takes place to meet physiological and basic needs, such as feeding, bathing, and diaper changing).

- The child does not create expectations due to the lack of contact they had with adults and the deprivation of parental care and sensory stimulation in their first two years of life [26].
 - The child does not react when played with, does not smile at the human face, has poor and scarce babbling, sleeps badly, and has difficulty gaining weight.
 - May show indiscriminate friendship towards strangers or even fear of strangers [26]. These behaviours seem to be how the child defends themselves from the external threat to their attachment system, trying at all costs to protect themselves from being "heartbroken" again.
-

Retrospective studies show that some of these consequences are serious and permanent [25]. Some of the effects of this deprivation and disruption of the child's attachment system, which may persist into adulthood, are [26]:

ATTACHMENT	Difficulties in trusting others. Difficulties in respecting limits. Social isolation.
BIOLOGY AND PHYSIOLOGY	Hypersensitivity to physical touch. Problems with sensorimotor development. Greater tendency to develop physical health issues.
AFFECT REGULATION	Problems in expressing their needs. Problems with emotional regulation. Difficulty describing and expressing emotions.
BEHAVIOURS	Impulsive, self-destructive, aggressive and oppositional behaviours. Passiveness and excessive obedience. Eating and sleeping disorders.
COGNITION	Problems performing and finishing tasks. Learning and language difficulties. Difficulties with planning and anticipating.
SELF-CONCEPT	Low self-esteem. Excessive shame and guilt. Lack of consistency and predictability in identity construction.

The development of attachment continues in adolescents and young adults, namely in romantic relationships.

REFERENCES

- [1] **Cassidy, J.** (1999). The nature of the child's ties. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 3-20). The Guilford Press.
- [2] **Bowlby, J.** (1956). Mother-child separation. In K. Soddy (Ed.), *Mental health and infant development. Vol. 1. Papers and discussions* (pp. 117-112). Basic Books, Inc.
- [3] **Bornstein, M. H.** (2002). Parenting infants. In M. H. Bornstein (Eds.), *Handbook of parenting: Vol. 1.* (pp. 3-43). Lawrence Erlbaum Associates, Inc.
- [4] **George, C., & Solomon, J.** (2008). The caregiving system: A behavioral systems approach to parenting. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 833-856). The Guilford Press.
- [5] **George, C., & Solomon, J.** (1999). Attachment and caregiving: The caregiving behavioral system. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 649-670). The Guilford Press.
- [6] **Ainsworth, M., Blehar, M., Waters, E., & Wall, S.** (1978). *Patterns of attachment*. Erlbaum.
- [7] **Salvaterra, M. F.** (2011). *Vinculação e adoção*. Edições Universitárias Lusófonas.
- [8] **Ainsworth, M. S.** (1979). Infant-mother attachment. *American Psychologist*, *34*(10), 932-937. <https://doi.org/10.1037/0003-066X.34.10.932>
- [9] **Malmberg, L. E., Lewis, S., West, A., Murray, E., Sylva, K., & Stein, A.** (2016). The influence of mothers' and fathers' sensitivity in the first year of life on children's cognitive outcomes at 18 and 36 months. *Child: Care, Health and Development*, *42*(1), 1-7. <http://doi.org/10.1111/cch.12294>
- [10] **De Wolff, M. S., & Van IJzendoorn, M. H.** (1997). Sensitivity and attachment: A meta-analysis on parental antecedents of infant attachment. *Child Development*, *68*(4), 571-591.
- [11] **Tamis-LeMonda, C. S., Shannon, J. D., Cabrera, N. J., & Lamb, M. E.** (2004). Fathers and mothers at play with their 2- and 3-year-olds: Contributions to language and cognitive development. *Child Development*, *75*(6), 1806-1820.
- [12] **Leerkes, E. M., Nayena Blankson, A., & O'Brien, M.** (2009). Differential effects of maternal sensitivity to infant distress and nondistress on social-emotional functioning. *Child Development*, *80*(3), 762-775. <http://doi.org/10.1111/j.1467-8624.2009.01296.x>
- [13] **Egeland, B., Erickson, M. F., Hiester, M. K., & Korfmachis, J.** (1990). *24 Month tools coding manual: Project STEEP revised 1990 from parent-child project scales*. Unpublished manuscript, University of Minnesota, Minneapolis.
- [14] **Ispa, J. M., Fine, M. A., Halgunseth, L. C., Harper, S., Robinson, J. A., Boyce, L., & Brady-Smith, C.** (2004). Maternal intrusiveness, maternal warmth, and mother-toddler relationship outcomes: Variations across low-income ethnic and acculturation groups. *Child Development*, *75*(6), 1613-1631. <http://doi.org/10.1111/j.1467-8624.2004.00806.x>
- [15] **Ainsworth, M. D. S., & Wittig, B. A.** (1969). Attachment and the exploratory behaviour of one-year-olds in a strange situation. *Determinants of Infant Behaviour*, *4*(4), 113-136.

- [16] **Cabrera, N. J., Shannon, J. D., & Tamis-LeMonda, C. S.** (2007). Fathers' influence on their children's cognitive and emotional development: From toddlers to pre-k. *Applied Developmental Science, 11*(4), 208-213. <http://doi.org/10.1080/10888690701762100>
- [17] **Schafer, H. R., & Emerson, P. E.** (1964). The development of social attachment in infancy. *Monographs of the Society for Research in Child Development, 29*(3), 1-77. <https://doi.org/10.2307/1165727>
- [18] **Marvin, R., Cooper, G., Hoffman, K., & Powell, B.** (2002). The circle of security project: Attachment-based intervention with caregiver-preschool child dyads. *Attachment and Human Development, 1*(4), 107-124.
- [19] **Grossmann, K., Grossmann, K. E., Kindler, H., & Zimmermann, P.** (2008). A Wider view of attachment and exploration: The influence of mothers and fathers on the development of psychological security from infancy to young adulthood. In J. Cassidy & P. R. Shaver (Eds.) *Handbook of attachment: Theory, research, and clinical applications* (pp. 857-879). The Guilford Press.
- [20] **Sroufe, L. A., Egeland, B., Carlson, E., & Collins, W. A.** (2005). Placing early attachment experiences in developmental context: The Minnesota longitudinal study. In K. E. Grossmann, K. Grossmann & E. Waters (Eds.), *Attachment from infancy to adulthood: The major longitudinal studies* (pp. 48-70). Guilford Publications.
- [21] **Benoit, D.** (2004). Infant-parent attachment: Definition, types, antecedents, measurement and outcome. *Paediatrics & Child Health, 9*(8), 541-545. <https://doi.org/10.1093/pch/9.8.541>
- [22] **Main, M., & Solomon, J.** (1990). Procedures for identifying infants as disorganized/disoriented during the Ainsworth Strange Situation. In M. T. Greenberg, D. Cicchetti & E. M. Cummings (Eds.), *Attachment in the preschool years* (pp. 121-160). University of Chicago Press.
- [23] **Schuengel, C., Bakermans-Kranenburg, M. J., & Van IJzendoorn, M. H.** (1999). Frightening maternal behavior linking unresolved loss and disorganized infant attachment. *Journal of Consulting and Clinical Psychology, 67*(1), 54-63. <https://doi.org/10.1037/0022-006X.67.1.54>
- [24] **Lyons-Ruth, K., & Jacobvitz, D.** (2008). Attachment disorganization: Genetic factors, parenting, contexts, and developmental transformation from infancy to adulthood. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment theory and research (2nd ed)* (pp. 666-697). The Guilford Press.
- [25] **Bowlby, J.** (1973). *Attachment and loss (Volume II): Separation, anxiety, and anger*. The Hogarth Press and the Institute of Psychoanalysis.
- [26] **Gray, D. D.** (2012). *Attaching in adoption: Practical tools for today's parents*. Jessica Kingsley Publishers.

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"While especially evident during early childhood, attachment behaviour is held to characterize human beings from the cradle to the grave."

Jonh Bowlby (1979-1982)

"A child's attachment style is dependent on the behavior their mother shows towards them."

Mary Ainsworth (1978)

"Every child needs at least one adult who is irrationally crazy about him or her."

Urie Bronfenbrenner (2005)

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