



Australian Association for
Infant Mental Health Inc.

Child care

Position paper 4

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The Australian Association for Infant Mental Health Inc. (AAIMHI) aims to improve professional and public recognition that infancy is a critical period in psycho-social development, and to work for the improvement of the mental health and development of all infants and families.

Definitions

'Child care' in this paper is defined as fee-paying, out of home care or fee-paying regulated family day care for children under the age of three years. The definition of a 'caregiver' used by AAIMHI for this paper is a person who is paid to care for the child and who is caring for children in a group setting.

We note that in the general child care industry and profession the term for staff is 'educator' but in this paper we emphasise the paramount importance of their care-giving function so the word 'carer' is used.

AAIMHI recognises the role a father plays in child care and supports the operational definition of 'parental care' over the term 'maternal care'.

Background to AAIMHI's position

The large body of research examining the effects of formal, non-maternal child care on children's development is controversial and the issue itself is complex and highly emotive. Balancing work, education and family life is a significant issue for most Australian families and child care is an important part of this process. The consideration of the placement of very young children in child care is underpinned by several important issues relating to parental employment, parental leave and allowances and social expectations of parenthood as well as the needs of infants and very young children. This position paper, together with the accompanying background research paper, focuses on the possible influences of child care on children's emotional and developmental wellbeing and outcomes.

Effects of maternal child care

Over the last three decades one focus of child care research has been to examine the influence of early non-maternal child care on children's development with a particular emphasis on the child-mother attachment relationship and more recently on levels of stress through cortisol testing. Research suggests that a mother's sensitivity and responsiveness during interactions with her child as well as her capacity to reflect on relationships are consistent predictors of the child's developmental outcomes and that child care features (quality, quantity, age of entry, and type of care) have less effect.

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Cortisol testing on infants and young children in long day care shows elevated cortisol levels throughout the day when children are in care compared with being at home. This seems to be mediated by age and is less evident after the age of three years, which may be partly due to the stress experienced by young infants related to being in groups. Research consistently concludes that parenting quality has the strongest influence on children's cognitive and social-emotional development regardless of how much time their children spend in child care. Attuned and responsive parents with access to good social support are more likely to offer high quality parenting to their children as they have the psychological resources available to do so. However, research suggests that child care is a risk factor for problematic mother-child attachment patterns when it is of a low quality and combined with low maternal sensitivity.

Quality of childcare

The importance of high quality of child care cannot be over-stated with virtually all research indicating that high quality care regardless of setting or provider is associated with more positive outcomes for children compared with low quality care. However, research also indicates that high quality care alone is not enough. In a day care setting several studies have demonstrated that it is not only the quality but rather the frequency of positive care-giving interactions between carer and child that was related to more secure attachment relationships with care-givers. This finding that children require more frequent positive interactions with their care-giver is important in the context of staff-child ratios and the amount of time a care-giver has available to dedicate to each child.

Research suggests that children in poor quality care may be exposed to some developmental risk; however, these studies have mostly been done in other countries where the quality of care is quite variable. When considering research findings it is important to note that the definition of quality varies between studies and needs to be clearly defined. Measures of quality are based on values and these vary between cultures. Some aspects of quality vary with the age of the children and this also needs to be specified. High quality care for the purposes of infant mental health should include frequent, warm, responsive interactions as well as other more measurable factors such as staff-child ratios.

Statement of AAIMHI's position on child care

Child care for infants (0 to 3 years) must be of a high quality and children should be encouraged to form secondary, secure attachment bonds to their caregivers. To facilitate this, staff-to-child ratios should be kept low (preferably 1:2 for infants in their first year) and staff turnover should be minimised. High quality child care depends on warm responsive relationships and frequent positive interactions between staff and children. For families with additional environmental or personal needs child care services that include support for parents offer opportunities for positive long term outcomes for children.

This position statement is based on the premise that new evidence shows that (early) relationships significantly shape brain circuits and lay the foundation for later developmental outcomes, from academic performance to mental health and interpersonal skills (National Scientific Council on the Developing Child, 2004) and that secure attachment is the foundation of children achieving their full life potential (Hertzman, 2000).

AAIMHI takes the following position on the issue of attachment and child care:

- Children's attachment needs (see Howes, 2008) must always be met, monitored and maintained.

- Warm, responsive, care-giving relationships are the foundation of early childhood care and education.
- Children should be encouraged to develop secondary secure attachment bonds with their regular care-giver at the child care service.
- Staff-child ratios must be kept low (1: 2 for babies under one year, 1: 3 for toddlers if possible) in order to facilitate secure attachment with carers.
- Working conditions, training, development and support should be reviewed regularly to reduce staff turn-over and ensure continuity of care.
- Staff should engage in reflective practice and child care services should encourage self-awareness and questioning of values and attitudes and examine their processes from the perspectives of the child, the worker and the system itself.
- For young infants one-to-one care from an appropriately trained care-giver should be considered.

AAIMHI considers the following to be essential components of high quality non-parental child care:

- The ability of carers to establish warm and responsive/sensitive care-giving relationships, evidenced by the number of warm interactions during each session.
- Licensed programs in child care services that follow appropriate safety and health practices.
- On-going and innovative training and support/mentoring for staff.
- Specialist training, including a focus on infant mental health, for staff working with infants.
- Consistent and meaningful support for staff to reduce staff turnover.
- Good working conditions for child care centre staff.
- Primary care-giving and continuity of care for children.
- Small group sizes with optimal ratios (as above).
- Carers who work with parents to support the child's learning and development.
- Children with special needs, such as cultural differences, previous trauma, disability, and Aboriginal heritage require care that is respectful and knowledgeable, responsive and understanding of their particular situation and needs.

Child care for children from different backgrounds

While addressing the developmental needs of all children in non-parental care is essential, failure to do so for children from Aboriginal and different cultural backgrounds carries additional risk. Meeting only the general needs of these children is not enough and child care services and the community at large should work towards enhancing and improving the developmental opportunities available to these children while they are in non-parental care, for example:

- Valuing their culture and background.
- Organising collections of multicultural resources at the service.
- Learning sign language and common phrases.
- Using parents and other family members and other agencies as interpreters.
- Employing bilingual staff.
- Supporting and continuing cultural practices where possible.
- Supporting all children in understanding of and acceptance of difference.

- Make an attempt to develop links with communities in their area (Targowska, 2009).
- Recognising, understanding and supporting the special place of Aboriginal people and children in Australian society.

AAIMHI advocates for the development of specially staffed child care services in areas of disadvantage where support for parents in parenting, health and life issues can be provided as well as child care.

AAIMHI advocates for investment into Australian longitudinal research into the effects of non-parental child care on the development of children aged birth to three years old. Aboriginal children and children from different cultural backgrounds, especially refugee children, require additional attention.

References

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- (One of the most recent and authoritative reviews of the literature on pathways to secure attachment with a variety of alternative caregivers including child care providers.)
- National Scientific Council on the Developing Child (2004). *Young Children Develop in an Environment of Relationships: Working Paper No. 1*. www.developingchild.harvard.edu
- Siegel DJ and Hartzell M (2004). *Parenting from the Inside Out*. Penguin Puntnam: New York.
- (Easy to read and up to date discussion of strategies for effective parenting. No specific focus on child care.)
- Vermeer H and van Ijzendoorn M (2006). Children's elevated cortisol levels at day care. *Early Childhood Research Quarterly* 21, 390-401.
- The background paper accompanying this position statement.

Further resources

Australian Children's Education and Care Quality Authority: <http://www.acecqa.gov.au/>

Also <http://www.mychild.gov.au/pages/ccoptions.aspx>

Choosing a quality education and care service:

http://www.education.vic.gov.au/Documents/childhood/parents/child_care/qualityservice.pdf

Also the Department of Education in each State or Territory.