

## CHILD CARE, WE CARE

Anne Reddell

*The paper below is edited from the presentation at the 'Child Care, We Care' public meeting in March 2003 hosted by the Queensland University of Technology School of Early Childhood in conjunction with the World Education Fellowship. This presentation provides an introduction to the paper by Brannock which is then concluded by an edited version of a presentation by Henry.*

### **Introduction**

The 'Child Care, We Care' public meeting provided a good opportunity for interested parties to get together, share information and learn from each other.

Important questions that formed the themes of the discussion were 1) Child care for our very young children: is it helping them or doing them harm? and 2) Child care is not going away: how can we ensure its quality?

### **Discussion**

Before considering these questions it is important to look at the current early childhood context. Over the past few years there has been a growing body of international evidence that confirms what countless parents, early childhood practitioners and wise people have always known.

That is, that the early years are a critical period of development during which the foundations for children's later emotional, social, intellectual and physical wellbeing are developed.

Specifically, research into the development of the brain has shown that:

- Early experiences have a decisive impact on the architecture of the brain and on the nature of adult capacities;
- Brain development is non-linear: there are 'prime times' for acquiring different kinds of knowledge and skills – with early childhood being one of them; and
- Early interactions do not just create a context: they *directly affect* the way the brain is 'wired'.

The implications of this information can not be underestimated. This research provides a *physiological basis* for the long-held conviction that the role of carers, and the care environment, is absolutely critical – both to the growth and learning of children and in shaping individual and social outcomes in the long term.

The question of whether child care is beneficial or potentially harmful to young children is one that comes up periodically. Without dismissing it out of hand, it is more useful to focus on the fact that child care is a part of contemporary family life and that therefore we need to achieve quality outcomes in child care settings.

Far from going away, the demand for child care is growing significantly. The reasons for this are well documented. Chief among them is the high number of women with young children who are now in the paid work force. Families are also changing and child care often provides an essential break from being with children that the extended family provided in the past.

The national *Report on Government Services*, released earlier this year, shows that in 2001/02 a total of 570,000 children aged five years or less attended a government funded or provided child care service.

While this is a national figure, the report also highlights the fact that the proportion of Queensland children attending a government funded or provided child care service, 40.5% of 0-5 year olds, is higher than the national average of 37.6% for 0-5 year olds.

Recently there has been some media attention on a research study conducted through the University of Melbourne which examines factors influencing children's adjustment to the first year of schooling. The results of the study suggest that child care can have a detrimental effect on children, particularly when compared to preschool.

It is easy to accept media coverage at face value, but it is important to look more carefully, particularly for child care professionals.

The results of this research should be considered in light of the small sample size used for the study, of just 212 children. In addition, conclusions made about some service types were based on numbers of children using those services as low as three years.

Again, an examination of the context is also important. For example, preschools are a very well established part of our community. They have existed in this State since 1907 when the Creche and Kindergarten Association of Queensland was first established.

By comparison, there was not a significant growth in child care centres until the early 70's with the Commonwealth's introduction of the *Child Care Act* 1972. This legislation enabled capital and operational funds to be allocated to non-for-profit organisations to set up child care centres.

What this means then is that child care, and particularly centre-based care, is a relatively new phenomenon in Queensland. It is fair to say that the Queensland community is still conceptualising the nature and extent of the role of child care. Not surprisingly there is a range of views which contributes to a healthy debate!

The care of young children always has the potential for benefit or harm regardless of the care setting – be it within a service or a child's home environment. Child care services come under a lot of scrutiny, and rightly so, because they are in the public domain.

The question of how we can ensure quality in child care settings needs to be discussed often and energetically so that, as a community, we can continue to shape the development of child care in a positive way. Ensuring that high quality child care services are available to all families is a continual process and a shared responsibility.

To really make a difference to the quality of child care the community, the sector, government and parents need to work together. Creating opportunities for this to happen is an important focus of the work of the Department of Families.

In February 1999 the Child Care Forum was established as a way of bringing together all the groups with an interest in child care, including parents, to improve planning for the provision of quality child care in Queensland. The Forum has played a very important role in assisting to develop solutions to the issues affecting child care and is still going strong.

## **Human resources and training; Research; and Information technology**

Identifying ways to maintain a qualified and highly motivated child care workforce is a big part of the quality question. There are a range of stakeholders in the child care system – these include, but are not limited to, services and staff; academics; training providers and accreditation bodies; peak organisations; State Governments; the Commonwealth Government; and, of course, parents.

The system is a complex one and the links between various stakeholders are extensive and varied. Obviously, though, children are the central focus. Each stakeholder group contributes to quality in the child care system.

Firstly services. The research on brain development is showing that it is the people at the heart of the issue – that is, those caring for, developing and educating young children – who are so instrumental to quality in child care.

Ongoing professional development; mentoring arrangements to support young staff; and improved community recognition of the importance of child care are important elements in sustaining child care services.

Academics play a huge role in developing and expanding a collective knowledge base amongst stakeholders – a knowledge base that shapes and directs practice. Training providers create the link between research and how child care workers are taught – this is obviously vital in achieving quality.

Accreditation bodies support services by assisting them to continually improve their practices and operate in a way that is consistent with nationally agreed standards. The National Childcare Accreditation Council is the body in this country which accredits services with a link to payment of the Child Care Benefit. The Commonwealth Government is currently working on a range of initiatives that relate to quality.

In 2000 the Commonwealth Department of Families and Community Services announced The Longitudinal Study of Australian Children, now known as the Growing Up in Australia study. The purpose of the study is to add to the understanding of early childhood development and establish answers to some broad questions such as 'how are child outcomes interlinked with their wider circumstances and environment?'

Data will be collected for two cohorts of children and will be sourced from children themselves, when of an appropriate age, their parents, carers and teachers. Each cohort will comprise at least 5,000 children, approximately 940 of whom will be from Queensland. The study, which will run from 2003 until 2009, will include specific questions relating to child care.

In 2001 the Commonwealth Government released a report called Child Care: *Beyond 2001*. This report identifies some of the most pressing issues facing the child care industry nationally and calls for co-ordinated action and sustained effort to address them.

One of the responses to this report was the formation of a national 'Think Tank' on how states and territories can work together to raise the standing and status of child care workers.

Improved community understanding of the importance of the work of child carers will lead to greater numbers of people choosing child care as a career and, over time, will reduce staff turn-over. This will contribute greatly to quality in services.

The Commonwealth recently conducted consultations on the development of a *National Agenda for Early Childhood*. The paper identifies quality early learning and care experiences in the years before school as a (proposed) key action area. The question of quality is therefore literally on the national agenda.

Parents have a huge role to play in obtaining quality services for their children.

As service users parents are able to monitor quality and vote with their feet. Obviously the availability of child care is an issue but parents can monitor quality in various ways:

- Use the *Quality Child Care Checklist*, provided free of charge by the Child Car Information Service in the Child Care Unit, which identifies things to look for when considering a service – in the staff and care providers and the service itself;
- Ensure that quality child care remains on the political agenda;
- Stay informed as a consumer group.

Ensuring that high quality child care services are available to all families is a continual process and a shared responsibility. This is a complex job, but a willingness amongst stakeholders to work together to achieve shared goals is the key.

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## Beliefs about Toddlers' Learning and Practices during Routines

Margaret Brannock

*Child care is part of life in the twenty first Century. The dramatic changes in demographics, diversity in the structure and mobility of families, technology and transport have meant that child care is now an important community resource, and an environment to support children's development and learning. There is a considerable growth in the attendance of children under three years in centre-based child care services (Queensland Child Care Census, 2000 & 2001). However, research suggests that the quality of programs for this age (which encompasses major developmental advances) is not always high (Phillipsen, Burchinal, Howes & Cryer, 1997).*

This research examines aspects of caregivers' practices and beliefs that impact on quality. The focus is on caregiver practices within routines in child care programs that cater for children aged one year to three years, and on the manner in which caregivers understand children's learning. Beliefs inform practice (Pajares, 1992) and research indicates links between the nature of teachers' beliefs and practice (Wilcox-Herzog, 2002; Vartuli, 1999).

This study particularly looked at

- group leaders' beliefs about how children learn,
- group leader practices around routine situations in toddler programs
- links between what group leaders said about how children learn and the sort of routines they organised in the program.

Routines are important because they are such a significant part of a toddler's day. Routines are the "recurring events in the basic structure" (Feeney et al 1991 p. 160) or the necessary elements that are always part of the daily program for young children, which are consistent from day to day (Butterfield, 2002). Routines include arrival, departure, toileting, changing nappies, dressing and undressing, washing, eating, sleeping, resting and transitions. Because routines take up a large amount of time in the program, they deserve attention and careful consideration. It can be argued that the daily program for toddlers cannot be separated from routines, and they should be considered "not as time away from the program, but as an important part of the program" (Psaltis & Stonehouse, 1988, p.79).

Routines in child care settings with toddlers are experiences where there is the potential for positive facilitation of children's learning and support for children's development. Routines provide the structure that supports feelings of security, learning independence, experimenting with and exploring the world around them. Using routines to their fullest advantage requires taking more time, adjusting to 'toddlers time'. Routines should be based on individual needs, so that toddlers eat, sleep and toilet when they need to, rather than fitting conveniently into the adults' concept of a timetable. As routines are both regular and predictable they are often carried out mindlessly, and can easily become 'routine' and what could be a positive learning experience becomes a chore or a time for stress and fighting.

The research on quality shows that the dynamic aspects of positive interactions between adult and child are the most important aspects of the child's daily experience in an early childhood program. It is the responsiveness of the adults who react appropriately and promptly to children's verbal and nonverbal signals, who listen to children with attention, who are sensitive to children 's mood and situation, who

initiate activities that are appropriate to the child's developmental level and interests (Broberg & Hwang, 1991) that makes a difference.

This research project analyses group routine situations in 12 Child Care toddler programs to develop an understanding of the links between practices and beliefs in relation to the group leaders' understanding of how children learn, concentrating on the 'Responsiveness' demonstrated by the group leaders for supporting children's learning during routine experiences and what these group leaders say about children's learning,

The research questions were:

- What are the caregivers/group leaders' beliefs or understanding about how children learn?
- How do group leaders construct their practice around routine activities?
- Is there a link or connection between how group leaders construct their practice around routines and what they say about children's learning?

The project was part of a larger Queensland University of Technology (QUT) study, in relation to the nature of epistemological beliefs and the qualities of care giving practice in child care programs (Berthelsen, Brownlee, & Boulton-Lewis 2002). The program provided by each group leader was video taped and the group leaders participated in stimulated recall interviews in relation to a series of questions about their care giving style and understanding of children's learning as well as to review and clarify what was seen in the video tape.

Much of the literature links the quality of programs for children with the level of qualifications held by the carer, and the ability of the carer to be reflective. Berthelsen, Brownlee & Boulton-Lewis (2002) suggest that an individual's epistemological beliefs will have a greater influence on how they work with children. In order to elicit data needed to gain understanding of their beliefs about children's learning, three questions relating to these were used from the larger semi-structured interviews with each of the group leaders.

The first question of the interview was *Can you describe how you think children learn?* This could be identified as being theoretical, and tended to be answered by the group leaders in a more theoretical manner. The other two questions asked of the group leaders were: *Can you think of an experience you have had with a child in your care where you really noticed that he or she had learnt something?* and *How do you know when a child has learnt something?* These could be recognised as being more operational or practical in nature, and tended to be answered in this way. As a result of this, the first question was analysed in depth, and the second and third questions were used as supporting evidence to confirm the stated beliefs indicated in response to the first question.

Group leader responses were grouped along a continuum relating to their beliefs about children's learning, ranging from the most child oriented beliefs about children's learning, identified as Child Oriented beliefs, to the least child focussed, which have been identified as Adult Oriented beliefs.

The Child Oriented position included those responses which implied cognisance that children create their own knowledge and understandings at a personal level and that the child had control of their own learning with the adult role being that of a facilitator. This position could be linked to Relativistic Epistemological beliefs which assume a commitment to personal interpretation of knowing, where knowledge is viewed as complex, tentative and uncertain (Hofer & Pintrich 1997).

The median position indicated some cognisance that children create their own understandings, is an acceptance of multiple perspectives, where responses tended to be mixed and implied a belief that

children's learning was influenced by the actions of the adult. This position could be linked to Multiplistic Epistemological beliefs where there is an acceptance of multiple perspectives of knowledge (Hofer & Pintrich, 1997).

The least child oriented position on the continuum, identified as Adult Oriented, included those who appeared to give little credence to the child for their learning, where knowledge was viewed as absolute and seen as almost entirely dependent on the responses of the adult. This level of understanding could be related to Dualistic Epistemological beliefs, which suggest that knowledge is viewed as simple and certain absolute information transmitted by authority (Hofer & Pintrich, 1997).

In this study, the analysis of the quality of the care giving environment in relation to routines used an Interactive Environmental scale which examined the manner in which the group leader demonstrated skills and facilitated children's development in the areas of Responsivity, Scaffolding for Cognition, Language and Independence. The analysis of:

*Responsivity* identified the manner in which the staff member initiates and supports interaction that requires responses from the toddlers, and whether the staff member responds positively, sensitively and warmly to the toddler's needs and demands.

*Scaffolding for Cognition* included the manner in which the staff member encourages and calls attention to pattern and order of experiences in order to extend understanding, and stimulate cognitive development, to ensure learning can occur.

*Language* not only looked at how the staff member encourages toddlers to develop their vocabulary and control of language by asking questions, but also included the sort of language that is used by the staff member, whether it is guiding, praising, controlling, directive, harsh, or negative and how children are redirected.

*Independence* included how the staff member encourages children to make choices and develop autonomy through the routines being predictable so children know what is expected, are child directed to actively involve them or whether the children are passive recipients in routines and transitions that are dominated by adults.

Each observation of a routine situation was analysed in detail using these dimensions and the quality of group leader interactions and practice was placed on a continuum from High Involvement to Low Involvement with the children.

The first part of the continuum identified as High Involvement, indicated responsiveness where group leaders reacted promptly and appropriately to a child's verbal or non-verbal signals for attention. It included having expectations that are appropriate for the child's developmental level and is described by Henry (1996) "as adult regard for, attention to and engagement with the signals that children emit" (p. 75).

The mid point of the continuum tends to be characterised by group leader behaviour which while being warm, lacks sensitivity. There is considerable communication but it is 'controlling', adult-centred, with much organising of the children, and failing to extend children's thinking or ability to be independent.

The other position of the continuum was identified as Low Involvement which can be defined as demonstrating the group leader's lack of involvement with the children, where communication is extremely limited and only occurs when essential, and where there appears to be a lack of sensitivity.

### Congruency between beliefs and practice

Congruence between beliefs about children's learning and actual teaching practices with children was also examined. This was based on an assumption that such alignment is important in making judgements about the quality of practice (Vartuli, 1999). In this research, it was assumed that strong child-oriented beliefs about how children learn and higher involvement with children reflected higher quality practices. A judgment of high quality practice was made for only one group leader for whom congruence in beliefs and practices was high. She had strong child-oriented beliefs and high involvement with children. Significantly, she was the most highly educationally qualified practitioner. Only one group leader was considered to have poor quality practice. She displayed adult-oriented beliefs about children's learning and had low involvement with the children. For two other group leaders there was a lack of congruence between beliefs and practice. One displayed strong child-oriented beliefs but had very low involvement with children in her practice while the other had more adult-oriented beliefs about children's learning but was highly involved with the children in her practices. The remaining group leaders were considered to also display congruence in their beliefs and practices, by being placed in medium positions on the continuums used to describe the nature of beliefs about children's learning and level of involvement with children. They can also be considered to have only 'medium' quality of practice in spite of the congruence. The majority of the group leaders fall within the Child Oriented and/or High Involvement area of the figure, only three fall into the area which may suggest both poor understanding and poor practice. (All names have been altered to protect anonymity).

Rhonda displayed the most congruence between her beliefs about children learning and her practice, and was included at the Child Oriented end of the continuum in relation to children's learning, and in the High Involvement area of Interactional continuum. Catherine and Claire both gave Child Oriented responses in relation to how children learn but supported this with more adult oriented responses for the more operational supporting questions.

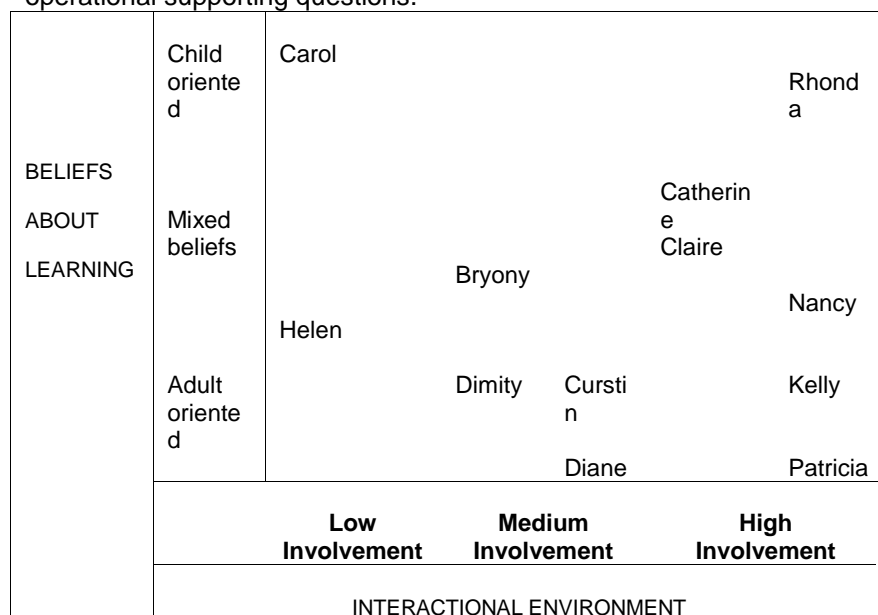


Figure 1: Congruence between beliefs and practices

Carol was the only group leader who gave consistently Child Oriented responses expressing a clear understanding about children's learning but her interactions did not reflect the same understanding and she was placed in the Uninvolved area of the Interactional environment.

Patricia provides the opposite profile to Carol. Patricia's responses indicated her beliefs about children's learning were in the Adult Oriented part of the continuum but in terms of her interactions and

responsiveness she was included in the High Involvement end of the continuum. Patricia engaged with the children, provided choice and extended their discussion.

Kelly also demonstrated warm and positively responsive interactions with the children and found opportunities to extend children's skills and understanding through having fun with them. Kelly was not able to express a clear understanding of child centred learning, using behaviour modification and 'things learnt' at adult directed group times which are reliant on repetition and memory as examples of children learning. Bryony seemed to be able to express a more child oriented understanding of learning but her practices demonstrated considerable reliance on adult control.

Helen, Dimity and Diane fell in the lower part of the figure, Helen demonstrating the least involvement of these three.

## **Conclusions**

It is acknowledged in the analysis of the findings of this study that contextual factors in how child care centres organise their staffing and their organisational practices may constrain group leaders from practising in ways that allow them to be highly involved with children and enhance their learning. Such limiting influences on practices warrant further research on the organisational aspects in the operations of centres that do, or do not, enable staff to deliver quality programs. From the study findings, it is also important to consider how the current legislated regulatory standards for group size, staff-child ratios and educational standards for group leaders impact on program practices.

In many instances reorganisation of the routines could easily have provided the children with more independence and choice, and the adults more time to sit with and communicate with the children. Many of the routines are very labour intensive: feeders were not self help, lunches were put out for the children, food was unwrapped for the children. In many of the programs it appears that the assistant is responsible for preparing food or collecting it from the kitchen putting a strain on the supervision of the children left with one adult, especially if one child is upset, and children are required to wait for their food. This is mostly handled positively with the group leader singing songs but in the case of Claire the children actually sit for ten minutes between arriving at the table and when the food is served. There are instances when the children are made to wait due to insufficient resources, for example toilets and hand basins.

There was a noticeable difference in the communication between the Group Leaders who sat with the children and those who supervised by walking around the tables. When group leaders sat with the children, language was used to praise and encourage, to draw attention, to redirect and to gain co-operation. It seemed they were on a more equal level. When group leaders stood and supervised, language while still encouraging was more directive and controlling.

The incongruence between what the group leaders say about how children learn and their practice could well be because they were unable to articulate how children learn. It would seem most important that those working in the field of early childhood education and care should be able to express clearly what they do and why. It is important if we want to be advocates for children, and it is important if we want to improve the status and standing of those who work with young children, and it is important if we want to be seen as professionals.

While the sample size of this study was small, it introduces important new ideas for analysing and understanding the quality of practice in toddler programs during routines. It takes account of caregivers' beliefs in relation to their actual teaching behaviour with children. It has implications for professional development programs. It can be speculated that those group leaders who hold "mixed" beliefs and

practices are likely to be most receptive to professional development opportunities that enable them to explore their beliefs about children' learning and reflect on how change in their own interactional behaviours can enhance learning.

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## CHILD CARE FOR OUR VERY YOUNG CHILDREN: HELPING THEM OR DOING THEM HARM?

Margaret Henry

Child care will help our young children if it assists them to meet their developmental needs. Child care will do our children harm if it prevents them from meeting their developmental needs.

### **What are our developmental needs?**

Erik Erikson (1950) proposed that very young children face three major challenges which arise in a particular order. The first is to build up trust in themselves and their world, the second is to initiate action for themselves and the third is to acquire new ideas and carry them through. Erikson saw these challenges or needs being met (at least reasonably) in the first half-dozen years of a child's life, but my own work (Henry, 1996) suggests that, whatever our age, these three fundamental needs keep recurring throughout life.

I call these fundamental needs developmental, first because they occur in the order that Erikson suggests, and secondly because, however old we are, their fulfilment enhances our development, making new capacities available to us until the time when we are totally incapacitated. Feeling trust or goodness-of-fit with our environment gives us a secure base (Ainsworth, 1967) from which, as we change or the environment changes, we feel confident to explore and influence that environment. Such exploration allows us to give and get new ideas about the environment, producing a new secure base from which these processes start again (Henry, 2004).

### **What educative behaviours help to meet these needs?**

Young children must have help from adults to meet their developmental needs. Hess (1971) identified ten behaviours used by parents that helped young children to meet their developmental needs in the first years of school. That is, children whose parents behaved in the ways listed below were significantly more likely (on teacher ratings) to be happy rather than withdrawn or aggressive, to act and interact freely, and to perform at their intellectual potential. Researchers internationally have since confirmed the adult behaviours identified by Hess as helpful to young children, whether carried out by parents or other carers (Clarke-Stewart, 1987; Ochiltree and Edgar, 1995, Pierrehumbert, 2002). I have grouped the helpful adult behaviours have been grouped into three behavioural dimensions: responsiveness, control and involvement. These behaviours have been shown to have similar effects among children and among adults (Henry, 1996). We adults can:

- *promote trust* in children and adults through our **responsiveness**: by relating warmly to them, expressing a high regard for them, and being attentive to and engaged with them;
- *promote autonomy* in children and adults through our **control** methods: by encouraging their independence, explaining why some things have to be done, and being as consistent as we can;
- *promote initiative* in children and adults through our **involvement**, by: encouraging them to achieve, talking with rather than to them, engaging in 'by the way' teaching, and having interesting resources around for them.

The following true story from a practitioner (Henry, 1996:144-6) illustrates how the use of these behaviours in child care helps young children and adults by enabling them to meet their developmental needs.

## Katrina's Conference

With accreditation of her child care centre in mind, Katrina, the Director, and her staff drew up a questionnaire for parents to see if they were satisfied with the centre's services. Responses indicated some parental doubts and worries. Among the questions parents asked were these:

- How does the centre emphasise the development of my child?
- Will the number of children in the nursery allow for one-to-one interaction with my child as well as interaction in a group setting?
- How can I ensure the opportunity to discuss with staff how my child is progressing, not only day-to-day but over longer periods of time?

What followed was a well-attended meeting which produced a list of aims for the children that all the parents and staff, "strangers who had now become friends" (Henry, 1996:146), had combined to create. In answering the three questions the combined parent-staff group showed how the adult behaviours identified by Hess work for both for the benefit of young children and adults.

*Question 1: "How does the centre emphasise the development of my child?"* Staff members talked to parents about how they tried to help children put into practice Erikson's sequence of acquiring trust, followed by the ability to 'do one's own thing' followed by the carrying through of new ideas. Trust, the essential basis for everything that followed, was emphasised as babies and toddlers came to believe that their needs would be met through carers' warmth, regard and attentiveness. Carers talked too about looking for occasions to play predictable, turn-taking games that helped to build trust through familiarity and fun. Mothers had many examples of such games to offer carers. One Mother who had come from Sydney told of changing her baby's nappy with a cry of 'Harbour Bridge! Harbour Bridge!' at which baby laughed and – helped by Mother – arched her bottom for the nappy to slip under.

*Question 2: The development of autonomy, 'doing one's own thing', through one-to-one interaction.* Parents told staff how much time their infants and toddlers spent, and *needed* to spend, playing round their feet. The parents were reassured that staff members seemed aware of this need from their training. Such one-to-one interaction, said carers, was possible within the child care ratio. They also discussed framing small choices ("Your red shirt or your blue one?") that were genuinely each child's to make.

When parents asked *Question 3: opportunities for discussing their child's overall progress* the staff were alerted to a need which they had not recognised, that is the need for staff and parents to share information and ideas about children's intellectual growth. A major achievement of the day was the realisation by both parents and staff that the children's repertoire could be greatly enriched if a carer were to tell a Mother about, for example, the new words that had cropped up, and if the Mother were to tell the carer how she and the toddler had matched up the coloured pegs when hanging out the clothes. Each adult looked thoughtful at the notion that such examples of initiative, many transferable to the other setting *once the adults communicated them to each other*, might further contribute to the child's overall progress.

Thus among the outcomes of Katrina's conference were enhanced ways of meeting the children's three developmental needs – for trust, for autonomy and for initiative, But this happened only as the adults helped to meet one another's needs by exchanging the same behaviours – those behaviours identified by Hess (1971). Starting with Katrina's wish to consult parents about the aims of the centre, responsiveness underlay the day's activities in which warm relationships and regard for one another allowed attentiveness to important questions. Mutual control, assured by the consistent expression of independent views, balanced by the limits of the opportunities provided by child care, led to a variety of proposals for action.

And the involvement of staff and parents in discussing such action together led, by the end of the day, to new insights for both which would enrich not only the children's lives but their own.

In child care as elsewhere we can appreciate and encourage these behaviours in other people and in ourselves. They are the behaviours that help us meet our developmental needs.

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