FINDING DAYCARE

Navigating the Murky World of Child Care in Today's Society

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This book is dedicated to my family who have supported me through everything and shown me what unconditional love is all about. I love you Brian, Maddy, and Theo!

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Introduction

Welcome to the wonderful world of child care. It is nearly guaranteed to plague you with feelings of guilt, fear, and doubt as you hear people's unbridled opinions on the issue, both good and bad. You may hear people suggest you should prioritize your child and quit that job to raise them yourself. You may hear people suggest that daycare is just as good – or even better – than being raised by you so you shouldn't feel bad at all (which may then make you question how these other people can get it so much more 'right' than you, your child's parent). Neither of these are objective truths, but it won't matter to your brain as you make a decision to separate from your child for sometimes large chunks of time and trust someone else to do what is right by them. So I ask of you now: breathe.

The goal of this book is to help you navigate these very murky, difficult waters so that you can come to a decision that you feel confident in *and* prepares you for any event that may result in having to stand up for your child or even a change of care. By going through the hard work now, you can feel confident and secure that you are doing the best you can for your child when it comes to their care. I won't lie and say this work will be easy or quick, but then again it shouldn't be when we think about what we are really undertaking when choosing care for our children. I

am always surprised at how many families don't really do the research they should before choosing a care provider, instead choosing based on convenience or what others are doing.

I would be remiss if I didn't mention that sometimes your 'choice' won't be much of one at all. Factors such as availability, cost, or your working hours can have a profound impact on what is available to you. I hope that this book will still help you by potentially exposing you to alternatives that may be there that you hadn't considered or at least how to approach handling your child's care providers to ensure your child is cared for as you want. I have worked with families where this is the case and I always remind them that they can still make the best of a situation they don't find ideal *and* by not resigning themselves, they keep their ears and eyes open for opportunities that may (or may not) come along and allow for a change for the better.

Throughout this book, you will find I provide detailed questions and information for you as a parent looking for daycare. I strongly recommend writing or printing these up and having them ready with you when you start looking into child care options. Having these questions ready can make the process much easier and give you some hard data to look at when you're making comparisons.

There is also one chapter dedicated to the research on child care and outcomes for our children. I have put this chapter at the end for two reasons. First, because for many their decisions won't be able to be based on the research as options are limited and I certainly don't want

people getting worried or panicked because of the research so I want them to see the various options first and think of how they relate to their own circumstances. However, if this is you, know that reading the research can be an activity that is helpful even if we can't put it into practice immediately. Knowledge is power as long as we aren't afraid of knowing we'll likely fall short of what it suggests is 'ideal' and we can instead use it to help keep our minds open to new and different possibilities. The second reason is that the research itself is limited by the fact that there are still many areas that haven't been researched. I don't want anyone to think that we have the final answer on care issues from the research that has been done, though the research that *has* been done has been illuminating and deserves to be considered. There are many unanswered questions in almost all realms of child care and I highlight some of these questions and I hope I am clear in the limitations of the research while summarizing what it has been able to tell us, but you should not feel that research *thus far* can provide the final word on child care. If you want you can start with that chapter and then come back to Chapter 1, but it will make perfect sense at the end as well.

I hope you find this book helpful in your child care journey. It's not long, but it shouldn't be for you to be able to use it effectively.

Tracy Cassels, PhD

Chapter 1. The Concept of Allocare

You've looked for places close to you.
You've read reviews.
You've put your name on wait lists.
Now is the time to hand over your baby to someone else.

For many families, it's not until they actually *hand over* their child that they *start to* realize what they're signing up for. They've been so focused on the logistics of what it means to work in this new element of their day and making sure that the care they have found checks all the 'right' boxes, that that moment when they hand over their child, they often realize they don't actually know too much about the person who is on the other side of this equation. This is especially true when people choose a centre-based daycare where they may have had contact with the owner or the manager, but have actually never, or rarely, met the staff that will be in charge of caring for their child.

So day one rolls around, you hand your child over, only to realize you may not even know the name of the carer who takes your child until they introduce themselves at that moment. Parents in this situation have fallen into the very common trap of letting the centre do the work that they

should be doing about getting to know the people that will care for their kids.

It's easy to see how this happens. We trust that the daycare has done their due diligence with respect to their staff. We hope that they know these people are trustworthy, safe, caring, qualified and so on. I don't doubt that most of them are, but when you think about what it takes to work at even the most diligent daycare, you may realize that it's not actually all that *you* care about for *your* child. I want to focus this chapter on the things you should know about every individual that comes into contact with your child and why knowing these things is so important for this seems to be one of the largest distinctions between our current conception of child care and the historical idea of allocare.

Allocare: A Concept As Old As Humans

One of the more common misunderstandings about child care is that it's a newer invention, a product of our modern age, something that has arisen thanks to industrialization. This allows lots of people to be overly critical of the idea of care as they think it is 'unnatural' or 'modern' and many people associate (sometimes rightly, sometimes wrongly) 'unnatural' with 'harmful'.

The problem is that it just isn't true.

Children have been cared for by individuals other than their parents for as long as humans have been on Earth and the entire idea of allocare actually fits within an evolutionary framework if we consider that us humans are

hardwired to consider other people's perspectives and work towards cooperation. As beautifully illustrated in much detail in Dr. Sarah Blaffer Hrdy's seminal work *Mothers and Others: The Evolutionary Origin of Mutual Understanding*, we have survived as a species because we have created a system where shared care is normative and this has allowed for calorically high-needs offspring to thrive. Allocare is not an anomaly, but may be considered the very reason for our existence.

Supporting this, one research paper looking at how modern-day familial and societal structures emerged found that the primary reason we are where we are is because females in a group helped each other, especially in childrearing[1]. Looking at non-Western societies, we find that children spend ample time each day (an average of 43% of their day) with caregivers other than their mother[2], contrary to the idea that it is only the parents who care for their children. This idea of being cared for by multiple people is referred to as 'allocare' – 'allo' from the Greek 'allos' meaning 'other' and 'care' which we all know. Allocare is a central part of human history and evolution, not some new invention.

But this begs a very important question: If we have been using other-centered care for ages, why should we suddenly think differently about it? Why is it so hard for mothers and fathers to drop off their children to the care

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[1] Bell AV, Hinde K, Newson L. Who was helping? The scope for female cooperative breeding in early *Homo*. *PLoS One* 2013; https://doi.org/10.1371/journal.pone.0083667.
[2] Kramer KL, Veile A. Infant allocare in traditional societies. *Physiology & Behavior* 2018; 193: 117-126.

of someone else? It comes down to the way in which care has been offered historically and by whom.

Let's start with the 'by whom'. Traditionally, care has been shared by kin (or family) and band or close community members. In fact, the idea of having strangers care for children would be shocking to many in more traditional societies. The view of children is often quite positive and so care is based on feelings of respect, love, and a desire to see the child grow to become a positive, contributing member of the community. This can't be done by a stranger, but can be done by those who have a vested interest in how the child will grow up because they care about the future of their community.

In considering the large role of others and the desire to help children thrive, we must also consider the notion of 'attachment'. Although books have been written on the subject, I will try to briefly summarize the key points so you can better understand how the concept fits within a child care framework. 'Attachment' refers to the dynamics of interpersonal relationships and in the context of children, how they respond to the adults in their lives when they are in danger, upset, or hurt. A secure attachment refers to a child who behaves in a way that suggests they believe the adult in question will provide them with the type of care that supports them when things are stressful or difficult. This means the adult can then buffer the stress the child faces at a physiological level[3]. In

[3] Gunnar MR, Donzella B. Social regulation of the cortisol levels in early human development. *Psychoneuroendocrinology* 2002; 27: 199-220.

non-Western societies it is quite common for children to spend lots of time with adults other than parents from birth onward. These are not strangers, but individuals who are sensitive and responsive to the child because they are invested in the child (something I will get to below). Although many people think of 'sensitive and responsive' as referring to a warm and caring parent generally, it is actually a specific set of behaviours. 'Sensitivity' refers to the person's ability to identify the child's needs accurately and behave in a caring manner towards the child. This identification piece is crucial to 'responsiveness' which refers to the ability to respond to a child's needs by meeting those needs. This is particularly important when the child is in distress and this is termed 'responsiveness to distress' to highlight the distinction between being responsive when a child is not distressed (which looks a lot like warmth and caring) and when a child is distressed (which looks more like meeting the needs to alleviate the distress). These sensitive and responsive behaviours lead children to build secure attachments with various people and later in life tend to be less fearful of strangers and separations because of this web of secure attachments[4]. Thus attachment is a central piece to the allocare puzzle, one I will touch on throughout this chapter and discuss in more detail later on.

If we now consider Western society, one of the problems we face is that it seems very few people outside of the immediate family truly care how an individual child turns

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[4] Hewlett BS, Lamb ME. *Hunter-Gatherer Childhoods: Evolutionary, Developmental, and Cultural Perspectives*. Transaction Publishers; New Jersey, 2005.

out. We think it's a pity or sad when a child turns out poorly, but we don't feel we have any investment in that particular child's outcomes. Yet we do. Our society requires healthy, functioning individuals in order to work. However, with so many people, we are unable to actually care at the individual level and as our society has grown, our individual 'tribes' have shrunk.

If we compare this societal structure with that of non-Western societies, we can see they are like inverses of each other. Using Indigenous Mohawk people as an example, they lived (and in some cases still live) in villages of around 1000, but each individual longhouse had 10-15 related individuals living together; these are some of the larger groups for First Nations-Metis-Inuit people. In Western societies, the larger city or town often has millions and rarely less than 5000 – much larger than these Indigenous societies – but the family unit is often just the parents and children (so 4-5 people) – much smaller than these Indigenous societies. This flip has profound implications for how we interact with each other. If we had 10-15 people living with us who cared deeply about our children and were invested in helping raise them, childrearing would be much easier. If our larger society was capped at around 1000, we would also have others who also care about the well-being of our children for they would be seen as necessary to the survival of this larger group and so extended care for children also becomes a reality. This is not the *only* factor at play, as there are others that influence childrearing realities, but size certainly remains a very prominent factor.

A second, perhaps more interesting, aspect of 'by whom' is the element of children providing care for children. In non-Western societies, care is provided in part by other children[5]. I am not referring to the type of situation where poverty results in young kids caring for younger children in dangerous circumstances because the families have no alternative, but rather the cases where care for younger children is simply woven into the fabric of life and is a means by which older children are just expected to care for the children as any older individual would. This benefits both the children providing the care and the children being cared for. Children are in mixed-age groups and are more likely to engage in active play, imaginative play, and create social rules that help all children learn how to operate within their social framework[6]. This means younger children actually learn much about the fabric of their society from others and are likely to have more fun doing it too.

Let's review what allocare typically looks like in the 'by whom' department: We have children being cared for by multiple individuals, all of whom have some tie to the family (though not necessarily kin) and have the children's development at heart. Children also have ample time with other kids of multiple ages that help provide plenty of unstructured play opportunities as well as learning vital social skills necessary for a healthy adulthood.

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[5] Hewlett & Lamb, 2005

[6] Gray P. The decline of play and the rise of psychopathology in children and adolescents. *American Journal of Play* 2011; 3: 443-463.

Let's contrast this with what Western daycare often looks like in the 'by whom' department: Care is often done by individuals previously unknown to the family and who have little vested interest in the well-being of the children (this is not saying they don't care, but the vested interest is lower). Children spend ample time with same-aged peers who do not look after them and therefore don't get the experience of play in the same way as those children in more traditional societies. Children learn about their daycare environment from adults and are expected to apply it to the world outside daycare; in fact, daycare has been argued to be the precursor for schooling, the child's next social world.

Now let us turn to the question of 'how'. When we think of care today, we think about someone caring for our children for a large chunk of the day. We wake up, we get ready, we head out the door and drop our children off before going about our day. Late in the day we pick up our kids, head home, get dinner, get ready for the next day, get to sleep, and wait to start it all over again.

This is not how it works in non-Western societies; care is generally more fluid in that children will spend portions of the day with various people, often returning to parents (typically mom in the early years and so I use 'mother' here for simplicity though fathers can have a large role depending on the individual community) throughout the day for comfort, nursing, or just time together. There are large cultural variations in the exact pattern of allocare, but the rhythm for the non-Western child remains quite different from that of a Western child.

The second element in the 'how' question is location. Children don't often leave their home to be cared for by others, but rather care occurs in a secure and known environment. In many non-Western societies, where people live in close proximity, care is in the local environment whether it's the child's own home or the shared area the child is used to[7]. Up until recently, in many Asian families care was typically done by grandparents who lived with the family, meaning the child is cared for in his or her own home[8,9] (this still does occur more in collectivist cultures, but it is on the decrease). The familiar environment is helpful for children to adapt to care from others because the security and comfort of home (or another known place) remains.

Contrast this to modern care in which children are separated from their parents for extended periods every day in an unfamiliar location. This can have a huge impact on the degree of stress that a child feels while separated from a caregiver (see Chapter 6 for the research on this) and one of the reasons parents find it so much harder to separate from their children.

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[7] Small M. *Our Babies, Ourselves: How Biology and Culture Shape the Way We Parent.* Anchor Books; New York, 1998.
[8] Chen F, Liu G, Mair CA. Intergenerational ties in context: grandparents caring for grandchildren in China. *Social Forces* 2011; 90: 571-594.
[9] Yoon SM. The characteristics and needs of Asian-American grandparent caregivers. *Journal of Gerontological Social Work* 2005; 44: 75-94.

Traditional Care in a Modern Setting?

The question left for families is thus: How do we obtain this species-normative, traditional care in a modern setting? Well, sadly we don't. Quite honestly, for most people this type of care just simply isn't a reality, but that doesn't mean we can't incorporate elements of this into the care arrangements we do have. Let's look at some of the ways in which we cando this:

- Have a primary caregiver to whom your child can attach to at the start. Care in non-Western cultures is done by others that the child knows and has attachments to, but these attachments take time to build up. In Western culture, this can be somewhat expedited with a primary caregiver who spends more time with your child to help facilitate this bonding process. If you end up doing care from one person, this is easy, but even if you're in a daycare setting, make sure you have one person who is regularly there who can be the primary care provider for your child. This does not mean others won't provide care, but that the child has one person they know they can go to when they're upset or needs something while bonds are being formed with the other caregivers (if any).
- Spend time getting to know your care provider(s). If you ask most people about the individuals who provide care for their children, they often don't know much about them on a personal level. This highlights the fact that we have turned child care into a business, not a personal relationship. And yet, it's very personal. If we want these individuals to feel like they are holding an important role in the lives of our

children, we need to treat them with that consideration in mind, showing them that we are welcoming them into the folds of our families. Just spending time talking to them about their history and life can engender good will and a feeling like there is more than just a business arrangement and this feeling can change the way they care for our children (for the better). See Box A for ideas of what to ask the people caring for your children to help build relationships that go beyond the business end of things.

- Consider home-based care. As you'll see in the chapter on care options, there are options that would provide for a more 'home' environment, whether it's your own or someone else's. Home-based care can be more familiar for children – especially in their own home – and eliminate some of the anxiety that goes with being in an unfamiliar environment. In addition to the familiar element of home-based care, home-based care providers often have a larger age-range and fewer children due to licencing regulations.
- Be wary of high turnover. If you are looking at centre-based care, you should specifically ask about turnover rates. Children are not quick to form strong attachments and it can be devastating to children to have to adapt to multiple people repeatedly. Children who see carers come and go may struggle to feel like they have someone to rely on and this can result in various anxiety and associated behaviours (both internalizing and externalizing).

As you can probably tell from the above, the crux of the work to get a more 'allocare' situation is about the person.

Yes, a known environment is helpful and fewer hours in care is also helpful; however, if our children are with someone they feel safe and secure with and have a good attachment to, some of those other (non-safety) factors are less important. When we treat care as a business model, that level of individual attachment is nearly impossible though, and this is why it is up to you as the parent to make sure that you are building that relationship with your children's carers.

Acknowledging the key role carers play and working to build that relationship is often one of the hardest parts for parents as it involves us realizing that others are doing a significant portion of the work in raising our kids. In our Western society we like to think that we – and we alone – have the ultimate power over how we raise our children. Opening up to others and accepting their role as essential is really difficult, so we tend to stick to business arrangements that place these carers several steps below us and not necessarily worthy of bringing into the fold of the family.

Of course, in a culture that values independence and 'doing it all', it shouldn't be a surprise we have to devalue the work of the care provider. Now of course not all families do this, but if we look at how care providers are paid and treated in our society, we see that, as a whole, we do not value the work they do. If we did, they would make more, we would accept subsidizing the work they do at a governmental level to ensure that all children could receive high-quality care that is based on the premise of attachment and allocare. Parents would know their providers well and have relationships with them that go

beyond the business end of things. We may not be there on a societal level, but hopefully you can get there on a personal level.

Box A. Things You Should Know About the Individual(s) Caring For Your Child

1. What are the names of every person who will have contact with your child?
2. How old are they?
3. Where do they come from?
4. How did they end up working in child care?
5. How long have they been working in child care?
6. Do they have any kids themselves? How many and how old?
7. Is their current position a long-term one or temporary?
8. What are their philosophies around children and raising children?
9. How do they bond with the kids in their care?

Take a look at the list in Box A for some ideas about what you should know about the individual(s) caring for your child. As I hope you can see, the goal is to enter the caregiving arrangement with these questions answered so that you don't find yourself stuck in a pickle if you suddenly discover your child's carers have drastically different values or care practices than your own (of course if you are in this situation, we'll talk about handling problems in Chapter 5). If you want to approach care from an allocare perspective, you are inherently saying that the people who are *helping you* care for your child are those

whose values you trust, who you believe have your child's best interests at heart, and who you are comfortable talking to and having open dialogue with about your child and any issues that may arise. You can assume this is the case or you can take the time to ensure this is the case and feel confident going forward that whatever problems may arise are ones you can handle through respectful communication.

Remember: You have the power to create the strong bond that will help your child adapt to care, but you have to accept this power and use it wisely.

Chapter 2. The Factors That Matter

Before we get to the types of care you can look into, I first want to cover the three primary factors that you must consider so that I can put your options in context with respect to these factors. The three factors are: Safety, Environment, and Quality of Care. These define the main buckets that you'll be looking into when it comes to care for your child.

Safety

Safety refers to the physical well-being of our children. Central to this factor is anything and everything to do with keeping our children safe and sound. When it comes to safety, you will want to make sure to ask the questions that are necessary to ensure that whoever cares for your child is able and ready to be as safe as possible as is the environment they will be in. Please look to Box B for suggestions on questions and areas pertaining to safety that you will want to look into. This list is not exhaustive as you may have specific safety needs for your particular child that I urge you to consider.

Box B. Safety Questions

1. Do you/does everyone have first aid training and is it up-to-date? Does it include infant and child CPR?
2. Do you/does everyone know how to identify respiratory distress in infants?
3. Do you have a first aid kit?
4. What are the procedures and checks in place for fire safety? Where are the smoke detectors, the carbon monoxide detectors, and the fire extinguishers? (I recommend asking to test the detectors so you can be sure they are working.)
5. What is the process for food preparation? (This is especially a concern if you have a child with a food allergy.)
6. Do you have an EpiPen or equivalent on site should a child have an unexpected anaphylaxis reaction? What is the policy on storing one if one is brought in?
7. Are outdoor areas enclosed? If not, how do you ensure supervision of the children outside?
8. What are the rules for signing kids in and out (if necessary)? Do you require photo ID?
9. Are all large objects (like bookshelves or dressers) safely secured to the wall?
10. Are all dangerous objects out of reach of the children?
11. Are the various entrances blocked off securely so children cannot escape without being noticed?

If you have looked at Box B, you have probably noticed I did not include sleep here. This is not because it isn't a safety issue, but because I believe it is a topic unto itself. Many places follow the 'ABCs of Safe Sleep' and although I understand this from a 'cover-your-ass' perspective, I

want to discuss it in a bit more depth because these rules don't always work for all children.

Our modern safe sleep guidelines work wonderfully if a child is used to sleeping independently, in a crib, on their back.   However, not all infants (or toddlers or preschoolers) do this. Many co-sleep, some younger ones will only contact nap (i.e., sleep when held by an adult), which is very, very normal. (I repeat, I cannot stress enough how normal this is.)   The problem with most daycare rules is that this independent sleep model, although supposedly focused on safety, can create stress for the infant when they are asked to sleep in different ways than they are used to. Young infants who are still in the risk zone for SIDS have been found to have an increased risk of SIDS when sleeping at daycare, a rise that is *not explained* by unsafe sleep practices[10,11].   The current hypothesis is that the issue is to do with the stress children experience and how this increased stress leads to deeper sleep from which the children struggle to arouse[12].   (Of note, the primary theories on SIDS still hold it to be due to a multitude of factors, not just one, but the stress of new care and sleep can be that environmental trigger that works on top of the pre-existing factors that lead to increased risk.)

[10] Moon RY, Patel KM, Shaefer SJ. Sudden infant death syndrome in child care settings. *Pediatrics* 2000; 106: 295-300.
[11] De Jonge GA, Lanting CI, Brand R, Ruys JH, Semmekrot BA, Van Wouwe JP. Sudden infant death syndrome in child care settings in the Netherlands. *Archives of Diseases in Childhood* 2004; 89: 427–30.
[12] Ito K, Nakamura N. The correlation between SIDS risk factors and the initial stress of being looked after in a daycare facility. *The Journal of Child Health* 2006; 65: 836-839.

What all this means is that we need to be careful to ensure that the sleep setting for *any given care situation* is safe and what is biologically normal and safe is to be in proximity with a caregiver, even into the preschool years. This may not always mean contact napping, but certainly involves an adult in close proximity to keep an eye on children (not placing them in separate rooms). If a carer will be wearing your baby for naps, make sure they know how to safely position your child in the carrier to ensure baby can breathe. If your child will be sleeping in a crib, make sure they are positioning your child in a way to prevent breathing obstructions. Most importantly, remember that what your child needs for sleep should be respected and your child shouldn't be forced into a situation of feeling unsafe or stressed to conform to the needs of the daycare. Again, needing assistance and contact for sleep is *normal*. I will discuss this more in Chapter 4, but I want to stress it as much as possible because if you know it's normal, you can work to help normalize it for any reluctant caregiver.

Environment

The second factor to consider is the environment that a child will be in for their child care experience. As I'll discuss in the next chapter, there are elements that are often regulated for the environment in licensed daycares, but this section here is going to focus on the types of things you should consider when you are looking at child care arrangements. Please see Box C for a list of items to look out for or keep in mind when looking at options. Again, this list is not exhaustive and there may be things that you know about your child that need to be added to this list.

Box C. Child Care Environment Considerations

1. Is there an outdoor space that the children can access regularly?
2. Does the outdoor space have elements of nature in it or is it all concrete and man-made?
3. Is the bathroom and/or change room easily accessible?
4. Is play self-directed where the child can choose what area to take part in and access such areas?
5. Are toys at the child's level or do they need to ask to get what they would like?
6. Is there an area where children can be physical inside?
7. Is there an area where children can be calm and relax inside?

As you may be able to tell by reading the list, the environment deals with how your child will be able to explore and play. We don't always think about how children play and yet it is the most important thing they actively do and we need to respect that. In line with this, we need to consider what is included for play with our children and not be drawn into a false sense of quality that is actually based on other factors.

Before we begin, I want to first take an aside to discuss infancy and play. For infants, play is actually *not* the most important thing; that title is given instead to human interactions, both passive and active. Young infants do best being attached to adults and learning about the world by experiencing it with adults. Most people's ideas of 'infant play' involve toys and stations whereby the infant is

expected to interact with objects. This is not helpful for their development, no matter how educational the toy may be. Until infants are actively engaging with objects on their own, the focus should be on exploring the world attached to a caregiver and then using play to enhance this engagement (e.g., playing peek-a-boo). When they are old enough for toys to come into the equation, we can consider 'play' to be their only job.

I first want to caution against being too focused on the *amount* of toys in a given space. More toys tend to result in children losing creativity and getting bored, so fewer is actually better. Additionally, the types of toys matter. Ones that are more creative are better as they allow children to use them as they please and in different ways; this also allows them to grow with the toys, expanding their uses and finding new ways to build upon previously known skills. Look for things like building blocks, dolls (no batteries required), books, and so on. Importantly, toys that allow for social interactions are best as they allow children to use the toys in ways that also build these social skills through play with others (adults, older children, and so on). Remember: play is *not* a solitary activity for most children even if they cannot engage in joint play (i.e., where two people are engaged in the same play at once) until later in development.

The second element is to do with nature and outside time. I cannot stress enough how important it is for children to have regular access to the outdoors and to have it be a part of the day. General guidelines are that children of all ages should have a *minimum* of 2 hours outdoors each day. (On that note, make sure that you send and keep appropriate

clothing for whatever the weather – remember, there's no such thing as bad weather, just bad clothing!)

Finally, I want to elaborate a bit on the question of self-directed play. Many places will talk about self-directed play, but when you look at the daily schedule, there's really little time for it or it is only if a child doesn't participate in the structured activity (and has to take the initiative to request it). It is crucial that children be given enough time to engage as they like – this is how they learn, not by being 'taught' at this young age. Self-directed play is also more attainable when kids don't have to ask for certain toys, but can access them on their own. Having toys that children can access on their own means they don't need to try and communicate to someone else to get what they need for their play, which can inhibit their creativity and creates gaps in their play.

Quality of Care

The last factor is quality of care and this refers broadly to the types of interactions that your child will have with the staff. Of course, quality of care is much larger than this and encompasses the entirety of care, but I will be more specific and focus just on the staff-child interactions as the other elements have been examined separately above. When we look at these interactions there are a few key areas to consider: responsiveness to your child's distress, sensitivity to your child's needs, discipline, and consistency. The individual questions for this factor can be found in Box D.

Box D. Quality of Care Considerations

1. What is the policy for comforting a child who is upset?
2. Will you allow my child to call me if s/he gets too upset?
3. What is your policy on physical touch between staff and children?
4. Think about your child's individual needs for sleep, play, separation, eating, and anything else and ask the staff how they would handle these various situations.
5. How do you handle disciplinary issues? What specific techniques do you use?
6. Do different staff members handle disciplinary issues differently?
7. Do you inform me if my child has been on the receiving end of any aggression?
8. How long have the current staff been working here?
9. How long, on average, does a staff member stay?
10. Is the staff the same each day?

Let's start with responsiveness to your child's distress as this is something that many parents really worry about. Your child is in the care of someone else and gets upset, what do they do? There are a few crucial ways someone *should* respond in this situation. Obviously, the first is with comfort and a form of comfort that is safe for your particular child (which means it may or may not include things like physical contact – you will need to let staff know ahead of time). In addition, there should be an offer to contact you, the parent. This is less common and yet is one of the best ways to help our older toddlers and preschoolers calm down and build trust with their

caregivers. If you think about this from the perspective of your child, someone who they may not know too well is caring for them and something happens that makes them upset. Having someone who helps your child reach out to the one who can comfort them will help them feel more confident in this person's likelihood of being responsive to their needs all around.

The next area is sensitivity to your child's needs. This refers to the way in which the staff can address the unique needs that your child may have. This is very important for parents of children who may be shy or struggle with separation anxiety and require more assistance from the adults around them. For example, many kids struggle at drop-off and some care providers may have strict rules about a quick drop-off, but that may not be attentive to *your* child's needs so you need to be their advocate and find out if they will accommodate your child's specific needs at this time. Other examples of this include: a baby who needs to be held or carried to sleep, a toddler who is going through separation anxiety and needs more contact with their parent, a child who needs assistance eating, a child that gets overwhelmed easily when there is too much stimulation, and so on.

The answer you always want to hear is that they will respect your wishes and if it interferes with the safety or well-being of other children, they will sit down and talk to you about how to address it. Honestly, nothing short of that really is appropriate. If you hear anything about children just 'adapting' quickly once you leave or that they need to know that you aren't there and they will be fine, look elsewhere if possible or explain that you are not on

board with that at all (and if you can't look elsewhere, it's time to take charge and remind them who the paying customer is). This is one of those times to remember that you actually have power here and you are the one looking out for *your* child's best interests.

Discipline is an issue that is particularly contentious and you cannot assume that any care provider will follow the same plan as you do so you have to ask explicitly what the rules and consequences are. I recommend asking what specific techniques they use in different circumstances (e.g., do they use time outs or spanking?). If you don't use any of them then you need to have a conversation about what you would do and what you expect to be done with your child. I also recommend you talk to them about what kind of information you will receive should your child be involved in any incident. I cannot tell you how many families I know of who have not been informed when their child has been on the receiving end of aggression.

Finally, there is the issue of consistency of care. This refers to both how individual staff handle potential issues (i.e., is everyone on the same page?) and also the consistency of actual caregivers. Sadly because of low pay and not so wonderful working conditions, certain types of care have very high turnover rates and so children never get a chance to truly bond with any given caregiver. This is not optimal for your child and if it can be avoided, it should be. There may also be an issue that staff changes day-to-day and this too can pose problems, especially at the start. Forming attachments is the key to a good child care situation and yet this is virtually impossible if your child sees individual caregivers infrequently.

Chapter 3. Types of Child Care

You find out you're having a baby and in many cases one of the very first things parents do is start to think about daycare. This is especially true in countries where maternity leave is short so there's minimal time to get ready after birth or when high-quality daycare is in such demand that waitlists can top a year. I am specific when I use the term 'daycare' as most people inherently start to think of the cultural norm of the centre-based daycare. We don't think about other individuals or systems that might work in caring for our children. We have firmly established that what is 'best' is a large, regulated centre with staff who have certain credentials and fits our model of what we expect children to learn in our given culture. High points if we think the daycare can funnel our kids into better schools to get them on their way to Harvard.

The problem is that centre-based daycare is *not* the only option, but for many children and families is not the best option. There is the financial side that higher-quality centres often have price tags that prohibit many families from seeking their care (e.g., in Toronto, Canada a high-quality centre will run you approximately $2000 per child per month), but there is also the issue of the values that go along with many centre-based care providers. As I'll

discuss below, often people are unaware of what the standards are for ratings, licencing, and so on; and for those that do know what they are, some acknowledge that those qualities are not what they are looking for.

Below are the various types of care that you can consider. Not all will be available to everyone and I wish I could do something about that, but I can't. I do hope that seeing other options may spark creative ideas from those who feel they don't have other options, but I acknowledge we all have to do the best with what we have access to. I also want to mention that some people may end up using a mix of various types of care, a hodge-podge sort of arrangement, and that's wonderful. No one says you have to have one type of care only, especially if you believe one of the types of care would be suboptimal for *your* child, but is the most readily available. As you read these options, be open to being creative about what your options are and what you are able and willing to do when it comes to care.

Centre-Based Daycare

This is the most common form of care and the one that most people think of when they hear the words "daycare" or "child care". I believe the reason these have flourished as the primary form of care for most children is that we have a society whereby we believe that regulation is a good thing when it comes to care for our children. In many ways, this is true, though I want to be clear about what this means when it comes to daycare.

Regulation is necessary when we don't know the people that are caring for our children. If we know the people

who are caring for our children, we don't often ask for any such regulations because we trust them, but when we move to a space where we don't know the people, these regulations take the place of the trust that we would have built up with others. It allows us a standard of care that we can expect so that we can feel safe and secure that our children are being well-cared for. The question we have to ask ourselves is: *What are these standards of care and do they match the standards that I care about?*

If we look at what types of regulations are in place, they often have to do with safety, the daycare environment, and even a touch on quality of care, though this is highly variable depending on where you are. Many families take it for granted that somehow these regulations are going to align with what they want for their children and then may find out the hard way that this is not the case. The way to ensure this is to ask the questions in the previous chapter to ensure that when you look at 'regulated' care, it is covering the areas you care most about. This wide variability also means that it's impossible to have a discussion here on what it really means. This is something you will have to research yourself.

I will share a little anecdote here if I may: I know someone who worked licencing city daycares and making sure the various centres were following protocol. He also had his own child who he put in an *unlicenced* daycare. One day the owners of the unlicensed daycare asked him if he would help them become licenced. His answer? There was good reason his child was in an unlicenced daycare even with his job. This is a case of someone knowing exactly what went into the regulations and deciding that they actually did not

represent what he wanted for his children and so they found a place that better aligned with their values. He also knew many of those values would be lost had this daycare become licenced.

Summary of Factors:

Safety: Typically very high standards because of risk of litigation.

Environment: Can be compromised because of same risk of litigation. Outside environments may be sterile and lacking in nature, but this is very dependent. The issue of too many toys and lack of accessibility may be an issue.

Quality of Care: Wildly variable. Many will have Early Childhood Education degrees, but this does not mean that these are the practices you want or that the individuals have the temperaments that will mesh with your child. It also means that because they view themselves as 'educators', there may be more of a focus of active learning rather than play-based. This will depend on the credentials and programming they take where you live. One positive is that some centres will actively not engage in practices like crying-it-out simply because they can't afford to have the children all wake each other up, but this isn't a standard.

Home-Based Daycare

Home-based daycares used to be quite popular but have fallen out of grace lately though they still make up a sizeable portion of care for kids. Some are licenced (and therefore regulated like a centre) and some are not. Home-based care is often less 'educational' than centres and often more play-based as carers are not under the

mandate to try and get children all on the same page. There are fewer children, though the ratio of carer-to-children may not be less so you will need to determine this for the individual places you look at.

One of the positives of home-based care is the continuity of care as the care is in an individual's home and they are the regular care provider. Families also report that there can be more responsiveness and more of a familial or friendly relationship with the carer, especially if they are previously known to the family. Of course, we also know there are awful stories of children being neglected in home care as carers have taken in too many kids and don't have the capacity to care for all in their charge. This means it really will be up to you to take the time to find out all you need to about any home-based daycare options in your area.

Summary of Factors:

Safety: If licenced, most issues will be addressed, but you should always check. If not, make sure you do a full check yourself.

Environment: There is often more outside space and fewer toys which can be great. Home-based care providers may be more or less likely to go outside, depending on how much they appreciate the time outside. The set up will likely be dependent upon the carer's philosophy so you can ask and find out about that.

Quality of Care: Again wildly variable depending on where you live. I have heard of more people happy with the quality of care when they know the individual providing it and it is not overcrowded. As many

home-based daycares are run by parents or grandparents, there tends to be more understanding of an individual child's needs.

A Nanny

Having a nanny has often been thought to be an option solely for wealthy individuals and in some locations this is still the case; however, some families are finding ways around this. A nanny is one person who is dedicated to your child (or, as you'll see, perhaps more) and may or may not live with you.

The primary benefits of a nanny are that you get to know the individual quite well, they often become part of the family, and you can have much greater confidence in the type of care that your child receives. The negatives include the cost (you are no longer sharing the wages with a room full of others), the fact that you become an employer with everything that involves tax-wise, and the ethical issues surrounding nannies from overseas (which make up the majority of the nanny workforce). Many come from other countries and leave their families to come raise other children. This can be problematic for although these jobs pay more than the person might make at home, it comes at a cost to other children. For all the benefits you have of having someone care for your children, this person has to hand off her own and her children will lack what yours are gaining.

Some people do, however, find ways around these negatives. In terms of cost, the newest solution has become 'nanny-sharing' in which multiple families get together to create one job for someone who will look after

the children from the different families. This is often done with two families if they are looking for full-time care, but can be more if some families are only looking for part-time care. Importantly, if you go this route, you will need to ensure that you have a plan for where the children's home base is each day (preferable somewhat constant), how the cost is broken down between families, agreement upon activities and associated costs, and any other considerations that may come up between individual families. This also shares the burden of being an employer and having to pay the employees portion of various tax elements.

In terms of the ethical issue, if this is something you are concerned about, then I recommend looking for someone local or if you are looking at someone coming from abroad, that you look for someone without kids or who may already be a grandmother looking to support her children and grandchildren. In this way, you would not be separating a mother from a young child for your own care needs. Of course, I acknowledge the flip side in that providing the finances does allow these other children to survive, but remember that it also means you are contributing to a broken system that looks like it's working because of these very thoughts.

One other consideration that is neither good nor bad is that you may not want the same person throughout your child's younger years. Some people are really great with babies, but have philosophies surrounding younger children that won't match your own. Similarly, some people have philosophies about babies that wouldn't work well for you but may line up quite nicely when it comes to

toddlers or preschool-age children. Being aware of the individual strengths of a given nanny means you will know when change is needed.

Summary of Factors:

Safety: Depending on what you require and are willing to cover, you can ensure that your nanny has all the safety requirements that you desire. In terms of the physical safety elements, your child will be as safe as they would be at home with you or at a friend's house, so it is up to you to ensure what you care about is in place.

Environment: Home environments are often appropriate and comforting for a child (as much as it is being home with you). Having a nanny also allows for regular visitation to various outside-the-house areas, meaning the richness of the environment gets a boost from its diversity. If your toys are set up in an appropriate way and the nanny regularly goes to parks, museums, or playgroups, your child should have a very enriching environment.

Quality of Care: Typically a nanny offers much greater quality of care because there is the time and effort made to build an attachment with the child. I know many who complain about nannies talking to each other at the park or looking at their phone, but remember that these people are with your child all day and just as you would likely take a break while they are playing, so are they. Those adult times allow nannies to focus when needed on our children while also allowing our children to be kids and explore areas without adults hovering. However, it is up to you to discuss and plan for quality of care when you are interviewing and selecting nannies.

An Au-Pair

An au-pair is similar to a nanny in that you get the one-on-one care, but is structured somewhat differently. A typical au-pair is a younger girl (yes, typically female, but I imagine you could find males as well) from another country who is coming to your country for travel, experience, or any other reason and will work as an au-pair in exchange for room and board, pay, and all associated costs (including potential legal fees that can come with this arrangement). Typically there is a time-limit on how long an au-pair can remain on their work visa which means that you may be switching au-pairs every year or two, depending on the rules where you live.

The benefits of an au-pair include the same type of work you would get from a nanny, but often at reduced pay because you are providing room and board (which you would similarly get if your nanny was a live-in). An au-pair also brings different cultural elements to your child's life and many families use an au-pair to help kids learn a second language or learn about other areas in the world. There is no ethical consideration for an au-pair as these are not taken up by individuals in impoverished nations, but rather typically people from other wealthier countries looking for some adventures before settling down.

There are, however, some drawbacks. First, although the wages may seem low, there are often other hidden costs associated with getting an au-pair and this requires up-front money that many families may not have. Second, you have to have the space as many countries have legal requirements about the size of the room and board for an

au-pair. Third, you are often facing rotating people in less time than you would like, which means your child has to get to know and bond with a new person every 1.5 years, on average. There are exceptions made and some people are able to extend their visits for another round or an additional 6-12 months, but these are considered on a case-by-case basis. Finally, you are not allowed to go over the working hours committed to you. This means that you may not be able to use your au-pair as an evening babysitter without reducing her hours that week during the day, even if you offer to pay overtime.

Summary of Factors:

<u>Safety</u>: Being regulated, many au-pairs have basic first aid and other safety checks, but obviously it's up to you as the parent to ensure they have all appropriate training. As the environment is your house, the safety is as safe as you have it.

<u>Environment</u>: This is exactly like a nanny – the environment is often enriching due to the varied nature of it and the ability to go to multiple places on field trips and get outside as much as the child would like. One additional bonus is the enrichment that can come from having a younger individual care for your kids – the energy they have is not to be easily dismissed!

<u>Quality of Care</u>: Often very high. The one-on-one nature of the position means that attachment is often built and the regulated nature of the industry also means that people applying have good reason for it and doing this because they want to. There may be cultural beliefs that come into play, depending on where your au-pair is from, and this is something you will have to contend with. If your au-pair comes from a country where there is less responsiveness, you may need to be

more forward or demanding to ensure your au-pair provides the type of care you are looking for.

Family Care

This used to be the norm for care, but has since fallen away as grandparents are either still working when grandchildren are born, not living close to their children and grandchildren, or may be more into living it up in retirement than caring for more kids; however, it is still a viable option for many families who make this work. Family care is often performed by grandparents, but can be aunts and uncles, cousins, and anyone else in the family. This can be full-time, part-time, or done by a mix of family members. Many families who use this type of care use it for 1-2 days per week and then have either a nanny or centre/home care or stay at home for the other days.

The benefits of family care are probably pretty clear, but the main one is the element of attachment. Our children often love their family and feel comfortable with them, so having these loved individuals be an integral part of our kids' lives is a wonderful thing and avoids most of the issues families have with going back to work. You also know that your family will offer more responsive care for your child than a stranger which is a comfort to many parents. Overall, many people love having other family care for their kids because of the closeness and the bonds that are formed.

The drawbacks are often family-dependent. If your family disagrees with your parenting style, you may not trust them to do as you wish and therefore would not want them

caring for your child day in and day out. There can also be issues surrounding the question of who is in charge, as grandparents can sometimes feel like they should have the final say (as they might say, they did "raise you, after all") and some people can struggle to stand up to their parents if they aren't happy with what they are doing. However, often these are less of an issue than many people think. Grandparents are often happy to have the time with grandkids and are more likely to focus on spoiling the kids than being strict, given they want to just have the kids love them, whereas younger family members (aunts and uncles, for example) will often develop a great bond with your kids and become close for life. Just be prepared to stand up for the type of care you are looking for while acknowledging that you may need to step back on areas that are less important to you as the relationship between you and your family is an added consideration.

Summary of Factors:

Safety: Rarely do family members have the necessary training and this would be something you would want to ensure happens before leaving your child in care. Same goes for the safety concerns in the house if your child is going to another house.

Environment: If your child is going to a family member's house you may need to take stock of the environment to ensure there's enough there. Of course, if your family is coming to you then you need not worry about this.

Quality of Care: Often quite high. If anything, you may end up worried about your kids getting spoiled by family, but as mentioned

above, this can be a mixed-bag depending on the parenting beliefs of your family and their willingness to do as you ask.

Start Your Own Daycare

This can seem rather extreme to some, but it's actually something people have done when faced with the issue of needing to bring some money in, not feeling comfortable with the options for care that are out there, and wanting to stay with their child. Typically this is not starting a huge daycare centre, but rather a home-based option where you take in a few other kids while being home with your own. This means that your child gets the benefit of you and the best care you can provide.

There are, however, considerations that you should be aware of. First, you have to like kids and other people's kids. It's one thing to like your own, it's another to be able to handle other kids, especially when there are several of them. Of course, if you do it right, you'll make sure to get varied ages so that the needs of different children can be addressed appropriately and you aren't overwhelmed. Second, set your hours knowing you will have to be on all the time once kids start arriving. You may want to set hours that help other parents, but if you know that being open at 6am and having kids there till 6pm is going to send you over the edge, *don't do it*. In most places there's enough of a shortage of good, responsive daycare providers that you should be able to attract people. Third, you will have to ensure your child is okay sharing you. This can be the hardest part because you will have to actively work against favouring your own child and sometimes handling aggression and anger when your child

doesn't want to share you. Of course, if all of these are things you can work through, they should not be a hindrance to this path.

Summary of Factors:

<u>*Safety*</u>*: You should absolutely hold yourself to the highest standard for your own child and also to help attract other families which means getting all the necessary safety items checked off.*

<u>*Environment*</u>*: Again, provide the environment you want for your child and you will have no problems.*

<u>*Quality of Care*</u>*: Hopefully by doing this, you know you will be providing your child and other children the highest possible quality of care.*

Chapter 4. How to Get Your Child Adjusted

You've picked your caregiving situation and now comes the daunting part: getting your child ready. I must start by saying that depending on what type of care you've selected, this process can be more or less difficult. For example, if you're using family care, there will likely be little that needs to be done to get your child ready, but if you are using a daycare (centre or home), there will be more steps. As such, I have divided this chapter into the various elements to work on and included ways to cope with these elements (see Box E). You may find for your child that some of these are no problem at all whereas you may spend quite a while on others. It will all be up to your child and how they respond to the new environment.

Box E. Elements Affecting Child Adjustment

1. Building attachment
2. Separation anxiety
3. The new routine
4. Decreased time with parents

Building Attachment

Building attachment is *the most critical* element of transitioning to new care. If your child doesn't have a good attachment with his or her caregivers then care will be problematic for an extended period of time. For some kids, they naturally attach to others, but some are shy or struggle with separation and require extra time. How long it takes for your child to build this attachment will not be the same as other children, and if you have a higher-needs child to start with, this process can take a fair bit of time.

For most children, two to three weeks is an average time to build up enough of an attachment to feel comfortable with someone. For higher-needs kids, this can look more like six to eight weeks. I realize the strain this can put on the situation, but I point it out because you should go in with realistic expectations. Of course, this is also dependent on having *one* caregiver your child needs to attach to at the start. If you cannot get this primary person, the process can take much longer.

Assuming you have the one person, you need to cater your visits and time with them in a way to bolster attachment. This is not done by just handing over your child to the person, but by understanding what builds attachment, and using that to your advantage. First, your child will look to you for cues to how they should respond to a given carer. This means that if you are comfortable with the person and engage with them, your child will be more comfortable than if you weren't (it does *not* mean they will be immediately comfortable though). The early stages of contact should include you, the carer, and your child.

Obviously this is easiest for care types that are more individual and done at your home, but it is possible otherwise if the people are willing. If you are using a centre-based care, this is hardest (often because of rules in the centre), but you can be clear this is necessary for your child and see what you can negotiate. Go in with your child and spend 10 minutes with the primary carer there then the rest of the time with just your child and check in with the primary whenever possible. If your child has a question about the toys, direct them to the primary carer to ask. If your child wants to play a game, see if the primary can join in for a bit. And always make sure to greet and say goodbye to the primary each time you come in with your child during the transition period.

Once you can sense that your child is more comfortable with the primary, you can start to leave the room for periods of time. Start slow and just go to the bathroom or get some water and give your child a few minutes with their primary. Then return. Typically, children will do okay the first time you do this, but may become resistant the second time. To avoid this, the key is not to move too quickly with building up time; if you rush to increase time, your child loses trust and you can end up back at square one. I often recommend leaving for no more than five minutes to start the first few times (possibly more for high-needs kids). This builds up the pattern that you are returning which is essential to your child's comfort level. Once your child is comfortable with you leaving for five minutes then you can increase it to 15 then 30 then 60, basically doubling the time every few days.

During this period apart, there are bound to be times when your child wants you and asks for you. This is where many daycares fail the child as the focus is typically to see if they can 'get the child through it'. Sadly, this doesn't end well, especially for higher-needs kids. Part of building up attachment and trust is knowing that this person will not keep you from the people who make you feel safest. Think about it yourself – if you were in a new environment and you were scared and someone refused to get you your partner/parent/child, would you trust them? Probably not, no matter how nice they were. The key for many kids is to have someone that listens to them and this means someone who will call or get the parent during this early transition time. You will likely have to be very clear on this with whoever the carer is (even family). No matter what, they are always to contact you if your child asks, even if it's just a phone call so your child can hear your voice. When a child knows the carer is responsive to this very great emotional need, they will be more likely to trust this carer over time and less likely to ask for you. It can seem frustrating at first as some kids will want to call/reach out daily, but in the long-run it builds attachment and greater security in this new environment (which should be everyone's overarching goal).

If your child is too young to voice this, you should have a set time in terms of distress before they contact you. I am expecting that a distressed child will be comforted and responded to regardless, but if it goes on for longer than a time you're comfortable with – and no longer than 30 minutes – then they should contact you to return.

The main thing to remember here is that if you were graphing progress in the transition period, the early part can look pretty flat. That is, you don't want to set up times apart from your child until they are comfortable with this new carer and this means that you will be doing the same thing of being with your child for a week or two (or more – it's child-dependent) and then once the attachment is built, the transition period takes off. A child who has a secure base can allow you to leave for ever-increasing times and be comfortable with it. Thus the hard work is at the start and the rest happens pretty quickly afterwards.

Separation Anxiety

Part of the reason building attachment is so critical is because this time period is also going to be rife with separation anxiety. Our children need a safety net when they experience this if they are not to be overwhelmed. How you cope with separation anxiety will vary by age.

Young Babies (0-8 months)

Young babies don't always have the capacity to fully understand what is happening with separation and they lack what we call 'object permanence' which means they don't understand people exist somewhere when they are gone. For most families, they find that the cues young babies use to register safety are sensory – smell, touch, sound – and so we can use these to help our babies feel safer with others (and this includes other family members). Here are some practical ways to help your child handle separation:

- Use blankets or clothing that smells like the parent. Babies use smell to register safety and having something that smells like mom can calm babies down and help them relax and sleep.
- Babywear. If a caregiver can, wearing babies as often as possible provides lots of touch and helps them feel safer when they are out of the arms of their parent.
- Play soothing sounds. Babies like sounds that remind them of the womb; this includes heartbeats, muffled sounds, brown noise, and so on. Playing these around baby can help calm them when the parent isn't nearby.

Older Baby/Young Toddler (9-18 months)

What comes as a surprise to many families is that this period can be the absolute hardest for new transitions for children. Separation anxiety starts around 8-9 months and peaks around 18 months making transitions like child care more difficult than they are at other time points (all else being equal). For people in many countries, however, this is exactly when daycare transitions occur. Luckily there are some developmental milestones we can use to our advantage in helping our children adjust to whatever the child care arrangements are. (Of note, transitioning to a one-on-one carer can be much easier in this time period because of the presence of the parent in this equation, but if transitions need to be faster than ideal or are happening in a daycare environment, these steps can be helpful.)

- Play separation games at home. Games like peek-a-boo and hide-and-seek are great ways for children to come to terms with separation and to learn that you will return after being away. At this age they have

learned about object permanence and know that you exist when you aren't with them, which means they want you to return. Games where you are safely away and then come back help normalize the situation. When coupled with good attachment to the new caregiver, you can minimize stress upon leaving.

- Leave extra time for goodbyes. As opposed to the quick goodbye, you should always plan to be with your child until they are ready to separate at this age. This is peak separation anxiety and can be very difficult for young children, making sure they are comfortable and enjoying their time can make that separation easier in the long-run.

- Consider a transition object. Introducing an object that your child can turn to for comfort when you aren't there is a common way of coping with separation in our society. For younger children, this can help, but it has to be done in a way that the child associates the object with the parent and therefore involves a bit of building-up time. To do this, you want to start with a soft object that you deem as yours and take time to carry it around when you're with your child, take care of it, sleep with it, and so on. Then as you get closer to daycare time, you start to ask your child to take care of it with you or just leaving it with your child (depending on age; younger children will just associate the object with you, older children can take part in the process) and then when it's time to start care, you make sure your child has it every day and is caring for this object while you are gone.

Toddler/Preschool (19 months and up)

Older toddlers and preschoolers are the group that seems to struggle the most with daycare from a stress perspective. This is likely due in part to their developmental stage and the fact that they are not supposed to be engaging with so many same-age peers at a given time. However, I also think it has to do with the type of separation anxiety that goes on for older children. Around 18 months, our children begin the process of learning they are mentally separate from their parents. This means that they are metaphorically severing that final tie that keeps the parent-child unit as one. This isn't an immediate process but happens over time. Taking this to heart means we can engage with them using their skills to help them cope with this transition using some or all of the following methods:

- Use play to prepare. Because children this age don't really separate what they see from what they experience, you can use play to show them things that will happen and it can serve as a means of exposure. This means that you can use dolls to act out what will happen (or is happening) with daycare so your child can watch it from the safety of home but learn about the patterns that can be expected. This includes showing the separation of parent and child (whether a drop off or mom leaving the house), the day with another carer, and then the parent returning. The more often your child sees and experiences this, the more they get used to the idea in their head so when they experience it, it isn't a shock or new, but something they can categorize and better understand.

- Role-reversal games. When your child is old enough (varies by child), you can play role-reversal games where your child is the grown-up and going off to work and you are the child asking them to stay home. Make it silly and fun and pull them back to you with a "I won't let you go!" kind of play so they can have a positive and energetic outlet for this anxiety of you going.

- Leave extra time for goodbyes. Too often the common refrain is to say a quick goodbye and then go with older kids. There is *no evidence* this actually helps children adapt. However, giving them the chance to let out that anxiety through play and fun can help them feel ready to say goodbye. This can take 30-40 minutes and you need to be prepared (and have a situation that allows this), but the key is to include goodbye games that cater to your child's need to have you close while also making leaving fun. Hand-in-hand parenting has some excellent examples of these games that you can find here: https://www.handinhandparenting.org/2016/01/20-playful-ways-heal-separation-anxiety/.

- Talk about missing them. Sometimes the fear for kids is that what they are feeling is abnormal and scary. They don't have a context for this fear and so talking about those uncomfortable feelings are really a sign of missing someone and how you miss them too can normalize and organize these feelings for our kids. Children also feel better when they know they are missed as well as it helps them feel loved while we are away.

- Shared transition objects. At this older stage, children may use a traditional transition object, but you can also introduce shared objects. These are things that you each carry with you when apart so you can look to them and know the other person has one and is thinking of the other. For your kids, this builds upon the idea that you miss them too and helps build a type of invisible bridge between you both when you're apart.
- Create your own story. If you can come up with a story about separation during the day for your child (and about your child) and tell them that story each night – perhaps with a new adventure each day – this can help your child internalize the process and make it less scary. Anxiety for children is often due to fear of the unknown or a lack of predictability, so the more ways we can expose them safely with our responsiveness, the better.
- Use a visual schedule. Older toddlers and preschoolers are very visual and so a visual schedule for the day while you're away can help calm fears as they can return to it over and over to see where they are in the day and how much more is happening before their parent returns. If you're not using daycare every day, you can also use one at home to mark the days they will be in someone else's care or mark what kind of care they can expect that day.

The New Routine

Starting back at work brings with it not only the changes for your child, but for the whole family as well. This

means that you are coping with a whole new routine, and often one that is more stressful than before. The key to dealing with the new routine is to be realistic about it so you can be appropriately prepared. Let's review the main areas to this new development.

Getting Up in the Morning

Let's face it, if you've been home with a baby for any period of time chances are you are no longer setting the alarm. Instead, you're sleeping when you can and making sure you rest as much as possible. However, once you're back to work, the alarm will inevitably be set and for many comes the concern about waking their children earlier than they are used to and how to cope with the fall-out from that.

To deal with this, I recommend starting early and giving yourself as close to a month as possible to deal with the change. Unfortunately waking up to alarms doesn't seem to change our circadian rhythm, but rather just wakes us up mid-cycle. The best way to initiate this change is to try and use natural cues to shift the rhythm earlier. Starting in the morning this means you may have to set the alarm for you, but for your child you can then open all blinds and let the sun in (hopefully there is some). If there isn't sun, turn on the lights. Start talking and don't whisper around your child, but have the normal hustle and bustle noises of the house. These cues will normally wake a child once they are in the lighter stage of sleep which is at the end of their sleep cycle, meaning they will wake happier too. As you do this, you may find some days your child sleeps another hour, some they are up in 15 minutes. That's fine, just

check general progress to ensure they are on the right track.

The next step is to work on the circadian rhythm on the nighttime end of things. At night, if you know approximately when you want/need your child asleep (and be realistic because we do have an issue that far too many families aim for bedtimes that are too early and this disrupts sleep, but this is a bigger topic for another book), go back two hours and start setting things up. Generally this means dim lighting and no screens for starters. Your child may not be asleep in two hours, but the environmental cues are there to signal to your child's body that this is the start of nighttime and when their body should be getting ready for sleep. You want to keep building this up.

If you find after a couple weeks that there still isn't any improvement, then you need to look at naps and your child's endurable awake period. If your child is napping too much or too late, then no matter what you do, they won't sleep or shift their circadian rhythm. I have seen people struggle with sleep because their child is simply getting too much daytime sleep and can't possibly be tired by bedtime. Use the same wake-up technique above for naps and you can often naturally shorten the duration to exactly what your child needs instead of what they will take given a dark environment that is conducive to sleep.

Getting Out of the House

One of the things many families report struggling with is getting out of the house to work… on time. If you're a

parent already you have likely learned that leaving the house takes much longer than it ever did before. People who were always on time suddenly find themselves always late. Add in the need to be fully prepared for a day away from home and there's a lot to get ready for.

I recommend families sit down to decide what *needs* to be done each day and when it needs to be done. Your child needs to eat while you are gone, but depending on your care situation this may mean you having to make and pack all meals or simply make sure there are options available for someone else to make. Whatever these elements are, come up with your list, do a few test runs to see how long everything takes you, then take that time and add 20 minutes. This buffer will go a long way towards ensuring you stay sane in the morning. It means the last minute diaper change or refusal to get a coat on won't send you spiralling but allow you to remain focused and responsive to your child, starting the day off right.

Weekends

One of the struggles that comes with changes in child care is how to handle the weekends. Suddenly weekends become an oddity that no one is quite sure what to do with. Do you keep the daily routine the same? Do you just do what you need to do and be done with it? How consistent do kids need things to adapt to the changes during the week?

Let's start with this idea of consistency. Sadly, we have put too much emphasis on this in our Western culture. You will hear time and again that children need things to be

consistent. The problem is they're using the wrong word. What children want is *predictability*.

I know some of you are thinking this is an issue of semantics and really we're saying the same thing. After all, isn't consistency really just another way to say predictability?

No.

Being consistent means being the same. Being predictable means that whatever is happening, you know how someone else is going to act or what you can expect from a situation. Importantly though, in predictability it doesn't need to be something that happens regularly. For example, if I ask you what happens in a thunderstorm, you know that you get lighting and thunder and rain. You may live somewhere where you get less than one thunderstorm a year, but if it happens, it's predictable what will come with it. It's not a consistent event, but it is predictable.

For our children, as long as they have a way to see what is happening, then predictable doesn't need to be consistent. This is often a relief for parents because trying to stick with an alternate schedule on the weekends is hard, least of the reasons being that there's often a lot to do and parents want to catch up on time with their kids. Now most children will naturally adapt to this predictability because they will be in the care of their parents instead of someone else. This is a natural cue they use to know what to expect next. However, some children do struggle with this transition.

For kids who start to show anxiety-related behaviours about their days and what is happening when (which is typically in the preschool-age years), I strongly suggest using a visual schedule for them so they can see that things are different, but also know they are predictable. I find this to be far superior to just trying to keep the same schedule for two reasons:

1. It's practical. Life is changing and if you have to hold yourself hostage to a given schedule to appease your child's anxiety, it can make life much harder in the long-run.
2. It helps your child. When our kids struggle with anxiety-related issues, it's not helpful to fully give in (we are speaking about neurotypical children here as some kids do need us to fully embrace and give in, but this is not the topic herein). Our goal should be to find ways to help our children cope. This is not forcing them out of their comfort zone abruptly and with no support. This is about finding ways around it. So a child who is anxious about what's happening each day can find immense comfort in the visual schedule that tells them who is caring for them each day and what to expect.

It's also worth mentioning that when a child struggles with anxiety like this, it may be a symptom that the type of care your child is getting during the days you are away is not ideal for them. Sometimes children show this anxiety because they feel they have to prepare themselves for the care with someone else and if that's the case, it's a good idea to find out why. Preparing may be as simple as just knowing the activities for the day, but it can also mean a

child that is emotionally preparing themselves and that is something worth exploring (see Chapter 6 on what to do if something is wrong for a discussion of how to cope with these issues).

Napping

This is one of the more pressing concerns for most families of younger babies, especially those who have babies who like to contact nap (i.e., sleep on someone), nurse to sleep, or require other assistance when going down. In many cases, the common advice is to have the infant start the new routine at home, trying to nap without nursing or contact with the parent. Needless to say, this often doesn't work well. Infants expect certain behaviours from their parents and when the *parent* is the one withholding the nursing/comfort/contact that's needed, this can be highly stressful for the infant resulting in more problems sleeping and more stress for the parents.

This means that the first thing to know is that you will not be changing the way you put your child to sleep. Furthermore, you don't need to change it when your child is home. This can be a relief for many families because they enjoy the closeness and bonding experiences of napping together or just the snuggling up before going down process.

So what do you do? This will depend, in part, on what you have lined up in terms of care. For those of you who have full confidence in the caregiving you have set up and the caregiver's ability to be responsive as needed to your child (infant or older) then you may simply let them try what

they will and find their own way to get your child to sleep. Just as you took time to find out what worked for your child, allow this person you trust to find their way as you know it will be sensitive to your child's needs.

If you do not have full confidence in the caregiving you have set up, then there are a few options:

1. Do nothing. This is likely the least desirable option, but in many cases, this may be the only option you have if you want to maintain the bond over naps with your child when your child is with you. In this case you will have to be very conscientious to ensure the caregiver(s) is following your directions about how you want your child to go to sleep (e.g., not to be left crying, contact if possible, etc.) and monitor things more closely on that end.

2. Get a third party to help. If you have a trusted friend or family member close by, recruit them to help with naps some days by coming over and putting your little one down. This would involve them spending some time with them and then you stepping away a bit before they try to do naps. Don't expect perfection, but see how your child responds to certain behaviours so you can try to help them out by modifying as necessary. Of note, this will be a bit of a process so the sooner you can start it, the better. I would start slowly though (maybe one nap per week) and then see how things go. Some things that have helped families in the past include:

   • Something that smells like the parent who normally does naps. This is often helpful for

younger children who can calm at the smell of the parent close by.

- Movement. Whether it's being carried or even a machine that moves the child gently to sleep, movement does help us all sleep and may be a valuable tool.

- Transition objects. For older children, these can be helpful in not only assisting with separation anxiety (see above) but also naptime when they may be prone to missing their parents.

3. Change your routine. As I mentioned above, I'm not a personal fan of this one because I do find that children really need that bond when they are with their parents, especially during the transition to daycare. Your job isn't to become more like daycare, but rather to maintain the sense of closeness and security that your child associates with you. However, if you go this route, please know you'll want to take your time by making small changes slowly. I recommend breaking the change down into smaller steps and then working towards making your child comfortable with those. Unfortunately there's no one-size-fits-all here as each child's nap needs are unique, but there are a couple common themes that I will address:

- Nursing to sleep. This is likely one of the most common and certainly the most biologically normal way for infants and young children to fall asleep. If you are moving away from this, I recommend first knowing that naptime will be later than usual as you'll need to build up the sleep pressure even more

to not need the 'help' that nursing naturally provides. If you are switching to a bottle, you can simply start to provide the replacement and if your child takes to it, great. If not, then you'll need to consider moving away from feeding to sleep (or go to one of the options above). In removing nursing to sleep, the first step is to take a minute and try to rock your child to sleep before moving to the breast (remember movement helps with sleep). If your child gets too upset and needs the breast, provide it. Once your child can handle a minute of rocking, then move to two minutes before nursing. Once that tolerance is built up, move to three minutes, then four, and so on. Typically by ten minutes, most babies are able to relax enough to fall asleep without the breast, especially when they are tired enough. Crucially, you should not be rocking more or doing more to get your child to sleep without the breast. If you are struggling then your child simply isn't tired enough and nap time will need to be a bit later.

- Contact napping. Many children, young and older, sleep with a parent as this provides warmth, feelings of safety, and is completely normal. However, many child care providers will not make accommodations for this, especially for older children. In this case, you would want to start by trying to transition your child down after falling asleep (many providers will at least remain close to help

your child fall asleep). This can be a long process and I don't recommend rushing it. If you are working to move your child out of arms, I recommend trying it once per day only. That means that for a nap in which you are trying this, you can put your child down once asleep (or move away if you are lying next to them), but once they wake, do not try again for that entire day (even if there's a second nap). The reason for this is that if we repeatedly try, we actually frustrate our children in ways that are not conducive to feeling safe and secure which is what we are trying to do with these slow changes.

• Napping on a schedule. Another consideration for naps is that daycare centres and some home-based daycares often nap on a schedule. This can be particularly hard for any child who is not in line with that schedule. In this case, you can look at how you might set up wakings to fit with the schedule and make the appropriate adjustments at home for morning wakings and bedtimes. That is, if naps are at 11am and your child typically naps after being awake for 3 hours, then you may want work towards getting your child up at 8am, which may be earlier or later than usual for you.

One final note: Napping and nighttime sleep are qualitatively different in terms of how children respond to

environmental changes after the newborn period[13] and therefore you do NOT need to make any changes to your nighttime sleep to help with daytime routine changes (specifically, daytime sleep is influenced by environmental changes whereas nighttime is not). Please remember that as it can alleviate a lot of stress for families who enjoy co-sleeping, nursing to sleep at night, and so on.

Decreased Time with Parents

One of the final – and most important – transitions you need to prepare for is the sudden decrease in time with parents that children face. This is very difficult for most kids (and why building up an attachment with the other carer is so important) and most families struggle with kids acting out and demanding far more from the parents once they have started care.

It shouldn't be surprising that this happens, but that doesn't make it much easier. To cope with this, I recommend considering the following changes/additions to your routines to help your child feel that same connection with you even with decreased time:

- Include one-on-one time in the morning before child care. Instead of the rushed morning, spend at least 15 minutes with your child doing something focused with them. This can be play, reading a book, cuddling and

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[13] Touchette E, Dionne G, Forget-Dubois N, Petit D, …, Montplaisir JY. Genetic and environmental influences on daytime and nighttime sleep duration in early childhood. *Pediatrics* 2013; 131: e1874.

talking – really whatever it is that will help your child feel better about heading off for the day.

- Include one-on-one time in the evening after child care. Again, evenings become harried affairs and our children often get lost in the shuffle. Making sure you have time with your child in the evening is paramount. It may be as little as 15 minutes, but some children will need more and you will need to gauge your own child. At this time I like to remind families that things like dishes and laundry can (usually) wait and that the connection with your child is far more important.

- Co-sleep. If you aren't already safely co-sleeping (and this includes bedsharing and roomsharing) this is a wonderful time to consider it. We may be asleep, but the bonding that happens when sleeping with (or near) someone cannot be overstated. If you can't have that time during the day, you can give that time at night.

- Schedule in special days. This is particularly important for older kids, but make sure to add to your schedule some special days when you aren't working where you do things that are focused on your child. Many times weekends become times for errands and just getting ready for the week, but if once a month (at least) there's special days that are child-centered, then you can go a long way to helping your child know you still care.

- Include your child in the daily chores. This not only helps our child learn about what it takes to keep things going in the house, but can be an excellent way to stay connected. Young children may make tasks take longer (like undoing all the laundry), but being with you will be worth it for them as they will feel that they

are enjoying your attention and company. This is particularly relevant for older children and luckily they are the ones who are able to take part in more, like laundry, dishes, making lunches for the next day, tidying, and so on. If you aren't babywearing, consider it as it's a great way to get things done while still having your younger children physically connected to you and getting that time with them.

- Make sure you are emotionally available. If you are regularly distracted when giving your children time, it's not time at all. In fact, it can backfire spectacularly as your kids pick up on your distraction and see it as a cue that something is wrong (and likely with them). We often can't help when we become distracted but we can work to get ourselves out of it. If you find yourself distracted and you can't put it aside to focus on your kids, I recommend taking a break, letting the kids do something they will be excited by (even TV), and then figure out the one thing you can accomplish that would relieve you of the distraction and get it done. Sometime just getting one chore done that's nagging at you can make a world of difference and allows us to focus back on our kids.

Chapter 5. When Things Go Wrong

You've started your new child care arrangements and after all the stress of finding places and worrying about the transition, the last thing you want to deal with is something going wrong. But it can happen and the worst part is that when we aren't prepared for it, we often make the problems worse. The most common response when our kids start acting out or telling us stories that don't sound right is actually to do nothing and hope it gets better. This is often because the only other alternative seems to be to pull our child and contemplating that is *hard*. Sometimes you may feel strong enough to speak to the carer, but even then, you may get some words of reassurance and so you go on your way and hope for the best, but that doesn't always come about so you fall back to doing nothing. Unfortunately, doing nothing doesn't solve any problems and can make the situation worse for our child which has a negative impact on their life (and ours) in general.

The key to handling these issues is actually not to have to think too much about them *when* they happen because you've *already* made a plan for it. You won't be able to think of everything that could happen, but even having plans for some of the more common issues and having a

back-up caregiving plan will allow you to think more clearly about any other issue.

Let's go through the steps to getting you prepared for the worst in hopes you never have to use them. Note that I recommend doing these ahead of time, but for Steps 1 to 3, you can also do them in the moment if you are able to take a step back and dedicate some time to them before approaching the carer. Step 4 should be done ahead of time as it will make your ability to do Steps 1 to 3 much easier.

Step 1. Come up with the list of possible problems

I recommend starting with the most common which are:

- You become aware of discipline that you don't approve of
- Your child is getting bullied by other kids
- Your child starts acting out at home – angry, lots of tantrums, and so on
- Your child becomes fearful or angry at the idea of care or their carer
- You see behaviours you don't like or that feel wrong in the carers (this could be as simple as them being on the phone all the time to hearing them mock your child)
- Carers are telling you behaviours like screaming at drop off or crying to vomiting is normal
- Carers pressure you to speed up your child's transition

- Sleep isn't being handled as you had previously discussed or other changes to existing plans seem to crop up (they may be using crying-it-out or simply refusing to wear/hold your child to get them to sleep after agreeing to it)
- Carers dismiss you as the primary source of information on your child

There may be more that you have heard of or that you can even think of that could be unique to your child, but you need to write down all of the possibilities that would be a problem for you.

Step 2. Plan out the initial confrontation.

When you start to address any concern, the first step should always be speaking with the individuals in question. If you hope to have others respect your perspective, it's imperative that you ask the questions and hear from their mouths what they perceive to be going on. However, in many of these situations, people can either find themselves not wanting to cause trouble or being too angry to speak calmly about it.

Writing out a little phrase for each so that you know how you would speak can help you if you find yourself in this situation. For example, if you find that the carers are using crying-it-out for naps with your child, you would take deep breaths and calmly go to them and say something like, "I want to discuss naptime. Prior to us agreeing to come here, we spoke about how I was against the use of crying-it-out and now it has come to my attention that that is being used with my child. Can you please explain what has

changed and why I was not informed that this was going on?"

Remember: speaking and getting their side *does not* mean you have to accept it and that the final decision should be to stay. Chances are for some of these it'll be an automatic leave, but there are two reasons to speak up:

1) You need to know what is happening. It could be that what you heard wasn't the case or that there was an emergency with another child that led to something that seemed like it was something else. Making sure you have all the information is critical.

2) The carers need to be held accountable. If they have violated the agreement with you then they need to know you know and have to face the awkward situation of explaining that to you. This type of experience means you can tell them you will publicly rate them and be clear this is what happened and hopefully save other families from facing this. It can also mean that if they have any penalty fees for leaving early (should that be your choice) then you may get those voided because they broke your agreement.

Step 3. Figure out what you need to hear or see for you to stay with the particular person/daycare.

You have planned out what you are going to say, but what do you need to witness or hear for you to stay? If you haven't thought about what you need from them, then chances are you'll simply agree with whatever they say and things may or may not change. Or you may be made to feel like you're overreacting and they are the experts who you should listen to. Knowing ahead of time what you

need to rectify the situation is critical and also knowing help you realize when there is nothing that can fix it. It's easy to say what we don't want to happen, but if we aren't armed with what we do want, it is much easier for those caring for our kids to hold the upper hand.

Let's take the above example with the crying-it-out. You may decide that a shocked apology and a promise that the person you're speaking to had no idea it happened and will look into it is a good enough starting point. You may ask to be kept in the loop going forward while keeping an eye out for that behaviour again. You may request that you have visual access to your child while they are in care so you can check in and ensure this isn't happening. However, you may also decide that the only acceptable answer is that another child was in danger and so it was a misunderstanding *or* that nothing excuses this and you will be pulling your child asap.

Let's look at one more example that is quite common: pushing the transition process. Many families find they are pressured to speed up transitions and told that kids all settle eventually and you may even be making it worse. If you read the research chapter at the end of this guide then you will know that this is not actually the case. Once you've spoken to them about the pressure and you're unhappiness with that, you have to know what you are comfortable with going forward. Is it setting a timeline so they know exactly what your transitions will look like for the next few weeks? Is it them backing off entirely? Is the problem that the carer isn't providing enough time to build attachment and so you need that from the identified

person? Knowing what you need ahead of time is essential to talking to them.

Things to remember for this step:

- Have concrete examples of how they can make amends.
- Know exactly what you want things to look like so that you can push for specifics.
- Think about the barriers they will put up and have answers as to how to overcome them.
- Don't be afraid to tell them you will review them publicly about this situation (in this age of social media this is something that often gets their attention).

Step 4. Create your exit plan.

You always need an exit plan. Even if you skip the other three steps, do this one. Not having a backup plan means we end up sticking with situations we don't like and don't feel good about because we're stressed out, don't have time to find alternatives, and can't see a way out. Having a backup plan means we are calmer when faced with problems and we don't feel trapped if things go wrong.

Your exit plan should actually have two parts: immediate and longer-term. Sometimes you can stay with the current situation for a bit while you trigger the longer-term plan, but sometimes you need your child out immediately and you need to have something in place for that. Immediate exit plans may include:

- Taking vacation time until the longer-term plan is in place.

- Having family or friends ready to take over for a short period of time.
- Splitting care with your partner so each of you is working from home part time (or taking days off) and working away part time.

The immediate exit plan is not supposed to be for a longer duration – it is truly if there is an immediate need to keep your kid out. Some families will call in sick to work for a few days or call in that their child is sick. This gives them a few days to get the other pieces in place.

The longer-term plan is one that is either settled for the future or includes an intermediate step. An intermediate step is often used when the longer-term plan can't happen for a bit, perhaps because a space in a second centre that has been chosen isn't available or you have to go through the interview and selection process for another nanny/au-pair, etc. The key for the intermediate step is that you know it's available on shortish notice (i.e., you may have to wait a week or two, but no more) even though it may not check all your boxes. Notably, family and friends can also be an intermediate step if they are willing to help out for a longer period of time.

The final plan is the next carer who you hope will be long-term. Some people may want to find another of the same type of care (whether it's a daycare centre, home care, nanny, etc.) but some may feel that if the situation they tried doesn't work for whatever reason, it's time to try something else. I have personally found that for families it is often that they move away from a centre-based care to

something different, either home-based or more one-on-one care.

With all of these plans, remember that they may not be what actually happens if you face trouble, and as you learn about other people and options, you may modify these as you go. Child care is not static, but always changing as your child changes and so care that works when your child is a baby may not work well when they are a toddler or preschooler. Although making plans alleviates our anxiety and allows us to cope when things go wrong, we also need to be aware that plans don't always work. In the wonderful words of Leonard Snart (from *The Flash*):

> *"There are only four rules you need to remember: make the plan, execute the plan, expect the plan to go off the rails, throw away the plan."*

If you can remember these rules, you should do just fine when handling any problem that comes your way.

Chapter 6. Concluding Thoughts

I sincerely hope that this guide has helped you navigate what is one of the hardest decisions we can make as parents. I want to take this time to acknowledge that one of the most frustrating elements of child care is if/when you realize that your *realistic* options are not the ones you want for your child. Sometimes we can read things – like this guide – and end up feeling worse because we don't have the choices we would want. When this happens, we can end up trying to discount everything we read in order to avoid the negative feelings that come with suboptimal options. Don't do that.

There's the ideal and there's reality and there is no reason to feel bad when you can't reach that ideal. However, being aware of it and what is best for your child will always allow you to be more creative and more open to change than you would be if you just shut everything down. Instead of ignoring what you've read, you can take your options then look at how you can work in some of the ideas here. For example, if you have to use a centre that you don't love, hopefully this guide can help you stand up for your child's needs there and be that pushy parent who ensures your child receives attention and connection from the carers. Take the time to get to know the workers so

that they have that extra incentive to give more love and more responsiveness to your child. Then keep your eyes open and talk to friends about other options because you may become amazed at what is actually out there if you're actively looking.

Whatever you end up doing, remember that no matter what choice you make, there will be ups and downs in the process. That's just a part of parenting more generally. Try not to panic when you hit a down, and relish all the ups that you have. Children will have bad days in whatever situation you're in (including being home with them) and so one bad day here and there should never have you doubting your choices. It's when one or two becomes constant that you may feel the need to re-evaluate where you're at. And re-evaluation may not mean a full change, as discussed in Chapter 5, but rather a tweaking to one of the elements, such as your routine at home. After all, kids acting out in their care situations may be responding not to that situation but to the reduced time with you.

At the heart of everything is your child – and your relationship with them – so please keep that in mind. If caregivers are asking you to do things that don't align with your values or you feel are going to hurt your relationship, stand up to them. I know caregivers can sometimes take on a role of authority over children, as if they know more than you, but a good caregiver will never do that and those that do need to be reminded that they do not, in fact, know more than you about your child.

I wish you the best of luck on your child care journey.

Further Reading. The Research

Let me share with you some of the conclusions from a variety of academic studies on child care:

"High-quality early child care also predicted youth reports of less externalizing behavior. More hours of nonrelative care predicted greater risk taking and impulsivity at age 15..."[14]

"[T]he estimates suggest a weak impact of the increase in maternal care on indicators of child development."[15]

"[C]hildren experienced an increase in the cortisol rise at child care across the 10-week transition period."[16]

"More time in care not only predicted problem behavior measured on a continuous scale in a dose-response pattern but also predicted at-

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[14] Vandell DL, Belsky J, Burchinal M, Steinberg L, Vandergrift N. Do effects of early child care extend to age 15 years? Results from the NICHD Study of Early Child Care and Youth Development. *Child Development* 2010; 81: 737-756.
[15] Baker M, Milligan K. Evidence from maternity leave expansions of the impact of maternal care on early child development. *Journal of Human Resources* 2010; 45: 1-32.
[16] Bernard K, Peloso E, Laurenceau JP, Zhang Z, Dozier M. Examining change in cortisol patterns during the 10-week transition to a new child-care setting. *Child Development* 2015; 86: 456-471.

risk (though not clinical) levels of problem behavior, as well as assertiveness, disobedience, and aggression."[17]

"Results suggest that quality is an important influence on children's development and may be an important moderator of the amount of time in care."[18]

"Results indicated children from all three ethnic groups showed higher levels of cognitive and social skills on standardized assessments shown to predict school success when caregivers were sensitive and stimulating."[19]

Confusing, eh? It's no wonder parents never quite know what to think about the whole daycare issue and why each side seems to cherry-pick the research that is out there to match their pre-existing beliefs (and needs) on the matter.

The thing you have to remember is that this research has to be looked at as a whole. We can't just take certain studies and ignore the rest, and when we do look at the research as a whole we get a nuanced perspective and some take-home messages that you need to be aware of

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[17] National Institute of Child Health and Human Development, Early Child Care Research Network. Does the amount of time spent in child care predict socioemotional adjustment during the transition to kindergarten? *Child Development* 2003; 74: 976-1005.
[18] Love JM, Harrison L, Sagi-Schwartz A, Van Ijzendoorn MH, …, Chazan-Cohen R. Child care quality matters: how conclusions may vary with context. *Child Development* 2003; 74: 1021-1033.
[19] Burchinal MR, Cryer D. Diversity, child care quality, and developmental outcomes. *Early Childhood Research Quarterly* 2003; 18: 401-426.

when embarking on this journey. So what are these issues and what do you need to know?

Quality of Care Matters

It should come as no surprise that quality of care matters. Quality of pretty much everything matters in life. Good food is associated with better health than not-so-good food. Good schools have kids who do better than not-so-good schools. And good daycare is associated with better outcomes for kids than not-so-good daycare. (By 'outcomes' I refer to the variables that scientists have included in the research. For example, outcomes with daycare have included academic performance in schools, aggression and other externalizing behaviours, stress reactions, and more.)

What's crucial here is that when researchers are assessing quality of care, they may look at both *structural* characteristics – teacher-to-child ratios, teacher education – and *process* characteristics – how the teacher interacts with the child – and the process characteristics have been found to be the most important to child development, far more so than any structural characteristic[20,21]. The evidence for quality of care influencing a variety of outcomes has also been identified across different (Western) cultures with different regulations and family

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[20] Burchinal & Cryer, 2003.
[21] Phillips DA, Lowenstein AE. Early care, education, and child development. *Annual Review of Psychology* 2011; 62: 483-500.

demographics, highlighting how influential it is in child outcomes[22].

But even this is nuanced. There are far greater effects for children from lower socioeconomic demographics than children in higher socioeconomic demographics[23,24]. That is, for kids who are already at-risk of a variety of problems (because society often doesn't support families who struggle financially) being in high-quality care is associated with improvements in various areas of development, especially compared to their similar-SES peers in lower-quality care. Some of these effects exist independent of SES and are more related to quality of parenting, meaning we may want to consider the buffering effect for 'at-risk' children (i.e., children who have a higher risk of negative outcomes due to their current situation), regardless of the source of risk.

Of course, this leads to a second nuance which has to do with the outcome areas: High-quality care also has far greater effects for academic and cognitive outcomes than for social and emotional outcomes[25,26]. In our Western

[22] Love et al., 2003

[23] O'Brien Caughy M, DiPietro JA, Strobino DM. Day-care participation as a protective factor in the cognitive development of low-income children. *Child Development* 1994; 65: 457-471.

[24] Vernon-Feagans L, Bratsch-Hines ME, The Family Life Project Key Investigators. Caregiver-child verbal interactions in child care: A buffer against poor language outcomes when maternal language input is less. *Early Childhood Research Quarterly* 2013; 28: 858-873.

[25] Burchinal & Cryer, 2003.

[26] Vandell DL, Burchinal M, Pierce KM. Early child care and adolescent functioning at the end of high school: results from

culture, these outcomes have been the focus of most assessments because our culture tends to overvalue cognitive and academic factors while minimizing social and emotional factors. This means that the questions researchers become interested in (because they too are influenced by cultural values) and the funding for research tends to go towards those looking at cognitive and academic outcomes. This does not mean that social and emotional factors are unimportant to longer-term development. In fact, quite the opposite as the research we do have suggests that social and emotional skills are more predictive of long-term success than academics[27,28]!

Higher-quality care is associated with some improvements in the cognitive realm, though these also vary by other variables. Unfortunately, there is little difference in the social and emotional realm. This may not surprise some as our definitions of 'high-quality' are often academically-based. If you look at your own country or state/provincial standards for care, most are focused on early learning of skills that are well-suited to school. When we consider social and emotional outcomes, by and large there are more reports of findings linking child care with later

the NICHD Study of Early Child Care and Youth Development. *Developmental Psychology* 2016; 52: 1634-1645.

[27] Jones DE, Greenberg M, Crowley M. Early social-emotional functioning and public health: the relationship between kindergarten social competence and future wellness. *American Journal of Public Health* 2015; 105: 2283-2290.

[28] Domitrovich CE, Durlak JA, Staley KC, Weissberg RP. Social-emotional competence: an essential factor for promoting positive adjustment and reducing risk in school children. *Child Development* 2017; 88: 408-416.

behavioural problems which is sometimes moderated by quality and sometimes not[29,30].

Overall, it seems we can conclude that quality of care matters greatly, with higher quality care potentially providing some cognitive benefits for those who may be at-risk; however, these benefits do not seem to extend to the socio-emotional realm. More research is still needed to examine all the various effects and variables.

Of Note: Assessing Quality is Hard

Despite the fact that we know high-quality care is better than low-quality, there are still issues in how we conceptualize and assess this concept of 'high-quality'. For research purposes a set of scales have been developed and are regularly used to measure this aspect of care (the "Environment Rating Scales" or ERS for short). There are different scales for different ages and they are used cross-culturally and although some suggest they are good proxies for something like caregiver sensitivity[31], others suggest that the effects are weak with actual child outcomes and that there is wide variability in the

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[29] McCartney K, Burchinal M, Clarke-Stewart A, Bub KL, Owen MT, Belsky J. Testing a series of causal propositions relating time in child care to children's externalizing behavior. *Developmental Psychology* 2010; 46: 1-17.
[30] Broekhuizen ML. Differential effects of early child care quality on children's socio-emotional development. Published dissertation, 2015.
[31] Vermeer HJ, van IJzendoorn MH, Cárcamo RA, Harrison LJ. Quality of child care using the Environment Rating Scales: a meta-analysis of international studies. *IJEC* 2016; 48: 33-60.

application of these scales to assess quality[32]. This doesn't negate all of the research, but does highlight that sometimes what we are assessing isn't actually what we thought and when that is the case, the conclusions we make may be incorrect as well.

What this does highlight is that we need to be careful in thinking that this notion of 'high-quality' is well-defined and absolute. As discussed earlier in this book, you can read on various elements pertaining to 'high-quality' care, but ideally you will need to make this assessment yourself to determine what parts matter most to you and what you expect of care for your child.

Quantity of Care Matters

How much time your child spends in care matters more than some parents realize. This is one of the unfortunate findings given how much time kids do spend in daycare these days as parents are forced to work long hours, meaning a child could spend up to 10 hours a day in daycare. One of the larger studies in the United States of America – the National Institute of Child Health and Human Development Study (NICHD) – has examined the long-term effects of early child care from early childhood through adolescence.   In addition to supporting the findings on quality of care and academic outcomes mentioned above, they have also found that the *amount* of

[32] Brunsek A, Perlman M, Falenchuk O, McMullen E, Fletcher B, Shah PS. The relationship between the Early Childhood Environment Rating Scale and its revised form and child outcomes: a systematic review and meta-analysis. *PLoS One* 2017; 12: e0178512.

care a child has early in life is associated with more behavioural problems, both concurrently and later on[33,34,35]. This mirrors research with younger children in other cultures as well[36,37].

The difficulty is determining how much is "too much"? In one study, there was no cut-off or specific amount, but greater socio-emotional problems increased as hours in daycare increased[38]. In another, problems seemed to develop when mothers worked 30 hours a week or more[39]. In another, 60 hours was the amount implicated[40]. In short, we simply don't know the exact number and likely it is affected by multiple variables.

[33] Belsky J, Vandell DL, Burchinal M, Clarke-Stewart KA, McCartney K, Owen MT. Are there long-term effects of early child care? *Child Development* 2007; 78: 681-701.

[34] Vandell et al, 2010.

[35] McCartney et al., 2010.

[36] Torres N, Veríssimo M, Santos AJ, Monteiro L, Figueiredo M, Vaughn BE. Quantity of group child care, behavior problems, and prosocial behaviors: a study with Portuguese preschoolers. *Journal of Early Education and Development* 2015; 26: 1145-1165.

[37] Lemay L, Bigras N, Bouchard C. Quebec's child care services: what are the mechanisms influencing children's behaviors across quantity, type, and quality of care experienced? *Journal of Research in Childhood Education* 2015; 29: 147-172.

[38] National Institute of Child Health and Human Development, 2003.

[39] Brooks-Gunn J, Han WJ, Waldfogel J. Maternal employment and child cognitive outcomes in the first three years of life: the NICHD study of early child care. *Child Development* 2002; 73: 1052-1072.

[40] Hazen NL, Allen SD, Christopher CH, Umemura T, Jacobvitz DB. Very extensive nonmaternal care predicts mother-infant attachment disorganization: convergent evidence from two samples. *Development and Psychopathology* 2015; 27: 649-661.

Stress Matters

One of the more difficult things to accept is that child care actually seems to be stressful for children. This is not supposed to make any parent feel bad, but separating from a securely-attached caregiver to a stranger stresses our children unnecessarily and the lack of attachment to daycare works means there is no buffer to help relieve the stress. (This is why I focused so much on attachment earlier on in this book. We don't know what this stress effect would look like if children were able to build positive attachments early on.) Although there is a fair bit more that we need to do in terms of understanding how stressful daycare is for children, we do have some findings that all converge to indicate a known degree of unnecessary or excessive stress (that is, stress beyond what a human child would expect to face in typical development).

Studies have regularly found changes in cortisol patterns for children in care, specifically either rises in cortisol during the day or a failure to lower during the day (providing an increase relative to at home)[41,42]. Cortisol is the hormone that occurs naturally in our body at varying levels throughout the day in response to our circadian rhythm (i.e., our day-night rhythm) but also increases in

[41] Dettling AC, Gunnar MR, Donzella B. Cortisol levels of young children in full-day child care centers: relations with age and temperament. *Psychoneuroendocrinology* 1999; 24: 519-36.
[42] Ahnert L, Gunnar MR, Lamb ME, Barthel M. Transition to child care: Associations with infant-mother attachment, infant negative emotion, and cortisol elevations. *Child Development* 2004; 75: 639-50.

reaction to stress. A certain amount of cortisol is good for us, but when we are stressed – and particularly when infants are stressed because of the developing brain – the amount of cortisol or certain changes to the patterns of cortisol throughout the day can reflect unnecessary or excessive stress. Too much stress affects various areas of neurological development and although it may not be reflected in immediate pathological behaviour, it can alter the child's development. The deviations in the research on daycare are considered to reflect unnecessary or excessive stress on the child's system.

There is, however, some buffering of these stress-related patterns based on quality of care, with children in high-quality care showing fewer stress-related changes than those in lower-quality care[43,44]. If this were temporary, we may not worry much, but unfortunately the research we do have suggests that these effects are not temporary. Indeed, one study examined changes to cortisol levels over a 10-week transition to daycare and found that rather than getting smaller, the increase in cortisol also increased[45]. Another study found that these changes in cortisol patterns, compared to home, were still evident 15 months later[46]. A review and meta-analysis on the topic concluded

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[43] Legendre A. Environmental features influencing toddlers' bioemotional reactions in day care centers. *Environment and Behavior* 2003; 35: 523-49.

[44] Lisonbee JA, Mize J, Payne AL, Granger DA. Children's cortisol and the quality of the teacher-child relationships in child care. *Child Development* 2008; 79: 1818-32.

[45] Bernard et al., 2015

[46] Anhert et al., 2004

that the evidence supports the idea that cortisol increases in children who are in daycare[47].

This means that if we accept the transition and the experience of daycare is stressful, the approach highlighted in this book may be even more valuable. I would personally love to see research on the effects of stress when children were in different types of care where attachment and biologically-normative allocare was front and centre.

Your Child's Age Matters

In addition to quality and quantity, another variable that has been implicated as affecting outcomes is the child's age. For example, in one study, only care prior to 9 months of age was implicated in negative socio-emotional outcomes even in higher-quality care and when mothers were sensitive and responsive outside of care[48]. An additional risk for younger children is the potential impact on developing attachment. Research has found that too much time in daycare has been linked to a higher risk for insecure attachment with their primary caregivers (typically parents)[49,50].

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[47] Vermeer HJ, van IJzendoorn MH. Children's elevated cortisol levels at daycare: a review and meta-analysis. *Early Childhood Research Quarterly* 2006; 21: 390-401.

[48] Brooks-Gunn et al., 2002

[49] Belsky J, Rovine MJ. Nonmaternal care in the first year of life and the security of infant-parent attachment. *Child Development* 1988; 59: 157-167.

[50] Hazen et al, 2015.

Younger children are also seem more susceptible to the effects of stress in daycare with children under 3 showing the greatest increases in cortisol levels while in child care[51]. However, it is worth noting that in one study looking at 3-4.5 year olds, over 60% of the children had increased cortisol and 40% of the kids had rises high enough to qualify as a stress response[52], therefore although the impact may be more greatly felt with younger children, it certainly isn't gone for older kids, especially if quality of care is poorer.

For older children, the negative effects seem to be limited to other social environments and thus may reflect processes to do with peer experiences in daycare[53]. Some researchers have hypothesized that the reason we see increased behavioural issues in toddlers and preschoolers is because the daycare environment is difficult for them to navigate as that much time with same-aged peers is not normal for our species. This holds even in cultures where high-quality care is the norm and we often don't see longer-term problems associated with child care[54,55].

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[51] For a review, see Vermeer & van Ijzendoorn, 2006.

[52] Gunnar MR, Kryzer E, van Ryzin MJ, Phillips DA. The rise in cortisol in family daycare: associates with aspects of care, child behavior, and child sex. *Child Development* 2010; 81: 851-869.

[53] Huston AC, Bobbitt KC, Bentley A. Time spent in child care: how and why does it affect social development? *Developmental Psychology* 2015; 51: 621-634.

[54] Dearing E, Zachrisson HD, Nærde A. Age of entry into early childhood education and care as a predictor of aggression: faint and fading associations for young Norwegian children. *Psychological Science* 2015; 26: 1595-1607.

[55] Vermeer & van Ijzendoorn, 2006.

Overall, there are benefits and drawbacks at each age, though clearly too much daycare for younger children falls in the area of greater risk for a variety of reasons. Interestingly, one study found that children who had entered daycare prior to 8 months showed greater cortisol at home over daycare when they were 3 years of age[56]. It may be that this reflects the children adapting or it could reflect a disruption in attachment with the primary carers. More research is needed to help identify the meaning of those results.

Your Child's Temperament Matters

Sadly temperament has not been examined nearly as much as it should, but there are some findings that are particularly important to highlight. It should come as no shock to anyone who has raised a higher-needs child that they can be much more difficult to transition to care with other people. This is backed by the little we do know about temperament and daycare so if this is you, please take note.

Children with a more sensitive or higher-needs temperament have been found to have higher cortisol increases when adapting to daycare, indicative of greater stress during the transition process[57]. This use of 'high-needs' refers to a child that is more sensitive to their environment and the type of care they receive. This is

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[56] Ouellet-Morin I, Tremblay RE, Boivin M, Meaney M, Kramer M, Côté SM. Diurnal cortisol secretion at home and in child care: a prospective study of 2-year-old toddlers. *The Journal of Child Psychology and Psychiatry* 2010; 51: 295-303.
[57] Ouellet-Morin et al., 2010

different from a baby/toddler that is just 'difficult' or wants to be held the majority of the time (that is just called 'normal'). Some have referred to these children as 'orchid' children for their reliance on the nurturing of others, but whatever the term, these children respond, for better or worse, to the caring behaviours of others more strongly than other infants[58,59]. Behaviours associated with the higher-needs child can include: constant need for contact and extreme distress upon being put down, excessive crying (especially if apart from the caregiver, less so if in contact), hyperactive, sleep disruptions (beyond what is normal as waking *is* normal for the first few years), sensitive to various sensory inputs, and can become distressed quite easily. Importantly, high-needs children seem to require adults to help them regulate emotionally and this is likely part of the reason behind some of the behaviours. In line with what we know of their development, leaving these children to try and self-regulate is not at all conducive to developing emotional regulation abilities and this is why they are so dependent upon the type of caregiving they receive.

How well these children eventually fare is seemingly due in part to how well the child interacts with the staff and in part how sensitive and responsive the caregiving is. More specifically, children with a temperament that is a good fit for staff (which is often not the higher-needs child unless

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[58] For a good review, see
http://www.berkeleywellness.com/healthy-mind/stress/article/understanding-orchid-child
[59] For another good review, see
https://www.scientificamerican.com/article/on-the-trail-of-the-orchid-child/

there is a staff member who understands and can bond with such a child) show greater prosocial behaviours in daycare[60], likely due to the increased attention and warmth from staff. This concept of 'goodness-of-fit' is critical as we also have evidence that the ability for children to learn various socio-emotional skills in daycare is linked to how good their relationship is with their caregiver[61,62]. For at-risk children, this relationship is even more important for their later development[63].

The other effect for higher-needs kids is what is called 'differential susceptibility'. This means that for these children, the effect of quality of care is even more important in *both* directions[64]. That is, children who are higher-needs will respond more poorly to low-quality care than others, but will also respond more positively to high-quality care when compared with lower-needs children.

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[60] Hipson WE, Séguin DG. Is good fit related to good behaviour? Goodness of fit between daycare teacher-child relationships, temperament, and prosocial behaviour. *Early Child Development and Care* 2016; 186: 785-798.

[61] Silver RB, Measelle JR, Armstrong JM, Essex MJ. Trajectories of classroom externalizing behavior: contributions of child characteristics, family characteristics, and the teacher-child relationship during the school transition. *Journal of School Psychology* 2005; 43: 39-60.

[62] Birch SH, Lad GW. The teacher-child relationship and children's early school adjustment. *The Journal of School Psychology* 1999; 35: 61-79.

[63] O'Connor E, McCartney K. Examining teacher-child relationships and achievement as part of an ecological model of development. *American Educational Research Journal* 2007; 44: 340-369.

[64] Pluess M, Belsky J. Differential susceptibility to rearing experience: the case of child care. *The Journal of Child Psychology and Psychiatry* 2009; 50: 396-404.

This is more obvious when looking at behaviour problems, but has also been found in academic or cognitive outcomes as well[65].

Temperament is therefore one of the most important factors for parents to consider because of how it interacts with so many other variables. If your child is high-needs, it is more important that you have high-quality options at your disposal, something that not all families have. This is a social problem – not a personal one – and I hope we can all work to address the shortfalls that are very prevalent here.

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I need to mention that almost all of these studies include a disproportionate number of child care *centres* and those that don't – e.g., the NICHD research – often find that the centre-based care is associated with lower quality and more hours; however, this trend may not hold for other countries outside of the United States. I point this out, though, because centre-based care is often what people think of when they look at child care, but it is not the only option (as you have now read) and it's crucial that you remember this as it may be that the options that are right for you and your child are not centre-based.

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[65] Vitiello V, Moas O, Henderson H, Greenfield D, Munis P. Goodness of fit between children and classrooms: effects of child temperament and preschool classroom quality on achievement trajectories. *Early Education and Development* 2012; 23: 302-322.

So now you have an idea of what the research kind-of-says. Again, I'm hedging because there are still so many questions left that haven't been researched at all or only minimally. For example, this is just an excerpt of the many questions that I would love to see more research on:

- How does a child's temperament affect their reaction to different types and quantities of daycare?
- How does care from relatives or individuals compare to larger daycare options in the short and long-term?
- How gradual does 'gradual entry' need to be to help children adapt and form attachments?
- How do multi-age groups compare to the same-aged groups that exist in most daycare centres?
- Does a blend of various care options hurt or help a child in the long-run?
- Does child to staff ratio actually matter? (Note that one meta-analysis suggests it doesn't because of such variability in the studies.)

When we consider the research as a whole, it can provide some guidance, but I hope this brief summary makes it clear that it is far from a black-or-white issue, despite how it is often presented in the media and in discussions amongst parents. Appreciating the nuance can mean that you can approach the issue of care for *your child* in a way that is individualized and considers your unique needs. When we look at child care this way, we can make sure we do all we can (which may not be everything) to give our children the best care possible.

About the Author

Tracy Cassels, PhD is the founder and director of Evolutionary Parenting, a resource dedicated to empowering parents through an understanding of science, cultural influences, and human history. She received her BA in Cognitive Science from the University of California, Berkeley and then her MA in Clinical Psychology and PhD in Developmental Psychology from the University of British Columbia. She has published in numerous peer-reviewed journals, spoken at conferences internationally, and works individually with parents to help them navigate the many perils of parenthood. When not working with families, you can find her spending time with her one husband, two kids, and three pets at their rural home in Prince Edward County, Ontario, Canada.