

When I leave my child

In the daily Mother Centre life the topic of “leaving the child to another person” is very often discussed. Many young parents – especially with the first child – feel insecure, when the right time has come to leave the child for short time with somebody else, many questions centre around this topic: who is the best person to leave the child with; what is the best age, a child can cope with day care (nanny, kindergarden, chreche, nursery).

Mother Centres are places, where parents can find a safe place to speak out freely about their emotions, their difficulties and their attitudes and where they can get support by the people around.

In many countries for parents the time to return back to work has shifted to an earlier moment in the child’s life. Many parents – especially mothers feel a lot of pressure on them – from economy and politics which demand from them to return as early as possible, from parts of the society where the old role model of the housewife and fulltime mother still is very much accepted and favoured. And last but not least the feelings of the mothers themselves can be very ambivalent concerning this topic.

In Mother Centres mothers and parents are seen as the best experts for their children. Professional and voluntary staff creates an atmosphere where information (based on the latest scientific knowledge – in this case on childcare and child development) is available and together with respectfulness helps mothers and parents to find their own way in parenting.

Parenting means helping the child growing up and getting independent. A good attachment to parents and other care persons are seen as the basis for gaining independency and resilience.

For the Austrian hosts of the Meeting on Topic 7 – When I leave my child – it was important not only to discuss the questionnaire but also give short input on **Attachment Theory (Bolby)** and the **Method of Emmi Pikler (child’s gross motor development)**.

Attachment Theory (Bolby) can help understand the reaction of a child in situations of separation. But be careful: never judge the child’s reaction only from one or few occasions – it needs profound expert knowledge!

Nevertheless this theory gives an impression how important bonding and attachment for a healthy development is.



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Pikler gives a very special view on the needs of a child and the autonomy in the child's development and how parents and carers can support this needs in a good way. This helps to establish a secure bond between mother/father/carer and supports self-confidence which in our opinion supports parents self-confidence as well and therefore helps in times of separation (when the child is in care of somebody other than the main bonding person).

It was planned to visit a day care group which works on the principles of Emmi Pikler, unfortunately this had to be cancelled on very short notice because of illness of the teacher.

Instead of this, two trained Pikler Instructors (both staff of the EKIZ Wels) gave an introduction on Pikler Theory and Practice. Pikler groups are very popular these days in Austria and offered for parents with small children (age 5 Month – 3 years) in many Mother Centres.

Together with the Grundtvig Group the Pikler Instructors created the setting of a Pikler Parent Group and tried with the help of special pictures to evoke a sensibilised view on the baby ("what is going on in this moment", "why am I responsive to this very picture – what does it tell to me")



<http://pikler.org/PiklerPractices.html>

Basic Principles of the Pikler Method

1. The value of self-initiated activity from the earliest age i.e. allowing plenty of time on the (baby-proofed) floor for uninterrupted exploration and play.
2. The value of building a trusting relationship with a consistent caregiver who is respectful of the child's personality and needs. This involves sensitive observation of the child as well as slowing down and tuning in during the daily care giving routines of dressing, feeding, bathing and diaper changing and communicating what you are doing. Taking the time to observe our babies will teach us about them and their needs.



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3. The value of sustaining each child in building self-awareness. This is done through encouraging active participation in whatever is going on - alone or in interaction - rather than simply perceiving the child as an object to be bathed and fed: "I'm putting on your sweater. Can you give me your hand?" Parents and caregivers can take advantage of the natural daily care-giving routines such as feeding, diapering, dressing and bathing to slow down, tune in to and nurture our children.

4. The value of providing a stable, consistent, predictable routine. Babies have their own innate drive to develop and given a sound environment, they will flourish without "extra" help.

5. The value of trusting your baby's own timetable: He can sit up by himself without support when he's ready to do so; he can walk on his own timetable. When his muscles and bones are ready for these new adventures, he will do them himself. Dr. Pikler would never put a baby into a sitting or walking position until he or she was ready to do it on their own.

6. The value of trusting your baby to solve his or her own problems when possible. If your crawler gets stuck under the table, you can get close, offer support and see if he/she can extricate themselves on their own. The satisfaction on his/her face will be worth it!

7. The value of empathizing when your baby express their own distress rather than trying to plug him/her with a pacifier, jostle or distract the child. Babies need a lot of time for free movement and uninterrupted play.

In short, Dr. Pikler reminded us that babies are unique individuals and we should treat them as such!

Dr. Pikler's Advice for new parents

In her research on gross motor development and pediatric practice, Dr. Emmi Pikler noticed that healthy babies have an inner developmental know-how. Trust this knowledge. Give your baby space and time, on the floor (on a blanket) to move as he or she needs to move, explore as he or she wants. Realize that he/she will turn over, sit up and walk when the time comes. They don't need help to do this. In fact, putting the baby into a position that she can't get into herself means putting her in a position her muscles and bones aren't ready to support. Getting her used to this time alone on the floor, in a safe space, also gives you time to do your own thing. While she's lying on her back, even at the youngest age, she can be fully absorbed in a ray of sunshine, passing shadows on the wall, people's movement in and out of her field of vision, her own hands. You don't need to entertain or "stimulate" your infant.

The thousands of times you will change, dress, bathe and feed your infant are perfect times to slow down, tune in, be with the baby fully, interact, Tell them what you're going to do before you do it and involve her in the doing - even before she can understand your words. "Now I'm going to put on your pants. Can you lift your foot?"

Babies are people but we don't always remember to treat them as such. If she is on the floor and needs a diaper change, stop for a moment and observe. Is she busy with something? Can you wait a second? If you say, "I need to change your diaper now", put out your arms, and give her a chance to respond, she will feel respected.



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Dr. Emmi Pikler's 4 principles of Curriculum

1. The value of self-initiated activity of children from their earliest age.
2. The value of building a trusting relationship with a consistent professional caregiver whose attitudes are directed by respect for the child's personality and understanding of his needs.
3. The value of sustaining each child in building self-awareness. This is done through encouraging active participation in whatever is going on - alone or in interaction - rather than simply perceiving the child as an object to be cleaned and fed.
4. The value of fostering optimal health in the children, reciprocally influenced by the first three points

John Bolby, Theory of Bonding

Key Note Lecture by Mag. Michaela Kern, Psychologist

Successful Bonding

Introduction to the theory of bonding

John Bowlby

„Bonding can be compared to a ribbon which is linked to a specific person and which connects them over time and space“

„Bonding is not fixed, it is a continuum“

John Bowlby – biographical notes:

- 1907 - 1990
- studied Medicine
- together with his siblings he grew up under the custody of nannies
- could only contact his mother at a given time
- his father was very involved in his career
- at the age of three he lost his nanny, the person to whom he related the most
- at that time psychoanalysis said, that bonding between mother and child develops through breastfeeding
- Bowlby believes, that the development of bonding has biological roots

Bonding for survival



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- Bonding is as essential for life, as breathing and eating
- emotional bonding secures the survival and growth of the infant
The development of bonding by John Bowlby
- During the first year of life an infant develops a specific emotional relationship with a special person
- The bonded person can be seen as a „safe harbour“ for the infant

Theory of Bonding

- the bonding system gets activated through fear and separation
- It can be calmed through physical closeness with the bonded person
- The bonding system corresponds with the examination system
- When the bonding system is calm, the infant can explore the environment
- the primary bonding person is not necessarily to be the biological mother or father
- emotional bonding between the child and the bonded person does NOT develop from genetic relationship

Hierarchy of the bonding persons

- The main bonding person
 - is seen at times of high stress levels
 - calms best
- Subordinated bonding persons
 - can comfort in times of low stress levels
 - is accepted as a replacement for the main bonding person, when not available

Sensibility

- the nurse with the finest touch during interaction becomes the main bonding person
- the finest touch encourages safe bonding
- the bonding person is not forced to be the biological mother

The bonding person must

- percept
- react promptly
- interpret correctly
- react appropriate towards the signals of the infant



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Verbal Interaction

Verbal interaction and verbalization encourages a safe relationship

- the „inner World“ of affective conditions
- context of the actions of the infant

Bonding and mental development

Secure bonding ↔ protection

In-secure bonding ↔ risk

Consequences of the development of bonding

Secure bonding

- Safety factor at burdens
- More coping-opportunities
- get help
- More communal behaviour
- Empathy for emotional situations from other people
- More relationships
- More creativity
- More flexibility and endurance
- More cognitive performance and learning

In-secure bonding

- Risk factor at burdens
- Less coping opportunities
- Solving problems alone
- Retreat from communal activities
- Less relationships
- Less flexibility when thinking and doing
- Aggressive behaviour during conflicts
- Worse cognitive performance and learning



Bonding between generations

Relation between bonding of parents and children

- Secure parents with secure children
Mother-child about 75%
Father-child about 65%
- Insecure parents with insecure children
- Traumatic parents with disorganized children

Classification of the quality of bonding

- Secure bonding
- Insecure-avoiding
- Insecure-ambivalent
- Disorganized bonding

Reasons for secure bonding

- fine touch from the nurse
- Reliable instinctive feeling
- Acceptance of bonding signals
- Reliable reply of the signals
- Emotional availability

Reasons for insecure-avoiding bonding

- bad instinctive feeling
- Rejection of bonding signals
- Emotional only partly available
- Nurses often have insecure-avoiding bondings with their parents

Reasons for insecure-ambivalent bonding

- bad instinctive feeling



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- changing quality of the instinctive feeling
- unreliable reply of the bonding signals
- unpredictable change between overcare and rejection
- emotional only partly available

Reasons for a disorganized relationship

- trauma from parents
- abnormal Interaction of the nurse with the child
 - frightening behaviour
 - fearful behaviour
 - helpless behaviour
- sometimes parents replay their trauma with own child (for example violence)

External Care and Bonding

„natural“ Separation

- fall asleep
- parents go out
- Kindergarten
- Enrolment in school
- being on holiday with school
- changing to another/secondary school
- leisure time/holiday

Preparation of separation

- time for separation/transition
- establish another secure bonding
- rituals
- announcement
- availability
- acknowledge pain and sorrow
- understand and put up with rage



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„unnatural“ Separation

- house moving/migration/flight
- hospitalisation
- divorce
- diseases – emotional separation
- unexpected death of an important person (sibling, parent, friend, grandparent, teacher/care person)

Separation as a trauma

- sudden incident
- Vegetativum is over active
- loss of a bonded person – security
- no flight or fight possible
- Nightmare
- dissociation of the memory
- Trigger for Nachhall-memory

Different types of day care

- Grandparents/relatives
 - Parent's household
 - Guardian's household
- Day-Care-Center of different quality
 - Babysitter
 - parent's house
 - someone else's house

Variation:

- Excellence (Güte) of external care (der Fremdbetreuung)
- Number of hours per day and weeks
- Beginning of external care
 - Starting with birth
 - 4-6 months after birth
 - 7-15 months after birth
 - All social classes vary



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Results

The risk of insecure bonding will increase when:

- Mother's behaviour lacks of instinctive feelings
- High amount of hours getting external care
- Changing of care arrangements

These effects will not occur when the relationship between mother and child was good.

Conclusion:

Quality of mother/parent-child-relationship determines the development of bonding

Low quality of external care is a risk factor, when the relationship between mother and child is biased – often insecure bonding

High quality of external care is a safety factor for the child with an insensitive mother – often secure bonding

External Care and Bonding

Conclusion:

- Care and support for mothers having problems with their sensitivity
- High quality of external care
 - long settling-in period (3-4 weeks)
 - ideal relation child:care person:1:2 (for under 3 year old children)
 - constant sensitive person
 - regular structure of the daily routine



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The Grundtvig Meeting on Topic 07 – When I leave my child – took place in EKIZ Klein & Groß Wels/OÖ (Member of Dachverband) and was organised by the EKIZ Wels in cooperation with the Dachverband.

Participants of the Grundtvig Partnership from

- Poland “Mamy Czas” (Joanna Leszczyńska- Kudłaciak, Donata Wojtyńska, 3 Persons)
- Slovakia UMC (Jana Sýkorová + 1 child, Jana Briešková, Marcela Almanová)
- Germany Mütterforum Baden Württemberg (Petra Renz, Daniela Hettich + 1 child)
- Germany Landesverband der Mütter und Familienzentren Bavaria (Sunny Ressel, Persons)
- Turkey International Children Centre ICC (Dr. Arzu Koseli)
- Austria Dachverband der unabhängigen Eltern-Kind-Zentren (Team Wels: Irmgard Jiresch, Brigitte Schmidl, Maria Böhm, Natascha Lehrbaumer, Edith Zollner, Martina Heiß ; Team DV: Katharina Kamelreiter, Eva Schrems, Traude Heylik, Susanne Pichler)

Discussion on the method

Many partner said, that the questionnaire which was sent out beforehand was quite long – too long - but: it is a manual which should give guidance in discussion for those who facilitate the reflexion on the topic. How reflexion and discussion is led and in what setting is decided by the partner organisation or the discussion leader.

The partners used various settings

- Focus group discussions (TR)
- announced discussions groups open to MC attendants (D, TR)
- non announced discussion in various open groups and gatherings in MC (DS, A)
- discussion in the MC staff group (A, PL)
- handing out questionnaire to parents visiting MC (PL)

Summary of the reflexion on the topic

● *Emotional aspects*

There is a huge variety of emotions mothers and parents feel when they leave their child the first time with another person. The emotions range from fear, agony, grief, disappointment to positive emotions of joy and freedom

Especially mothers experience pressure from society and their next environment. It is expected to leave the child at the latest at the age of one year at least half a day in child care institutions or with other persons.

In Turkey family organisation is a bit different than in Middle/Central Europe. The influence of the husbands family is more dominant and mothers often struggle with the mother in law who dominates family decisions – also regarding childcare.

Many mothers have to justify their decisions and explain themselves to employer, family, friends – in both ways: those who return back to work after one year of caring for the child at home – and those who stay at home for a longer time as is expected from politics and society.



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Mothers feel secure and supported, if their needs are accepted as “normal” and they can get exchange with fellow parents and experts at eye level.

Most mothers trust close family members and friends best to care for their child.

Experience in childhood can influence how to deal with separation. Many parents were happy having had their mother at home for a long time. Some people who were in day care from early age did like it a lot – and some were suffering.

There is no consistent pattern – how to come to terms with separation always depends on the situation and the emotional stability of a person.

● *Mother Centres as supporting spaces*

MC can give opportunity to experience first steps of separation for mothers/parents and child (somebody else -a fellow mother/father/grandparent - takes over care for short time; special groups where parents are not present all the time; ...)

MC are a natural social space for new experiences with people other than close family. MCs offer expert knowledge and competence, open discussion space, appreciation and acceptance help to find one’s own way.

● *Best age for first separation and starting day care*

The best age is for every child very individual moment – for some earlier – for the other later.

There is no certain age parents think appropriate for starting day care. They feel when time has come and the child needs group experience. To have time and opportunity to wait for the “right time” would be the best, but in many families not possible (pressure to return to work in order not to lose it).

● *The needs of parents and children – equally considered?*

Parents experience that society focus on the needs of economy and work/employers. Neither the needs of mothers/parents nor those of children are considered strong enough. Parents want more flexibility in organising family and work balance.

● *Day Care Institutions and what parents expect from them*

Professional care, trust and positive emotional attitude towards the child

Appropriate time to familiarize the child to the new situation

Child – but also parents should feel well

Safe, friendly and light coloured environment

Flexible opening hours and flexibility in degree of caring time

Cleanliness

Professional education

● *Situation on institutional child care in the different countries*

There are very similar situations in the countries of the partnership. The costs differ widely, they range from free childcare in some parts of countries to very high fees. Some countries have compulsory kindergarten in the last year before school enrolment. Every country has private and state sector of child care system with variable quality standards. In nearly every country it seems that there are too less high quality, affordable and free places in child care.



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