

**GAIMH – German-Speaking Association for Infant Mental Health**  
**An affiliate of the WAIMH – World Association for Infant Mental Health**

**Responsibility for Children under the Age of Three Years**

**Recommendations of the German-Speaking Association for Infant Mental Health (GAIMH)<sup>1</sup> for the care and teaching of infants and toddlers in daycare centers<sup>2</sup>**

**About the development of the GAIMH recommendations**

These recommendations have been approved and published by the board of GAIMH. The basis for these recommendations are the result of work done in April 2008 during an intensive day-long session involving invited experts and members of GAIMH internal working groups.<sup>3</sup> This session involved intensive interdisciplinary discussions of findings and experience from the research and practice of invitees from GAIMH's member countries -- Germany, Austria, and Switzerland -- based on international studies on the development of infants and toddlers.

The recommendations are directed at all of those who share responsibility for the care and raising of infants and toddlers: parents, politicians, preschool management, teachers, and therapists involved from birth to preschool, governmental authorities, pediatricians, child psychologists, psychologists, child psychiatrists, and journalists.

Authors and publishers: Board of GAIMH

Karl Heinz Brisch

Maria Mögel

Heidi Simoni

Barbara von Kalckreuth

Katharina Kruppa

(with the assistance of Anna von Ditfurth and Jeremy Hellmann)

---

<sup>1</sup> [www.gaimh.org](http://www.gaimh.org).

<sup>2</sup> In this paper, the term “daycare center” [Krippe] will be used uniformly for institutions or facilities that care for small children outside the home, in the full knowledge that different terms are used in Germany, Austria, and Switzerland.

<sup>3</sup> List of participants in the appendix.

## Table of Contents

<b>Preliminary remarks</b>	4
<b>I GAIMH recommendations on the quality of supplemental care of infants and toddlers in daycare centers</b>	4
1. Recommendations for dealing with basic needs	4
1.1 Responding to and satisfying physiological needs	4
1.2 Security through attachment	4
1.3 Stimulation and regulation	5
1.4 Exploration and self-efficacy	5
1.5 Coordination and cooperation between family and daycare center	5
2. Recommendations for good-quality teaching process	6
3. Recommendations for an adequate structural quality	6
4. Recommendations for operational quality and professionalism	7
5. Recommendations for children and families with special needs	7
6. Compensatory care as prevention and opportunity	8
7. GAIMH policy recommendations for educational and institutional frameworks of daycare centers	8
7.1 Education in early childhood	8
7.2 GAIMH recommendations and questions for future research	8
7.3 GAIMH recommendations for mandatory supervision of daycare centers	8
<b>II Commentary and explanations to the GAIMH recommendations</b>	9
8. Perspectives and theses of the GAIMH	10
9. Key questions regarding the differing developmental spaces in families and centers	10
10. Baseline conditions in Germany, Austria, and Switzerland	11
10.1 Parental leave	11
10.2 Status and organization of institutional childcare	12
10.3 Training of teachers and supervisory personnel	13
11. Basic needs of infants and toddlers	14
11.1 Introduction	14
11.2 Basic physiological needs	14
11.3 The need for security and protection from primary caregivers	15
11.4 The need for stimulation and exploration	15
11.5 The need for sensory stimulation	16
11.6 The need to avoid negative stimuli	16
11.7 The need for self-efficacy	16
11.8 The need for reliable and stable relationships with parents	17
11.9 Coordination of care between the daycare center and the family	17

12. Differences between institutional daycare and care in the family	18
13. Characteristics of good quality in daycare centers	19
13.1 Structural and procedural characteristics of quality in daycare center	19
13.2 Situations posing a risk to quality of care in daycare center	20
13.3 Reliable relationships in key situations	20
13.3.1 Careful settling in and the caregiver system	21
13.3.2 Special situations in the settling-in process	21
13.3.3 Cooperation between parents and caregivers	22
13.3.4 Play supervision and the requirements of group teaching	23
13.4 Reliable attachment relationships through adequate and sensible structures	23
13.5 Reliable attachment relationships through high levels of professionalism	24
14. Children and families with special needs	25
14.1 Toddlers with a migrational background: the daycare center as a transitional space between the family and the surrounding culture	25
14.2 Toddlers from at-risk families: support and respect	26
14.3 Toddlers from families under emotional stress: continuity in daily life	27
14.4 Children with special developmental needs: encouragement and integration	27
14.5 Prevention: compensatory care as an opportunity	28
15. Overall teaching and social policies for daycare centers	28
15.1 The upgrading of early childhood care and teaching strengthens families	28
15.2 Education in early childhood	29
15.3 The various organizational forms of daycare centers	29
15.4 Required supervision and networking of daycare centers	30
15.5 Quality benefits and costs	30
16. Questions posed by GAIMH for future research	30
Literature	31
Appendix	37

## **Preliminary remarks**

*The present text consists of two main parts:*

*I GAIMH recommendations on the quality of supplemental care for infants and toddlers in daycare centers.*

*II Comments and explanations to the GAIMH recommendations.*

*The second part consists of the following sub-items:*

- Chapters 8 through 10 formulate the concerns, basic positions, and issues important to GAIMH (as an association concerned with emotional health in early childhood) with regard to the requirements for care of infants and toddlers outside the family.*
- Chapters 11 to 15 derive the requirements for self-understanding, conceptualization, and organizational implementation of supplemental care outside the family from the developmental and relational needs of infants and toddlers.*
- Chapters 16 and 17 deal with issues of teaching policy and the overall societal framework for daycare centers, and discuss the scope of future research.*

## **I GAIMH recommendations on the quality of supplemental care for infants and toddlers in daycare centers**

In addition to private networks, families with infants and toddlers need social resources that provide relief, encouragement, and a sense of belonging to both adults and children.

Because of this, GAIMH welcomes the encouragement and support for centers outside the family as an opportunity for all infants and toddlers to experience age-appropriate care, teaching, and relationships outside of but with the close cooperation of their own family. However, this requires that the centers be attuned to the special needs of this age group. This also means that preschools should not simply be open to one- and two-year olds. In their basic concept, they must be adapted structurally (in smaller groups, more personnel, age-appropriate environment and procedures) and in terms of content (trained personnel with an understanding of early childhood developmental psychology and pedagogy) to the learning needs of infants and toddlers.

### **1. Recommendations for dealing with basic needs**

#### **1.1 Responding to and satisfying physiological needs**

Caregivers must have adequate time and the professional knowledge to provide support on an individual basis (!) for the sleeping-eating-waking rhythms of infants and toddlers, to document this, and to transmit this information to the parents and other caregivers (cf. also the recommendations in the white paper of the Gesellschaft für Sozialpädiatrie und Jugendmedizin [German Association for Social Pediatrics and Youth Medicine], Horacek et al., 2008).

#### **1.2 Security through attachment**

Affect regulation and impulse control in infants and toddlers must still be supported by trusted persons in the immediate environment. Even in daycare centers, infants and children need -- and choose! -- one primary caregiver and other familiar caregivers who are reliably available at a glance in critical situations to help the children regulate their

emotional states, needs, and impulses. This presupposes that these caregivers are able to assess appropriately the situational stress that the infant or toddler is under (Papoušek, 2006; Papoušek et al., 2008). Because of this, the training of staff must include attachment theory so that they recognize the attachment needs of toddlers, as well as the need to assist in affect regulation and avoidance behavior, and to respond to the children appropriately.

Daycare centers and their staff must recognize the importance of the parents for each child as a trusted and safe base in frustrating or fear-inducing situations through a careful, and if needed, repeated process of familiarization and ritualized support in separation situations. Good care aims at continuity. Changes in groups or caregivers should be avoided during the first three years, that is during the sensitive phases in which the child constructs identity, relationship, and attachment. This must be taken into account in forming children's groups, and speaks against groups that are strictly segregated by age during the first two years of life. Because of this, staffing should remain as constant as possible.

### **1.3 Stimulation and regulation**

The daycare center and its staff must structure the day for each child in such a way that both overstimulation and understimulation -- and the potential resultant disorders of behavioral and emotional regulation -- are largely avoided. The staff should be well grounded in the behavioral organization of infants (Als & Butler, 2008), and be sensitive to the individual needs and sensitivities of the children placed in their care. They should be able to create a stimulating environment for the group and the individual child, as well as spaces for retreat and withdrawal. They recognize the child's overload signals, and are able to adjust the care setting to each child's needs.

### **1.4 Exploration and self-efficacy**

In order for children to explore their environment, be open to engagement with adults and children, and experience self-efficacy, the space in which they are doing their exploration must be easily understandable, the routine predictable, and the level of stimulation moderate. For infants or toddlers this means that their daycare center group should be small, and the staffing levels large (cf. recommendations for structural and procedural characteristics of quality of care in daycare center and Chapter 13.1). The daily routine should be designed with these needs in mind, that is, provide a stimulating and a protective environment. Both daycare center management and their staff must be able to protect the children in their care from confusing circumstances such as frequent rotation of caregivers, avoidable changes in the group, or from loss of or disrespect for objects that have meaning to the child.

Even very small children are interested in other children and are especially fond of learning from older children whom they trust. As a result of their "teaching activity," these "older children" also acquire valuable social competence (K. Grossmann, oral communication, 2008). This is why mixed-age groups are integral to an environment that invites exploration and makes it possible for the child to experience self-efficacy. Mutual exploration, imitation, and action are possible for infants and toddlers only in the presence of reliable primary caregivers and other trusted children. They also need places to which they may withdraw when they are tired, fearful, or frustrated (Hellmann, 2009).

### **1.5 Coordination and cooperation between family and daycare center**

Coordination between family time and time spent at the daycare center must be directed primarily at the individual needs of the child and the structural guidelines for quality of care

in daycare center (see Chapter 13.1 and the following “ recommendations for structural and procedural characteristics of quality of care in daycare center”). The child should be able to reconcile the time spent at the daycare center and in the family, and to benefit from both. The care of infants and toddlers requires sensitive, supportive work with the parents that is available on a daily basis. It takes into account that the parents’ identities develop as part of a process along with the developmental steps taken by the child, as they resonate to his critical steps and advances. For this reason, parents easily subject to uncertainty. The management of the daycare center and the child’s primary caregivers in the daycare center must make room for the concerns of parents, assume various functions in work with the parents, and maintain limits counseling the parents.

## **2. Recommendations for good-quality teaching process**

The familiarization or settling in period, that is, the time in which the infants and toddler experiences separation for the first time and begins to get used to her new primary caregiver or attachment figure in the new environment of the daycare center, is crucial for integrating and infant or toddler into the daycare center, and for his well-being (Ditfürth, 2009).

A trusting relationship must develop between caregivers and parents, in which emotions, expectations, and fears are appreciated and can be discussed and clarified.

The staff must understand the significance of and forms and conditions under which infants play, foster those conditions, and lend support to the children. The appreciation of the each child as an individual and as a member of the group requires individualized group teaching methods that satisfy the various individual and age-dependent needs of the children.

Infants and toddlers should be cared for in mixed-age groups because such groups provide opportunities for many different types of experience, and because both the younger and older children gain necessary competence.

## **3. Recommendations for an adequate structural quality**

Infants should be cared for in small mixed-age groups (6 to 8 children).

The general caregiver staffing ratio (number of caregivers in relation to the number of children cared for) should be closer to 1:2 than 1:3, and should not be confused with the ratio of adult caregivers and children in actual everyday situations.

A staffing ratio of one teacher to 2 to 3 toddlers is viewed as developmentally advantageous according to international studies, and is viewed as high-quality.

The recommended ratios between caregivers and children in actual everyday situations should be met in order to protect the children from overstimulation, understimulation, and stress (cf. the results of the NICHD study, Watamura et al., 2003; Friedman & Boyle, 2009).

The time that children and caregivers spend together should be coordinated and structured such that the children have continuous relationships with trusted caregivers and other children. The acceptance of children with large differences in the times during which they are in daycare is to be avoided.

Small mixed-age groups should have three connected rooms available to them in which concentrated play, loud activity, gross motor movement and recuperative withdrawal or sleep are possible simultaneously. Interestingly structured places for play should enable children to engage in suitable activity. Easily accessible external spaces complement the group rooms.

#### 4. Recommendations for operational quality and professionalism

Quality of the day facility in terms of structure, process, and guidance should ensure that the developmental needs of the children and the needs of the parents are supported. The fulfillment of this task presupposes child-centered management that permits staffing that is both well trained and adequate in number, and a protective atmosphere that is both stimulating and friendly in which the child may develop in collaboration with the parents.

Teaching should be supported by both staff and case supervision. The qualification to lead such a center should be based on educational studies or equivalent professional experience and be acquired through deepening of educational qualifications. The management of daycare centers should not only be capable of handling day-to-day teaching and organizational requirements, but also recognize situations that may endanger the child and the potential need for expert consultation and interdisciplinary support.

#### 5. Recommendations for children and families with special needs

Good institutional daycare may promote the developmental opportunities of all children because it makes social integration possible.

Children and families with special needs may find in daycare centers opportunities for social networking and peer belonging, which increase the chances for healthy development. However, these specific integrative tasks that daycare centers are called upon to fulfill are associated with challenges that require commensurate conceptual, professional, and personnel resources.

For infants and toddlers with an **migrational background**, daycare centers assume the function of a transitional space between the family and the surrounding culture. The experience of belonging based on meaningful relationships decreases parents' fears and makes it easier for children to acquire a second language, which facilitates later integration into school (cf. also Chapter 14.1).

Infants and toddlers from **at-risk families** benefit from daycare center care that stimulates them, shields them from the effects of neglect, and fosters social integration. For the parents, childcare that supplements the family may facilitate economic integration and support their own parenting competence. Risks to the child and the associated conflicts between family and daycare center occur frequently when caring for these children. The handling of these complex situations requires that the daycare center management be well integrated into an interdisciplinary network including youth welfare services, have specialized knowledge, and a pedagogical approach that defines institutional responsibilities, possibilities, and limits, and which is supported by the trustees or sponsors and the staff.

Infants and toddlers from families with emotional risk factors benefit from ongoing alternative relationships in daycare centers. The parents get both relief and encouragement, which in turn supports their own parenting competence. However, incomprehensible and impulsive behavior on the part of parents and child may trigger fears in both the caregivers and other parents, and strain the day-to-day routine. Psychotherapeutic supervision and support may help the parents, children, and staff avoid becoming overwhelmed.

Infants and toddlers with **special developmental risks** that would likely not be adequately dealt with in remedial facilities may benefit from the available teaching and peer groups in daycare centers. However, such integration is possible only with additional staffing and consultation with child support services based on the individual needs of the child and her family, and the composition of the child's group. It is important that the children themselves and the group in which they are integrated be shielded from overstimulation.

## **6. Compensatory care as prevention and opportunity**

The availability of daycare care facilities outside the family may contribute in important ways to primary and secondary prevention of abuse and neglect.

If resources are inadequate -- in terms of staffing, training, group size, networking among centers --, GAIMH considers supplemental care outside the family to be harmful to the infants and toddlers themselves and an additional stress for the parent-child relationship.

## **7. GAIMH policy recommendations for educational and institutional frameworks of daycare centers**

Societal interest in the quality of teaching in daycare centers for infants and toddlers has also stimulated discussion across the board about the educational tasks in young families and the care and learning needs of infants and toddlers in general. This interest has demonstrated what young parents accomplish on a daily basis and shown that both families and daycare centers are dependent on protection, support, encouragement, and discussion for the fulfillment of their caring and educational tasks. These are needed to ensure that infants and toddlers are supported in their early childhood development. In this sense, the upgrading of early childhood care and education strengthens all young families.

### **7.1 Education in early childhood**

The family is the most important site of learning and socialization for infants and toddlers. When parents entrust their infants and toddlers to daycare centers, they must be certain that their children receive the individual attention they need in terms of overall learning needs and age-appropriate stimulation that neither over-challenges or under-challenges them. Because of this, GAIMH recommends that overall educational plans for early childhood proceed from learning processes of infants and toddlers, and that these plans make early childhood education relevant to the developmental stage of the individual child. These overall educational plans should contain specific recommendations for educational processes and goals in early childhood, facilitate the transition to subsequent educational systems, and decrease barriers to access to high quality educational and care opportunities.

### **7.2 GAIMH recommendations and questions for future research**

Research in the area of early childhood care and education can still be expanded and networked more effectively. In the areas of basic and applied research, gaps in our knowledge with respect to early childhood learning processes, particularly in group situations, and social exchanges among infants and toddlers in multi-person settings must be closed. Quantitative and qualitative longitudinal and case studies can yield important knowledge about the significance of daycare outside the family for child development, about risk assessment and indications, and about how educational approaches work. A national and/or regional statistical database should be created in all three countries that would enable us to obtain clear information about the status of quantitative and qualitative care at daycare centers, which can then be used for policy and professional planning.

### **7.3 GAIMH recommendations for mandatory supervision of daycare centers**

The qualification and supervision of centers that provide care outside the family cannot be left to the management of daycare centers, or to the trustees or financial sponsors. Rather, they must be held up to measurable standards of structural quality and embody professional knowledge and standards for the assessment of procedures and guidance. As a result, in the interest of the children and to ensure quality in daycare centers, GAIMH recommends the mandatory establishment of specialized oversight agencies under the aegis of state-run youth welfare services. These oversight bodies must have knowledge in the areas of developmental psychology of early childhood and of early-childhood education, and examine the structure and work of daycare centers based on scientifically established standards and criteria. In addition, GAIMH considers the elaboration and establishment of overarching pedagogical quality management for infants and toddlers to be indispensable in all three countries. GAIMH recommends that the state expressly stress the importance of quality in all competitive bidding by providers.

## **II Comments and explanations to the GAIMH recommendations**

### **8. Perspectives and theses of the GAIMH**

GAIMH promotes family-friendly conditions and centers that provide care outside the family that meet the needs of infants and toddlers. Quality of care in child daycare facilities provide young families and their children with up-to-date space for social development, which only the fewest families are able to provide for themselves with such a richness of experience.

Interest in expanding institutional childcare comes from many quarters, and is in part contradictory. For example, the needs of industry and the family with respect to the compatibility between the work done in the family and paid work may be either complementary or competitive. Although there may be various societal reasons for supporting child daycare facilities, GAIMH places the interests of infants and toddlers and those who care for them at the center of its considerations:

- As small as children may be, and as important as the parent-child relationship is for healthy emotional development, neither parents nor children can relate exclusively to each other. All three, mother, father, child need relationships with "peers."
- One source of income is too frequently inadequate to provide for a family, and these days there are hardly any workplaces that are so secure that a family may rely on them exclusively.
- In families with a migrational background, both toddlers and their parents may benefit from growing into the surrounding culture and its language, mediated by warm personal relationships.
- All parents, but particularly those with psychosocial problems, (chronic) illness, or single mothers or fathers need reliable partners to help care for, encourage, and teach their toddlers.
- Toddlers who are developmentally limited and have special needs are especially needful of social situations in which they may learn and have contact with other children.
- Premature and irritable infants need to be shielded from overstimulation and require constancy in their care. Early care outside the family can easily overwhelm them, which may imperil their development. It is therefore particularly important for these children and parents that the duration and extent of outside care be tailored to the individual needs of the children and their families.

- The work of teachers in daycare centers must be accorded the social value that it deserves given its long-term importance. Conditions must be created that make it possible to provide well-grounded, responsible, and satisfactory teaching.
- The parents of infants and toddlers need realistic choices. Especially during the child's first year of life, they should be able to decide, independent of their social situation, whether and how much they wish third parties to care for their infants. For this to occur, qualified care providers are indispensable.

The recommendations for the institutional care of toddlers -- recommendations from the perspective of GAIMH based on its authority as an interdisciplinary and transnational professional organization for the emotional health of infants and toddlers -- are based on:

- the interest, that is, the needs and rights of infants and toddlers from different individual, family, social, and cultural backgrounds;
- the knowledge and practical experience of numerous professional groups involved with healthy and at-risk early childhood development at various developmental stages;
- a great deal of experience with various forms of childcare outside the family within the three countries that form the GAIMH;
- expertise in the significance of early social experiences for personality, education, and the capacity to form relationships;
- internationally agreed upon expert opinion based on research and practice into the harmful consequences of inadequate care of infants and toddlers, as well as the opportunities provided by qualified care outside the family that is grounded in the relational and learning needs of infants and toddlers.<sup>4</sup>

The GAIMH theses relate to the institutional care of infants (0 to 12 months) and toddlers (between 13 and 36 months). Many of them, of course, also extend to the needs of infants and toddlers in day families, play groups, or childcare services such as may be found in fitness clubs or shopping centers. However, the overall context of these with regard to the goals of care, education, and role are completely different. These forms of care urgently require specific study and discussion. GAIMH plans to produce another paper on the care of children in day families that provide this sort of care. GAIMH welcomes an exchange and discussion with other professional organizations, and their ideas about ensuring the quality of daycare to infants and toddlers outside the family, as they have been expressed in white papers produced by the Deutsche Liga für das Kind (2008) [German League for the Child], the Deutsche Gesellschaft für Sozialpädiatrie und Jugendmedizin (Horacek et al., 2008) [German Association for Social Pediatrics and Youth Medicine], and the memorandum of the Deutsche Psychoanalytischen Vereinigung (2008) [German Psychoanalytic Association].

## **9. Key questions regarding the differing developmental spaces in families and centers**

Infants and toddlers are dependent for their immediate and developmental needs in a nonnegotiable way on their caregivers and immediate surroundings. The question of the needs of children therefore includes the question of the requirements and needs of their caregivers and of the conditions of their surroundings.

The issue of the "quality of the relationship" is necessarily posed at every level and leads to the following questions, which will be discussed in greater detail later:

---

<sup>4</sup> For more, see the critical Israeli study by Koren-Karie et al. (2005) about the negative consequences on attachment security in children in oversized groups with poor educational standards.

- What do parents and their children need so that their separation for several hours does not lead to alienation?
- What do teachers and the children entrusted to them need so that the time they spend with each other may be relaxed?
- What needs, competences, and vulnerabilities do infants and toddlers bring to their social relationships?
- What do teachers need to enable them to care for infants and toddlers on an individual basis and in groups in workable collaboration with the parents?
- What do daycare centers need in order to establish a setting in which infants and toddlers can enter into loving and stimulating relationships and learning experiences in a protected environment?
- What does the management of child daycare facilities need in order to lead and support their staff in caring for infants and toddlers?
- How can governmental and other authorities create an appropriate environment for centers and families that fosters a child-focused and family-focused culture of care?

## **10. Baseline conditions in Germany, Austria, and Switzerland**

Completely different baseline conditions pertain in the 3 member countries of GAIMH -- Germany, Switzerland, and Austria -- with regard to the support given young families, both in terms of institutional care for children and toddlers, and in very different practical and training approaches.

### **10.1 Parental leave**

In Germany, and to a somewhat more limited extent in Austria, the state supports a parent's choice to take "parental leave" during the first year of a child's life. In Germany, the parent who applies for parental leave receives 68% of his or her salary for 12 months. In addition, the other parent (usually the father) may take two months of parental leave, during which he receives the same percentage of salary. In Austria, during maternity leave (8 weeks before and 8 weeks after birth; in cases of prematurity and multiple pregnancies 12 weeks after birth), the parent who stays with the child receives childcare reimbursement while the mother is not working and receives 80% of her salary. Here, there is a choice between three different models.<sup>5</sup> In Model 1, the parents may receive childcare reimbursement up to the 30th month of life. This time period may be extended to the child's third birthday if the second parent is also receiving childcare reimbursement. The childcare reimbursement comes to €14.53 per day, or an average of €436 per month. In Model 2, childcare is reimbursed up to the 20th month of life. This time period may also be extended to the child's second birthday if the second parent is also receiving a childcare reimbursement. In this model, the amount of reimbursement comes to €20.80 per day, or an average of €624 per month. In Model 3, a childcare reimbursement is paid until the 15th month of life. This time period may also be extended to the 18th month of life if the second parent also receives a childcare reimbursement for at least 3 months. In this model, the reimbursement is €26.60 per day, or an average of €798 per month.

Unfortunately, this type of public support is not available to parents in Switzerland. Only in 2005 (!) was a uniform maternal leave law enacted covering 14 weeks around the birth with 80% of salary guaranteed. Those most affected by this low level of state support are low-income full-time female employees (42-hour work week). In addition, employers are only required to make available to the mother and her child the time necessary for nursing or pumping. Highly qualified women may find their employers obliging, and

---

<sup>5</sup> From the website of the Labor Department:  
<http://wien.arbeiterkammer.at/online/page.php?P=67&IP=42831>

perhaps work part time, which will enable them to take longer baby breaks and perhaps eventually allow them to work full time again. To date, there is no right to parental leave in Switzerland. Only recently has this issue begun to be aired in professional and political circles. It should be noted, that several Swiss cantons support socially marginal families with so-called infant contributions if the parent takes care of the child him- or herself during the first two years of life.

## 10.2 Status and organization of institutional childcare

In spite of conceptual differences, institutional care, including for toddlers, is in the process of quantitative expansion in all three GAIMH countries. In Germany, 750,000 spaces are to be created by 2013 (Deutsches Jugendinstitut München) [German Youth Institute Munich]. In Switzerland, 18,000 new spaces have been created since 2003 by so-called “pump-priming” funding at the federal level for daycare centers. However, the Swiss database is not uniform and rather thin overall. According to estimates, there is currently a shortfall of (part-time) care spaces for 200,000 children ( current analyses of the situation in Switzerland: EKFF, 2009; Stamm, 2009).

Over the next three years, Austria plans to invest €45 million in expanding childcare. The Federal states will by 2010 provide another €60 million for this purpose, most of which will go to daycare spaces for children below the age of three. The goal is to provide comprehensive daycare (Bundesministerium für Gesundheit, Familie und Jugend, oral communication, April 2009).<sup>6</sup> At the present, however, there are in Austria no uniform federal quality standards for the care of toddlers outside the family.

Quality often gets lost as a result of the mandated quantitative expansion of day facilities. Even in centers that have until now maintained a high level of quality, there is still a risk that children and their caregivers may in part be stressed as a result of poor structural conditions.<sup>7</sup> In some cases, important structural quality requirements designed to protect the children and caregivers from stress have been exceeded in the interest of expansion of urgently needed spots for toddlers.<sup>8</sup> Too often, the fact that adjustments are required at all levels of care is not adequately taken into account. The discrepancy between quantitative expansion and qualitative development, as has sometimes become all too evident in all three countries, stands in contradiction to our efforts to conceptualize daycare centers as educational institutions, and to support from birth the children in their care in their developmental processes in an age-appropriate manner.

Although the challenges posed by the institutional care of toddlers are very similar in all three countries, the different baseline conditions are presented below.

Recently in Germany, preschools that had been available from the age of three years, were opened to one- and two-year-olds, though these are not publicly financed everywhere.<sup>9</sup> The debate over adequate institutional care of toddlers and infants should

---

<sup>6</sup> See also the website of the Federal Chancellery:

[http://www.bka.gv.at/site/cob\\_\\_29390/currentpage\\_\\_5/6327/default.aspx](http://www.bka.gv.at/site/cob__29390/currentpage__5/6327/default.aspx).

<sup>7</sup> The dangers of excessive exposure to stress for the brain and for the psychosocial development of infants have frequently been described (cf., e.g., Hüther, 2002, 4-7; Hüther, 2007).

<sup>8</sup> Because the federal states have their own powers to set quality guidelines, there are as yet no uniform federal laws in Germany. In fact, the individual federal states have over the past several years increasingly deregulated their superordinate regulatory authorities and weakened the oversight of the responsible state youth agencies. The situation in Switzerland is comparable. However, in Switzerland, KitaS (the Association for Child Daycare Facilities) has to some extent taken on a coordinating function in terms of requiring and maintaining minimum quality standards. There is currently a move to take institutional daycare into account in revising the Federal Provisions for the Long-term Care of Children (PAVO revision).

<sup>9</sup> Explanation of the term preschool: In Germany and Austria, preschools are not under the formal school system and are synonymous with “child daycare centers.” Nonetheless, there are currently training plans for preschool specifically. The child daycare facilities in Switzerland, however, differ from Swiss preschools,

be understood against this backdrop. The situation in Austria is similar. At the present time, most children below the age of 3 years are cared for by nannies. In Switzerland, mixed-age childcare centers have long been in operation. As one would expect, they have a great deal of experience in running mixed-age groups with an age span from infancy up to five years. The expansion of offerings in Switzerland and the growing demand for infant spots by middle-class parents has recently rekindled controversies about the care of infants that had long been considered settled.

In spite of differing historical developments, experts in all three countries are discussing whether homogeneous infant groups in terms of age are an adequate response to the challenges associated with the institutional care of toddlers and infants.

### **10.3 Training of teachers and supervisory personnel**

Professional training assumes great importance given the importance of personnel for the (pedagogic) quality of institutional childcare outside the home.

In contrast to the former GDR, there are currently no training programs for daycare center personnel in Germany. Any trained teacher may, without further qualifications, work in a day

nursery. General teacher training requires successful completion of secondary vocational school, which takes 5 years. The successful candidate is then awarded a teaching certificate recognized by the state. The legal provisions for the various training programs in the 16 German federal states are quite different, with substantial differences in terms of training, testing, and teaching plans as well as the conditions of study. In some of the federal states, professional or vocational schools offer courses of study after their normal workday, leading to further degrees in early childhood education. These training provisions are currently being reworked by the Deutsches Jugendinstitut [German Youth Institute], in Munich, based on the special needs of infants and toddlers. A paper will be published by experts in the field in the summer of 2009 (see project: Ausbildungsinhalte an Fachschulen und Fachakademien für Sozialpädagogik zu Kindern unter drei Jahren [Course of training in professional schools and academies for social pedagogy for children under the age of 3]).

In Austria, training to become a preschool teacher requires conclusion of the 8th grade in a five-year secondary school and concludes with the Matura, or school leaving exam. However, it may also be acquired on an extra-occupational basis after the school leaving exam in a two-year college. In principle, training in early childhood education is also a possibility, although this is not a prerequisite for working in a daycare center.

In Switzerland, no uniform training for personnel in child daycare facilities has been required. For example, training in the French part of Switzerland was at a higher level than in the German part. In the last several years, however, national provisions have been introduced for professional training for “Care specialist” and “Swiss federal qualified early childhood teacher HF” (Höhere Fachschule = technical school). Basing educational training for personnel in childcare facilities at the technical school level was politically unrealistic, primarily because the high training and operational costs would have led to considerable cost overruns. In addition, the new provisions missed the opportunity to place training and work in child daycare centers and in care facilities outside of schools under the field of education. Training for “Swiss federal specialist in childcare” is now subsumed along with specialized training for handicapped care and elderly care under “Care” (cf. EKFF, 2009, pp. 35-37).

---

which, in part, already introduce teaching plans prior to actual primary school. Attending preschool is mandatory virtually across the board from the age of 6 or 5. By 2014, it will be mandatory in the context of the HarmoS school coordination plan. It can be run as a basic grade with a smooth transition to primary school. In Switzerland, daycare centers and Kitas are only slowly being viewed as educational facilities.

GAIMH has concluded that very different societal, political, and cultural factors determine early childhood education training in the three countries. Although many years of experience in dealing with infants and toddlers and continuity in care are very important for overall quality, training and work conditions often provide little basis for medium-term and long-term perspectives. Additional qualifications and various opportunities for advancement and qualification for women and men are also lacking. And only rarely is this occupation accorded a salary that reflects the multiple demands, responsibilities, and stresses of the work.

## **11. Basic needs of infants and toddlers**

### **11.1 Introduction**

Small children need love, stimulation, care, and security. For healthy development, they must enter into stable relationships, experience self-efficacy, and, over time, develop a stable but flexible identity. Belonging to a family or other community, a connection that gives him direction, is extremely helpful.

From the moment of birth, each child forms and teaches herself in ongoing encounters with her material and social surroundings. This process of self-formation is an intrinsic part of development. However, in order for it to occur, infants and toddlers are dependent on the support of trusted, reliable, and available adults, and regular contact with other children. In this sense, the caregiving provided by the adults is a contribution to the development of the child. STOP

The first priority of parents is to satisfy the needs of their child, and they are responsible for the conditions under which his biopsychosocial development may take place. In order for mothers and fathers actually to become trusted, reliable, and available primary caregivers for their infant, they must have adequate time and a supportive social network. This network helps mothers and fathers to be loving and confident parents, able to create structures and set limits. The social network must also be able to provide the necessary infrastructure that will allow parents to entrust the care of their child to third parties for a limited period of time.

From infant research, we know that there are certain needs that contribute to the healthy development of an infant and motivate his behavior. It hardly need be stated that the satisfaction of vital physiological needs is of existential importance. The satisfaction of the needs for

- security and attachment,
- exploration,
- sensory stimulation,
- the experience of self-efficacy

are also essential for healthy development, as is the avoidance of aversive stimuli. If these needs are not met, or are out of balance, the infant can develop neither a sense of self nor a sense of intersubjectivity that will enable him to make his way in the world (Lichtenberg et al., 2000). The basic needs mentioned above are detailed below.

### **11.2 Basic physiological needs**

Basic physiological needs include adequate oxygen, nutrition, liquids, warmth, and a balanced sleep-waking cycle that comprises both recuperative phases and wakeful animated activity. Basic physiological needs must be satisfied in cyclical intervals of varying length; in the case of the need for oxygen, for example, this cycle is very short, the cyclical need for nutrition longer. It is also important to protect the infant or toddler from

the excesses of weather and nature. Because in contrast to adults and older children, infants have only a very limited and rudimentary ability to regulate themselves -- for example, by crying or by breathing and drinking --, they are completely dependent on the care of adults. This presupposes that the persons responsible for his care are able to perceive his needs, interpret them correctly, and respond appropriately and promptly (cf. Papoušek, 2001).

### **11.3 The need for security and protection from primary caregivers**

Without emotional and reliable care, the infant would be just as lost and unable to grow and thrive as if he were deprived of water to drink and air to breathe. His innate interest in other human beings and his capacity for dialogue, which undergo impressive expansion over the first two years of life, are his important contribution to the satisfaction of this basic need.

Attachment behavior is also a part of a motivational system that ensures the infant's survival. The five prototypical attachment behaviors are: 1) seeking and calling; 2) crying; 3) following; 4) clinging; and 5) protesting separation from a trusted person. It occurs in its various forms such as "seeking reassurance," "snuggling up to," or seeking closeness and communication" whenever danger threatens. Such dangers may come from outside (e.g., as a result of overstimulation, uncertainty, or separation from a primary caregiver) or from internal circumstances (such as illness, pain, fatigue, or nightmares) when the infant is unable to deal with or work through these circumstances himself. Sensitive responses to signals of fear that may result from separation, pain, and danger, or internal affective emotional processes require an emotionally available primary caregiver. Such a caregiver is able to perceive the infant's agitated signals and respond appropriately and promptly to them, or to his needs for protection and security, by providing physical contact, communication, and caring. This helps the infant to regulate his fearful affects (Brisch, 2009c; Brisch et al., 2002).

### **11.4 The need for stimulation and exploration**

Once the infant's physiological needs have been appropriately satisfied, and she feels emotionally secure and protected, another motivational system becomes active, namely the desire for exploration. The infant wants to emerge from her safe emotional haven and experience and discover her surroundings with all her senses.

Secure attachment without the ability to explore the environment would not be conducive to the development of the infant. To the contrary, if her desire for discovery receives no nurturance or is inappropriately limited, the developmental potential of the toddler will be stymied. The infant will become bored and show signs of ill-being. But because she is not yet able to assess the potential dangers in her exploration, her primary caregiver must strike a balance between encouraging and supporting the infant, and protecting her as soon as this exploratory behavior risks becoming dangerous or overwhelming.

The exploratory system is a behavioral system that comes into play when the attachment system is not activated at the same time. Whenever the need for protection triggers attachment behavior, the latter comes into conflict with the need for exploration and the infant's later efforts at autonomy. The more certain the child is of her parents' understanding support, the less fearful and the more independent she may become. Secure attachment, which should not be confused with close attachment, fosters the development of autonomy. For Bowlby (1969, 1973, 1980), exploration is just as basic as the needs for food, sex, or attachment. Mounting evidence from longitudinal studies supports his model, in which the attachment system and the exploratory system balance

each other like the two arms of a scales. The quality of adult attachment representation and wellness are influenced by experiences with a sensitive, reassuring mother during the first year of life, but also by experiences with a father who supports the child sensitively during diapering play, and exploration. According to studies conducted by Karin Grossmann, “motherly” protectiveness and “fatherly” support for exploratory behavior complement each other and promote secure attachment (Grossmann et al., 2002).

### **11.5 The need for sensory stimulation**

Without stimulation of the different sensory organs, the senses could not develop and would atrophy. All sensory organs in the infant are primed from the outset to “suck up” both internal and external sensory stimuli. The infant wants to use all of his sensory organs to perceive stimuli. These sensory organs include the skin, which is the largest sensory organ in humans; the eyes; the ears; the mouth; the nose; and all sensory signals that originate in the in the internal organs and only partly penetrate our consciousness. Body perceptions, motor movements, and the tension exerted on tendons and muscles are all funneled to the brain and lead to the creation of a comprehensive sensory map that must be integrated in the brain. The healthy development of the infant is only conditionally possible without the experience of sensory stimuli. As is particularly evident in infant deprivation syndrome, deprivation of the sensory organs and emotional deprivation resulting from the loss or lack of attachment experiences leads to an overall reduction in growth hormones and specifically in neuronal growth hormones, which may result in long-term growth defects, and to a decrease in skull circumference secondary to decreased brain growth (Brisch & Hellbrügge, 2003, 2006).

### **11.6 The need to avoid negative stimuli**

It is evident from intrauterine and postnatal observation that infants attempt to defend against stimuli that cause pain or a sense of ill-being by using their motor capacities (they turn their head away, place their hands in front of their face, close their mouth, cry). At birth, infants are able to distinguish clearly among different tastes; they reject sour or bitter foods, and show a preference for sweet ones. The drive to avoid unpleasant stimuli and the associated stress also ensure survival. They give the infant or the people in his surroundings a chance to increase pleasant stimuli and decrease negative ones, or to struggle against them to the extent he is able. Infants who are forced to confront negative stimuli too frequently and intensely, and are therefore under a great deal of stress, tend to be more limited in terms of their other motivational systems. The infant lacks the inner peace and the desire, and as a consequence the experience, to develop a healthy self-concept, and to enter into relationships.

### **11.7 The need for self-efficacy**

Infants also demonstrate a clear motivation early on to make things happen by themselves. Numerous studies have shown that infants register the connection between their actions (such as movements) and the responses that they trigger (the rotation of a mobile, eliciting music, changes in light source) (cf. Piaget’s circular reactions; Piaget 1936. As soon as the infant perceives affects -- which doesn’t mean that he understands them or experiences himself as the cause --, he will increase, repeat, and vary his actions in order to intensify his experience of self-efficacy. Each new action is accompanied by a pronounced sense of emotional well-being and enjoyment. The need for self-efficacy remains for a lifetime and also seems to be a deeply rooted motivational system that is presumably of great importance for the development of the concept of self and of self-esteem, but also for the development of resilience and for survival (Wustmann 2005,

2008). The healthy development of the self requires that infants and toddlers experience the sense of being agents, of initiating effects and physical and affective-emotional interactions with the environment. Infants become aware of themselves and of others during the first year of life. They will repeat actions purposefully and with social goals. For example, an infant may smile at another person with the clear expectation that she will smile back, interacting with him and relating to his internal world. If, however, these expected effects are not fulfilled because, for example, the mother stares at her infant expressionlessly, an infant will even during the first several months of life respond with clear signs of frustration, disappointment, rage, and even depression if he is unable to engage her and bring her back into the interaction (cf. regarding the “still face paradigm,” Tronick & Field, 1986).

Toddlers are encouraged to explore and expand their own efficacy by interactions with other children who are somewhat ahead in their development (cf. “zone of proximal development,” Vygotsky, 1987), and from adults who can predict and sense his next developmental steps and support them.

Concepts like emotional or social competence embody and describe capacities, behaviors, or understandings that are prerequisites for self-efficacy. The acquisition of these capacities is rooted in earliest childhood.

### **11.8 The need for reliable and stable relationships with parents**

A variety of different theories have been advanced by infant research over the course of its development based on the above-discussed motivational systems and basic needs. What is significant is that all motivational systems are integrated into a social network of relationships,

usually among many interactional partners. They cannot exist in isolation. In this context, a network of motivational systems forms the basis upon which the intersubjective experiences of the infant may take place with all their motor, cognitive, sensory, and affective-emotional contents. It is a good foundation upon which to develop a healthy personality over the course of the first year of life, which becomes increasingly differentiated and filled in over the years, and increasingly stable as neuronal networks and structures mature (cf. Murray, 1991; Rochat, 2001; Beebe 2003, among others; Trevarthen & Aitken, 2001). Any primary intervention undertaken to further and develop the physical, emotional, and social health of the parents and the child will make use of these basic motivational systems. The goal of these interventions will be to enhance the parents’ sensitivity to their infant’s physiological and attachment needs, her desire for exploration and self efficacy and sensory stimulation in their interaction with their child so that she experiences as few aversive and negative stimuli as possible.

Our experience has shown that the development of secure attachment and a joyful relationship between parent and child have a very positive effect in furthering the other motivational systems. For infants and toddlers to thrive, their parents must be sensitive to their emotional and physiological needs and, if necessary, be sensitized to those needs.

### **11.9 Coordination of care between the daycare center and the family**

In order to take into account the needs of toddlers, the care of the child must be coordinated between the family and the daycare center, depending on the age of the child. In one study, which looked at approximately 1400 children, the time spent in care outside the family proved to be a critical factor (cf. the NICHD study, among others by Belsky et al., 2007). The requirements in this respect are closely connected to the age-dependent needs of the children, the early relational structure within the family, and the particular demands placed on care in children’s groups. The study came to the conclusion

that the more time they spent since birth in childcare outside the family the more likely children were to demonstrate problematic behavior later on (NICHD, 2003). The associations that were found are reflected statistically in small correlations and do not necessarily indicate severe psychological or social problems in the children. Nonetheless, they are stable and persist even when the quality of institutional care, family background, and the mother's intuitive parenting are taken into account. In other words, there seems to be a dose-effect relationship between the extent of early care outside the family and its problematic aftereffects. These findings are easily comprehensible and remarkable. Parents and their children must have adequate time together, particularly during the first year of life, in order to build secure and stable relationships. This fact underscores the need for "parental leave" that permits mothers and fathers to become familiar to their child during his first phase of life, which will enable them to give him reliable support throughout childhood. In addition, expanded institutional care during the first year of life in particular is counter to the infant's needs and would overwhelm his competences -- and those of his parents and caregivers (cf. EKFF, 2004).<sup>10</sup>

## 12. Differences between institutional daycare and care in the family

Those who care for children on a professional basis take on a very demanding and responsible task that requires a good deal of love and attention to the children's needs. In this sense, institutional care can be compared to care within the family. However, there are also great differences between institutional care and the care provided by parents, grandparents, or others in the family. In contrast to family relationships with their lifelong dyads and groups as well as intergenerational relationships and obligations, the interactions and relational patterns in daycare facilities are "more strongly group-related than individual-related" (Ahnert, 2004, p. 269). Teachers cannot "only" focus on the individual child, but must reliably deal with children as a group as well.

But a toddler needs highly individualized support in the daycare center, too, which adequately addresses his specific needs for stimulation and recuperation. This is why a reliable, trusting, and secure attachment to his primary caregiver is central to a toddler in the daycare center setting. This relationship in the context of the group and daycare center is unique and important for the child, but it can never be as comprehensive as a good, sensitive parent-child relationship. Although the sorrow that a child's experiences when a caregiver leaves her position or changes groups is probably given too little attention within the daycare community and by the parents, it does not in any way have the same effect as the loss of a mother or father. It should also be noted that the interest of toddlers in social relationships with other children and the significance of these relationships are too often given short shrift as well. Durable relationships between children and sometimes families develop in daycare centers, as does the child's identification with "his group" and "his daycare center." "Toddlers co-construct aspects of their own identity" within the stable peer groups (Viernickel & Simoni, 2008). The social competences acquired early on, which go beyond the relationships built within the family, help children to make their way in peer groups and schools later on.<sup>11</sup>

---

<sup>10</sup> Chapter 13.1 will provide detailed information on how much time infants and toddlers tolerate separation from their families under favorable conditions.

<sup>11</sup> In Switzerland, approximately 900 children between the ages of 4 and 6 were studied in the context of the Schweizerische Nationale Forschungsprogramm 39 [Swiss National Research Program 39] (NFP 39) on the subject of migration. This study found that, particularly for children from migrant families, time spent in an institution outside the family served as a cultural transition space, which facilitated the children's entry into the public schools. Furthermore, these research results make it clear that the persistent favorable effects of early care outside the family on later educational career are dependent on the quality of this care (Lanfranchi, 2009).

Daycare centers may provide toddlers with very enriching experiences, but they are relatively more complex group settings in comparison to their own families,. In order for toddlers to thrive in daycare center groups, they must be able to interact with trusted people in a setting in which they feel comfortable.

Various studies have indicated that children, independent of their families of origin -- though perhaps differently --, can benefit from good daycare outside the family. They show that high-quality care outside the family has a positive effect on the social and cognitive development of children, and therefore contribute to greater educational success over time (cf. the overview in Rossbach, 2005).

### **13. Characteristics of good quality in daycare centers**

It is customary these days with regard to the quality of institutional childcare to distinguish between cultural, structural, and procedural characteristics (Hellmann, 2002, 2004; Tietze & Viernickel, 2003). The cultural aspects include the philosophy and values of each particular center. The structural characteristics include the furnishings and equipment at the center, the size and composition of the children's groups, and the ratio between the number of children and adults. Procedural characteristics involve the quality of educational processes and internal procedures.

Even where daycare outside the home serves the various interests of adults, all efforts should be focused on ensuring high educational quality that is in the interest of the child. It is crucial that the child's experiences in the daycare center actually meet the needs of his individual and social development. At its core, high educational quality is based on good educational process, but cannot be reduced to that alone. Capable, experienced, and motivated teachers may, even under unfavorable circumstances, succeed in benefiting the child and the group as a whole. However, research has shown that providing too little staffing is associated with considerable risk because the children are subjected to greater stress, are less able to concentrate, and are less likely to relate to each other. Deficiencies in educational leadership have a negative effect on the sensitivity of caregivers and impede work with the parents ((Mellier, 2000). In other words, good conditions at all levels -- such as adequate structural factors and a well thought out working model -- do not guarantee high educational quality. However, they do increase the probability.

#### **13.1 Structural and procedural characteristics of quality of care in daycare center**

The following criteria may be seen as important preconditions for high educational quality (cf. the overview in Rossbach, 2005; Bensel & Haug-Schnabel, 2007; Hellmann et al., 2003):

- a scope, composition, and continuity of the children's groups that enable each individual child to trust other children, and to enter into personal relationships with them;
- professional staff who understand the importance of observation, documentation, reflection, and exchange as central to their job;
- a caregiver-child ratio that enables teachers to focus on individual children, treat them with attention, support group situations, and appreciate and evaluate their own performance.

The following percentages should serve as guidelines for specific age groups to ensure high quality of interaction and self-reflection: awake infants and children during the first

year of life require 40% of a single caregiver's capacity; children in the third year of life, 25%; and children in the fourth to sixth year of life, 20%.

The following are guidelines for the ratio of caregivers and children based on age composition in any particular concrete situation. If all children are in their third year of life, the ratio of teachers to children is 1:4; in the fourth to sixth year of life, 1:5. For two children below the age of 24 months and one child between 24 and 35 months, the ideal ratio would be 1:3. These figures relate to the number of adult caregivers and children actually present on a daily basis. With regard to the potential for overstimulation and/or understimulation and stress -- and therefore the well-being of the child (cf. the results of the NICHD study by Watamura et al., 2003) --, it is crucial that the above-cited ratios relate to the actual presence of adult caregivers and children on a daily basis and not based on monthly averages. Because daycare centers are generally open for 10 hours or more, their population consists mainly of infants and toddlers, and caregivers don't always spend all of their time with the children (because of vacations, illness, continuing education, preparations, and consultations), staffing should be closer to 1:2 than 1:3. This is the only way that the above-cited ratios can actually be met in everyday situations. The exact staff assignment plan will depend on daily and yearly opening hours, the age distribution of the children, and the other tasks that the daycare center performs;

-- small mixed-age groups that provide for the children's safety and well-being and ensure a positive social atmosphere -- depending on age composition 6-8 children;

-- structuring the care frequency and work quotas that make it possible for the children to enter into ongoing relationships with trusted children and caregivers. It is recommended that infants and toddlers attend a daycare center for at least two to three days per week so that they get accustomed to what happens in daycare; crucial for the frequency of care are the specific needs of the child and the overall situation of the daycare center and family. Every effort should be made to avoid placing infants who are in daycare for only two to three days in groups with children who are in daycare more or less full time, i.e., five days a week for many hours a day. Having a stable group of children with more or less similar frequency of attendance facilitates a similar group experience for all;

-- three connected group rooms in which concentrated play, loud activity, gross motor movement, and recuperative withdrawal, including sleep, are possible simultaneously, and in which variously designed play spaces provide the children with a stimulating field of activity. Easily accessible outer rooms are also desirable.

### **13.2 Situations posing a risk to quality of care in daycare center**

Following situations may, individually or cumulatively, pose a risk to the success of institutional care outside the family:

- frequent changes in center, group, composition of the group, caregivers;
- parents and/or children feel discomfort with the atmosphere in the daycare center;
- a generally high level of irritability in the child;
- too many hours spent in the daycare center each day (cf. Chapter 13.1), poor coordination between the family and the daycare center (cf. Chapter 11.9);
- no integration possible into the everyday routine of the group;
- multiple caregivers (e.g., daycare center, nanny, grandparents, parents).

### **13.3 Reliable relationships in key situations**

The quality of educational processes from the perspective of the child may be described and understood by observing so-called "key situations." These include settling into the

daycare center, dropping off in the morning and picking up in the afternoon or evening, the first and last hour in the daycare center, feeding times, free play times, and how the children's individuality and potential conflicts within the children's group are handled.

How everyday situations and conflicts between the child, her parents, and teachers are framed and handled depends on more than just their individual make-up and competences. It is also affected by the quality of the particular center at all levels, that is by coherent notions of care, adequate material and spatial resources, well-trained staff and management, thoughtful reflection upon everyday experiences, and the use made of professional consultation and supervision. These conditions increase the probability that caregivers will come to be trusted by the child, engaged, and supportive, and that the everyday routine will be tailored to take her personal and developmental needs into account

### **13.3.1 Careful settling in and the caregiver system**

Toddlers under the age of 3 are dependent on the constant presence of a trusted, reliable, and available caregiver. In the absence of such a caregiver, the child quickly becomes overwhelmed and fearful. Nonetheless, early experiences of separation are necessarily tantamount to trauma. On the contrary, early care outside the family may help the child better deal with separation when it occurs. However, the following conditions must be met for that to happen:

- It is recommended that the parents and the toddler be carefully prepared for this enlargement in the scope of the attachment and relational network.
- The significance of separation for a toddler must be explained to the parents, and they should be trained in how to make the transitions as easy as possible.
- Each child needs a personal caregiver to whom attachment may be formed, who is responsible for the child's well-being and development in the daycare center.
- At the same time, and with the help of these new attachment relationships, the parents and child must be able to familiarize themselves with the new spatial and social environment and its routines.
- In order for the parents and the teachers to commit to the settling-in process, they must be certain that employers, public institutions, and sponsors of the daycare centers also respect and understand the significance of the settling-in process for both the child and her parents.

Parents and teachers during the settling-in process engage in especially intense discussions about the development of the child, the establishment of new relationships in the new environment, potential fears, preferences, and strengths and weaknesses. This is how they get to know each other and the child, and this process facilitates settling in and build a foundation for future cooperation. Irregular attendance or too few days (under three half-days) do not simply increase the settling-in time, but make it extraordinarily difficult for the child, both in terms of a sense of belonging to the group and the ability to construct a durable relationship with her caregiver. The absence of the new attachment figure may unsettle the child and require re-familiarization. The same may be necessary if the infant or toddler is taken out of the daycare center for vacations or because of illness.

### **13.3.2 Special situations in the settling-in process**

It is not enough simply to manage separation situations and the fears associated with them by instituting "correct" separation or settling-in procedures. Well-trained daycare center management and experienced staff must be able to pick up on and absorb the

parents' fears of separation, their feelings of sorrow, competition, and guilt, and similar emotions triggered in the caregivers so that the baby and his needs remain paramount (oral communication from A. von Dittfurth, 2008). This protects the child from stress and the relationship between the parents and caregiver in the daycare center from misunderstandings so that the trust relationship between the teacher, the parents, and the child is ensured.

Children who fail to show outward signs of fear and stress when they are separated from their mother or father need to be monitored especially closely. This behavior is consistent with avoidant attachment and is usually associated with a great deal of stress that the child is unable to express and sometimes barely notices. These situations require careful work with the parents so that they understand the importance and necessity of their presence during the settling-in phase.

The fact that toddlers show great interest in other children during the second year of life (Brownell et al., 2006) may lead to apparently rapid adaptation and a misleading absence of separation fears. In such cases, it is important that the parents and care givers be made aware that separation fears may occur "belatedly." During the "rapprochement crisis" (approximately the 18th to the 20th month of life), settling in can be complicated or even prevented by often intense separation fears and ambivalences in the parent-child relationship. Under such circumstances, it may be a good idea either to wait for one or two months before beginning the settling-in process, or to use the time to allow the infant to become familiar with the daycare center slowly by short stays during which the mother or father remains present.

At-risk families and children with special needs and their caregivers may benefit from consultation with outside experts during the settling-in phase. Educational consultation, remedial expertise or supervision for the staff may avert unreasonable expectations or the repetition of early traumatic attachment experiences, depending on the problems facing the child or his family.

### **13.3.3 Cooperation between parents and caregivers**

Parents need more than bare-bones information about the daily routines at daycare centers. They need to know about the daycare center's operational model or philosophy, and about how the educational styles practiced in the home and in the daycare center may be negotiated and reconciled. Parents and staff must be made to understand that in daycare centers, both the child and his parents enter into long-term, important, and formative relationships that cannot simply be arbitrarily terminated. Because of this, it is crucial that daycare centers make the parents comfortable and even provide them a place where they may "hang out."

In day-to-day interactions, the child's caregiver should also be the primary person with whom the parents relate, and who, to the extent scheduling permits, make it their business to exchange information when welcoming the child in the morning and returning the child to his parents at the end of the day. This will make it easier for the parents and caregivers to support the child in processing and integrating his experiences, and in participating in his important developmental steps. In any case, the parents must be informed as quickly as possible when a trusted caregiver or attachment figure is going to be absent.

This close collaboration between parents and caregivers provides a space to enjoy the child together, space to observe his development and his early relationships in a group context (Ahnert, 2004; Pedrina, 2008). Among the tasks of experienced and competent daycare center management is to recognize and deal with the tensions, fears, and competitive aspects of the relationship between parents and caregivers, and, if necessary, ensure appropriate supervision.

### 13.3.4 Play supervision and the requirements of group teaching

Play is crucial for the development of symbolization, language, and cultural integration, and in its adaptive function plays an important role in healthy early childhood development (M. Papoušek 2003). The play that infants and toddlers initiate make it possible for them to deepen and integrated experience (H. Papoušek 2003). Because of this, teachers in child care centers must recognize and respect (not interfere with!) early forms of childhood play, and support and encourage them. Even very small children are able to concentrate and become engrossed in their own play, even if only for short periods of time at first. However, they are dependent on a space made safe by the presence of trusted persons and a transparent group setting.

Important social interactions take place in groups in institutional daycare settings (Trevarthen, 2003; Hellmann 2002, 2003). These include play, getting to know other children, fighting, cooperating, and exploring. Even toddlers learn important lessons about themselves, others, and social relationships in cooperative and conflict situations (Viernickel, 2000; Simoni et al. 2008). Factors that affect the well-being of children include the appropriate age mixture, the stability of the group, and how change is dealt with, what amounts to a healthy balance of regularly scheduled routine and creative play. Viewed from this perspective, the issue is not only whether a particular child is ready for childcare outside the family, but whether a children's group is in a position to absorb a new member. The running of groups for infants and toddlers, with their (usually) preverbal group dynamics, is very demanding and requires time for reflection and adequate supervision (cf. Mellier, 2000).

### 13.4 Reliable attachment relationships through adequate and sensible structures

The developmental needs and tasks of children, much research in childcare centers, and long years of experience make clear how care should be structured so that childcare outside the family so that it does not become a risk to the development and emotional health of the children. Structural quality includes the size and composition of children's groups, the number of children per caregiver (staffing), the spatial and material equipment and furnishings at the center, and working conditions. Good structural quality is a prerequisite for good-quality teaching, but does not guarantee it. The correct staffing level depends on the age of the children and on whether the teachers have additional obligations outside the group. Staffing must guarantee each individual child a secure base and individual support. At the very least, trained teachers who are accepted by the children as attachment figures and provide them with emotional security must be present at all times (Brisch & Hellbrügge, 2009; Brisch, 2009a, b).

GAIMH discourages age-homogeneous infant groups that may be tempting because they seem to provide infants with a "baby atmosphere," thereby allaying parental fears (AJB, 2006; Hellmann et al., 2003). Transfer from an infant group into a group that changes as the child ages usually involves terminating a close relationship, which is disruptive and stressful for both children and teachers during the sensitive phase of identity and relationship building during the first years of life.

*An example from practice: At a continuing education event, a teacher who works with an infant group asks what she is doing wrong. She developed an attachment relationship with children when they were infants. Now, at 18 months, they were transferred to a new group from which they will "graduate" to other groups as they get older, as is the practice. But these children continue, as three-year-olds, to run to her whenever they see her, cling to her, and refuse to go back to their "new" group.*

Age-homogeneous groups of infants run the risk of limiting the development of toddlers and the developmental perspectives of the teachers, whereas mixed-age groups enable varied experiences for all involved. Naturally, careful attention must be paid to the individual and age-specific needs of the children. Infants and even older children must be shielded from overstimulation, and from monotony, boredom, and understimulation.

### **13.5 Reliable attachment relationships through high levels of professionalism**

The professional level of care staff is the key to quality. Training and continuing education of the teaching staff is just as important as the competence and stringency with which the teaching staff pursues its work.

*“Entrusting one’s children to young girls was unheard of back then, and the important position of dry nurse was filled by experienced persons who, much like our own Kasche, occupied an honored place as a member of the family that she so loyally served, until the day she died”* (Johanna Schopenhauer [1893], in *Schlumbohn*, 1983, p. 340).

In order not to burn out in the face of complex and demanding tasks, staff members must have basic understandings of the developmental psychology of early childhood, early childhood education, and daycare center care outside the family as well as an understanding of group education and work with parents based on modern scientific research. In particular, those caring for toddlers should be sufficiently familiar with attachment theory that they are able to recognize and respond to the attachment needs of toddlers and their signals for help in the regulation of affect, and recognize avoidance behavior.<sup>12</sup>

The training of teaching staff must also enable them to work through some of their own past experiences because caring for infants and toddlers may reactivate unresolved childhood experiences and trauma. If these processes and the emotions that they bring up are not reflected on, they may harm the children, their parents, and the teachers themselves (Mögel, 2006; Brisch, 2009b).

In addition to fulfilling all of the organizational and financial requirements demanded of effective daycare, management together with the individual group staff members must ensure a stimulating, viable, and trusting atmosphere in which the children and their families feel welcome. The management of a daycare center is responsible for the quality of management (cf. EKFF, 2009, p. 33), but also for the management of quality. This is why the training of management personnel must also involve a deeper understanding of education as well as self-understanding as a prerequisite for relational and attachment-based work with the staff, the children, and their parents.

In addition, training and continuing education for management personnel must also take into account the need for competent daycare center management to recognize early risks to the emotional development of children, both in the daycare center itself and in the children’s family of origin, and to consult with appropriate experts.

Professionalism involves methods to ensure the process quality of teaching on a day-to-day basis as well as documentation of teaching, discussions, supervision, and networked interdisciplinary work involving the staff, with parents and, if needed, with outside experts. Aside from instruments useful in obtaining and describing individual development profiles (e.g., “Beller tables,” Beller 2000/2005), methods that enable the systematic observation, documentation, and communication of developmental and

---

<sup>12</sup> The SAFE® program (Brisch 2007) is now being offered to teachers, in particular to teachers working in daycare centers so that they may make use of the insights it affords in their work with parents and infants ([www.safe-programm.de](http://www.safe-programm.de)).

educational processes are also available (cf. May et al., 2004; Laewen & Andres, 2007; Leu & Flämig, 2007).

#### **14. Children and families with special needs**

Quality of institutional daycare may expand the developmental opportunities of all children because it involves a sense of belonging.

For children and families with special needs, social networking and peer bonding afford an opportunity for healthy development. However, their integration in daycare centers is also associated with challenges, which will be described below.

##### **14.1 Toddlers with a migrational background: the daycare center as a transitional space between the family and the surrounding culture**

Depending on the structure of the culture of origin, daycare outside the family may play a positive role in the later school integration of children with a migrational background (Lanfranchi, 2000). One prerequisite for successful care outside the family is the regard and esteem in which the family's culture of origin is held. One way in which this culture may be integrated into the day-to-day routine of daycare centers is for the children to learn songs from both cultures, and take part in important holidays and cultural events. The participation of cultural mediators and the location of the daycare center in particular parts of the city or ethnic quarters creates bridges between the child's family and the daycare center. Integration should be based on trusting relationships in which transcultural perspectives are created for the child as he develops. This can create a transitional space within the context of care outside the home in that a sense of belonging is conveyed by the surrounding culture and stereotypical cultural characteristics are minimized (May et al., 2004).

The separation fears of the children and parents triggered by the family's experience of migration -- of loss and foreignness -- may be particularly powerful during the settling in phase and may not be comprehensible to the daycare center staff. Cultural differences may make it difficult to perceive "normal" developmental crises or individual developmental needs. Because of this, daycare centers must have an overarching understanding of how to integrate cultural diversity and additional resources in the service of participatory work with the parents, including with cultural mediators or other institutions relevant to the task of networking.

*An example from practice: A daycare center staff reports during a supervision session on a four-year-old Tamil girl who frequently complains of stomach aches and then vomits forcibly. The group leader states that she feels helpless in this situation and feels like forcing the child to eat or ignoring her. She further reports that after her parents fled Sri Lanka, their daughter was born in Switzerland. Neither parent speaks German well, and they are extremely worried about their only child. The child is brought to the daycare center on an irregular basis and at inopportune times. She cannot endure long separations from her mother, and so contact with her peers is very limited. The parents are described as loving, but in the eyes of the staff, their overprotective behavior is confusing and irritating. A more in-depth examination indicates that the child needs speech therapy because the development of her mother tongue is delayed as well. With this, the image of the rejecting child and the distrustful parents dissolves. What emerges is a child limited in her ability to express herself either in her own or in the German language, whose only means for expressing her fear and frustration is physical. The staff members now realize that their ability to understand the child's developmental distress was distorted by their lack of understanding of her culture of origin. They also recognize*

*that what they viewed as “overprotectiveness” was the parents’ way of protecting their child from an environment that was unable to recognize her distress.*

#### **14.2 Toddlers from at-risk families: support and respect**

Along with their parents, children from at-risk families frequently experience stress, the breakup of relationships, changes in environment, and social disrespect (Walper, 2001).<sup>13</sup> For many of these children, care outside the family is a necessary correction for these familial and social experiences. In daycare centers, they can experience stimulation, protection from neglect, and social integration.

Institutional care unburdens the parent-child relationship by supporting the social and economic integration of the family and encouraging child-rearing skills in the parents. In this way, it counters neglect and the risk factors for abuse. Along with stable interdisciplinary cooperation with other agencies, and with competent case management, regular care of the child in a daycare center may, under certain circumstances, serve as an alternative to foster care, thereby rewarding the strengths of the parent-child relationship.

The care of children from at-risk families may pose particular challenges to the daycare center staff because the parents made themselves have had inadequate positive social experiences. Suggestions, successes with the child in the daycare center, or even differences of opinion may be interpreted by the parents as disrespect, to which they respond with withdrawal from the relationship. Risks to the child’s well-being and the conflicts between the family and institution that are associated with them are frequent when caring for these children and dealing with their families. Handling these complex situations requires that they nursery management has access to good interdisciplinary support with institutions engaged in child assistance, specialized knowledge, and an educational philosophy. These should define daycare center procedures, limits, and possibilities, and should be supported by the trustees and sponsors of the daycare center and its staff. The following example shows how daycare centers may integrate the challenges of at-risk management into their day-to-day practice. Although well intended, in Germany the choice that parents have between funding for care and paid daycare centers may lead to competition for good institutional care for children, which -- the institutional care -- would make life easier and support the children *and* the parents and would foster the competency in both.

*An example from practice: The “Sunneblueme” daycare center in Zürich has specialized in at-risk children for the past 26 years (Hellmann, 2007). In 1982, they did away with their infant group and increased staffing. In addition to engaging in intensive work with parents, the institution has had a stable core staff for the past 14 years! The goal of their educational work is the individual needs of the children: supporting and respecting the children’s autonomy rather than “teaching” it! At the level of day-to-day work with the staff, this means relieving the fears of the teachers and supporting them while they focus on the children’s needs. At present, Sunneblueme runs four small mixed-age groups. Until 2007, the groups were limited to the 8 children. In general, one child was below the age of 12 months, sometimes two. The other children were in the one to six year age range. Under certain circumstances, a child could be cared for in the daycare center for a few years longer in order not to imperil her newly-gained stability. The institution is opened 5 days per week. On Tuesdays and Thursdays, as many as 12 children may sleep over. The staffing schedule per group was 180 to 200 full-time equivalents for two trained teachers, 125% for one teacher in training, and 40% for one trained substitute teacher. All of the*

---

<sup>13</sup> On the effects of disadvantaged social circumstances, see also the results of the KiGG study in Germany, e.g., Schlack, 2008.

*children attended the daycare center 4 to 5 days per week. During the summer and fall of 2007, the social service department of the city of Zürich introduced some changes for the worse. Among other things, they increased the number of children permitted in a group from 8.5 to 9. (In other daycare centers, the city increased group sizes from 12 to 17. Any daycare center wanting fewer than 12 per group must now develop their own funding sources!) Retaining of individual school children was stopped or blocked. Children from healthy families were subsidized for only 3 days per week. This meant that each group now had to absorb two or three children who were present for only 3 days per week. Experience with this new structure does not yet permit of qualified evaluation.*

#### **14.3 Toddlers from families under emotional stress: continuity in daily life**

The emotional and social tasks of parenthood in early childhood may place considerable stress on emotionally ill parents, who are too often additionally overwhelmed by single parenthood. This considerably increases the risk for stress and insecurity in the parent-child relationship. On the other hand, psychosocial support for the family and its embeddedness in a social network have a protective effect. Care outside the home should offer these parents and their children alternative relationships and relief from stressful situations. But in order for such divided care to strengthen relationships for these children and their parents, these care settings must make special efforts to provide for constancy in relationships with caregivers, within the children's groups, and within the institution as a whole. Things like disorganized attachment behavior in the child or incomprehensible and impulsive behavior on the part of the parents may stress the day-to-day resources of the daycare center. But these children and their parents must also be shielded from inundation by fears or projections from the outside environment.

For this reason, supervision and self-awareness are indispensable instruments for well-trained teachers and experienced management in helping such vulnerable families. They orient the staff in their work, help them to recognize situations that place development at risk and that require more precise diagnosis, and support the demanding work with parents and interdisciplinary cooperation with psychotherapists and others.

#### **14.4 Children with special developmental needs: stimulation and integration**

To the extent that their health permits and they would not be well served in remedial institutions, at-risk children may benefit in daycare centers from educational stimulation and peers if the children and the group in which they are integrated are shielded from overstimulation. However, such integration is possible only with additional personnel and teachers. This requires a system of interdisciplinary cooperation with early institutional support services, educational consultants, and child psychotherapists who support the daycare center as appropriate given the needs of the child and his family.

*An example from practice: A three-year-old child with a sensory perception disorder benefits from the stimulation made available in a structured daycare center, and particularly from the children's group with which he has become familiar and in which he is able to develop important social relationships under the protection of his teacher. On the other hand, this child is quickly overwhelmed by stimuli so that he tends to tire quickly over the course of long afternoon of free play time. As a result, he eventually reacts aggressively in the group or withdraws. Here, collaboration with early institutional support services and educational consultants may provide important inputs that help the child in his current developmental needs and give structure to his time in the daycare center. In this instance, a change in his care times -- the child began to spend the morning in the daycare center and the rest of the day at home -- resolved the situation.*

## **14.5 Prevention: compensatory care as an opportunity**

Care outside the family for infants and toddlers provided to all families can contribute greatly to the primary and secondary prevention of abuse and neglect.

*Supporting Infants and Toddlers in the Child Welfare System: The Hope of Early Head Start, published by the U.S. Department of Health and Human Services, provides excellent examples for how a program like “Early Head Start” can support families and children facing multiple risks. It provides impressive evidence that the parents can find relief from stress, that their children will be encouraged in their development, and that the entire family can be better integrated into the larger society. Mothers, often adolescent single parents, are integrated into the daycare center setting as a way of supporting the mother-child relationship. In addition to supporting the mother and child, group activities for the mothers and evening events for the fathers are also offered. As a result, the daycare center becomes a kind of building block in an overall plan that includes professional social-service assistance for a larger number of young families (Early Head Start National Resource Center 2005).<sup>14</sup>*

Parents with multiple risk factors and children with special needs are offered additional developmental opportunities and support in daycare centers when the needs of the child or the integration will needs of the family are met with the appropriate personal, conceptual, and material resources and the necessary interdisciplinary networking.

GAIMH rejects as harmful to children and their development the integration of parents and children with special support needs into existing daycare centers *without* the provision of additional resources (in terms of staffing, training, group size, and resources) or the targeted creation of centers that accept only high-risk families and children without the further resources to foster the development and integration of the children and their families.

## **15. Overall teaching and social policies for daycare centers**

### **15.1 The upgrading of early childhood care and teaching strengthens families**

Whether small children are cared for by their parents the whole day or in daycare centers for a few hours per day, it is always about a culture of relationship, education, and the rearing of toddlers. This culture does not simply exist in society but must constantly be recreated by parents, families, public institutions, politicians, and employers.

As a result, societal concern with quality requirements for the institutional care of infants and toddlers has also raised questions about how young families care for their children in general, and about their care and educational needs. It has shed light on how young parents deal with child raising on a daily basis and shown that families, like they nurseries, require protection, support, encouragement, and discussion in order to meet the demands of the responsibilities before them. Even though the parent-infant/toddler relationship differs from the relationship between the child and his teachers with regard to goals, roles, and intensity, both daycare facilities and families benefit from public reflection about the prerequisites for early childhood in which the development of the child is paramount.

---

<sup>14</sup> Supporting Infants and Toddlers in the Child Welfare System: The Hope of Early Head Start. (Technical Assistance Paper No. 9.) Washington D.C.: U.S. Department of Health and Human Services 2005; can be downloaded at <http://ehsnrc.org/PDFfiles/TA9.pdf>.

## 15.2 Education in early childhood

The family is the most important educational and socialization site in early childhood. When parents entrust their infants and toddlers to care outside the home, they must be assured that their children's learning needs will be encouraged in a holistic and individual manner, and that they will be neither overstimulated or understimulated. As a result, GAIMH recommends that overall educational plans for early childhood be created that take as their starting point the learning and educational processes of small children, while at the same time placing early childhood education in a biographical context.<sup>15</sup> This presupposes societal understanding and agreement about early childcare and education. The overall educational plans should contain specific statements about educational processes and the goals of education in early childhood, while being flexible and facilitating transitions. Barriers to access to high-quality educational and care services must be removed.

## 15.3 The various organizational forms of daycare centers

The three countries, which embody such different federal state and cantonal models, show how important the structural and local conditions and traditions are in which the many different forms of organization of facilities for caring for infants and toddlers are embedded:

- Daycare centers organized by employers, which support families at the site of employment, are becoming increasingly common. However, such childcare depends on the parents' being employed by a company that offers such services.  
An example from practice: *At the University of Graz Medical School, a group is in the process of working out a daycare center model for the children of employees and students at the medical school called the "Kindercampus-IMAGDIMUG" project. The idea is to meet the needs of the children, while taking into account the work responsibilities of the parents. This, for example, involves providing night services (Dunitz-Scheer et al., 2009).*
- Daycare centers in the neighborhood enable toddlers and their families to maintain contacts outside opening hours. They also facilitate peer relationships that may continue in school later on. In addition, they provide continuity in childcare outside the family, independent of where (and whether!) the parents happen to be working.
- Bilingual daycare centers, which may, for example, be organized by international schools or privately, place special demands on the cognitive capacities of the child, but seldom provide adequate care for toddlers or infants.
- Private self-administered care facilities for infants and toddlers, which require a good deal of participation on the part of parents, encourage intense identification by the families and their children with the facility and the caregivers. However, their flat hierarchy and lack of stringent professionalism tend not to be adequate in crisis situations or with at-risk or highly stressed families.
- Daycare centers for infants to five-year-olds with their own nursery schools or a group for nursery school-age children who attend a nearby public nursery school (the situation in Switzerland), encourage long-term relationships with caregivers, peers, and the institution.
- Daycare centers may be organized as for-profit private companies. Experience in Switzerland, for example, indicates that the quality of these daycare centers is

---

<sup>15</sup> See, for example, the early childhood curriculum, Te Whāriki, implemented on a national basis in New Zealand (May et al., 2004).

considerably below that of public nursery schools because they are especially susceptible to reducing costs at the expense of qualified staffing.

#### **15.4 Required supervision and networking of daycare centers**

The demands placed on daycare centers in terms of care, education, and the support of infants and toddlers are enormous and can only be achieved by individual institutions in cooperation with other professional agencies and institutions. Because of this, daycare centers should be integrated into regional networks that support the children on an individual basis and give families comprehensive, counseling and support with a low threshold for eligibility. The building and expansion of structures in cooperation with family education centers is also recommended.

Qualification and oversight over the centers cannot be left to the daycare center management, sponsors and trustees, or donors alone, but must be measured against established guidelines for structural quality and comply with basic quality standards. Supervisory boards, which must have an understanding of the developmental psychology of early childhood and early education, should review and examine the structure and work done in daycare centers to ensure that they meet professional and scientific standards. They must ensure that the quality of processes and guidelines in the daycare center are not simply measured as part of a standardized routine. In addition to the requirements for appropriate structural quality (see Chapter 13.4), ongoing case and staff discussions by the daycare staff in cooperation with supervisors is a foundation of good care outside the home.

This is why GAIMH recommends the establishment of specialized supervisory boards under the aegis of state youth welfare to ensure the quality of daycare centers. In addition, GAIMH considers the establishment of interdisciplinary pedagogical quality management for infants and toddlers to be indispensable in all three countries. In addition, the state must require that all potential suppliers of daycare services address the issue of quality.

#### **15.5 Quality benefits and costs**

Discussions about daycare quality have made it clear that good daycare for infants and toddlers can never be cost-neutral, either for the institutions involved or for the parents. Upgrading public education in early childhood makes us more conscious of the many responsibilities and needs of young families (Viernickel & Simoni, 2008; EKFF, 2009; Stamm, 2009).

Even if the notion that “daycare centers decrease costs later” is justified (in terms of prevention, language skills, better results on the PISA assessment, increased taxes for communities; cf. EKFF, 2009), it must be noted that good infant and toddler daycare -- and *only* good care is justifiable -- comes at a high cost. However, the necessary financial outlays that are required are far lower than the costs incurred as a result of behavioral and attachment disorders that result from poor-quality daycare or overwhelmed family systems, and which must later be paid for in therapy or youth assistance programs. We must also take into account that a quantitative expansion in daycare in early childhood *without* corresponding investments in quality would require considerable costs down the road. It is also important to recognize that infant and toddler care within families was never free -- even when it was performed without remuneration.

#### **16. Questions posed by GAIMH for future research**

In the German-speaking countries, research in the area of the early childhood education, care, and upbringing has neither been exhausted nor adequately networked. Basic and applied research projects -- e.g. on the psychosocial development of children in daycare,

on the effects on quality of early educational settings, or on the development and implementation of observation and documentation procedures centered on strengths -- must be actively encouraged and given financial support. Teaching and research centers focusing on early childhood learning must be set up and networked at selected institutions of higher learning (cited in Viernickel & Simoni, 2008, p. 31, cf. also Stamm, 2009). Teaching and research must also adequately distinguish between infants and toddlers.

A national and/or regional statistical database must be created in all three countries that permits us to make consistent statements about the state of care in daycare centers from a quantitative and qualitative perspective, and which can be used in planning by politicians and experts.

GAIMH has many questions for future research into daycare centers. We list several of them here to encourage such research, and to indicate the limits of our current state of knowledge:

- Institutional care is education in groups, even though each infant and toddler is focused on individually. In order to better understand early group processes, their dynamics, and their importance for early childhood development, the communicative competences of infants and toddlers in multi-person situations with peers and adults, and families and institutions must be intensively researched.
- The paradigm shift from “minding” or “babysitting” children to early childhood care and education has raised research questions about early childhood development and learning processes and the possibilities for supporting them. Early learning processes, including their significance for group learning and the resulting demands on professionalism in daycare centers, must be researched.
- Real educational partnerships involving families and daycare centers are the key to uniting these efforts. We still know very little about the interactions between families and institutions, and how caregivers affect childhood development, among other things during the settling-in period. These are fruitful areas for research.
- The various models of cooperation between families, day families, and daycare centers with regard to the care of infants and toddlers should be studied, particularly in terms of success factors and stumbling blocks. Such experience would enable us better to assess which forms of care are indicated or contraindicated for a particular child.
- Furthermore, quantitative and qualitative longitudinal studies of the psychosocial development of infants and toddlers in daycare centers and on the professional development of daycare center staffs are important for the promotion of high-quality education. In this context, the psychoanalytic longitudinal study conducted by French psychologist Denis Mellier (Mellier, 2000), which looked at the effects of long-term supervisory support on the way in which daycare staffs dealt with the separation fears of infants and toddlers, is exemplary. The author demonstrated a significant association between the growing sensitivity of teachers to the needs of the children and the development of a staff culture that over time was able to transcend rigid institutional routines that had blocked the relational needs of children and families, but also those of the staff members themselves.

## Literature

Ahnert, L. (2004): Bindungsbeziehungen außerhalb der Familie: Tagesbetreuung und Erzieherinnen-Kind-Bindung, In: Ahnert, L. (ed.) *Frühe Bindung. Entstehung und Entwicklung*. Munich: Ernst Reinhardt, pp. 256-277.

Ahnert, L. (2006): Anfänge der frühen Bildungskarriere: Familiäre und institutionelle Perspektiven. *Frühe Kindheit*, 6, pp. 18-23.

Als, H. & Butler, S. (2008): Die Pflege des Neugeborenen: Die frühe Gehirnentwicklung und die Bedeutung von frühen Erfahrungen. In: Brisch, K. H. & Hellbrügge, T. (ed.) (2008): *Der Säugling – Bindung, Neurobiologie und Gene*. Stuttgart: Klett-Cotta 2008, pp. 44-87.

AJB (ed.) (2006): Betreuung von bis 18 Monate alten Kindern in Krippen. Aspekte einer angemessenen Betreuung von Kleinstkindern. Zürich: Bildungsdirektion Kanton Zürich, Amt für Jugend- und Berufsberatung AJB. (Im Internet: [http://www.stadt-zuerich.ch/content/dam/stzh/sd/Deutsch/Kinderbetreuung-ML/Publikationen%20und%20Broschueren/krippenbetr\\_kleinstkinder\\_ktzh.pdf](http://www.stadt-zuerich.ch/content/dam/stzh/sd/Deutsch/Kinderbetreuung-ML/Publikationen%20und%20Broschueren/krippenbetr_kleinstkinder_ktzh.pdf).)

Beebe, B., Rustin, J., Sorter, D. & Knoblauch, S. (2003): An expanded view of intersubjectivity in infancy and its application to psychoanalysis. *Psychoanalytic Dialogues*, 13, pp. 805-873.

Beller, E. K. & Beller, S. (2000): Kuno Bellers Entwicklungstabelle. Modifizierte Fassung vom Juli 2000, 5. Aufl. 2005.

Belsky, J., Vandell, D. L., Burchinal, M., Clarke-Stewart, K. A., McCartney, K. & Owen, M. T. (2007): Are there long-term effects of early childcare? *Child Development*, 78, pp. 681-701.

Bensel, J. & Haug-Schnabel, G. (2007): *Kinder unter 3 -- Bildung, Erziehung und Betreuung von Kleinstkindern*. 3. Aufl. Freiburg i. Br.: Herder.

Bowlby J (1969). *Attachment*. Attachment and Loss (vol. 1) New York: Basic Books.

Bowlby J (1973). *Separation: Anxiety & Anger*. Attachment and Loss (vol. 2); (International psycho-analytical library no. 95). London: Hogarth Press.

Bowlby J (1980). *Loss: Sadness & Depression*. Attachment and Loss (vol. 3); (International psycho-analytical library no. 109). London: Hogarth Press.

Brisch, K. H. (2007): Prävention durch prä- und postnatale Psychotherapie. In: Brisch, K. H. und T. Hellbrügge (ed.): *Die Anfänge der Eltern-Kind-Bindung. Schwangerschaft, Geburt und Psychotherapie*. Stuttgart: Klett-Cotta, pp. 271-303.

Brisch, K. H. (2009a): Bindung, Psychopathologie und gesellschaftliche Entwicklungen. In: Brisch, K. H. und T. Hellbrügge (eds.): *Wege zu sicheren Bindungen in Familie und Gesellschaft. Prävention, Begleitung, Beratung und Psychotherapie*. Stuttgart: Klett-Cotta, pp. 350-371.

Brisch, K. H. (2009b): Die frühkindliche außerfamiliäre Betreuung von Säuglingen und Kleinstkindern aus der Perspektive der Säuglingsforschung. *Analytische Kinder- und Jugendlichen-Psychotherapie AKJP*, 142, pp. 143-158.

Brisch, K. H. (2002): *Treating Attachment Disorders. From Theory to Therapy*. New York, London; Guilford Press.

Brisch, K. H. & Hellbrügge, T. (ed.) (2003): *Bindung und Trauma. Risiken und Schutzfaktoren für die Entwicklung von Kindern*. (2nd ed. 2006). Stuttgart: Klett-Cotta.

Brisch, K. H. & Hellbrügge, T. (ed.) (2006): *Kinder ohne Bindung. Deprivation, Adoption und Psychotherapie*. (2nd ed. 2007) Stuttgart: Klett-Cotta.

Brisch, K. H. und T. Hellbrügge (ed.) (2009): *Wege zu sicheren Bindungen in Familie und Gesellschaft. Prävention, Beratung, Begleitung und Psychotherapie*. Stuttgart: Klett-Cotta.

Brisch, K. H., Grossmann, K. E., Grossmann, K. & Köhler, L. (eds.) (2002): *Bindung und seelische Entwicklungswege. Grundlagen, Prävention, klinische Praxis* (2nd ed. 2006). Stuttgart: Klett-Cotta.

Brownell, C. A., Ramani, G. B. & Zerwas, S. (2006): Becoming a social partner with peers: Cooperation and social understanding in one- and two-years-olds. *Child Development*, 77 (4), pp. 803–821.

Deutsche Liga für das Kind (2008): Gute Qualität in Krippen und Kindertagespflege. Position paper of the Deutschen Liga für das Kind. <http://liga-kind.de/aktuelles/dokumentation.php>.

Deutsche Psychoanalytische Vereinigung (2008): Krippenausbau in Deutschland – Psychoanalytiker nehmen Stellung. In: *Psyche – Z Psychoanal*, 62, pp. 202–205.

Ditfurth, A. v. (2009): Verlust und Trauer in Übergangssituationen begleiten. *undKinder*, 83, pp. 57–65.

Dunitz-Scheer, M., Wegscheider, W., Fürpass, H. et al. (2009): MUG Kinder-Campus. Betreuung – Förderung – Bildung für Kinder von MitarbeiterInnen der medizinischen Universität Graz. [www.medunigraz.at/kinder](http://www.medunigraz.at/kinder).

EKFF (ed.) (2004): *Zeit für Familien. Beiträge zur Vereinbarkeit von Familien- und Erwerbsalltag aus familienpolitischer Sicht*. EKFF: Bern.

EKFF (ed.) (2009): *Familien- und schulergänzende Kinderbetreuung. Eine Bestandsaufnahme der Eidgenössischen Koordinationskommission für Familienfragen EKFF*. EKFF: Bern.

Friedman, S. L. & Boyle, D. E. (2009): Kind-Mutter-Bindung in der NICHD-Studie „Early Childcare and Youth Development“: Methoden, Erkenntnisse und zukünftige Ausrichtungen. In: Brisch, K. H. & Hellbrügge, T. (eds.) *Wege zu sicheren Bindungen in Familie und Gesellschaft. Prävention, Begleitung, Beratung und Psychotherapie*. Stuttgart: Klett-Cotta, pp. 94–151.

Grossmann, K. (1999): Merkmale einer guten Gruppenbetreuung für Kinder unter drei Jahren im Sinne der Bindungstheorie und ihre Anwendung auf berufsbegleitende Supervision. In: Deutscher Familienverband (ed.): *Handbuch Elternbildung*. Bd. 2: *Wissenswertes im zweiten bis vierten Lebensjahr des Kindes*. Opladen: Leske & Budrich, pp. 165–184.

Grossmann, K., Grossmann, K. E., Fremmer-Bombik, E., Kindler, H., Scheuerer-Englisch, H., Winter, M. & Zimmermann, P. (2002): Väter und ihre Kinder – Die „andere“ Bindung und ihre längsschnittliche Bedeutung für die Bindungsentwicklung, das Selbstvertrauen und die soziale Entwicklung des Kindes. In: K. Steinhardt, W. Datler & J. Gstach (eds.): *Die Bedeutung des Vaters in der frühen Kindheit*. Gießen: Psychosozial-Verlag, pp. 43–72.

Hellmann, J. (2002): *Qualität in Krippen*. Zürich: Marie Meierhofer-Institut für das Kind (<http://www.mmizuerich.ch/texte/kita-qualitaet.html>).

Hellmann, J. (2004): Zur Entwicklung von Instrumenten für die interne und externe Qualitätsentwicklung von Tageseinrichtungen für kleine Kinder. In: F. Peterander & O. Speck (ed.): *Qualitätsmanagement in sozialen Einrichtungen*. München, Basel: Ernst Reinhardt, pp. 252–268.

Hellmann, J. (2007): Kindern in Schwierigkeiten beistehen. Wie die Herstellung einer positiven Beziehung zum Kind negative Kreisläufe überwindet. *undKinder*, 79, p. 27 ff.

Hellmann, J. (2009): Säuglinge in Kindertagesstätten: Was es braucht, damit sie das bekommen, was sie brauchen. *undKinder*, 83, pp. 67–79.

Hellmann, J., Schälín, J., Simoni, H. & Nufer, H. (2003): *Entwicklungsbedürfnisse von Kindern und die Gruppenstruktur in Krippen*. Zürich: Marie Meierhofer-Institut für das Kind.

- Horacek, U., Böhm, R., Klein, R., Thuyen, U. & Wagner, F. (2008): *Zu Qualitätskriterien institutioneller Betreuung von Kindern unter 3 Jahren (Krippen)*. Positionspapier der Deutschen Gesellschaft für Sozialpädiatrie und Jugendmedizin (DGSPJ). [http://www.akademie-oegw.de/Service\\_WBK/Modul\\_4/Sievers/Horacek\\_Krippenpapier\\_Lang.pdf](http://www.akademie-oegw.de/Service_WBK/Modul_4/Sievers/Horacek_Krippenpapier_Lang.pdf).
- Hüther, G. (2002): Die Folgen traumatischer Kindheitserfahrungen für die weitere Hirnentwicklung, Psychiatrische Klinik der Universität Göttingen. [www.agsp.de/UB\\_Veroeffentlichungen/Aufsätze/Aufsatz\\_34/hauptteil\\_aufsatz\\_34.html](http://www.agsp.de/UB_Veroeffentlichungen/Aufsätze/Aufsatz_34/hauptteil_aufsatz_34.html).
- Hüther, G. (2007): Resilienz im Spiegel entwicklungsneurobiologischer Erkenntnisse. In: G. Opp & M. Fingerle (ed.): *Was Kinder stärkt: Erziehung zwischen Risiko und Resilienz* (2<sup>nd</sup> revised ed.). München: Ernst Reinhardt, pp. 45–56.
- Koren-Karie, N., Sagi-Schwartz, A. & Egoz-Mizrachi, N. (2005): The emotional quality of childcare centers in Israel: The Haifa Study Of Early Childcare. In: *Infant Mental Health Journal*, 26 (2), pp. 110–126.
- Laewen, H.-J. & Andres, B. (2007): Das infans-Konzept der Frühpädagogik. In: N. Neuss (ed.): *Bildung und Lerngeschichten im Kindergarten: Konzepte – Methoden – Beispiele*. Berlin u. a.: Cornelsen Scriptor, pp. 73–99.
- Lanfranchi, A. (2000): Zusammenarbeit mit den Eltern: Zentrales Element für den Schulerfolg von Migrantenkindern. In: P. Ochsner, U. Kenny & P. Sieber (ed.): *Vom Störfall zum Normalfall. Kulturelle Vielfalt in der Schule*. Chur: Rüegger, pp. 183–192.
- Lanfranchi, A. (2009): Der Einfluss familien- und schulergänzender Betreuung auf den Schulerfolg. Follow-up der NFP 39-Studie „Schulerfolg von Migrationskindern – Auswirkungen transitorischer Räume“. *Vierteljahresschrift für Heilpädagogik und ihre Nachbargebiete (VHN)*.
- Leu, H. R. & Flämig, K. (2007): Bildungs- und Lerngeschichten – ein Projekt des Deutschen Jugendinstituts. 34 In: N. Neuss (ed.): *Bildung und Lerngeschichten im Kindergarten: Konzepte – Methoden – Beispiele*. Berlin u. a.: Cornelsen Scriptor, pp. 55–72.
- Lichtenberg, J., D., Lachmann, F. M. & Fosshage, J. L. (2000): *Das Selbst und die motivationalen Systeme. Zu einer Theorie psychoanalytischer Technik*. Frankfurt a. M.: Brandes & Apsel.
- May, H., Carr, M. & Podmore, V. (2004): Te Whāriki. Neuseelands frühpädagogisches Curriculum 1991–2001. In: W. E. Fthenakis & P. Oberhuemer (ed.): *Frühpädagogik international. Bildungsqualität im Blickpunkt*. Wiesbaden: Verlag für Sozialwissenschaften, pp. 175–189.
- Mellier, D. (2000): *L'inconscient à la crèche*. Ramoville Saint Agne: Éditions Èrès.
- Mögel, M. (2006): *Fallsupervision als Teamentwicklung mit einem Krippenteam*. Unpublished dissertation. Zürich: IEF.
- Mögel, M. (2009): *Krippenbetreuung von Kleinstkindern. Unterschiede in der psychoanalytischen Debatte in der Schweiz und in Deutschland*. In: *Psychoanalyse*, 14. Jahrgang, Heft 2(25), 2010, S. 247-251
- Mögel, M. (2009): *Unterschiede in der psychoanalytischen Debatte in der Schweiz und in Deutschland*. In: *undKinder*, Nr. 83/Juni 2009, Marie Meierhofer Institut für das Kind, pp. 97-100.
- Murray, L. (1991): Intersubjectivity, object relations theory, and empirical evidence from mother-infant interactions. *Infant Mental Health Journal*, 12, pp. 219–232.

NICHD (National Institute of Child Health and Human Development Early Childcare Research Network) (2003): Does amount of time spent in childcare predict socioemotional adjustment during transition to kindergarten? *Child Development*, 74 (4), pp. 976–1005.

Papoušek, H. (2003): Spiel in der Wiege der Menschheit. In: M. Papoušek & A. v. Gontard (ed.): *Spiel und Kreativität in der frühen Kindheit*. Stuttgart: Pfeiffer bei Klett-Cotta, pp. 17–55.

Papoušek, M. (2001): Intuitive elterliche Kompetenzen – Ressource in der präventiven Eltern-Säuglings-Beratung und -psychotherapie. *Frühe Kindheit*, 1/01 ([http://liga-kind.de/fruehe/101\\_pap.php](http://liga-kind.de/fruehe/101_pap.php)).

Papoušek, M. (2006): Bindungssicherheit und Intersubjektivität. Gedanken zur Vielfalt vorsprachlicher Kommunikations- und Beziehungserfahrungen. In: K. H. Brisch & T. Hellbrügge (eds.): *Kinder ohne Bindung. Deprivation, Adoption und Psychotherapie*. Stuttgart: Klett-Cotta, pp. 61–90.

Papoušek, M. & Gontard, A. v. (ed.) (2003): *Spiel und Kreativität in der frühen Kindheit*. Stuttgart: Pfeiffer bei Klett-Cotta.

Papoušek, M., Schieche, M. & Wurmser, H. (eds.) (2008): Disorders of Behavioral and Emotional Regulation in the First Years of Life: Early Risk and Intervention in the Developing Parent-infant Relationship. Washington, D.C.: Zero to Three.

Pedrina, F. (2008): *Babys in Gruppen. Frühe Formen des sozialen Austauschs und ihr Beitrag an die kindliche Entwicklung*. Unpublished manuscript.

Piaget, J. (1989): *Das Erwachen der Intelligenz beim Kinde*. Stuttgart: Klett-Cotta.

Piaget, J. (1936) *Origins of intelligence in the child*. London: Routledge & Kegan Paul.

Powell, D. R. (1980): Personal social networks as a focus for primary prevention of child mistreatment. In: *Infant Mental Health Journal*, 1 (4), pp. 232–239.

Rochat, P. (2001): Social contingency detection and infant development. *Bulletin of the Menninger Clinic*, 65, pp. 347–360.

Rosbach, H.-G. (2005): Effekte qualitativ guter Betreuung, Bildung und Erziehung im frühen Kindesalter auf Kinder und ihre Familien. In: Sachverständigenkommission Zwölfter Kinder- und Jugendbericht (ed.): *Bildung, Betreuung und Erziehung von Kindern unter sechs Jahren*. (Materialien zum Zwölften Kinder- und Jugendbericht, Bd. 1) München: Verlag Deutsches Jugendinstitut e.V., pp. 55–174.

Schlack, H. G. (2008): Wie (un)gesund sind Kinder in Deutschland? Fakten, Einschätzungen, Handlungsbedarf. *Frühförderung interdisziplinär*, 4, pp. 147–154.

Schlumbohn, J.: *Kinderstuben*. München: dtv 1983.

Selby, J. M. & Bradley, B. S. (2003): Infants in social groups: A paradigm for the study of early social experience. In: *Human Development*, 46, pp. 197–221.

Simoni, H., Herren, J., Kappeler, S. & Licht, B. (2008): Frühe soziale Kompetenz unter Kindern. In: T. Malti & S. Perren (eds.): *Entwicklung und Förderung sozialer Kompetenzen in Kindheit und Adoleszenz*. Stuttgart: Kohlhammer, pp. 15–34.

Stamm, M. (2009): Frühkindliche Bildung in der Schweiz. *Eine Grundlagenstudie im Auftrag der Schweizerischen UNESCO-Kommission*. <http://www.fruehkindlichebildung.ch/forschung/studien.html>.

Tietze, W. & Viernickel, S. (ed.) (2003): Pädagogische Qualität in Tageseinrichtungen für Kinder. Ein nationaler Kriterienkatalog. 2<sup>nd</sup> unrevised edition. Weinheim: Beltz.

- Trevarthen, C. (2003): Intrinsic motives for companionship in understanding: Their origin, development, and significance for infant mental health. In: *Infant Mental Health Journal*, 22 (1–2), pp. 95–131.
- Trevarthen, C. & Aitken, K. J. (2001): Infant intersubjectivity: Research, theory, and clinical applications. *Journal of Child Psychology and Psychiatry*, 42, pp. 3–48.
- Tronick, E. & Field, T. (ed.) (1986): *Maternal Depression and Infant Disturbance*. San Francisco: Jossey-Bass.
- Early Head Start National Resource Center (2005) *Supporting Infants and Toddlers in the Child Welfare System: The Hope of Early Head Start. (Technical Assistance Paper No. 9.)*. Washington DC: U.S. Department of Health and Human Services.
- Viernickel, S. (2000): *Spiel, Streit, Gemeinsamkeit. Einblicke in die soziale Kinderwelt der unter Zweijährigen*. Landau: Verlag Empirische Pädagogik.
- Viernickel, S. & Simoni, H. (2008): Frühkindliche Erziehung und Bildung. In: Eidgenössische Koordinationskommission für Familienfragen EKFF (ed.): *Familien, Bildung, Erziehung*. Bern: EKFF, p. 22 f.
- Vygotsky, L. (1987): Arbeiten zur psychischen Entwicklung der Persönlichkeit. (selected writings, vol. 2) Köln: Pahl-Rugenstein.
- Walper, S. (2001): Armut und ihre Auswirkungen auf die Entwicklung von Kindern. In: A. v. Schlippe, G. Lösche & C. H. Hewellek (eds.): *Frühkindliche Lebenswelten und Erziehungsberatung*. Münster: Votum, pp. 151–177.
- Watamura, S. E., Donzella, B., Alwin, J. & Gunnar, M. R. (2003): Morning-to-afternoon increases in cortisol concentrations for infants and toddlers at childcare: Age differences and behavioral correlates. *Child Development*, 74 (4), pp. 1006–1020.
- Wustmann, C. (2005): Die Blickrichtung der neueren Resilienzforschung: Wie Kinder Lebensbelastungen bewältigen. *Zeitschrift für Pädagogik*, 51 (2), pp. 192–206.
- Wustmann, C. (2008): Stärkende Lerndialoge zwischen Erwachsenen und Kind: Warum wir das Potenzial von Dialogen stärker nutzen sollten. *undKinder*, 80, pp. 89–96.

## Appendix

The following participants took part in an intensive day session conducted by GAIMH (Munich, April 12, 2008) which worked out the guidelines for these recommendations:

### The experts

Fabienne Becker Stoll, Institut für Frühpädagogik, Munich  
 Joachim Bensel, Forschungsgruppe Verhaltensbiologie, Kandern  
 Anna von Ditfurth, Kleinkindberatung Horgen  
 Karin Grossmann, Universität Regensburg  
 Jeremy Hellmann, Marie Meierhofer-Institut für das Kind, Zürich

### GAIMH working group delegates:

AG Entwicklungsbegleitung: Sabine Höck, Heidi Neuschütz, Kathrin Keller-Schumacher  
 AG Kinder psychisch kranker Eltern: Mechthild Papoušek, Christiane Hornstein  
 AG Psychotherapie und Psychoanalyse: Egon Garstick  
 AG Kinder aus Risikofamilien: Teresa Siefer, Gabriele Koch  
 AG Psychosomatik: Marguerite Dunitz-Scheer

### Project heads GAIMH board project leaders

Karl Heinz Brisch  
 Maria Mögel

### About GAIMH

GAIMH board  
 Dr. phil. Heidi Simoni (1. Vorsitzende, Ländervorsitzende Schweiz)  
 PD Dr. med. Karl Heinz Brisch (Ländervorsitzender Deutschland)  
 Dr. med. Katharina Kruppa (Ländervorsitzende Österreich)

GAIMH business address  
 c/o Marie Meierhofer-Institut für das Kind  
 Schulhausstraße 64  
 CH-8002 Zürich  
 info@gaimh.org  
 www.gaimh.org