

**INFANTS SETTLED IN TO CARE: MORE THAN
ATTACHMENT**

Valerie Aloa

Dip.T (Infant), A.U.A., B.Ed (Elementary), M.A.T (Early Childhood)

A thesis submitted in fulfilment of the requirement of the degree

of

Doctor of Philosophy

School of Education

Faculty of Education, Humanities, Law and Theology

The Flinders University of South Australia

April 2008

TABLE OF CONTENTS

Infants settled in to care: more than attachment	i
Valerie Aloa	i
TABLE OF CONTENTS	ii
ABSTRACT	vi
DECLARATION	viii
ACKNOWLEDGEMENTS	ix
DEDICATION	xi
LIST OF TABLES.....	xii
LIST OF FIGURES.....	xv
Chapter 1.....	1
Introduction	1
The development of the present research focus and questions	5
Constructing profiles of the settled and not settled behaviours: Other developmental factors to consider	9
The development of the profiles.....	9
Components of the profiles	11
Time to settle:.....	14
Research Orientation	16
Significance of the research	16
The research aims	20
Structure of the thesis	21
Summary	23
Chapter 2.....	25
Literature review	25
Introduction	25
Contents of the literature review	26
Adjustment to care.....	29
Development of the Research questions- stage one	53
Three points to clarify: ‘process / outcome’ ‘harm’ and ‘adjustment to care’	56
Developing the research questions: Other issues from the Child Development literature.....	78
Attachment	79
Temperament.....	94
Illustrating the importance of the research	107
Professional literature on transitions and infants settling in to care.....	124
Settled into care – Primary carers.....	132
Summary of the research and professional literature	134
Review of methodology of adjustment to care research to date.....	135
Literature Review: a summary	141
Research questions and potential outcomes	143
Chapter 3.....	146
Measurement of the construct: Settled into care.....	146
Chapter 4.....	171
Methodology.....	171

Introduction	171
Research design	171
Research phases.....	181
Survey instrument – organisation, content and rationales for questions	186
Research participants.....	198
Research ethics	199
Hierarchical cluster analysis.....	199
Methodology: a summary.....	201
Chapter 5.....	204
Results – demographics, knowledge of term: settled into care	204
Introduction to results.....	204
Demographic detail	208
Rate of return.....	208
Representativeness of sample.....	208
Profile of respondents.....	210
Profile of centres	213
Sample comparison with South Australia	214
Sample comparison Australia.....	216
Knowledge of the term ‘settled into care’	217
Chapter 6.....	226
Discussion: demographics, knowledge of terms and initial lists	226
Introduction to discussion	226
Return rate of surveys and possible bias	226
Sample size and representativeness of the sample	227
Sample comparison with South Australia and Australia.....	227
Qualifications: a further comment.....	228
Qualified profile	229
Unqualified profile	229
Experience working with infants in long day care	230
Experience in long day care	231
Knowledge of the term ‘settled into care’	232
Knowledge of the term ‘settled in to care’ – a summary	236
Equivalent or similar terms	236
Demographics of respondents and knowledge of the term ‘settled in to care’ – a summary	237
Chapter 7.....	239
Results: Categories of items and profiles	239
Initial categorisation of survey items	240
Processes used	241
Comment on processes	242
Categorisation of survey items – detail	246
Characteristics of the settled child.....	252
Settled into care: Final 20 items	269
Summary: results analysis of settled items.....	282
Categories of items in the ‘settled’ list.....	283
Summary: results of categorisation of items of the settled list.....	286
Characteristics of the not settled child	287
Summary: results analysis of ‘not settled’ items.....	312
Categories of items in the ‘not settled’ list.....	313
Summary: results of categorisation of items of the ‘not settled’ list.....	316

Not applicable.....	317
List of not applicable items	321
Not applicable: categories	323
Summary: not applicable	324
Final lists and categories of items	325
Categories of items results	327
Attachment	332
Temperament.....	333
Adjustment to care.....	333
Results Summary: Development of profiles and categorisation of items ..	334
Chapter 8.....	337
Discussion: Profiles of the settled and not settled child	337
Introduction	337
Missing data	338
Importance of the data analysis in establishing the credibility of the profiles	339
Determining items for a list of ‘settled’ and ‘not settled’ behaviours.....	341
Development of the profile of the settled child	342
Final list of 20 items	353
Focus group comment on ‘settled’ items	354
Categories of items in the settled list.....	356
Settled into care, more than attachment	360
Summary: Settled into care	362
Not settled into care.....	363
Final list of not settled items	371
Not assigned	373
Focus group comment on not settled items	374
Categories of items in the not settled list	375
Focus group discussion: attachment items	377
Focus group discussion on temperament items	380
Summary: Not settled into care	385
Not applicable items	387
Categories of items across the profiles.....	394
Attachment	394
Temperament.....	399
Adjustment to care.....	400
Summary: Categories of items across the profiles	406
Summary: profiles and categories	407
Chapter 9.....	409
Results: carers’ reports of experiences in settling infants into care	409
Introduction	409
Time taken to settle into care	409
Level of concern over time taken to settle in to care.....	420
Respondents ideas about reasons why some infants take longer than others to settle.....	424
Recommendation to withdraw a child.....	427
Experience with infants not settling into care	430
Primary Care.....	442
Other comments from respondents.....	457
Results: a summary	461

Chapter 10.....	466
Discussion of Carers experience of settling infants into care, including the focus group contribution.....	466
Introduction	466
Time taken by infants to settle into care.....	468
Caregivers' level of concern.....	470
Further discussion: Time taken to settle into care and levels of concern...	471
Recommendations to withdraw a child	501
Summary	503
Confirming the profile questions.....	504
Experience with infants not settling in to care	505
Summary: experience with infants not settling in to care	513
Primary Carers and settling into care	514
Summary: primary care	517
Other Comments from respondents.....	518
Summary: Carer's information.....	532
Chapter 11.....	533
Conclusions, recommendations and final statement	533
Results research Question 1: Do carers recognise the term 'settled in to care'?	533
Results research question 2: Can information from the child development literature on attachment, temperament and adjustment to care be used to create profiles of the infant who is 'settled' in to care and the infant who is 'not settled'	534
Research question 3: Do carers recognise infants who have settled in to care by becoming adjusted – detachment like?.....	544
Research question 4: Do carers agree on a time it takes infants to settle? .	545
Research question 5: Do some infants not settle in to care? What happens to them and what assists infants to settle in to care?	547
Additional results:	554
Limitations.....	557
Concluding statement	558
Appendix A	561
Reference List	577

ABSTRACT

Increasing numbers of infants in western countries are spending large amounts of time in childcare but little research attention has been paid to the critical transition period between leaving the mother, or other primary caregiver, and entering the group care setting. Studies following small groups of infants have been undertaken but nothing has been done to access the significant amount of information held by the experienced carers who settle these infants in to care. This thesis reports on South Australian research that makes available rich information about the influences that promote the likelihood of a positive transition for infants settling in to care.

There is no currently available profile of behaviours that indicate to the observer that an infant has successfully made the transition and has settled in to care. Using information from the Early Childhood field, Child Development research and experienced carers, two profiles have been developed which describe the infant who has 'settled' in to care and the infant who has not yet settled. The possibility that some infants adjust to care by becoming detached and withdrawn and are overlooked by caregivers is also explored.

One hundred and thirteen qualified and unqualified childcare staff in community based and private childcare centres in South Australia were surveyed with an instrument developed by the researcher, from existing research into infant attachment, temperament and adjustment to care. In the primary study, quantitative and qualitative data was gathered and analysed to develop profiles of behaviours of the 'settled' and the 'not settled' infant. These results (the profiles) were triangulated in a secondary procedure, through the use of focus groups, with qualified and unqualified childcare staff. In the second study, quantitative and qualitative procedures were used to determine common understandings about the time infants take to settle in to care, whether some infants never settled and the processes and procedures, including the use of primary carers, that assist an infant to make the transition from home to centre care.

The results indicate that successful attachment to more than one carer is important for an infant to be considered settled in to care. Positive temperamental traits assist the infant to settle more easily, but difficult temperament traits are not seen by carers to be a particular barrier to infants achieving a settled status. No support was evident for findings from other research that had indicated that some infants adjusted to care by becoming withdrawn and detached.

The caregivers' information on the time infants take to settle into care reveals that in their collective experience the range is half a day to 10 months, with an average of two to three weeks. Specific parental attitudes and centre practices are reported as highly influential in determining the time it takes an infant to settle. Information from respondents about infants who never settled, why they thought that was and what happened to the infants, as well as the detail on when caregivers would recommend a child was withdrawn from care are also reported. Respondents support the use of a primary care system for infants entering care.

The findings of the research have implications for researchers', caregivers working with infants in child care and the administrators of childcare centres. The profiles offer researchers an opportunity to select infants who have 'settled' into care when undertaking research with infants in group care. This would reduce any unwanted effects on the data that were due to including infants not yet settled in to care.

Childcare staff wanting to track their interactions with, expectations of and support for infants as they enter care and settle in could also use the two profiles to guide their interactions with the infants. The detail of the results also has information for administrators of child care centres in setting staffing policies and rosters, determining minimum ages for infants entering care and deciding policies and procedures around infant attendance patterns, orientation visits and primary caregiving policies and practices for their centres.

DECLARATION

I certify that this thesis does not incorporate without acknowledgment any material previously submitted for a degree or diploma in any university; and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text.

Valerie Aloa

Date:

ACKNOWLEDGEMENTS

I would like to sincerely thank:

Dr. Phillip Slee for his support, encouragement and advice in the final ‘years’ of this research.

Professor Alan Russell for his early ‘years’ support and advice in the development of the research, and his willingness to re-engage with the research after his years in Dubai.

Kylie Lange for the extensive statistical advice and assistance delivered so patiently and clearly and especially for responding to my call for help in the final weeks and four years after our last meeting.

My de Lissa Institute of Early Childhood and Family Studies colleagues, especially Glenn Cupit for years of steady support and advice, Cris Zollo for ongoing support but especially for help with important ‘finer’ details of referencing and with using the computer and Christy Ward for ‘covering’ for me when the tasks got heavy.

The busy Childcare workers who took the time to complete the survey and return it.

The thoughtful focus group participants who were willing to engage with the results and provide insight and explanation.

My daughters; *Amber* who helped with data entry and other tasks, *Alyse* who willingly responded to distress calls when the computer did what I told it to do, not what I wanted it to do and both with *Crystal* have put up with years of distracted behaviour and my despair at ever finishing. Thank you for your encouragement and unfailing faith that I would finish.

Mark, who began the journey with me, my sister Shirley who has been here at the end with food and wine, patience and support and finally all those who asked and refrained from asking, over the years, ‘how’s the Ph.D?’

DEDICATION

This thesis is dedicated to my parents **Dulcie** Liege (Burke) and
Fredrick Albert **Blumson**.

Born and raised in Ceduna in South Australia's outback, neither finished more than 8 years of school, but they fought for education opportunities for their five children. Their indomitable spirits and personal resilience demonstrated for us that quiet persistence pays off. Their tolerance of my 'feistyness' and their emotional support encouraged me to explore and experience the wider world. This completed Ph.D is a direct result of their love for me and the curiosity and risk taking they encouraged and supported.

LIST OF TABLES

Table		Page
5.1	Qualifications of Respondents	210
5.2	Years of Experience Working with Infants	211
5.3	Years of Experience in Childcare	212
5.4	Funding Base for Centres and Staff Qualifications	213
5.5	Comparative Statistics; respondents, South Australian and Australian Populations of Early Childhood workers.	214
5.6	Heard the Term Settled into Care	218
5.7	Not Heard the Term: Qualified Staff Demographic Details	219
5.8	Not Heard the Term: Unqualified Staff Demographic Details	220
5.9	If Yes, Where Did/Do You Come Across the Term?	221
5.10	Use of the Term ‘Settled into Care’	222
5.11	Staff Who Had Heard the Term but Did Not Use It Themselves	223
5.12	Where Staff Use the Term ‘Settled Into Care’	224
7.1	Survey Items Sorted into Categories	248
7.2	Settled into Care: Level of Agreement	254
7.3	Settled Into Care: Level of Importance	259
7.4	Items common to agreement and importance lists	261
7.5	Settled into Care – First Draft of Overall Chart (21 items)	263
7.6	Settled into Care – Final 20 items	269
7.7	Settled into Care: Hierarchical Cluster Analysis	276
7.8	Comparison of Items 36 and 35	280
7.9	Characteristics of Settled List Items	285
7.10	Not Settled: Level of Agreement	289

7.11	Not Settled – Level of Importance	294
7.12	Agreement and Importance Compiled Rank List	399
7.13	Not Settled Hierarchical Cluster Analysis	305
7.14	Final List of Not Settled items	310
7.15	Not Settled Items – Cross Tabulation of Categories	315
7.16	Not Applicable Rank Order Importance (45 items)	319
7.17	Not Applicable Final List	322
7.18	Settled into Care: Final Items and Categories	325
7.19	Not Settled into Care – Final Items and Categories	326
7.20	Items by Category and Placement within Settled, Not Settled and Not Applicable Lists	328
9.1	Shortest Time Taken to Settle in to Care	411
9.2	Shortest Time Taken; Qualified and Unqualified Responses	412
9.3	Longest Time Taken to Settle in to Care	414
9.4	Longest Time Taken to Settle; Qualified and Unqualified Responses	415
9.5	Average Time Taken to Settle	417
9.6	Average Time Taken to Settle in to Care; Qualified and Unqualified	418
9.7	Level of Concern after 4 Weeks	420
9.8	Level of Concern after 8 Weeks	421
9.9	Level of Concern after 12 Weeks	422
9.10	Level of Concern after 16 Weeks	422
9.11	Categories of Reasons Why Some Infants Take Longer To Settle Than Others	424
9.12	Details from the Categories of Reasons Why Some Infants Take Longer To Settle Than Others	426

9.13	Qualified and Unqualified Staff Responses Indicating Whether They Would Recommend an Infant’s Withdrawal from Care	428
9.14	Qualified and Unqualified Responses Indicating the Reasons They May Use to Recommend an Infant Was Withdrawn From Care	439
9.15	Respondents’ Indications of Whether They Had Cared for an Infant Who Did Not Settle into Care	432
9.16	Respondents Indicating Whether They Had Cared For an Infant Who Did Not Settle – Private and Community Centres	432
9.17	Frequency of Primary Care in Centres	443
9.18	Primary Care in Private and Community Based Centres	444
9.19	Use of Primary Carers Assists Infants to Settle	446
9.20	Use of Primary Carers Assists Infants to Settle; Private and Community Centre Responses	448
9.21	Use of Primary Carers Assists Infants to Settle; Qualified and Unqualified Staff Responses	449
9.22	How Primary Care Assists Infants to Settle in to Care	450
9.23	Why Primary Care Does Not Help Infants Settle	451
9.24	Level of Agreement with Statement: 'The Use of Primary Carers Helps Infants to Settle into Care'	453
9.25	Level of Agreement with Statement: 'The Use of Primary Carers Helps Infants to Settle Into Care'; Private and Community Funded Centres	454
9.26	Level of agreement with statement: 'The use of primary carers helps infants to settle into care'; qualified and not qualified	455
9.27	‘Other Comments’	459

LIST OF FIGURES

Figure		
7.1	Scatter plot – settled items	268
7.2	Scatter plot - not settled items	302
9.1	Caregivers’ replies about the shortest time infants have taken to settle into care	413
9.2	Respondents’ replies as to the longest time infants have taken to settle in to care	416
9.3	Respondents’ replies as to the average time taken by infants to settle in to care	419
9.4	Comparison of respondents’ levels of concern at 4, 8, 12 and 16 weeks	423
9.5	Use of primary care in centres	444
9.6	Use of primary carers assists infants to settle	447
9.7	Level of agreement with statement: “The use of primary carers helps infants to settle into care”	454

CHAPTER 1

INTRODUCTION

Greta Fein's Italian research: a poor adjustment for some infants

In 1993 and 1995 Greta Fein, with colleagues and then alone, conducted a pair of studies looking at infant and toddler adjustment to childcare. She reported that at the end of the first study, after six months in care, most children had 'settled in to care' by which she meant they had recovered from their initial distress at separation and their negative affect had been replaced with positive affect, engagement with peers and exploration of their environment. However some children continued to be very distressed, crying and fussing; and others were quiet, self-soothing and detached from the carers and children around them. To explore these findings further she conducted a second study with infants only (Fein, 1995) and confirmed that after six months even in high quality care, with well-qualified staff, some infants continued to be chronically distressed. Others showed the 'detached' pattern previously identified. In both studies she observed that the carers played with and soothed the distressed infants but other than providing routine care they largely ignored the quiet detached infants. Fein raises important issues about infants settling in to care. The research identified that some infants, after six months, which is a long time in care, had not settled. One group remained overtly distressed. Another group were detached and withdrawn and generally unnoticed by the caregivers. This raises the possibility that some infants never settle in to care. An extensive literature search failed to uncover any replication or extension of Fein's work.

This is hard to explain given the disturbing nature of Fein's conclusions, and highlight the imperative to look again at infants' adjustment to care, to determine whether her results can be generalised to other childcare settings.

Do other infants respond in the same way?

The immediate question is whether Fein's results were isolated ones or whether some infants in other centres also respond to care by remaining distressed or becoming withdrawn. Fein's studies were conducted in Italy and the description she gives of the centres she used indicates that they are very much like the childcare centres in Australia in size, organisation and staffing and in terms of the 'quality' of care offered. It is entirely possible that infants entering care in Australia are also responding with despair and detachment and their responses are also going unnoticed. The research reported in this thesis was developed to determine whether infants in South Australia respond like the children Fein studied.

If the findings from Italy are confirmed, not only would there be concern for the particular infants but such a result would raise the wider issue of whether there is a general and previously unacknowledged form of harm for infants entering care. Undertaking the research becomes even more important because of the increasing numbers of infants entering care.

Increasing numbers of infants spending increasing hours in care

Since the early 1990's when Greta Fein undertook her research, the use of childcare for infants (children under 2 years) has become more widespread. In Australia, as in other countries, increasing numbers of infants in the first two years of their life are spending an average of 25 hours per week (Poppo &

Martin, 2003) in non-parental care in childcare centres. Yet little is known about the infants' experience of care and even less about the vital transition time when they are first entering care and are at their most vulnerable (Brazelton & Greenspan, 2000; Erikson, 1963; Sroufe, Egeland, & Kreutzer, 1990; Stams, Juffer, & van IJzendoorn, 2002). With large numbers of infants in care in South Australia an opportunity is available to explore the extent to which the effects Fein identified are widespread.

Another issue that prompts concern is that not only are there a larger proportion of the infants in care but most of them attend part time (Harrison & Ungerer, 2005). This has important implications for the settling in process both for the infants and their carers and will be discussed next.

Part time care for infants

A recent feature in the trend for infants to be placed in care in the first year of their life is that few of these infants are in full time centre based care, 8 hours a day, 5 days a week. Many are part time in care and part time with a parent, grandparent or family friend. As a consequence the childcare workers in the infant (under 2 year old) rooms are caring for a majority of infants attending part time. While separation is stressful for both infants in full time and part time care it is possible that infants only attending 2 or 3 days a week would take longer to adjust to care than those attending full time. Full time infants see the new carers each day and have less time to forget the faces and routines whereas part time infants' memories would fade and after each break of a day or two it would be like starting again. For the carers this means they are dealing with more infants who may take longer to settle in to care. The crying and overtly distressed among these infants would have to be given

priority during the day. Their continued distress would not only be bad for them but also would upset other infants and create a disturbing rather than peaceful atmosphere in the room. This will put pressure on the time available for each child and little time and perhaps emotional energy may be left for carers to attend to the uninvolved infants and to play with the happy infants. The research reported in this thesis was developed to provide information on infants' experience of settling into care, the time it takes, whether part time infants take longer, and the outcomes of that process. It was expected the information gained would be helpful for caregivers in planning for and responding to the infants entering care and perhaps provide ideas and strategies that would assist in reducing the time it takes infants to settle.

With large numbers of infants in part time care carers are accumulating information and valuable experience that can be shared with other carers and with researchers.

Carers' experience of infants' transition into care

Most infant rooms in South Australia are licensed for 10 full time infants so with the emphasis on part time childcare attendance the infant rooms may have 25 or more infants attend for varying amounts of time in one week. Consequently each carer, over their career, would work with 10 infants per day and as many as 25 per week and many more than this over each year. These numbers make it reasonable to assume, that carers accumulate valuable information on infants' experience of transition from home to centre based care and the settling in process. Yet there is little such information from carers currently available in the research literature. Studies have looked at the experience of small numbers of carers (Dalli, 1999; Lee, 2006; Xu, 2006) or

observed small groups of infants (Dalli, 1999; Lee, 2006; Thyssen, 2000; Xu, 2006) or used other quantitative measures (Ainslie, 1990; de Schipper, Tavecchio, Van IJzendoorn, & Van Zeijl, 2004; Raikes, 1993; Zajdeman & Minnes, 1991) but none have accessed the information held by a substantial number of carers. Carers can provide valid information on the process and outcomes of many infants' experience of settling in to care; the characteristics of infants that assist them to settle; the time it takes and whether some infants never settle.

This dissertation seeks to access and understand the knowledge held by carers so it can be entered into the research literature and used as an impetus for further research into the processes and outcomes of infants' transitions from home to centre-based care. The results can also be used to inform research on infants' adjustment to other forms of group care, such as occasional care, and family day care, which are not included in this research.

The development of the present research focus and questions

Questions arising from Fein's studies

One reason Fein's studies were an impetus for the research reported here has already been mentioned, but her work also informed the research in other ways. Fein, et al (1993) highlighted the concept of an infant being 'settled in to care' and provided some of the characteristics of 'settled' and 'not yet settled' behaviour. Six months is a long time in care for some infants to still be 'not settled'. So Fein's (1995) results raise the possibility that some infants never settle in to care. Fein does not actually say that some children 'never' settle. However her results do indicate that after six months some children continued to be distressed and others were withdrawn, so the question arises as

to whether some infants ‘never’ settled. One wonders what happened to the infants and whether the overtly distressed continued that way or finally adjusted and were happy or became quiet and withdrawn. The question also arises as to whether quiet, withdrawn and perhaps overlooked by carers is acceptable as a form of adjustment to care. It cannot be said that the withdrawn and quiet infants have adjusted ‘well’ but only that they have adjusted. The research questions that arise from this and are addressed in this current research are; what happens to the distressed and detached infants after more time in care? Do some infants never become happy and settled and what happens to them or is there a ‘time line’ in which infants adjust either happily or by becoming withdrawn and quiet? While Fein’s results were a major impetus for the development of the research reported in this thesis the research is not a replication of her work. Fein’s work generates other questions and it became apparent that further aspects of the infants’ response to entering care needed to be addressed. These other aspects became the major focus of this current research with the question of whether some infants responded to being in care by continuing to be distressed or becoming withdrawn were embedded within the wider focus. The wider focus will be explained next.

Rationale for the development of profiles of behaviours

The idea that some infants settled by six months and others did not, coupled with the notion that the behaviours characteristic of a ‘settled’ and ‘not settled’ child could be observed and recorded, led to the research plan to develop profiles of behaviours indicative of the settled and not settled child.

An infant’s progress in settling in to care is a topic of conversation and concern for carers and parents (Balaban, 2006; Daniel & Shapiro, 1996;

Fernandez & Marfo, 2005; Gray, 2004; Rodriguez & Hignett, 1981; Sims, Guilfoyle, & Parry, 2005; Szamreta, 2003). Profiles of behaviours could assist both staff and parents to observe and support infants as they move from a 'not settled' to a 'settled' adjustment to care. Besides being important to carers and parents an infant becoming settled in to care is also considered a sufficiently important milestone for an infants' entry in to care that the Australian National Childcare Accreditation Councils' (NCAC), Quality Improvement and Accreditation System (QIAS) guidelines includes a principle (Principle 2.3) requiring centres to implement orientation programs for introducing parents and children into care (National Childcare Accreditation Council, 2005). The development of profiles of 'not settled' and 'settled' behaviours could be used to inform the planning of the required orientation programs so they could be individualised and responsive to the particular progress from 'not settled' to 'settled' for each infant.

Currently, no profile of the 'settled' infant exists. Fein's behaviours are a beginning but they are insufficient. They do not take into account research information about infant attachment and temperament. These two aspects of development influence and affect the infant in transition to such a degree that they must be accounted for in any profile of a 'not settled' or 'settled' infant.

An example of the dearth of information and lack of a profile to refer to, is apparent in a recent journal article that provides a 'screening and intervention tool for practitioners' to assist children to make the transition into care. The authors provide a checklist and advice but the article cites no direct research into infants' settling in to care listed in the reference list (Fernandez & Marfo, 2005). Neither does it explicitly describe the outcome of the process of

assisting children as a set of observable behaviours. One wonders how the users of the tool would know when they had been successful in assisting the infant to settle in to care..

It is important to address this lack of information and with Fein's characteristics providing a starting point it became important to review other research literature, which could inform the development of the profiles. However, simply reviewing information from the literature would not give the profiles validity and applicability. Engaging carers in assessing the information from the literature to determine which behaviours were to be contained in the profiles therefore became a major component of the research process.

Having decided to develop profiles the next issue that needed to be addressed was the terminology in use and to be used for the profiles.

'Adjustment to care' or 'settled into care'- deciding on terminology

Fein (1995) says she studied infants' 'adjustment' to care so the terms 'adjustment' and 'adjusted' were adopted throughout this thesis when writing specifically about Fein's work and the three responses she describes that infants had after six months in care; "adjusted" and happy, "adjusted despair-like" and "adjusted detachment-like. Her source for these descriptive terms is the attachment research of John Bowlby (Bowlby, 1953). Bowlby's work and Fein's use of it and her chosen terminology will be further explained in the literature review (Chapter 2).

Critically for the research reported in this thesis, the idea arises from Fein's reports that there were sets of observable behaviours that indicated the way the infants had responded to care. A primary focus of the research reported here was to develop two behavioural profiles that indicated whether an infant

had or had not settled in to care. The terms 'settled' and 'not settled' are used to label the profiles developed by this research to distinguish them from Fein's adjustment behaviours and to indicate that initial adjustment responses are only one part of a set of behaviours indicating an infant is settled in to care. Further reasons for the choice of 'settled' and 'not settled' are discussed in the literature review.

Constructing profiles of the settled and not settled behaviours: Other developmental factors to consider

To determine whether some infants respond to care by becoming detached and are overlooked by carers, information from child development literature was combined with Fein's descriptions of behaviours to develop a more complete profile of the infant who is 'settled' in to care and the one who is 'not settled'. Only two major areas of research with home reared infants that provide data on infants' transition behaviour, were identified: attachment and temperament. These were added to the adjustment data and used to form the potential profiles.

The development of the profiles

It is proposed that if experienced caregivers are given lists of relevant behaviours selected from the literature, they will be able to sort them into three categories; behaviours their experience indicates are evident in infants who have 'settled' in to care, behaviours which indicate an infant is 'not settled' and behaviours irrelevant to being settled or not settled. It is also expected that caregivers will have opinions on which items are more relevant than others

within each of the categories. Once the two lists ('settled' and 'not settled') are compiled the caregivers' ratings of the items relative importance will allow statistical analysis and the development of final lists of behaviours indicative of an infant 'settled' in to care and 'not settled' in to care and these then become the profiles.

It is expected that examination of the final profiles will indicate which behaviours from attachment states, temperament components and Fein's adjustment categories caregivers indicate are observable in infants 'settled' in to care and infants 'not settled' in to care. If Fein's not adjusted behaviours appear in the 'settled' or the 'not settled' list this will confirm that infants other than those Fein observed, also respond to care by continuing to be distressed or becoming detached.

Equally, if particular attachment and temperament behaviours are included in the final profiles then these will indicate the importance of specific aspects of the development of attachment and expression of temperament for the infants' ability to settle in to care or instrumental in infants continuing in a not settled state. The specific behaviours are introduced and discussed in the literature review and a following chapter (see Chapters 2 and 3).

A profile of 'settled' behaviours would provide important information on which aspects of the infant's temperament and developments in attachment behaviour caregivers could support and encourage in order to assist infants to move from a 'not settled' status to a 'settled' status. In gathering these data from the caregivers and presenting it in profiles, the research will make an important contribution to the childcare literature and to practice. In informing caregivers and supporting them to focus their attention and efforts for the

benefit of the infants in their care, the expectation is that more infants will settle more successfully and within shorter amounts of time.

The three child development areas selected for possible inclusion in the profiles are discussed next.

Components of the profiles

Three components for the profiles are examined in the research reported here: Fein's observed behaviours – for the adjusted, distressed and detached infants; attachment states (secure and insecure with parent and with carer); and temperament characteristics. Each of these three areas is now briefly introduced with reasons for including them. Further specific detail is provided in the literature review.

Adjustment to care: As indicated above, for the purposes of clarity, the terms adjusted/adjustment will be used when referring to Fein's work. This means the three outcomes she labelled 'adjustment categories' or specifically 'adjusted', 'adjusted-despair like' and 'adjusted-detachment like' are used throughout the thesis. This distinguishes them as the set of observed behaviours developed by Greta Fein which are a potential sub-set of behaviours in a profile of the 'settled' or 'not settled' infant. The decision to determine whether infants in South Australia remained distressed or became detached required that Fein's adjustment to care behaviours be included for selection as possible behaviours in any profiles developed.

Attachment states: For the infant in the first two years of their life one of their primary developmental tasks and arguably the most important for their future social and emotional well-being is the establishment of a reciprocal attachment relationship with a primary caregiver, usually their mother (Belsky,

1984; Belsky & Fearon, 2002; Kochanska, 2001; Sroufe, 1988; Stams, Juffer, & van IJzendoorn, 2002; Weinfeld, Sroufe, Egland, & Carlson, 1999). Research suggests that it takes all of the first year and half of the second for most infants to develop an attachment relationship (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1969; Raikes, 1993).

The attachment information from home-reared infants is widely available and is currently a focus for caregivers in leading childcare centres in South Australia who are instituting and promoting attachment based care for their infants. In these centres an emphasis is being placed on establishing primary care relationships between staff and infants to promote the development of secure attachment relationships (Bernhardt, 2000; Gowrie Adelaide, 2001b; Rolfe, 2004). The attachment emphasis in the centers focuses on the early days in care when the infant is settling in and also extends beyond the transition period. Little, if anything, is said about any connection between attachment and an infant being 'settled' in, in the literature promoting attachment relationships in care.

Attachment research with home reared infants indicates that an attachment relationship with a significant adult allows an infant to use the adult as a secure base for exploring their world (Kochanska, 2001). The attachment relationship also underpins the infant's cognitive, social and emotional development. The promotion of the attachment relationship in childcare is supported for the same reasons; the carer acts as the 'parent' in the care situation (Howes, Galinsky, & Kontos, 1998b; Howes & Hamilton, 1992). It is reasonable to expect that a secure attachment relationship with a carer in the childcare centre would support an infant to settle in to care. A settled child

would therefore exhibit similar secure attachment behaviours in the vicinity of the carer that they do with the mother (Raikes, 1996; Raikes, 1993).

If the development of a secure attachment is an important element in the process of settling in to care then observable secure attachment behaviours would be evident in the profile of behaviours of a settled infant. The question arises as to whether a secure attachment relationship with one carer is enough to explain an infant successfully settling in to care. If it were, then the current practices in childcare centres promoting attachment relationships would be sufficient to support an infant settling in to care. However, infants are typically cared for by more than one adult over a childcare day or week so it is important to know if secondary attachment relationships within the centre are important to promote an infants' ability to settle in to care. If so, attachment to another carer would be evident in the behaviours attributed to the settled infant. The significant research reported here examined whether successful attachment to one carer is sufficient to explain an infant being settled into care or whether multiple attachments within the childcare centre assist the infant to settle in to care. Another factor which may assist or challenge an infant's ability to settle in to care is their temperament.

Temperament: Within the broader literature on temperament there is a small amount on the influence of temperament on children's behaviour in care (Chess, 1990; Lally, 1990; Marcus, Chess, & Thomas, 1972). This aspect of the temperament literature is primarily focused on the promotion of caring practices in childcare. Extensive information from home reared infants about temperament and in particular the temperamental characteristics of adaptability and response to new things, which have been found to ease infants adjustment

to change (Chess, 1990; Chess & Thomas, 1987) suggests that temperament would play an important part in an infant's ability to settle in to care. If this is the case the behaviours specific to temperamental characteristics related to adaptability and response to new situations would be evident in both the 'settled' and 'not settled' profiles.

The research reported here was designed to use information from attachment and temperament research to determine whether attachment alone, temperament alone or a combination of the two is important in an infant's ability to settle in to care. The research is significant because valuable information about attachment and temperament from home reared infants is used to inform the research into infants' transition from home to care. It has important applicability because it will provide evidence to determine whether the current focus on attachment, evident in child care centres, needs to be expanded to include temperament, if the best interests of the infant settling in to care are to be served.

Time to settle:

Practical implications

In the research reported here, caregivers were asked to indicate from their experience the shortest, longest and average time they thought it took infants to settle in to care. Caregivers were also asked if they had ever had infants who did not settle in to care and what happened with them. While providing important information for caregivers to use in setting their expectations for infants entering their care, information from this research also provides detail from the caregivers about infants who never settled and possible reasons for them not settling. This is important information for parents

and carers because it can inform policies, procedures and practices designed to support infants to settle and so reduce the number who are not able to make a successful transition.

Information on the time it takes for an infant to settle in to care also has an important contribution to make to the wider research in to infant's experience of care and this will be discussed next.

Research implications

Currently most research in to the experience of infants in care does not appear to take into account how long the infant has been in care or whether they have settled in to care. Only one study, which was with toddlers, not infants, was found which reported a two-week wait to allow the child to settle before commencing observations (Zajdeman & Minnes, 1991). Research looking at infants' attachment status in care, does have a research based time line to use because information is available on the attachment process and the time taken by infants to develop attachments. Researchers can use this data in determining an outcome of an infant's time in care, however the time is usually set at 12 or 18 months, so is well beyond an initial settling in period (Harrison & Ungerer, 1997; Rauh, Ziegenhain, Muller, & Wijnroks, 2000) Other research on temperament and the infants' experience of care has no such time line available to use. It is reasonable to expect that while infants are still in transition their responses would be affected by the fact that they are not yet settled and so any research results not taking into account whether they are settled or not would be confounded and less than accurate.

If a measure existed to indicate whether an infant was settled in to care, it could be used as a requirement for including infants in research studies. An

arbitrary time would not need to be set, as appeared to be the case with several researchers (Ahnert, Gunnar, Lamb, & Barthel, 2004; Cryer et al., 2005; Dalli, 1999a; Fein, 1995; Fein, Gariboldi, & Boni, 1993). Those infants who were settled could be included and those needing more time could be excluded or included after they had settled. The research reported here makes a significant contribution to the child development and early childhood research fields because the profiles allow an informed decision on the timing of research with infants in care.

Research Orientation

The research reported here is located in the fields of child development and early childhood education and care, with a specific focus on infants' transitions from parental care to non-parental care in childcare centres. The research questions were answered using a 'mixed method' approach that will be explained in Chapter 4. A triangulation process using information from the research literature, results of a broadly distributed survey instrument and then a selected focus group examination of the issues arising was used to establish the validity of the research findings. The Ethological (Ainsworth & Bowlby, 1991) and Normative (Chess & Thomas, 1987) theoretical perspectives were used as theoretical bases for the development of the research. The attachment perspective and Greta Fein's adjustment research are both based in Ethological theory. The theoretical orientation most apparent for the temperament research is normative theory (Goldsmith et al., 1987).

Significance of the research

It is argued that this research is significant in its scope, focus, outcomes

and methodology.

Scope. The scope of the research reported in this thesis is significant in the early childhood research literature because it draws on extensive information from the attachment and temperament literature, gathered over 50 years, with parent raised children and selectively applies both areas to the modern situation of increasing numbers of infants in non-parental care in childcare for large parts of their week. Other researchers have looked at attachment, see Shpancer 2006 for an overview, (Goossens & van IJzendoorn, 1990; Howes & Hamilton, 1992b; Howes & Hamilton, 1992; Love et al., 2003; Raikes, 1993) or temperament (Klein, 1991) but none were found which directly looked at both temperament and attachment.

Focus. There has been a need expressed in the recent professional literature for information on infants' transitions within care (Cryer et al., 2005; Podmore & Taouma, 2006) and when entering care (see the journal *Zero to Three*, July 2005). After an extensive search it is apparent that there is almost no research evidence available to inform and support practitioner discussion and professional development on infants settling in to care. Of the four studies found, one focussed on the abruptness of the mother's departure when settling an infant in to care (Rauh, Ziegenhain, Muller, & Wijnroks, 2000) and one focussed on infant attachment after 12 months and so only peripherally looked at adjustment to care (Harrison & Ungerer, 2002). One was a masters' student's exploratory study and focussed on the student caregiver-infant relationship building process (Lee, 2006). The fourth one was a major impetus for this study (Fein, 1995). The research reported here therefore joins one other in its focus on the infants' transition from home to care. However it expands

significantly beyond that one in its aims and in the addition of attachment and temperament information into the study of the outcomes of infants' transition to care.

Within the current practitioner literature there is a strong focus on the importance of attachment for infants in care but little is said about the role of temperament. The research reported here is important because it provides information on the need to consider temperament as well as attachment when assisting infants to settle in to care. Little is known either about the process or outcome of infants' settling in to care so this research is important because it adds significantly to the little that is known.

The research is also significant for the exploration of a possibly overlooked harmful response of infants settling in to care. While the original research on adjustment to care responses was undertaken by Greta Fein, there has been no evidence found of any research undertaken to either replicate or test her findings in another setting. In this way the research results make a significant contribution to the literature on infants' adjustment to care.

Outcomes. The research reported here will make an important and significant contribution to the early childhood and childcare literature because of the profiles of the 'settled' and 'not settled' infants developed. The profiles combine attachment, temperament and adjustment to care items and so address the major areas of child development that impact on an infant's transition from home to centre based care. Currently the field considers attachment to one carer important (Bernhardt, 2000; Gowrie Adelaide, 2001a; Raikes, 1996; Rolfe, 2004) but the research reported here indicates that being settled in to care is much more than developing an attachment relationship with one carer.

The profiles will be available to carers to use to track each infant's progress and to guide their responses and care for them.

The profiles are also a significant contribution to the research field because they provide a means for researchers to clarify their selection of infant participants in any research to ensure the data collected is not contaminated by the inclusion of an infant not yet settled into care.

Methodology. Other studies into infants transition into care have used a case study approach (Lee, 2006) or evaluation of attachment with the strange situation assessment (Harrison & Ungerer, 2002) or the strange situation combined with direct observation (Rauh, Ziegenhain, Muller, & Wijnroks, 2000) but none were found which drew on the considerable amount of information held by experienced carers. The research reported here is significant for the development of a process to combine research information from important areas of child development theory and research with carers' extensive information and experience, to build a profile of the outcomes of infants' transition from home to centre based care. This process combines the information and credibility of the research base, with the reality of carers lived experience to create profiles that can be used by both practitioners and researchers.

Another unique feature of the methodology is the use of the hierarchical cluster analysis statistical procedure to confirm the final items to be included in each profile. Survey data is most generally analysed using simple non-parametric statistics followed by single, bi-variate or multi-variate analysis (Creswell, 2002; de Vaus, 1995). Simple non-parametric analysis was used here to create the initial sets of behaviours for each profile (settled, not settled)

and then one commonly used (scatter-plot) procedure and one less frequently used process (hierarchical cluster analysis) was used to further analyse the strength of the items in each profile. Both techniques provided a statistical means to confirm the decisions to include or exclude items. The scatter plot gave a visual confirmation of the cut-off point but the particular value of the hierarchical cluster analysis was in its function for indicating the strength of the clusters and therefore providing a statistically supported reason for including or excluding items from the final lists. The hierarchical cluster analysis as a uniquely suited method of choice for confirming the profiles final items is discussed further in Chapter 4: Methodology.

The research aims

The broad aim for the current research was to examine the processes and outcomes of infants' transition from home to centre based care, using information from the research and professional literature and experienced carers of infants less than 2 years.

Specific aims were

1. To develop a profile of infants' 'settled' and 'not settled' behaviour and to categorise the behaviours in relation to attachment, temperament and adjustment to care behaviours,
2. To determine whether any caregivers involved in the study recognise the two adjustment to care categories found by Greta Fein which indicate an ongoing harmful response to care by infants
3. To discern the time range, in carers experience, that most infants have taken to settle in to care and

4. To obtain information on whether in the participating carers experience, some infants never settle and what happens to them.

These *aims* form the basis for the literature review. The *research questions* are listed at the end of Chapter 2.

Structure of the thesis

Chapter 2 provides a literature review. It begins with a detailed examination of Fein's research and the questions it raises, some of which are addressed in the research reported here. The literature review provides an overview of the other two areas of infant development, attachment and temperament, incorporated in the profiles of the 'settled' and the 'not settled' infant. Detailed information is provided on aspects of attachment and temperament that impact on the development of the research questions and the reasons for including them in the profiles.

A reflective review of current research is used to discuss issues identified from the literature as lacking in clarity and definition: for example the absence in existing research of clear outcomes, delineated ahead of time, which inform decisions about when an infant is 'settled' in to care. The literature review also presents information on transitions as times of risk, the importance of the early years for an infant's overall development and detailed information on existing studies and their influence on the research reported here.

The literature review justifies the research questions and elaborates on them by identifying what has been done before and by providing the historical and recent context for the research. Important gaps in the research are

identified and new vocabulary and perspectives developed to add to the existing literature.

Methodological issues and research strategies are discussed to illustrate the decisions made for this research. The significance of the research is illustrated throughout the literature review by referring to and extrapolating on key information from the current literature (Boote & Beile, 2005). Chapter 3 presents the process and detail of the construction of the survey instrument. The relevant literature is presented in detail. The rationale for the inclusion of particular items and the particular structure of the survey are discussed. Chapter 4 describes the methodology, gives the detail of the participants and provides information on the pilot of the survey instrument, the distribution of the survey and the structure of the focus groups.

The research findings are presented in chapters 5, 7 and 9 and the related discussions in Chapters 6, 8 and 10. The results chapters detail the progressive statistical analysis undertaken for the quantitative data and the refining and reduction of the qualitative data, except for the focus group information. This is not analysed/summarised as results separate from the discussion of the profiles and the issues needing focus group attention. Where relevant and in order to support clarity, the qualitative data from the survey is reported alongside the related quantitative data.

Chapter 5 provides demographic information about the respondents and their childcare centres and answers the question about terminology. Chapter 6 is the discussion and elaboration of the related research questions. Chapter 7 provides the detail of the statistical development of the profiles and these are discussed in Chapter 8. The content of Chapter 8 needs special comment. The

data triangulation of the profiles occurs in Chapters 7 with the analysis of the quantitative data and Chapter 9 with the related qualitative information from the survey. The method triangulation requires the application of the focus groups responses to the final profiles. This is qualitative data and the decision was made, for reasons of clarity to include this information in the subsequent discussion chapter, chapter 8, at points where the quantitative data is being discussed and the focus group comment relates to and adds meaning to it. More is said about the particular nature of Chapter 8 in its opening paragraphs. Chapter 9 presents the information from the caregiver respondents. These findings are discussed in Chapter 10 and their relevance to the research questions and the literature is developed and discussed. The implications for caregiver practice as well as centre policies and procedures are presented and suggestions for further research are reflected upon.

Chapter 11 summarises the findings and presents recommendations for researchers, and suggests adjustments to policy and procedures both for childcare centres and for policy makers in government.

Summary

This chapter has provided an overview of the rationale for the present research as well as its aims and its significance. The research reported here set out to investigate infants' experiences of settling in to care by combining research literature on home reared infants with the experiential knowledge of caregivers in infant (under 2 year old) rooms in South Australia, to develop profiles of the behaviours of the 'settled' and 'not settled' in to care infant. Of

particular interest was the possibility that some infants respond to care in ways that are not conducive to positive development and that successful adjustment is more than the development of a secure attachment relationship with one caregiver.

The current contexts of increasing numbers of infants in their vulnerable first year of life spending increasing amounts of time in non-parental care and the absence of research on infants' transition from home to childcare to underpin and inform practice were considered sound reasons to undertake the study. The research presented in this thesis is groundbreaking and urgently needed to inform policy and practice in the early childhood field.

CHAPTER 2

LITERATURE REVIEW

Introduction

The focus of this thesis is infants' adjustment to non-parental care and in particular processes and factors influencing adjustment and adjustment outcomes. While there has been a large amount of research on the overall outcome or effects for infants of childcare, see Shpancer (2006), for a summary (Belsky, 2001; Belsky et al., 2007; Lamb, 2000; Love et al., 2003; Scarr, 1997; Watamura, Donzella, Alwin, & Gunnar, 2003) much less attention has been directed to the nature of infants' adjustment to care and the factors influencing the infants' ability to settle in to care (Ainslie, 1990; Dalli, 1999a; Zajdeman & Minnes, 1991). Nevertheless, the recent literature does contain both important theoretical (attachment and temperament) information and empirical work (research studies on adjustment) pertaining to questions about adjustment to care that can inform the research reported here. Fein's (1993, 1995) groundbreaking research on infants' adjustment to care mentioned in the introduction is an example.

Fein's work was significant for the development of the present research. It provided the basis for the main research questions and the impetus for some of the questions addressed in the research. The literature review begins with an overview of Fein's research. Included is the first of three references in this thesis to attachment theory. Other information is included later when attachment theory and its contribution to the profiles is presented. Fein used one of two aspects of attachment theory to inform her research

findings and the relevant aspect is discussed within the section on Fein's work. It is included in order to provide clarification of Fein's conclusions, and to present the background for further comment on her research. The implications of Fein's two studies for the development of the research questions will be highlighted. In particular, questions about the process and outcomes of infants' transition to care and some of the factors influencing responses to care will be identified from Fein. Before beginning the detailed content of the literature review, clarifying comments are made to assist in understanding the progression and presentation of the literature review.

Contents of the literature review

The literature review is extensive and focused on the detail necessary to justify the research questions, discuss the ambiguities in current research and provide new information for the research field. In this way the literature acts as one part of a triangulation process that provides validity for the research outcomes, which are primarily the profiles of the 'settled', and the 'not settled' infant. The prospective behaviors for the profiles were drawn from extensive research into infant development and then passed through a selection process using the considerable experience and knowledge of the caregiver participants. After statistical analysis the final profiles were compiled. The profiles were then checked with focus group participants, all of who had appropriate qualifications, professional experience and detailed knowledge of infants entering care. It is therefore argued that the literature review for the research reported here is justifiably longer and more detailed than may be necessary for other research designs and/or topics.

Within the literature review there are three main topics important for and related to the development of the profiles; adjustment to care, attachment and temperament. The literature review is organized around these. Each topic is introduced and the general detail relating to the reasons for including them in the profiles is presented. Further detail of the specific behaviours and the arguments for including each of them in the profiles is covered in a separate and following chapter (Chapter 3).

After outlining Fein's work (and including the relevant section of attachment theory) and its implications for the research presented in this thesis, the literature review turns to other theoretical perspectives and research that is relevant to questions about the nature of infants' adjustment to care and factors influencing their ability to settle in to care.

Each of the following topics will be addressed and their relevance for the research being reported here presented.

- Adjustment to care – confusion over process and outcomes
- Childcare effects – potential harm for infants
- Deciding on terminology
- Attachment: attachment states, multiple attachments, attachment in current childcare literature and practice
- Temperament: models, traits, influence and 'goodness of fit'
- The importance of early years experience for infant development
- Transitions as times of risk for infants
- Other studies of infants in transition

A purpose of the literature review is to identify gaps in the literature, current research issues and areas for needed research. From these areas the specific questions that guide the present research will be identified and developed. Ambiguities in the literature and definitions will be critiqued and a new perspective on the outcomes of an infants' transition to care presented. Both the practical and scholarly significance of the research will be presented and discussed (Boote & Beile, 2005).

For the purposes of this research 'infants' are defined as children under 2 years of age. This is consistent with the division of care in most South Australian childcare centres where the 'infant' or 'babies' room covers children up to 2 years. It is necessary before proceeding to make a further comment about the language used to describe infants' transition from home to centre based care.

Clarification of terms: adjustment to care or settled in to care

Several researchers, including Fein, talk about infant's *adjusting* to care and infant *adjustment* (Ainslie, 1990; Cryer et al., 2005; de Schipper, Tavecchio, Van IJzendoorn, & Van Zeijl, 2004; Lee, 2006; Xu, 2006; Zajdeman & Minnes, 1991). Another researcher (Dalli, 1999a) and practitioners (Daniel, 1993; Edwards & Raikes, 2002; Elliot, 2003a; Rodriguez & Hignett, 1981) talk about infants '*settling*' in to care and being '*settled*' or '*not settled*'. The term chosen for predominate use in this thesis and especially in the introduction and in describing the findings is the one used by the practitioners surveyed for the research and is 'settled' in to care. Further reasons for this will be discussed later in the literature review. In the meantime in order to be consistent with the language used by other researchers, (Fein in

particular) when reviewing their research it is necessary to use ‘adjustment’ as the descriptive term. In the research reviewed the two terms appear to be used in similar ways and could be considered interchangeable. However the wider understanding of the term ‘adjustment’ implies something more than simply ‘settled in to care’. Further clarification and discussion is needed but is better dealt with after a more complete presentation of the concept of adjustment as it is used in the research. It is hoped that this comment will reduce the confusion for the reader prior to a more complete explanation.

The literature review begins with information on the first of the three major topics – adjustment to care.

Adjustment to care

Introduction to Greta Fein’s studies

In the first of two studies, Fein, Gariboldi and Boni, (1993) focussed on the transition process of the infants and toddlers and on caregiver’ responses, over the first six months in child-care. The research was developed to 1) *describe* the behaviour of the infants and toddlers at three intervals: as the infants entered care, at 3 months and at six months and 2) to determine whether infants’ adjustment to care was more difficult and/or prolonged than for the toddlers. A third 3) aim was to examine the behaviour of the caregivers in relation to the child’s age, time in care and entry behaviour (Fein et al.).

Fein, et al (1993) reported a primary impetus for their study was a lack of information on the behaviour of young infants entering care. Information was available about preschoolers’ entry in to care (Feldbaum, Christenson, & O’Neil, 1980; Fox & Field, 1989; McGrew, 1972), and toddlers entry into care (Howes, Rodning, Galluzzo, & Myers, 1988; Howes & Rubenstein, 1985;

Rubenstein & Howes, 1979) but, Fein, et al (1993) state, there was no observational information about infants' entry in to care in the first year of their life to inform the development of their research. This is still largely the case today. Since 1995 only 3 further studies on infants entering care were found in a literature search (Harrison & Ungerer, 2002; Lee, 2006; Rauh, Ziegenhain, Muller, & Wijnroks, 2000). Others (9) focussed on infants and toddlers but the average age of the participants was in the toddler range (Ahnert, Gunnar, Lamb, & Barthel, 2004; Ainslie, 1990; Cryer et al., 2005; Dalli, 1999a; de Schipper, Tavecchio, Van IJzendoorn, & Van Zeijl, 2004; Fein, Gariboldi, & Boni, 1993; Thyssen, 2000; Xu, 2006; Zajdeman & Minnes, 1991). At the time Fein, et al were in preparation for their research there was concern being expressed in the literature that early entry in to care may result in social and emotional difficulties for young infants as a result of their separation from their mother. The most frequently expressed concern was that the separation might cause a disruption of the infants' attachment relationship with their mother (Ainslie, 1990; Belsky, 1988). This claim for negative consequences from separation from the mother was considered consistent with attachment theory (Belsky, 1988), but Fein et al (1993) wrote that 'Because the initial reactions of infants at day-care entry and changes in these reactions have not been monitored directly, [the] assumption lacks empirical support' (p. 3). Any study into infants' entry behaviour then and now, could contribute information to support or eliminate this concern. Fein et al's study and the research reported in this thesis both aimed to provide information that could support or eliminate the concern about negative affects on an infant's attachment to their mother.

In Fein et al's (1993) research report, details of attachment theory and the related debate are included in the literature review, just prior to the explication of the research aims and it is briefly included again in the discussion. However Fein et al did not explicitly present the debate about attachment theory and the effects of separation from the mother as a primary purpose for their first study. The inclusion of Bowlby's work on the effects of separation from the mother however, implies that it formed a minor research impetus in their first study. In Fein's second study there is an explicit interest in and influence from the debate about the effects of early childcare and the infants' response to separation from the mother apparent in the research questions. Following on from Fein's second study, the initial effect of separation from the mother on young infants is one of the questions for the research being reported in this thesis. There is an extensive amount of research information available about infant's protest responses when separated from their mothers.

Attachment theory: infants protest at separation from their mother

Fein et al (1993) referred to attachment theory or more specifically, one aspect of it, namely John Bowlby's research on institutionalised infants responses to extended separation from their parents (Bowlby, 1969) in their first study and enlarged on it in the second study. Fein adapted the descriptors and terminology Bowlby used so an awareness of Bowlby's research with the institutionalised infants and the labels he applied, is important for understanding the report of the results of Fein's second study and from them, the development of the questions for this research and the terminology used. To appreciate Fein et al's work it is necessary to understand the early

attachment research so that will be described here and the rest as appropriate, later.

Attachment theory focuses on the infants' early relationship with their primary caregiver, usually the mother, and the infant's ability to obtain security from her in times of stress and when they feel safe to use her as a secure base for exploration (Ainsworth, Blehar, Waters, & Wall, 1978; Barnett & Vondra, 1999; Bowlby, 1969). Attachment theory has advanced substantially since the initial work by Bowlby and Ainsworth in the early 1950's. The later work on security of attachment and attachment states also provides one of the key sources for this thesis. The initial work on infant's protest at separation from their mother will be discussed first.

Infants' protest at separation from their mother: John Bowlby's findings

The early attachment work began with John Bowlby's analysis of James Robertson's observations of infants' reactions to a prolonged separation from their mothers during the infants' placement in institutional care (M Ainsworth & Bowlby, 1991). Bowlby (1969) and Robertson (Robertson, 1953) described a three-phase sequence infants used to protest a prolonged separation of more than a week, from their mothers. Bowlby reported that initially (phase one) most infants exhibited distress and protested the separation overtly and obviously. Once this protest subsided, usually after a week, two patterns of response appeared. The first of these (phase two) was labelled a 'despair' response. Despair was apparent in the infants' negative affect, apathy, self-soothing and withdrawal from social interaction. Compared to the initial protest, this was a relatively quiet phase and could sometimes be mistaken for an indication of decreased distress (Bowlby, 1969). If reunion with the mother

did not occur the infant then moved into the third phase, labelled the ‘detachment’ response (Ainsworth & Bowlby, 1991; Bowlby, 1969). The infants’ distress in this third phase was even less overt and the infants’ behaviour was seen by some as an apparent sign of recovery and acceptance of the separation. According to Bowlby (1969) infants in this stage of detachment engaged in active toy play and displayed positive affect. However, these were misleading and superficial behaviours because they accompanied the infants’ withdrawal from social contact and his/her lack of responsiveness to overtures from carers. The infant appeared to have given up hope of reunion and to no longer care (Bowlby, 1969). Having reviewed Bowlby’s findings, which are the section of attachment theory relevant for Fein’s studies, we now move on to look at Fein’s results and how they relate to the study reported in this thesis.

Fein’s result: study one

In interpreting their observational/descriptive data about the process of the infants’ adjustment to care, in study one, Fein et al (1993) concluded that overall the infants and toddlers did adjust to day-care. They concluded that adjustment was ‘modest’ after 3 months but substantial after 6 months (p.1). Infants were initially inhibited and displayed overt distress and less positive affect but over the next six months “physical immobility recovered rapidly as did general alertness” (p. 12). These were interpreted as signs of recovery. However while most children recovered, some children either continued to be distressed or remained in their initial state of quiet, withdrawn unresponsiveness. Unfortunately Fein, Gariboldi and Boni did not report the detail of how many of the total cohort did not recover so we do not know how widespread the reaction of despair and detachment was in the population they

studied. Having said that infants do adjust to care and “showed little of the despair and detachment found in institutionalised infants” (p. 12) in this first study, Fein, (without her 1993 associates), revisited these findings in the second study.

Fein's results: study two

The second study (Fein, 1995) was designed to further explore infants responses to entry in to care and it is the two sets of infants, those who remained distressed and those who were withdrawn at entry and stayed withdrawn, alluded to in the results of the first study, who receive the most attention in the second study. In the second one Greta Fein tracked 99 infants' transition into care over a period of 6 months. Using a correlational model Fein looked at indices of adjustment (level of play, immobility/self solace, negative and positive affect and peer interaction) and caregiver behaviours (adult contact/comfort and adult interaction) at entry and their relationship to infants' adjustment behaviours at 3 months and 6 months.

For this second study Fein is explicit that the research is designed to ascertain “the possibility that those children who experience more distress at entry will show despair and detachment 6 months later ...” (p. 264). The measures chosen are designed to collect information on behaviours identified by Bowlby in the despairing and detached infants and the connections are made explicit in the report. Despair indicators covered in the measures are negative affect, apathy, self-soothing and withdrawal from contact with adults and peers. Detachment indicators included are active toy play, positive affect and avoidance of social contact with adults and peers.

Fein's results: adjustment states

Among the results reported, Fein (1995, p. 273, 274) identified three 'adjustment to care' patterns; 'adjusted', 'despair-like' and 'detachment-like', that she says were evident in the infants after six months in care. Using the observed behaviour patterns of the infants, she does, in this study, relate the three categories to Bowlby's (1969) accounts of institutionalised infants' responses to prolonged separation from their mothers. The same behaviours were reported in the first study but the conclusion presented there was that infants did *not* adjust to care in the same way as the infants did in Bowlby's study. No explanation for the altered interpretation is apparent in either of the two articles that report the findings.

In the second study, having found these combinations of response in some infants after 6 months in care, and labelled them, Fein commented that while they were less extreme than the responses reported by Robertson and Bowlby (1952) they were sufficiently like them to warrant the labels 'despair-like' and 'detachment-like'. Fein (1995) implies that these are 'end states' and that the infants remain in these states while in care. "These data indicate that the organisation of infants' social and emotional experience changes during the first six months of care, and that some infants resemble the toy-involved, people-uninvolved children described by Bowlby (1969)"(p. 270).

Again with this second study, what is not evident from the research report is the number of children, within the overall 99, who exhibited these sets of behaviours. It is not reported how many infants adjusted well and were expressive (positive and negative) and socially involved and how many exhibited the 'despair-like' or 'detachment-like' behaviours. What is disturbing

is that *any* children, in reportedly higher quality centres may reach adjustment states where they continue in despair or detachment. Belsky (2001) expresses a similar concern that some children, again only a small percentage, in the large NICHD study of the effects of childcare, in the USA, experience negative effects from childcare. The NICHD research will be detailed later in the discussion on the research into the effects of childcare on infant development. For now it is sufficient to say that even if a small number of children experience poor adjustment and the causes are known, acceptance of the explanation does not excuse the professional caregiver from seeking ways to ameliorate the effects for the particular infants.

Fein contends that the individual differences that resulted in a poor adjustment were evident when the infants first entered care and she wrote that caregivers' responses were important in mediating the effects of care for those infants who were at risk. Caregiver' responses will be discussed in a following section.

Fein's results: reasons for concern

Fein was the first researcher to report findings which suggested some infants reached states of despair or detachment when they were separated from their mothers and placed in daily childcare. Robertson's (1953) and Bowlby's (1969) observations stemmed from a time in history when children were routinely separated from their mothers because either the infant or mother needed hospitalisation. Infants may have been hospitalised with contagious infections or the mother was confined for more than 10 days, perhaps for the birth of a sibling. Infants would have had no contact with their mother during that time. This is unlike hospital practices these days or the experience of

today's childcare infants who would go home every night, as would have the Italian infants in Fein's study. One could perhaps argue that the despair and detached responses could be expected under the conditions of the early 1950's but not in today's situation or in the early 1990's when Fein conducted her studies.

A careful study of Fein's reports does not reveal any methodological or other reasons to discount her findings. While some results are not reported, like the relative rates of occurrence of the three types of adjustment, the question remains, is this an isolated incidence that can be accounted for by some explanation or is it possible that if other researchers were to look closely they would also find some infants had adjusted to care by becoming despair-like or detachment-like? Here again is the connection with the research reported in this thesis, as one purpose of this research was to see if caregivers of infants in South Australia recognised the despair-like or detachment-like responses to non-parental care in the infants in their childcare centres.

Fein's categories: an isolated incidence?

An extensive search of the available literature indicated that while two recent research studies (Lee, 2006; Raikes, 1993) cite Greta Fein's results there were no published data on a follow up or replication study found. Raikes' (1993) research looked at attachment with a consistent carer and Lee's (2006) research was a master's study observing three infants and their student carers. So in that sense Fein's second study is a singular study. Most of the currently available literature on the effects of childcare on infants and toddlers focuses on 'disruption of attachment status with the mother' as the primary concern for harm for infants (Ainslie, 1990; Harrison & Ungerer, 2002; NICHD Early

Child Care Research Network, 1997; Ochiltrie, 1994; Shpancer, 2006) and does not use Fein's section of Bowlby's work. Other longer-term effects of childcare reported in the literature focus on emotion regulation, cognitive and social outcomes (NICHD Early Child Care Research Network, 1998; Scarr, 1997) and increased cortisol levels (Ahnert, Gunnar, Lamb, & Barthel, 2004; Sims, Guilfoyle, & Parry, 2005; Watamura, Donzella, Alwin, & Gunnar, 2003) More will be said about these shortly.

A careful look at Fein's second study itself did not indicate anything inherently wrong with its design or implementation that would lead to it being classified as an exceptional study in some way and therefore its results could be dismissed. There was a reasonable claim that the centres were of high quality. They were municipality sponsored and well funded, had low child adult ratios (infants 3:1, toddlers 7:1), appropriately qualified staff and had procedures in place (series of visits with the parent) to ease the infant's transition into the centre. These are all factors identified in the literature as indicative of high quality care (Love et al., 2003; NICHD Early Child Care Research Network, 1996; Phillips, 1987). All the families consisted of 2 parents, represented a wide range of occupations and lived in close proximity to the centre. There were no apparent reasons why the children or families were particularly at risk for poor adjustment.

All of these factors are comparable to centres in other places, including Adelaide (South Australia), and so if these effects could be seen in Italy perhaps they are also evident if one looks for them in South Australian centres. Fein indicated that the Italian centres would be considered to offer high quality care so one wonders whether, if these adjustment categories are evident in high

quality centres, is there a likelihood the negative effects would be more apparent in lower or poor quality centres. It must be acknowledged that there are in fact a considerable number of poor quality centres, more so in the United States than in Australia (Cryer et al., 2005; Love et al., 2003) and as a consequence a large percentage of the infant population in childcare may have made despair-like or detachment-like adjustments to care. The research being reported in this present thesis did not take up the issue of high versus low quality care mostly because, as has been said, the childcare centres this researcher had access to are, by world standards, considered higher quality (Harrison & Ungerer, 2002; Love et al., 2003).

The one finding from Fein's studies themselves that may provide a partial answer for the lack of further information on infants adjusting to care by becoming withdrawn and detached, is the evidence that the caregivers, qualified and experienced as they were, overlooked the quiet, withdrawn, inexpressive children. These children received the least attention, both at entry and throughout the six months (Fein, 1992, 1995). The distressed infants could not be ignored and the happy ones engaged the adults but the quiet, self-soothing, withdrawn infants were not demanding in any way and so were easily overlooked. Perhaps this tendency to overlook these infants has extended into the research arena.

The research being reported in this thesis was designed to, in part, attempt to answer two of the issues raised by Fein's second study; caregiver awareness of detachment-like infants and the existence of despair-like and detachment-like categories of adjustment to care. Contact with experienced caregivers was used to enquire into the possibility that other infants in other

centres also exhibit these despair-like and detachment-like behaviours after time in care. Caregiver expertise was a significant factor in decisions made about the methodology for the research reported here and will be discussed further in the methodology section of the literature review.

Fein's despair-like and detachment-like categories: do they matter?

The question arises, as to whether it matters that some infant's adjust to care by becoming 'despair-like' or 'detachment-like'. If we continue with the earlier line of reasoning that uses information from home reared infants to explore the experiences of infants who spend time in care, we can look again to Bowlby's 1952 results to begin to answer the question. The infants in Bowlby's research were followed up and while most were reunited with their mothers, the infants persisted in a state of anxiety for some years. Only a few regained a secure attachment relationship with their mother (Ainsworth & Bowlby, 1991). Fein (1995) writes, "For Bowlby, the detachment pattern reflected a distrust of all social ties and it presaged a long term deficit in social relationships" (p. 262).

This detachment pattern, first reported by Robertson and Bowlby in the early 1950's (Ainsworth & Bowlby, 1991) connects to Mary Ainsworth's later work on attachment states and is reflected in the category of insecure avoidant attachment she describes (Ainsworth, Blehar, Waters, & Wall, 1978; Fein, Gariboldi, & Boni, 1993). It was Bowlby's observations of the institutionalised infants' 'reunion' behaviours (that is, their response to their mothers when they were reunited after the long separations) that led to his ongoing interest in infant's attachment relationships and to his long time collaboration with Mary Ainsworth (Ainsworth & Bowlby, 1991). It is Ainsworth's work on attachment

states, which is currently a central focus in research into the effects of childcare on infants (see Shpancer, 2006 for a review). After studying infants' behaviour when reunited with their mother after short separations, Ainsworth broadly categorised infants as 'securely' attached to the parent or 'insecurely attached'. More information will be discussed later in this thesis but suffice it to say here that there are long term benefits for the development of infants who are securely attached and challenges for those who are insecurely attached to a parent.

The consequences of secure and insecure attachment outcomes are considered so well established that major and smaller studies into the effects of childcare use attachment status with the mother as an indicator of the effect of childcare (Love et al., 2003; NICHD Early Child Care Research Network, 1997; Shpancer, 2006). Infants, who exhibit despair-like or detachment-like behaviours in care, may or may not be securely attached to their parent. Attachment status was not an aspect of the Fein studies so no information is available. Independent of attachment status, it stands to reason that infants who are despair-like, who cannot be comforted by their carers (Fein 1995) and continue for more than 6 months to be distressed are not likely to be enjoying the experience. They appear to not be learning how to deal with new situations and to relate to carers, their peers or the environment in positive ways that support their cognitive, social, emotional and language development (Balaban, 2006; Brazelton & Greenspan, 2000).

Infants who are detachment-like are withdrawn and unresponsive so the care situation for them is not optimal either. They may be exploring the objects in their environment and are able to engage with 'things' but they too are not

learning to adjust to a new setting and to relate to their peers and the staff. So for those infants who adjusted to care by withdrawing and rejecting connections with others we would have to speculate that the experience of childcare was not good for them. Without time in care they may not have learned this way of responding and coping and even if there was a subsequent recovery, the experience of care did not support their healthy, confident, social and emotional development, at least for the time they were in care.

The available information therefore does suggest that it does matter for the subsequent healthy development of the infant whether they develop despair-like or detachment-like patterns of adjustment to care and consequently Greta Fein's results warrant further attention.

However, infants are not alone in care and the caregivers' role in assisting the young infants adjust to care also warrants attention (Gunnar, Larson, Hertzgaard, Harris, & Brodersen, 1992). In both studies one of Fein's stated objectives was to examine caregiver responses to the infants at entry, after 3 months and after 6 months. In study one the researchers used an observational tool and in study two a correlational approach. Fein reported that the decision to use a correlational study came as a result of an awareness arising out of the first study of the important role of the influence of the caregiver on an infants' adjustment to care. These data on caregivers will now be discussed and the implications for the current research outlined.

Adjustment to care: Caregiver behaviours

Fein et al (1993) wrote for study one "Because caregiver reactions are crucial to the well-being of children so young, we also examined the behaviour of caregivers in relation to the child's age, time in care and entry behaviour"

(p.3). Also, Fein wrote for study two “Of special interest is whether caregiver interaction at entry predicts infant adjustment 6 months later” (Fein 1995, p. 263).

For both studies Fein (Fein et al 1993, Fein, 1995) found connections between infant behaviour on entry and at six months and caregiver response to the infants throughout the six months. This adds an important dimension to the two studies because while the profiles of ‘adjusted’, ‘despair-like’ and ‘detachment like’ (1995, p. 270) describe the *outcomes* of the transition process at six months, the caregiver and child interactions provide information on the *process* of adjustment to care.

Fein indicated that she saw an apparently straightforward caregiver strategy when the infants entered care, “play with (but don’t comfort) happy babies and comfort (but don’t play with) those in distress” (p. 269). This raises the question of caregiver interactions with the immobilised, self-solacing infants who displayed little affect, positive or negative, at entry. In the rush of the childcare day they could easily be overlooked while carers responded to the happy positive expressions of some infants and the overt despair and protest of others. Fein’s results did in fact show that these quieter children received not just less but very little attention from the carers either at entry or after 6 months.

“... for infants who displayed a detachment-like pattern after 6 months of care. These object-centred, happy, but socially unengaged infants were also inhibited and self solacing at entry. However this detachment-like pattern was related to low levels of caregiver comforting at entry” (p. 273, 274).

What did change by six months was the style of interaction with the despair-like infants and the happy infants. The despair-like infants continued to receive comfort and physical contact but caregivers now engaged with them in playful interactions. However despite this, Fein reported “infants who showed despair-like behaviour after 6 months of care were immobilized, self-solacing and unsmiling at entry. For this pattern, caregiver behaviour at entry did not seem to matter” (p. 273). Fein suggested that no matter how much the caregivers comforted these infants they continued to be despairing after 6 months but they were now having playful interactions with their carers, unlike the detachment-like infants.

Caregivers’ playful interactions continued with the infants displaying positive affect and at six months carers had added physical comfort and contact into their interactions with these infants. Fein reported that at six months “caregivers (like peers) were more likely to pay attention to the more expressive babies, responding similarly with playful interaction and physical contact/comforting to those who showed either positive or negative affect” (p. 270). Caregiver behaviour is not directly addressed in the research reported in this thesis but caregiver experience of infants adjusting to care is a major focus for the methodology and the construction of the profiles of the ‘settled’ and the ‘not settled’ infant.

The caregiver findings along with the information about infants’ adjustment responses raised a set of questions for Fein. Her questions will be looked at next and discussed and then other initial questions arising for this researcher from Fein’s work will be discussed. Following that discussion the

related literature pertaining to adjustment to care will be covered and the final research questions for this thesis will be elucidated.

Questions arising from Fein's studies: Fein's questions

In her discussions about the implications of the two research studies Fein raised three questions, across the two studies, for further exploration. Each of these will be stated and discussed using information Fein provided. The three questions will then be expanded by introducing related questions that arise from her information.

The three questions Fein identified were:

What are the implications of *caregiver behaviour* for the infant's adjustment when the infant is entering care?

How is '*time in care*' relevant for infants adjustment to care?

What role does infant *temperament* play in individual infants' adjustment to care?

Caregiver behaviour stands out as an important issue in the infants' transition experience in Fein's research. Quiet, self-soothing babies and happy, expressive babies were both basically overlooked while carers provided comfort and physical contact for the distressed infants in the first few months of care. This appeared to have little effect on the outcome of the transition for the happy well-adjusted infants. They were comforted when they were distressed, if not played with in the beginning weeks. Throughout, they were able to engage the caregivers and occupy themselves with toy play and after 6 months showed a positive adjustment to care (Fein, 1995; Fein, Gariboldi, & Boni, 1993). It is important for a balanced understanding of Fein's work, to keep this in mind while still concentrating on those infants who did not adjust

well to care. It is quite clear that some infants (and perhaps it is a substantial number – Fein does not say) adjust well to care. Those infants, after 6 months in care are well adjusted, happy, expressive and socially involved.

For the despair-like infants caregivers were initially comforting and soothing and relieved their levels of distress. After 3 months, caregivers added playful interactions with those infants. While the distress may have continued, Fein suggested these infants may have been temperamentally predisposed to an inhibited, fearful reaction to new situations and so would exhibit the behaviours also with parents, not just in care. “According to a strong temperament explanation, some infants are predisposed to particular adjustment difficulties. These difficulties will appear even in high-quality childcare settings with sensitive and responsive caregivers” (Fein 1995, p. 272).

For the detachment-like infants Fein said it was not possible to discern from the data of her study whether those infants turned to toys because that was an established pattern for them or whether it was a response to the disinterest of adults. Either way she suggested it is important for carers to be aware of the children who are quiet and undemanding and to ensure they do not overlook them or allow them to be unattended to because of the demands of others.

Time in care: Two issues arose here. One was the caregivers’ view of time. It was almost as if the caregivers had an expectation of the time it would take infants to settle in to care and so they adjusted their behaviour after 3 months and again around 6 months, even if the infants’ behaviour had not changed (Fein 1993, 1995). For the adjusted children, the caregivers added comforting or more probably physical contact because those children were

generally happy. For the despair-like they began to use playful interactions and to adjust the balance of their interactions away from only soothing and reassuring. Little changed over time for the detachment-like infants. At entry they were quiet and undemanding and at six months they were still low in affect, either positive or negative and so Fein suggested, easily overlooked. Fein reports they received very little attention from the carers.

The second aspect of time had to do with the infants. In the 1993 study Fein reported that for the infants and toddlers in the sample, adjustment was marginal after 3 months but substantial after 6 months. Overt distress had diminished, and positive affect and peer interaction had increased. Fein suggested that this was an important result and that:

“Finally, our findings hold some cautions for future research. If it takes between 3 and 6 months for infants to feel comfortable in the day-care setting, studies of day-care effects certainly need to take this adjustment period into account. If, for example an infant enters care at 9 months of age and if attachment or some other characteristic is assessed 3 months later, the data may reflect adjustment problems rather than day-care effects” (p. 13).

The question of time in care prompted a focus for the research described in this thesis and will be elaborated further later in this chapter.

Temperament: Fein, Gariboldi & Boni (1993) and Fein (1995) suggested that infants entered care with predispositions that affected the way they individually reacted to the experience. She suggested any group of infants entering care would include “difficult children who demand attention and who

never seem at ease in the setting” (1993, p. 12). She suggested this negative affect is a moderately stable aspect of these children’s temperament and so remains no matter what the carers do, hence the category of despair-like children who even after 6 months are still frequently distressed. Those infants later categorised as ‘detachment-like’ by Fein (1995) were described as socially un-engaged, self-solacing and inhibited and emotionally inexpressive at entry. Fein said little about the infants who adjusted successfully to care other than to describe them at the 6-month point of adjustment as “well-adjusted children, [who] are expressive (positive and negative) and socially involved” (1995, p. 272).

Fein suggested “future research might examine more closely the impact of caregiver behaviour and temperament dispositions on infants’ despair-like behaviour in child care” (p. 273). In the research reported in this thesis, temperament is included as an important component of the infants’ experience of transition from home to centre based care. Since Fein undertook her research there has been more and substantial research on temperament (Crockenberg, 2003; Gunnar, Larson, Hertzgaard, Harris, & Brodersen, 1992), that supports her recognition of the need to include temperament in further studies. The temperament information will be presented later in this chapter.

Questions arising from Fein’s work: implications for the research reported here

Is there an overlooked risk factor?

Ainslie (1990) said, when writing about whether enrolment in day care in the first year of life posed a risk factor for the socio-emotional development of the child that “..., the pressing need is to identify the conditions of risk for

those children who enter day care early” (p. 39). Since writing this in the 1990’s significant research, other than Fein’s has been carried out to explore the effects of early entry in to childcare. While ostensibly these studies were looking for ‘any’ effect, in fact the push was to discern whether there were negative consequences (as opposed to positive) for their development if infants entered care in the first year of life. The outcomes of the relevant studies will be discussed later in this thesis but it is significant to say here that no studies were found that looked for signs of despair-like or detachment-like responses to care (Shpancer, 2006).

Fein’s results are sufficiently important and concerning to provoke further research and as a consequence have been one of the reasons for undertaking the research reported in this thesis.

Adjustment time?

Nowhere in the two reports of her studies does Fein clearly state why 6 months is the final data collection point. None of the research reports she indicated had informed her study used 6 months. She quoted the studies as ranging from 6 weeks through to 12 months (Fein 1993, p. 2). Perhaps it was a pragmatic decision for the first study and then chosen again for the second study for consistency. Or alternatively, there is some indication that Fein thought the infants’ changes had stabilised by 6 months and though she does not say so directly it appears that she sees 6 months as the adjustment period for most of the infants. She wrote, “If it takes between 3 and 6 months for infants to feel comfortable in the day-care setting, studies of day care effects certainly need to take this adjustment period in to account” (p. 12). She also

said “The adjustment period may be even longer for infants receiving poor quality care or coming from troubled homes” (p. 12).

Fein mentioned changes in caregiver behaviour and implied the caregivers appeared to have an expectation that 6 months was how long it should take, but there is no evidence that she discussed that with the carers or confirmed it in some other way. In fact she said

“The most dramatic change during the first three months occurred in the behaviour of the caregivers who, as if anticipating the children’s recovery, showed less physical contact, comforting and proximity. They may even encourage recovery by shifting from a caregiving role of comforting to that of playful interaction” (1993, p. 12).

Whatever the reason, her research indicated that ‘time in care’ was a significant factor to be accounted for in looking at the effects of childcare and so time in care is included as one of the significant questions in the research reported here.

Despair-like infants in Fein’s (1993, 1995) studies had caregiver attention and comforting initially but they had failed to respond at the 6-month mark. Six months in full time care is a long time to still be distressed, crying and fussing. As indicated before, it is not clear whether Fein saw this as an ‘outcome’ and so the child had ‘adjusted’ by becoming despair-like and would stay that way or whether more time would allow the child to be less distressed. It is not easy to examine this idea because neither the despair-like nor the detachment-like infants in Fein’s study had responded to caregiver behaviours up to the six-month data collection time. One wonders what else would have to happen, beyond allowing more ‘time’ for them to change and become more

like the infants who had moved to recovery and were happily engaged with people and objects.

The question this raises is whether some infants never adjust to care, never become happy, emotionally expressive and engaged with the carers, other peers and materials in the room. Both the issue of the time it takes for adjustment and whether some infants never adjust successfully are worth further investigation and have been included in the research reported here.

What is adjusted?

Fein (1993) suggested that any researchers wanting to conduct studies into infants in care needed to take account of an adjustment period of from 3 to 6 months before beginning their research. She suggested that issues around adjustment might contaminate any results obtained before infants are 'adjusted'. Again this implies Fein is seeing adjustment as one of the 3 responses (adjusted, adjusted despair-like and adjusted detachment-like) she presents. This still begs the question of what is adjusted. Is it simply not crying and fussing and being upset? Is it being adjusted in a despair-like or detachment-like way? What would have happened to those infants if more time had gone by before a 'label' was applied or the research concluded? Did they simply need more time to adjust and be happy? If we limit a discussion about adjustment to care only to Fein's work then perhaps researchers, to determine when to begin their research, could use the 3 response types she identified. However, this does not take into account any other literature and/or research on what it means for an infant to be adjusted to care. There are other research studies and there is other developmental information that could inform research in to an infant's adjustment to care. The point being made here is that what

‘adjusted’ means needs to be determined so that it can be taken into account in the timing of research with infants in care. A more complete exploration of the concept of what it means for an infant to be adjusted to care would be useful and is a prime focus of the research reported here.

Caregiver awareness?

Fein (1995) wrote, “Even sensitive caregivers may ignore the very infants who require special attention” (p. 273). She was referring here to the quiet, self-soothing, inexpressive infants who, in her study were, after 6 months of no change, classified as ‘detachment-like’. It appears that the positive happy infants were able to engage staff in interactions. The despair-like distressed infants required attention and comforting and for both of these two groups, after 3 months, there was playful interaction with the caregivers. Fein raised the question about what might have happened to the withdrawn infants if caregiver attention when they first arrived had been different. The question arises, is it only these caregivers in Fein’s centres who are unaware or do other carers in other places also overlook these infants? This question links to the earlier one: do infants adjust to care in a ‘detachment-like’ way in other centres and if so are their carers unaware of them also?

This question is important for the research reported here because it prompted the methodology chosen for exploring the research questions. Before looking at that methodology in the next chapter it is necessary to clarify the actual questions of the research. The questions were developed by first extending on the questions arising from Fein’s research and then incorporating information from child development literature and research that could give a

more comprehensive approach to developing profiles of the ‘settled’ and ‘not settled’ infant.

Development of the Research questions- stage one

Four research questions are apparent from this careful examination and analysis of Greta Fein’s studies and her reflections and questions about her own research.

1. Are Fein’s despair-like and detachment-like categories final states of adjustment for some infants and if so could they constitute a harmful adjustment to care for those infants?
2. Are ‘detachment-like’ infants overlooked by caregivers in childcare centres other than those in Fein’s sample?
3. How long does it take for infants to adjust to care, and do some never adjust?
4. What role does temperament play in an infant’s adjustment to care?

Other issues to include?

While these four questions could have formed the basis for the research reported here they are not sufficient. Confirming (or not) Fein’s results by researching the questions above would contribute additional knowledge to the child development and childcare literature but the opportunity was also available to use these questions as a base and to go further and to perhaps contribute other new information. Fein’s work is innovative and provocative but there are substantial related issues in child development and childcare research that it does not address. One of these issues is the attachment status of

the infants in Fein's study. As mentioned, it is disruption of attachment status with the mother that is currently used as the primary indicator of harm in other major studies (Harrison & Ungerer, 1997; Love et al., 2003; NICHD Early Child Care Research Network, 1997; Scarr, 1997; Shpancer, 2006) so the question arises as to where attachment fits when we look at infants' adjustment to care. It would be interesting to know what the attachment status was of the infants in each of Fein's adjustment categories. Perhaps the infants who moved from distress to recovery were the securely attached ones and their secure attachment provided them with the resilience to adjust. Or perhaps they were not securely attached and so they cried less and missed their mothers less and so adjusted more easily. It is entirely possible that the ones who were despair-like were so attached to their parent that the disruption was more difficult for them, or perhaps they were insecurely attached and did not have a secure base to work from and so were unable to be comforted. Including a focus on the attachment status of the infants would strengthen any subsequent research in to infants settling in to care. The research reported here does do that. Other reasons for including attachment will be presented in a subsequent section of the literature review.

Fein pointed to temperament as an issue arising out of her findings, and with this impetus there is much more that can be explored beyond the temperament dispositions she mentioned. Fein mentions infants possibly being fearful and so distressed. Additionally, perhaps those who were detached upon arrival are in fact the positive temperament type and are flexible enough to amuse themselves.

The question arises as to whether the three areas of adjustment responses, attachment to parents and carers, and temperament fit together in some way and affect each individual infant's initial experience of childcare. It was a goal of the research reported here to investigate further and provide information that may assist in answering this question.

Adjustment to care: more than Fein's categories; developing a profile

The possibility exists that adjustment to care is more than Fein's categories, so simply confirming them or not does not allow a more complete picture of the outcomes of adjustment to care for the infants. Following the thought of 'outcomes' it would be useful to assemble a 'profile' of the behaviours of an infant who is adjusted to care as a way of confirming the inclusion of each of these factors. If the final profile contains attachment, temperament and adjustment items it would suggest that attachment aspects, plus Fein's categories and also temperament are important in an infant's transition into care and their final adjustment (settled in to care) state.

Thinking still about 'outcomes' and reflecting back on Fein's work, two of the three adjustment responses she presents are less than desirable. It would be useful to look also for a profile of the infant who is 'not adjusted' or 'poorly adjusted'. This raises the question; do some infants end their transition into care and adjust to care by being despair or detachment like and stay that way? Or do these responses indicate that the infant has not made the transition, has not adjusted and needs more time? One further question arises to be addressed – do some infant never adjust to care? And what happens to them? The process of developing and then examining the contents of a profile of an infant not

adjusted/settled in to care could provide valuable information about the time infants need to adjust to care.

Using the profiles as outcomes could allow the gathering of information about how long infants take to adjust to care, on average. This information plus the profile could also allow decisions to be made about the timing of research carried out with infants in care.

Before exploring additional related research and deciding on the final research questions there are three issues to clarify. The first issue has already been introduced and is the idea of transitions to care as process or outcome. The existing studies are ambiguous and contradictory in that this issue is not addressed, so before proceeding to develop the research reported here this issue had to be addressed. It will be discussed next and the position adopted for the research will be stated. The second issue needing discussion and clarification is the issue of ‘harm’, that is, undesirable outcomes from childcare for infants. The third issue is the one of terminology that has already been mentioned. Fein talks about ‘adjustment to care’ but other researchers talk about ‘settling in to care’ (Ainslie, 1990; Dalli, 1999a; Zajdeman & Minnes, 1991). The terms are used in the research studies found in ways that make them appear to mean essentially the same thing but to proceed to the development of the research questions the decision to continue with ‘adjustment’ or to change to ‘settled into care’ needed to be made and will be discussed here.

Three points to clarify: ‘process / outcome’ ‘harm’ and ‘adjustment to care’

Process and/or outcome: questions arising out of Fein’s research

Presenting and illustrating the confusion

A transition is by definition a movement from one point to another. What occurs during that movement is the 'process'. The end of the transition is the 'outcome'. The end of the process is signalled by the appearance of the expected outcomes. In the case of infants moving from home to centre based care for part of their week, the transition is from being settled and happy at home to being settled and happy at childcare. What happens between these two events is the 'process' and the end result – settled and happy in care, is the 'outcome'. In this illustration the outcome is defined – it is the achievement of a state of settled happiness in both the home and at childcare. The problem in the literature is that this clarity of process and outcome is not evident in any of the studies found. It could be argued that in an *exploratory* study the 'outcome' cannot be specified ahead of time. If this is the case, as with Fein et al's first study it seems important that the end point, either the end of the transition and therefore the end of the research or the end of the research without having reached the end of the transition is made clear. This is not the case for Fein's studies or any other of the research on transitions found and reviewed except perhaps Bowlby's research on infants' separation from their mothers. This is not labelled a 'transition' study in any report found, but rather is described as an observational study of the infants' responses. In this situation the infants move through a transition from home, through care and back to their homes and it is in fact two transitions- home to care, care to home. Bowlby reports the outcomes of the overall transition when he says most children did not regain a secure relationship with their mother. The three phases of separation protest (protest, despair and detachment) reported for the first section of the overall transition are both process and outcome. Some infants settle happily (an

outcome) and some who continue through the phases stay at each point. According to Bowlby (1953), some continue to protest, some become despairing and some continue on and become detached. Each of these is therefore also an 'outcome' for some children. The challenge with subsequent research is that these distinctions between process and outcome are not clear in the reports and one suspects not clear in the researcher's thinking. As a consequence there is little reliable evidence of factors that could be considered for inclusion in an outcomes profile of behaviours of an infant who has settled in to care. Several illustrations will be given and then the implications will be addressed again.

Fein, Gariboldi and Boni (1993) present Bowlby's three phases information in their literature review and by implication, indicate it was a related factor for their first study. However their research questions and measures do not address Bowlby's research directly. Bowlby (1956), in describing the process of the infants' responses also labelled the 'outcomes' of the infants prolonged separation, in each of the three phases. Fein et al's (1993) primary research question also focuses on describing 'process'. Fein, et al, write: "In this study we examined the entry behaviour of infants and toddlers and changes in this behaviour during the first 6 months of care" (p. 3). They also wrote "In keeping with studies of older children, we expected entering infants and young toddlers to show inhibited social, motor and object activity and overt expressions of unhappiness (p. 3). It appears however that there was not an expectation that infants would continue through Bowlby's separation stages because the authors write "We also expected these signs of distress to diminish during the first few months of care" (p. 3) and "Finally if recovery

requires many weeks of sustained attendance for toddlers, the adjustment period might be even more prolonged for infants” (p. 3). One wonders then why Bowlby’s stages are mentioned.

The problem is that the research aims as stated in Fein’s study one and the subsequent discussion and statement of results do not relate well to each other and thus illustrate the confusion between process and outcome. Fein et al did not say they were looking for outcomes, that is, for an adjusted status in the infants. However they included the information about Bowlby’s institutionalised infants’ responses in their literature review and then in the discussion Fein et al concluded that ‘longitudinal and age-matched comparisons support the conclusion that infants and toddlers adjust to the day care environment’ (p. 12). In this comment they moved the focus from description of process to a ‘decision’ about outcomes. They further stated

“After six months of care, infants who entered care during the first year of life showed little of the despair or detachment found in infants who experienced prolonged separation from their mothers. Unlike institutionalised infants, day care infants showed a pattern of distress and recovery similar to that found in preschoolers who enter nursery school for the first time (McGrew, 1972). These data are thus not consistent with efforts to apply this [Bowlby’s] aspect of attachment theory to early entry into day care” (p. 12).

The decision to say the results are not consistent with Bowlby’s findings and then later in the discussion to tell us that after 6 months in care there were still some infants with entry distress that had not diminished and some infants who remained emotionally unresponsive, quiet and inexpressive is troublesome.

What we are not told is how many or what proportion of the sample moved through the inhibition and distress of the early entry stage to recovery at 6 months and what proportion remained “chronically distressed” or “withdrawn and unresponsive” (p. 13). We are told that “infants entering care in the first year of life showed little of the despair and detachment” (p. 12) so we can conclude, with Fein et al that most infants and especially the ones in the first year of life who were the focus of the research questions did move from despair to recovery. So for Fein et al’s study ‘recovery’ is the equivalent of ‘adjustment’ as a final *outcome* of the *process* of adjustment the researchers’ goals were to observe. Again, the lack of clarity between process and outcome is troublesome.

It is difficult to know when an infant has reached an outcome if it is not specified ahead of time or actually described at the end (rather than just claimed). In the case of Fein et al’s exploratory study (study one, 1993) it could be argued the ‘outcome’ was what was to be discovered as the children were observed and two possible outcomes were discussed in the literature review, even if they were not evident in the actual questions for the research which were presented. The two outcomes were distress and recovery or distress and Bowlby’s other two states of despair and detachment. This is an example of where the distinction between outcomes of the transition and effects of childcare emerge as a question for follow up later and intertwined is the issue of ‘time’ in care. Before discussing those questions further in this literature review, it is necessary to continue to look more carefully at Fein’s research for further clarification of the issues of measuring process and determining outcomes.

The first research question in Fein et al's (1993) initial study was essentially a 'process' question – the discovery of the 'process' of adjustment. To achieve this, the measures used to observe the process were congruent with the aim and were measures of infant activity/interest, peer interaction, adult interaction, negative affect and positive affect. A sub question of this was to see if infants and toddlers did actually adjust to care by moving from despair to recovery, as research with preschoolers indicated was the pattern for that aged child. This is essentially an 'outcome' question but the research team provided no measures or criteria to indicate what the adjustment/outcome (recovery) might look like. 'Recovery' implies the infants will return to a previous state but there was no measure of infant behaviour prior to entering care, no observations or parent interviews were undertaken that might have provided information about what 'recovery' to a former state might look like for each child. It is not easy to reconcile the stance the researchers Fein, Gariboldi and Boni have taken.

There appears to be some confusion over 'process' and 'outcome'. If the 'process' measures (infant activity/interest, peer interaction, adult interaction, negative affect and positive affect) included some decision describing 'optimal' outcomes or adjustment indicators then the decision about whether infants adjusted to care could more clearly be made. Similarly if there was a description of their prior state at home available, it could be used to indicate recovery. Or alternatively, if the detail of the chosen research items was clearly related to the detail of Bowlby's classifications, the reason for including Bowlby's classifications in the literature review and their use as indicators of 'outcome' (that is an infant has adjusted to care) in the discussion

would be apparent. It seems that the application of the first goal – to ‘describe’ a ‘process’ of adjustment to care is clearly stated and supported by the chosen research measures. The sub aim stated in the conclusions not in the statement of research questions, to determine whether infants adjust to care – the ‘outcome’ goal, is not supported by the measures in place.

Returning to the idea from the researchers that this is a ‘descriptive’ or ‘exploratory’ study (Fein, Gariboldi, & Boni, 1993) provides some clarification. If the intention is to describe behaviour at 3 and 6 months then the claim that infants adjust to care cannot be made. What can be said is that ‘at six months infants behaved like this’. To add a judgement to that without establishing the criteria for it is not supportable. To have said recovery is the equivalent of adjustment would resolve the issue, but that is not said. The wording of the title of the research contributes to the confusion “The adjustment of infants and toddlers to group care: the first six months” implies adjustment as a ‘process’ and not an outcome as intimated by the comment in the discussion “that infants and toddlers adjust to the day care environment” (p. 12). The stated aims covered a description of the ‘process’ but including the results of Bowlby’s work in the literature review leaves the way open to discuss ‘outcomes’. Perhaps this is what was intended.

It is possible that as Fein et al’s research progressed additional information arose, not expected in the original design and questions, but intriguing enough to be included in the final write up. This question of a distinction between ‘process’ and ‘outcome/s’ was very salient in the preparation of the research reported in this thesis.

The idea arose that it would be useful in understanding infants' adjustment to care and separation from their parent if there was more clarity about what behaviours were evidence of process and what behaviours indicated an infant had completed the process and had adjusted to care. Fein's team's conclusions are informative for her second study (see earlier discussion). While study one raised important questions about process and outcome for this researcher, the second study raised issues about the nature of that outcome and was even more fundamental an impetus for the research being reported in this thesis. Before looking at Fein's second study for information on outcomes, the ambiguities and confusion around process and outcome can be illustrated by looking at other research and several of these will be highlighted.

The confusion – other research

The confusion about process and outcome is also apparent in several other studies. Dalli (1999) used a case study approach to explore the transition experience of 5 infants, their mothers and their caregivers. At no point did she define how the end of the process would be determined nor did she explain why data were collected for different amounts of time for each triad. There is an agreement reported among the mother and carer that the infant or toddler had 'settled' but no objective detail is provided of behaviours indicating the child had settled.

Lee (2006) followed three dyads of infant and student caregiver as they 'got to know each other'. She describes the process but provides no detail of what behaviours would indicate the dyads, now 'knew each other' and so the objective of the study was reached and observations could conclude. No

explanation is given for the decision to end each observation and again, as with Dalli, each dyad was followed for differing amounts of time.

In a major study by Watamura, Donzella, Alwin and Gunnar (2003) of infants cortisol levels in childcare with 70, 15 month old infants in Germany, an indication of when the study began and why, was given but no explanation was given for concluding the sample taking after 5 months in care. Samples were taken on day 1 and day 9 and again at 5 months. Is it an assumption that infants are settled after 5 months and so the sampling is stopped? Again no indication of why 5 months was chosen is apparent in the study report.

One study by Zajdeman and Minnes (1991) on ‘predictors of children’s adjustment to day care’ did indicate that they waited two weeks before providing measures of infant, toddler and preschool children’s adjustment. “Teachers were not given the questionnaires until the child had been in day care for at least two weeks, when distress and anxiety are significant for all children beginning day care” (p. 16). No evidence or reference is given for selecting two weeks as opposed to any other time. The one other reference to time in care in Zajdman and Minnes research was related to the selection of participants. “Second, the child had been enrolled in day-care less than two months prior to their assessment, as an average adjustment period to out-of-home care has been found to be 10 – 12 weeks” (Vaughn, Deane, & Waters, 1985). Thus ‘time in care’ is taken as the measure of adjustment not a set of behavioural outcomes. Other difficulties with this study will be discussed later.

The Vaughan, Deane et al (1985) study referred to by Zajdman and Minnes looked at 10 male preschoolers entry in to a University Preschool and used the Attachment Q-sort administered 3 times to measure the effects of out

of home care on the preschoolers attachment relationship with their mother. The Q-sort was administered at home each time, once prior to entry, once after 2 weeks in care and finally after 10 – 12 weeks. Minor disruptions of attachment were reported but none of these were still apparent at the 10 – 12 week test time. Vaughan et al, do not say why they chose 10 – 12 weeks so the data, while it does have an outcome measure ‘attachment status’, is more a ‘time’ related measure. This again indicates the confusion and ambiguity around measures of adjustment to care. Zajdman and Minnes refer to Vaughan, Deane et al’s results to justify the timing of the end of their research but the Vaughan, Deane et al results are not well founded.

Clarification and a model to use – Fein’s second study

Returning to Fein’s second study it can be seen that it illustrated the clarity needed to claim an outcome from the process of transition. Fein clearly stated that the research intended to discover whether infants adjusted to care by becoming despairing or detached. The criteria for discerning these were stated at the beginning, the measures were congruent and the outcomes therefore obvious when they arose. As a consequence the conclusion was reached, for the research reported here, that it was possible to discern outcomes and in fact imperative to do so if we are to more fully understand the experience of infants in transition. This reasoning then underpinned the decision to look for outcomes and to construct the profile of behaviours of the settled infant. The discussion about process and outcomes presented here and the argument that there is a need for and a possibility of creating a set of outcomes makes in itself, an important contribution to the literature on infants’ transition into care and future related research. The second issue indicated above that needed

clarification and discussion is the concept of ‘harm’ for infants in care, that is, does childcare attendance for infants interfere with or effect their development in negative ways?

Harm: Fein’s contribution

Fein (1995) did not, in her writings, explicitly say that the infants who responded to care by becoming ‘despair-like’ or ‘detachment-like’ are harmed by the care experience itself. As reasons for these adjustment responses she suggests that those who adjusted by becoming despair-like and detachment-like entered care with temperamental predispositions, which led to these outcomes. She suggested that these responses may not be limited to care but reflect the infants’ ongoing or unresolved relationships with their mothers. She did not ‘blame’ care as such.

“According to a strong temperament explanation, some infants are predisposed to particular adjustment difficulties. These difficulties will appear even in high quality childcare settings with sensitive and responsive caregivers. In fact, aspects of these difficulties will appear even if the infant is cared for at home by the mother” (Fein 1995, p. 272, 273).

Fein suggested that carers could ameliorate these outcomes and that there can be different outcomes even with the predispositions. She implied that the temperamental predispositions could be modified.

“An alternative explanation [to the strong temperament one] is that separation distress; even when mediated by temperament dispositions will have few developmental consequences if caregivers provide infants with the degree of warmth and attentiveness they require. Even

sensitive caregivers may ignore the very infants who require special attention. For these infants, the quality of treatment upon entry to the childcare setting is a crucial determinant of their adjustment to childcare” (Fein 1995, p. 273).

One of her recommendations from the study is that caregivers be trained to be aware of and sensitive to those children who are easily overlooked.

As has been said, in the terms she used, Fein implies that despair-like and detachment-like patterns at six months are ‘outcome’ states and that the infants will remain in these states while they are in care. It is a short leap to decide that this is ‘harmful’ for the infants in these two patterns. Even without looking further and only using Bowlby’s (1952) earlier work (as Fein has done in identifying these patterns), to look for consequences of separation, the implications for the ongoing attachment relationships these children will build and their social and emotional development is a cause for concern.

One could say that the failure to adjust to care in a well-adjusted, emotionally expressive and socially involved way means these infants are ‘harmed’. Even given the temperament explanation, they have not learned new ways to successfully emotionally self regulate, to accept comfort and distraction from carers, to engage cognitively with the objects in the environment and socially with their peer group. As long as they remain distressed or withdrawn their development will be slowed and inhibited in these important areas.

As Fein implied, left at home with their mother, these infants could still have exhibited difficult temperament traits, but it is unlikely they would have become despair-like or detachment-like because it is the fact of the separation

from their primary caregiver (mother) that triggered these particular responses. One could argue that these temperamentally difficult children should never be placed in care. Or one could argue that these infants would benefit from high quality sensitive care that supported them to learn to successfully emotionally self-regulate without their mother and to attach to other carers. This is a lesson that maybe they cannot learn if they stay home and never experience separation from their mothers and replacement support from others.

Any infants, because of their young age when they enter care, are particularly vulnerable for developmental disruptions. The importance of these early years for healthy infant social, emotional, physical and cognitive development is well documented (Carnegie Corporation of New York, 1994) and will be discussed in more detail later. Also important is the added vulnerability that comes with any time of transition (Goldman-Fraser, Fernandez, & Marfo, 2005; Gunnar, Larson, Hertzgaard, Harris, & Brodersen, 1992; Wise & Sanson, 2003). The impact of transitions will also be discussed later in this document.

To reiterate; Fein suggested that all infants do respond to care and that after six months some are well-adjusted and happy and some are not. She implied, because of the connection she made with Bowlby's work and the outcomes for those institutionalised infants in his study who remained unhappy, that infants who responded to care by becoming despair-like or detachment-like are in fact harmed. Using the evidence presented by Fein, it can be concluded that some responses to care can be harmful for some infants. What we don't know is whether infants in other places and other times also respond in this way. The question arises, are these two patterns of despair-like

and detachment-like, evident substantially enough in other groups of infants so that there needs to be an expansion of the current understanding of potential harm for infants entering care. We turn now to literature that indicates the thinking of what might potentially be harmful for infants entering care and what the indicators would be if they were being harmed.

Current indicators of harm

It is not being suggested here that Fein's adjustment states are *replacement* possibilities of harm for infants. The question is rather whether poor adjustment to care is an *additional* potential for harm that needs to be accounted for so attention is paid to these features in supporting infants to settle in to care. Rather than review all the relevant literature for past years on the effect of childcare on infants' short and long-term development it is useful to look at recent studies to see which indicators they put forward as indicators of potential harm and then discuss in their findings. It can be assumed that the indicators included had evolved as the most meaningful out of earlier studies and the ones reported in the findings are the subset which indicate potential harm and therefore would be salient for the study reported here. Several studies stand out as large and comprehensive and are recognised as substantial and significant in the child development literature (Shpancer, 2006).

The National Institute of Child Health and Human Development (NICHD) Early Child Care Research Network study in the United States (2003), reports on infant-mother attachment security at 12 months, behaviour problems at 30 months and 5 years and adjustment to school at 6 years. These same areas are reported in the findings of the Sydney Family Development Project (Harrison & Ungerer, 2002). In the Haifa Study of Early Child Care

(Love et al., 2003; Sagi, Koren-Karie, Gini, Ziv, & Joels, 2002) the only indicator of harm selected and reported on was security of attachment to the mother.

Thus, while a broader set of indicators covering social-emotional and cognitive development are reported birth to 6 years, for infants, the common indicator of potential harm used across these three major studies in three different countries is disruption of the infants' attachment status with the mother. In order to explore disruption of attachment status with the mother here, further additional background information on attachment states is needed. Attachment states (secure, insecure) are the outcome of the reciprocal attachment relationship the infant builds with their primary caregiver, usually their mother. A mention of them is made here and further detailed information is provided later in Chapter 3.

Attachment theory: Attachment states. The studies into attachment states by Mary Ainsworth (1978) and Fein's adjustment to care studies have in common the early work of John Bowlby and his observations of infants separated from their mothers. Greta Fein has taken that information in one direction in looking at infants' adjustment responses in childcare while Mary Salter Ainsworth studied the infant's reunion behaviour with their mothers and developed the information on infants' attachment states and their outcomes. Ainsworth (1978) posits that infants' behaviour when reunited with their mothers after a brief separation indicates that they have developed either a 'secure' or an 'insecure' attachment relationship with their mother.

A secure attachment relationship allows the infant to use the mother as a secure base. That is, the mother is a source of support for the infant in

developing emotional self-regulation, a positive sense of self and an active exploration of and engagement with the world, which further brings social and cognitive benefits for the child (Ainsworth, Blehar, Waters, & Wall, 1978; Vondra, Shaw, & Kevenides, 1995).

An insecurely attached child is fearful, reluctant to explore and engage with the world and struggles to gain emotional self-regulation skills and a positive sense of self (Ainsworth, Blehar, Waters, & Wall, 1978). These first attachment relationships set the pattern for but don't determine all relationships with other adults (Ahnert, Pinquart, & Lamb, 2006; Howes & Hamilton, 1992b; Howes & Hamilton, 1992; Raikes, 1993).

Attachment relationships take time and experience with the attachment figure to develop. Bowlby (1952) suggests that infants pass through several stages and that it takes several months in their first year of life to develop their first attachment relationship. Anything that interrupts, or rather, disrupts that development (as time in child care has the potential to do) could result in the infant developing an insecure attachment and the attendant difficulties (Belsky, 2001; Belsky et al., 2007). Hence, disruption of attachment status is an indicator of potential harm in current research. For the study reported here to move beyond a simple replication of Fein's work, the attachment status of the infants in care also needed to be addressed and so has been included in the research as a potential component of the behaviours in the profile of a settled infant.

Although it is not a focus of the current research, one other indicator of potential harm, increased cortisol levels, needs to be mentioned in this

discussion because it indicates the ongoing broadening search by the field for an understanding of the effects of childcare on infants.

Increased cortisol levels: Increased cortisol levels are an indicator of an increase in stress hormones and increased and prolonged stress is generally considered harmful (Sapolsky, 1996).

“Elevated cortisol levels have been shown to cause memory deficits, immune-system impairments, lowered thresholds for activation of fear and anxiety neural circuits and sometimes irreversible damage to neurons in both animals and humans (Borysenko, 1984; Cacioppo, 1994; Lupien & McEwen, 1997; McEwen, Gould, & Sakai, 1992)” cited in Ahnert, Gunnar et al (2004) p. 648.

The transition to care is seen as a stressful time for infants and one way to measure the level of stress is to track cortisol levels before the infant enters care and during the first days in care. Ahnert, Gunnar, Lamb and Barthel (2004) report on a study which measured 70 toddlers cortisol levels at home before beginning childcare and again during the first two weeks in care while the mother stayed with them, then on days 1, 5, 9 in the first two weeks without their mother and finally after 5 months in care. Ahnert, et al reported that as expected cortisol levels rose when the toddlers entered care. Even with their mothers with them to provide support, cortisol levels were higher than when measured at home. The highest levels were apparent during the first two weeks of care without their mother being present. However as the infants spent time in the care setting their cortisol levels dropped. At 5 months the levels were lower (than in the initial separation phase) but still higher than the base line

measured at home prior to entering care (Ahnert, Gunnar, Lamb, & Barthel, 2004).

An Australian study currently underway has found similar results. Sims (2005) found cortisol levels higher at the end of the day and raised this as a concern for the toddlers overall well-being. Previous studies suggest that infants are less prone to an increase in cortisol than are toddlers (Watanura, Donzella, Alwin, & Gunnar, 2003). However there is still much to be learned. We know almost nothing about the cortisol levels of toddlers during the day at home with their mothers. Ahnert, Gunnar et al (2004) suggest that a limitation of their study is that there was no comparison group of toddlers who did not enter care (p. 647) and Sims (2005) study also does not have a comparison group. I am inclined to agree with Ahnert, et al that given the relatively small cortisol elevations indicated in their study (and the Sims study) we cannot yet conclude that the stress associated with beginning child care has long term detrimental effects.

Perhaps the indicator of harm 'adjustment response' which is the focus of the research reported here, will also prove, over time, to not be evident or significant, but unless other studies are undertaken, as Ahnert et al did in their follow on from the earlier (Watanura, Donzella, Alwin, & Gunnar, 2003) study into infant and toddler cortisol levels in childcare, we cannot know that. Increased cortisol levels, as a possible indicator of harm is an area of research only recently entered into and the study reported in this thesis into 'adjustment to care' joins it as an expression of the ongoing need to understand the effects of childcare on infants' development.

'Adjustment to care' or 'settled in to care': which term?

Throughout this thesis so far, the words 'adjustment', 'adjustment to care' 'adjustment responses' and 'adjustment states' have been used. In choosing to begin with a description of Fein's work, these were the appropriate terms to use. However, other literature exists that talks instead about infants being 'settled in to care' or 'settling in to care' (Balaban, 2006; Dalli, 2000; Daniel, 1993; Daniel & Shapiro, 1996; Edwards & Raikes, 2002; Elliot, 2003a; Raikes, 1996; Honig, 2002). A careful reading of the research indicates that the alternate terms as they are used in the research mean essentially the same thing. A decision needs to be made about which terminology to proceed with beyond this point in the research. Before discussing that decision further an additional comment is necessary.

As stated earlier 'adjustment' in its wider meaning indicates both a process and an outcome. 'Adjusted' implies another idea. It is used in the past tense and indicates the end of a process. To say an infant has 'adjusted' to care, providing the criteria for deciding that are obvious, is to say the transition process has ended and the infant is totally adjusted, whatever that means. As indicated earlier most research referring to infants' adjustment to care is talking about the process and not focussing on overall adjustment or claiming that infants have 'adjusted'. It is important to state that in developing a profile of a 'settled infant' there is no claim that being 'settled' means the infant has 'adjusted'. Adjustment may be much more than being 'settled' in to care or it may not, but that wider context is not an aspect of the research reported in this thesis.

The use of the adjustment to care responses as *categories* is necessary for the development of the research instrument for this study if it is to explore further the possible existence of these behaviours in another sample of children. However it may not be the best term to use in describing the overall process and outcomes of the infants' transition to care. As indicated earlier, a transition is a process from one point to another, so in this case it could be from 'not adjusted' to 'adjusted' or 'not settled' to 'settled'. While it cannot be said definitively, it appears that all of the researchers in the area of transitions found and discussed (Ahnert, Gunnar, Lamb, & Barthel, 2004; de Schipper, Tavecchio, Van IJzendoorn, & Van Zeijl, 2004; Fein, 1995; Fein, Gariboldi, & Boni, 1993; Lee, 2006; Rauh, Ziegenhain, Muller, & Wijnroks, 2000; Xu, 2006; Zajdeman & Minnes, 1991) except for Dalli (1999), all use 'adjustment'. All except Dalli, who is from New Zealand, are researchers from the Northern hemisphere so perhaps there is a regional difference in the choice of terms. A closer look at the local professional literature reveals that the preferred term is 'settled in to care'. Anecdotally I am aware that practitioners refer to the process of transition as 'settling' the infant into care. This is reflected in centre handbooks for parents where centre policies and procedures on 'settling' the children not 'adjusting' the children are presented (Carmen Court Child Care Centre, 2000; Lady Gowrie Child Centre, 2004; Magill Campus and Community Child Care Centre, 2005) and it is also the term used in the accreditation documents of the National Childcare Accreditation Council (NCAC 2005, Principle 2.3, p. 26, 27).

As this research was to be carried out in South Australia and 'settled into care' appeared to be the most commonly used term it was deemed

appropriate to use the term ‘settled in to care’ in the construction of the research materials. To ascertain whether the perception of the saliency of ‘settled into care’ was accurate an early clarifying question was included in the survey instrument.

An added advantage of using ‘settled into care’ as the overall descriptor of the process and outcome of transition was that it allowed the ‘adjustment to care’ terms to be clearly delineated as one possible sub set of outcomes and categories and so eliminated some potential confusion for participants. The argument for including the additional categories of attachment and temperament will be made next and will clarify further the decision to use ‘settled in to care’ rather than ‘adjusted to care’ as the most meaningful and pertinent descriptor of the behaviours of the infant who has completed the transition from home to centre based care.

Adjustment to care: a summary

There is very little literature on infants’ adjustment to care available for review. The two studies by Greta Fein that partially prompted this research were introduced in detail and the implications for the research reported here were highlighted. Fein’s results (1993, 1995) raised the possibility that while most infants successfully respond to group care and are happy and involved, some do not respond well and continue to exhibit unhappy distressed or despairing behaviours after six months in care. Fein describes two adjustment types, despair-like and detachment-like, that are very concerning. They have been described and the concerns explained. One of the primary questions of this research was to discern whether infants in other centres responded to care in the despair-like and detachment-like ways described by Fein.

Fein's research also highlighted the question of transition to care as a process with a set of outcomes. The literature that is available reveals confusion about the difference between describing a process and claiming an outcome. It is argued here that the transition to care is a process that has both outcomes and a time line. It is further argued that those outcomes can be described and profiles of behaviours for an infant who is 'settled' into care and one who is 'not settled' can be developed. The research reported in this thesis was designed to develop those two profiles. It was argued that the information on adjustment to care from Fein's studies is insufficient to describe the outcomes of a successful transition and that other literature from home reared infants (attachment and temperament) was sufficiently important that it needed to be accounted for in any potential profiles.

An additional argument put forward was that as transition is a process with recognizable outcomes the time it takes infants to be settled into care will vary. Consequently any research on infants in care, other than that looking at transitions, needs to ensure that all infants involved have completed the transition and are settled in to care. The profile of the settled child allows researchers to time their research so it includes infants who are settled and the results are not complicated by data from infants still in transition and not yet settled in to care.

Fein's results on the influence of caregiver behaviour on the process of infants' adjustment to care were presented and discussed and the implications for the research reported here were introduced. More will be said about caregiver responses in the discussion about the development of the methodology.

Other information necessary to understand Fein's work or the arguments being put forward was presented and discussed. These included Bowlby's work on infants protest at separation from their mothers, indicators of potential harm for infants in care and a discussion about terminology.

Questions arising from Fein's work and how they influenced this present research were elucidated. The literature review now moves on to aspects of the literature outside Fein's studies which are important for the development of the profiles, beginning with a further discussion of attachment.

Developing the research questions: Other issues from the Child Development literature.

Any profile of the 'settled' child that is to be credible must be linked to the knowledge contained in the child development research literature. The two major areas of research that stands out as relevant for the development of the profiles of the 'settled' and 'not settled' infant is the 'attachment' and 'temperament' literature. Portions of these research areas have already been introduced where it was necessary to provide base line information for the reader to understand the points being made. However a more detailed review of attachment and temperament and their relationship to the research reported here is necessary to provide the information on which decisions about the profile content were based. That detail will now be presented prior to looking at the issues of the importance of the early years and transitions for infants' development.

Attachment

If there is such a thing as a profile of behaviours for an infant ‘settled into care’ then, it is being argued, behaviours which indicate that an infant is settled with / attached to their parent are likely to appear in that profile.

Hence it is important to understand the relevant theory and research into attachment that outlines: What is attachment? What are the various states of attachment that infants’ exhibit? How does attachment develop? What are the benefits of ‘secure’ attachment that make it desirable to promote it? What are the important features in the adult, which promote infant’s secure attachment? Can infants attach to adults other than one parent? And if so, can infants attach to caregivers in childcare? Each of these areas will now be introduced and discussed and their relevance for this current research highlighted.

Definitions

No clearly stated definition of attachment was found in Bowlby’s writings. The various descriptions found are well summed up and articulated by (Berk, 2005b):

“Attachment is the strong affectionate tie we feel for special people in our lives that leads us to experience pleasure and joy when we interact with them and to be comforted by their nearness during times of stress”
(p. 264).

A broader description from van IJzendoorn and Tavecchio (1987), quoted in (Ochiltree, 1994), contains all the key features of attachment.

“[Attachment is] the term for a relatively durable affective relationship between a child and one or more specific persons with whom it interacts regularly. Children attached to a caregiver will try to remain in his or her direct vicinity, in particular at moments of sadness, fatigue, tension and fear. In more or less unfamiliar surroundings – a new play area or when visiting strangers – the attachment figure is the secure base from which the environment is explored and only this person provides a sufficient feeling of security for the child to play freely. Especially under circumstances of stress, the child will resist the departure of and separation from this person, and upon the person’s return, it will cling to him or her or express in one way or another joy at the renewed presence of this most important source of security and confidence” (p. 7).

The attachment relationship as described here is quite clearly important for the security infants need to explore their environment and so develop physically and cognitively. The attachment relationship is also formative for the relationship experience and connections infants need in order to develop communication and emotional and social skills. An important question then arises, for infants in childcare, away from their primary attachment relationship, can they develop additional attachment (not replacement attachment) relationships with people other than their parent. Before discussing this we will look at attachment theory and the development of attachment.

Theory: Bowlby and Ainsworth

The two researchers most associated with the development of attachment theory are John Bowlby and his student & collaborator, Mary Salter Ainsworth.

John Bowlby was trained as a psychoanalyst and shared Freud's belief in the importance of experiences in the early years for later adult healthy emotional development. However Bowlby differed from Freud and the Psychoanalytic view that held that infants were passively dependent on their mother (Bowlby, 1969). It is an important feature of attachment theory that attachment is seen as a 'relationship' in which both the infant and the adult are actively engaged. Attachment therefore is a 'set of behaviours' rather than a 'state'. This is important in developing a profile of the settled child that includes attachment states because it is the separate observable behaviours that can be included and it is not necessary to make a judgement about an overall 'state' of attachment.

Attachment & Ethological theory

Bowlby was influenced by the work of Konrad Lorenz and other Ethologists and believed that the human infant, like the young of other species, has an inbuilt genetic set of behaviours that attract the adults and keep them nearby (Bowlby, 1969). Attachment is a two-way process with the infant attracting the adult using inbuilt signals - grasping, crying, smiling and gazing into the adults eyes and the adult responds with attentive care giving - smiling, accurately meeting the infants needs and engaging with them in ways appropriate to their shared culture (Bowlby, 1969). For example, in Australia 'appropriate ways' would mean gentle handling, soothing noises, encouraging

eye contact and conversation. Other cultures would have other responses but the point is that these are all observable behaviours and are important indicators of the infant and caregiver's engagement with the process of attachment that can be included in any potential profile of behaviours.

Attachment development: Bowlby's phases

In addition to his descriptions of infants' responses to prolonged separation from their mother, described earlier in this review, Bowlby also observed the stages infants and their mothers moved through in developing their attachment relationship. All infants entering care under two years of age will still be engaged in this process with their mother or other primary carer at home. As these phases indicate, the development of attachment takes time but also attachment is linked to an infant's overall physical, emotional and cognitive development, so attachment cannot occur if the necessary aspects of development are not yet there.

Bowlby (1969) outlines four phases for the development of attachment.

The *pre-attachment phase* (birth – 6 weeks): The infant uses their inbuilt signals to attract the adult and the adult responds. Attachment is not yet evident because the infant repeats these behaviours readily with other adults and does not mind being left alone with an unfamiliar adult

The *attachment in the making phase* (6 weeks – 6-8 months): Infants begin to distinguish their familiar caregiver and respond differently to them. They will interact more freely and expressively with them and quieten more quickly when they are distressed and are picked up by them. The infants recognise their familiar caregiver but do not protest when separated.

The *'phase of clear-cut attachment'* (6-8 months to 18 months – 2 years): The infant's attachment to their caregiver is now evident and they become distressed and protest when the caregiver leaves. They will try hard to maintain her presence by approaching, following, and climbing or clinging to her in preference to others. It is at this stage the *'secure base behaviour'* becomes apparent. The infant uses the person they are attached to as a secure base to explore their world. They will crawl away to explore and then return for reassurance before venturing off again. When disturbed or frightened they quickly return to a physical closeness with their attachment figure (*Ainsworth 1978*).

The fourth phase is *'Formation of a reciprocal relationship'* (18 months – 2 years): Infants are able to understand the attachment figures' coming and going and predict their return. They protest less at separation and their developing language skills allow them to understand the explanations they are given and to attempt to negotiate to keep the attachment figure close (*Bowlby, 1969*).

Most Australian infant rooms in childcare centres enrol babies 3 months to 2 years. As Bowlby's phases indicate, these are the months when the infant is developing their initial attachment relationship. Infants therefore do not enter care with their side of these skills developed and ready to use with another carer. Neither do they enter with an established attachment relationship. It is likely that these 'attachment in the making' skills and developments will be recognisable in the behaviours of infants entering and 'settling in to care' and therefore will be evident either in the profile of the 'settled' or the 'not settled' infant.

Bowlby on multiple attachments

In his early writings (Bowlby, 1953) stressed the importance of the mother as the primary attachment figure,

“What is believed to be essential for mental health is that the infant and young child should experience a warm, intimate and continuous relationship with his mother (or permanent mother substitute) in which both find satisfaction and enjoyment” (p. 11).

In later writings, Bowlby (1988) altered this position after his assumption was challenged by other research (Ainsworth, Blehar, Waters, & Wall, 1978; Schaffer & Emerson, 1964), which reported infants developing successful attachment relationships with more than one adult. There is research evidence to support Bowlby’s (1988) acceptance that infants are capable of multiple attachments. These attachments can be to fathers (van IJzendoorn & De Wolff, 1997), siblings, grandparents and care givers (Howes, Galinsky, & Kontos, 1998b; Howes & Matheson, 1992; Raikes, 1993).

Multiple attachments and childcare

The concept of the development of multiple attachments is important for childcare. It lays the foundation for an expectation that infants can and will develop attachment relationships with adults other than their parent and that the benefits available from a secure attachment relationship to a parent are transferable to the child care setting.

As indicated previously, the primary focus of research into the effects of childcare on children, to date, has been to determine whether group childcare is harmful for them and the primary indicator of harm used has been

disruption of attachment status to the parent (see Shpancer 2006 for a review). The question arises then, if infants can form multiple attachments what is the nature of these attachments and does their development affect their primary attachment.

Studies that predate and are smaller than the NICHD study, looking at attachment status and child care generally conclude that; infants in childcare were just as attached to their parents as children cared for at home (see Belsky and Steinberg 1978 for a review); and that infants were capable of multiple attachments and these secondary attachments did not diminish their attachment to their parent (Goossens & van IJzendoorn, 1990; Howes & Hamilton, 1992). One study exploring attachment in childcare carried out by Raikes (1993) indicates that given sufficient time (over 1 year) with a caregiver high in sensitivity 91% of infants developed a secure attachment with their caregiver. This rate of secure relationships is actually higher than that found in the general population of home-reared infants (van IJzendoorn & Sagi, 1999).

The issue of 'multiple attachments' is important because it indicates that infants spending time in care can attach to the carer/s there and have the benefits of a 'secure' attachment relationship for the time they are at the centre. An expectation then that behaviours, which indicate secure attachment to caregivers, will be included in a profile of the settled infant is reasonable.

The adults in the childcare setting become partners in the infant's ability to develop multiple attachments. Given infants' innate drive to develop attachment relationships during the early months of life when they are in childcare it is important that carers understand their important role and are

responsive to the infants' overtures (Balaban, 2006; Gonzalez-Mena & Eyer, 2007; Honig, 2002; Rolfe, 2004).

Some childcare centres staff their babies rooms with changing staff, and policies in place do not encourage carers to develop attachment relationships with the babies (Rolfe, 2004). Given the innate drive of the infants to attach, carers not responding appropriately in these centres do not encourage infants 'not' to attach, (as they often argue they are intending), but rather to develop 'insecure' and therefore less beneficial attachment relationships with carers. 'Insecure attachment' is an attachment state and there are four of those to be aware of, three of these were proposed by Mary Ainsworth and will be looked at first.

Attachment states: Mary Ainsworth's work

Mary Ainsworth worked with John Bowlby at the Tavistock clinic in London before moving to Uganda. Her work with the Ganda families in villages around Kampala convinced her that infants used their attachment figures as a 'secure base' and a safe haven (Ainsworth & Bowlby, 1991).

Her observations also led her to suggest infants attach in three qualitatively different ways to their attachment figure. In a *secure attachment* relationship, the infant uses the adult as a secure base from which to explore and then return. They may cry initially on separation. When the adult returns they seek them out and are quickly calmed and able to resume play.

In an *in-secure avoidant* relationship, the infant is generally unresponsive to the adult when they are present, is not distressed on being left and when reunited they are slow to greet the adult and do not seek to be cuddled or respond when held.

In an *insecure resistant* relationship, the infant clings to the adult and often does not explore. They are very distressed on separation and when reunited alternate between clinging and angry resistant behaviour when the adult picks them up. They often take a considerable time to calm down.

A fourth category has since been added to these three, *disorganised / disoriented* attachment. The behaviours are most obvious at reunion when infants respond with mixed behaviours, perhaps approaching the adult but with a flat expression and little if any affect. They may look away when being held and/or appear dazed. They may appear settled then cry out unexpectedly (Main & Solomon, 1990).

For each of these categories the infant's behaviour develops within the attachment relationship and is essentially a response to the behaviour of the adults.

Attachment states: caregiver behaviour

It would be hard for an infant to develop a 'secure' attachment relationship with an unpredictable adult who responds with insensitive or inappropriate caregiving to the baby's overtures. An avoidant or resistant attachment could be seen as an entirely appropriate and protective response for an infant in this situation.

Rolfe (2004) writes;

“While there is a continuum from security to insecurity, and somewhat blurry distinctions between attachment classifications, secure attachments generally reflect a history of caregiver availability and sensitive responsiveness to the infant's attachment needs. Avoidant attachments reflect a history of caregiver rejection of infant attachment

needs and resistant attachments a history of inconsistent, erratic responses. Rather than building confidence over time in the responsive availability of their attachment figure, infants with insecure attachments are therefore anxious about whether this person will provide comfort and/or protection when sought. They may be fearful and angry in the presence of the attachment figure, rather than confidently trusting as observed in securely attached children” (p. 32).

Thus both infant and caregiver’s behaviours are important for developing attachment relationships. Moving beyond this, ‘time’ with caregivers arises as a factor in the development of attachment.

Time and adult sensitivity

As indicated here and in Bowlby’s ‘attachment in the making stages’ the development of an attachment relationship takes time and experience. Further to this, attachment outcomes are not dependent on the amount of time the infant spends with the adult but rather the ‘quality’ of the time (Rutter, 1981; Tizard, 1986). More ‘time’ with an insensitive adult will not create a secure attachment.

This idea could be reassuring for parents because it implies that while they may be separated from their infant in this first ‘attachment in the making’ year, the time spent apart is less important than the ‘quality’ of the time spent with them. Equally for the childcare staff, the infants may be in part time care with them but if the appropriate quality is there they will be able to build secure attachment relationships with their infants.

Frequency of attachment states

In her summary of the frequency of attachment states in her textbook, Berk (2005) does not have figures for Australia but reports figures for Germany, Japan and the United States. In each of these countries there are a greater proportion of infants reported with secure attachment relationships than avoidant and resistant. Berk cautions that these figures need to be viewed in the context of each of the cultures and the behaviours, independence and interdependence that they promote. For our purposes our Australian culture is probably more like the United States of America than either of the other two. It is interesting to note that with the US about 65% of infants are securely attached, 20% are avoidant, 10 - 15% resistant and possibly 5% disorganised / disoriented. These figures are slightly different from those reported by the NICHD study in 1997. The main variation was secure 60% (5% lower) and disorganised 5 - 10%, so picking up the 5% variation.

Harrison and Ungerer (2002) with a small sample of 145 Australian first born 12 month old infants from a predominately Caucasian background reported a distribution of: 59% secure, 24% resistant, 8% avoidant and 9% disorganised. They report that these findings are consistent with other studies. The implication of these figures is that around 30% of infants entering the Australian centres will not have the experience of or benefits from, a secure attachment to an adult. Where their secondary attachment develops with a carer there is a possibility that they can experience sensitive care giving and develop a secure attachment with the carer.

Benefits of secure attachment

According to psychoanalytic theory and ethological theory the development of a secure attachment, of a basic sense of trust in the world (trust in others) and a sense of personal autonomy (trust in self), in the early years allows the infant to develop an inner sense of security and self worth that promotes exploration, curiosity and resilience (Bowlby, 1969). Resilience in its meaning here is the ability to recover from disruptions to the attachment relationship and to other challenges to emotional stability and to return to a sense of safety and emotional equilibrium.

Theoretically then, the secure base for the infant that develops from this attachment and trust supports all aspects of development. Exploration allows the fine-tuning of gross and fine motor skills. Curiosity enhances cognitive development and the interactive relationship with the adult supports communication, language and emotional and social development. The effects of disruptions to the attachment relationship and other risk factors are more easily ameliorated and the support is available from a secure base for the infant to develop resilience.

This is not to say that infants without a secure attachment do not develop in all these areas but rather that the quality of that development is enhanced and the outcomes into adulthood are beneficial for the infant having experience of a secure attachment relationship.

Research into the long-term outcomes of secure attachment is not easy to accomplish because of the myriad of intervening factors that would obscure direct connections (Stams, Juffer, & van IJzendoorn, 2002). However several studies do report positive findings for infant and toddler emotional

development (Kochanska, 2001), toddlers and preschoolers peer play (Howes, 1988; Howes & Hamilton, 1993; Howes & Matheson, 1992); preschoolers self esteem, social competence, cooperation and popularity (Elicker, Englund, & Sroufe, 1992) and 3 year olds cognitive, social and emotional outcomes (Belsky & Fearon, 2002).

Sharne Rolfe (2004) in a recent publication ‘Rethinking Attachment for Early Childhood Practice’ says “The potential of attachment theory to inspire early childhood practice is only just beginning to be explored” (p. 6).

Research into attachment is ongoing and the research reported in this thesis contributes to that research. In particular it contributes information about infant caregiver attachment behaviours.

Quality of attachments in childcare

Belsky (1999) in an analysis of a number of studies looking at attachment concludes that the process of attachment between carers and infants is similar to that between mothers and infants. This implies again the importance of sensitive, responsive caregiving as a common element between the two.

There are many issues around quality of attachments in childcare that relate to child-staff ratios, staff turnover and staff training which in another area of research would need to be discussed but as they are not the focus of this research and while they must be acknowledged here will not be discussed further.

Attachment and the profiles

Any profile of behaviours for an infant ‘settled into care’ is likely to include behaviours which indicate that an infant is settled with/attached to their

parent and/or their carer. Hence it is important to understand, as outlined here, key theory and research into attachment. Attachment information informs the research reported in this thesis because it provides the rationale for the inclusion of attachment indicators and the detail of the behaviours to be included in a profile. Attachment theory is also important for the research being reported here because it forms part of the triangulation process, which validates the results. More will be said about this in the next chapter.

Attachment programs in childcare

In recent years in South Australia there has been an increased focus on attachment theory as a way of organising care for infants, toddlers and preschoolers.

The Lady Gowrie Childcentre Adelaide has recently promoted a series of workshops for staff in infant rooms in South Australia focussed on attachment theory and the usefulness of a primary care system for promoting children's secure attachment (Linke, 2001). Also illustrating this concern for attachment in childcare is a text by Sharne Rolfe (2004). 'Rethinking Attachment for Early Childhood Practice' presents in-depth information, a cogent argument and specific strategies for promoting attachment in childcare.

If some of the behaviours included in the profile of the 'settled' child arising from the research reported here are attachment related then this indicates the practitioner participants' recognition of the importance of secure attachment. The question arises though, 'is this sufficient' to describe the behaviours of an infant successfully settled into care? If other indicators, from temperament and or adjustment categories were included the answer would be,

no, attachment to one carer alone is not sufficient to indicate an infant is settled in to care.

Attachment: a summary

The development of and subsequent quality of the infant's first attachment relationship with their mother or other primary caregiver is considered to be of such fundamental importance to the child's future well being that attachment continues to be a major focus of research within the child development field. The accumulated attachment literature is extensive and detailed. Fundamental information about the infant's protest at separation from their mother, the development of attachment, attachment quality, the benefits of secure attachment and the development and quality of multiple attachments has been presented here. Each of these sections of the attachment literature has informed the questions being asked in this thesis about infants' transition to care and have helped frame the content of the research instrument.

The research reported here focuses on the infant (under 2 years) in transition from home to centre-based care. This means that the infants are in the process of developing their first attachment relationships and this process was expected to impact on the infants' experience of the transition. It was anticipated that any profile of the infant who is settled in to care would contain behaviours that are reflective of secure attachment to a parent and perhaps a carer. It was further anticipated that any profile of behaviours of an infant not yet settled would have behaviours indicative of an infant with an insecure attachment to their parent or caregiver. More will be said about these behaviours in the chapter detailing the construction of the survey instrument,

which was designed to develop the profiles of the ‘settled’ and ‘not settled’ infants.

The other important area of research on home reared infants that informs this thesis and the potential profiles is temperament. The literature review now moves on to present information on temperament and its contribution to the research being reported here.

Temperament

The second key area of Child Development theory and research to look at in the search for a profile of the ‘settled’ and ‘not settled’ infant is temperament. Fein (1993) indicated that temperament might be a factor in the infant’s adjustment to care. When Fein’s argument is combined with knowledge about temperament available from the research literature it is apparent that it is important that temperament, as a potential contributing factor to an infant’s ability to settle in to care be included in any effort to develop a profile of behaviours of an infant settled in to care. Temperamental factors play a large role in any person’s adjustment to new things and so even without Fein’s questions, temperament would need to be accounted for in any comprehensive look at an infant’s transition from home to centre based care. Temperament is another important area where information from home reared infants is available to inform research in to infants’ experience of childcare. A general look at the components of temperament and the overall discussion about temperament and its theoretical location will be presented next. A definition of temperament and an illustration of temperament traits, through the work of Thomas and Chess, will then be presented and after detailing some

significant Australian research the argument will be made for including temperament behaviours in the profiles.

Temperament and theory

The construct of ‘temperament’ is not easy to locate within any one theory of child development. It has not arisen out of psychoanalytic or ethological theory as attachment theory has. It could perhaps be located within the normative perspective but those links are tenuous and not tracked.

Temperament is a term in common usage and has a long history beginning with the ancient Greeks and the idea of the balance of the ‘bodily humours’ leading to four temperamental types; melancholic, choleric, phlegmatic and sanguine (Kagan, 1994). In the 19th century the interest in nurture and learning replaced the interest in temperament (Sanson, Prior, Oberklaid, & Smart, 1998). There is now a developing new understanding of the construct of temperament and Goldsmith and others (1987) suggest that temperament be seen as a rubric for a group of related traits, rather than a single trait in itself.

“Viewing temperament as a rubric rather than a trait itself leads to definitions that delineate a certain class of (temperamental) phenomena from all others and that are cast either in structural terms or along more functional lines. The process-oriented thinking in the temperament field is richest not in discussions of the broad rubric but, rather, in the treatment of the elements themselves (irritability, activity level, fearfulness, etc)” (p. 506).

This idea is repeated in recent writings with Blackwell (2005) suggesting, “In research or clinical work, temperament is a *construct*, or a tool for cultivating knowledge.” She writes, “As constructs are applied with frequency, they can establish a life of their own” (p. 37).

While several theorists and researchers have approached the concept of temperament in different ways and for different purposes a temperament roundtable held in 1987 asked participants to answer six questions; how do you define temperament and explain the boundaries of the concept? What are the elements of temperament? How does the construct of temperament permit you to approach issues or organize data in ways that are possible only if this construct is invoked? To what extent do you consider temperament to be a personological versus a relational or interactive construct? And, how does your approach deal with the issue of temperamental ‘difficulty’? (Goldsmith et al., 1987).

Of the four approaches (Goldsmith, Buss and Plomin, Rothbart and Thomas and Chess) put forward in the roundtable, the ideas of Thomas and Chess appears to have been more widely adopted in the early childhood professional field since 1987 than the others (Berk, 2005b; Gonzalez-Mena & Eyer, 2007; Lally, 1990; Sanson, Prior, Oberklaid, & Smart, 1998). This may be due to the nature of the study undertaken by Thomas and Chess and the perceived usefulness of their construct of temperament for practitioners and research (Blackwell, 2004; Gonzalez-Mena & Eyer, 2007; Sanson, Prior, & Oberklaid, 1985; Sturm, 2004). Chess and Thomas’s work was chosen as the basis for a large Australian temperament research project. Before discussing Thomas and Chess’s temperament work and the Australian research and its

application to the research reported here, information about the common features of temperament, the components of temperament and a definition will be presented.

Common features of temperament

The generally agreed common features of each approach to temperament are that temperament is genetic, visible from infancy, moderately stable over time, a building block for personality, emerges through interaction with the environment and affects the infant's adjustment to the world (Goldsmith et al., 1987; Rothbart & Bates, 1998; Sanson, Prior, Oberklaid, & Smart, 1998). Sanson, et al (1998), write "Temperament has functional significance for a child's (and any person's) adjustment" (p. 10). The genetic nature of temperament and its visibility in behaviours from infancy are important features for informing any understanding of infant development and in the research being reported here, the development of profile behaviours of an infant settled in to care.

Components of temperament – emotion, attention, action

While there is agreement as to the features there is no clear consensus across researchers, clinicians and educators as to the specific dimensions/traits included in 'temperament'. However three underlying components emerge as common to all sets of dimensions or traits so far developed; emotion, attention and action (Berk, 2005a). These are reflected in Rothbart's dimensions of activity level, soothability, attention span/persistence, fearful distress, irritable distress and positive affect, as well as in the Chess and Thomas dimensions and the ATP infant characteristics (Chess & Thomas, 1996; Rothbart, Ahadi, & Evans, 2000; Sanson, Prior, Garino, Oberklaid, & Sewell, 1987).

Further to this Rothbart (1989) suggests that the separate domains can be characterised into two main dimensions ‘reactivity’ and ‘self-regulation’. Reactivity refers to the strength, speed and positive or negative emotionality of an infant’s response to stimuli and self-regulation refers to differences in the degree to which the child can control their emotional reactions to stimuli. This appears a useful construct for understanding individual differences in individual children’s expression of the traits. Any temperament dimensions chosen to include in a possible profile needs to include each of these aspects. The traits chosen from the Australian Temperament Project as applicable for the research being reported here do cover each of the aspects of emotion, attention and action. All of the features mentioned so far in this discussion of temperament need to be apparent in any definition of temperament chosen to underpin the current work. The definition developed out of the roundtable reported earlier does that.

A definition of temperament

For the purpose of the research being reported here, temperament has been defined as “stable individual differences in quality and intensity of emotional reaction, activity level, attention and emotional self regulation” (Rothbart & Bates, 1998).

Before looking at the traits chosen from the Australian Temperament Project (ATP) the work of Thomas and Chess, which was used to develop the ATP, will be reviewed.

Thomas and Chess’s – temperament theory

After being approached by parents expressing concern about their relationships with their infants, Stella Chess and her husband Alexander

Thomas in 1956 initiated the New York Longitudinal Study (NYLS) (Chess & Thomas, 1996). To date it is the longest running study of temperament and its effects on development. The Australian Temperament Project (ATP), while begun after the NYLS and drawing from it, is more comprehensive (Sanson, Prior, Garino, Oberklaid, & Sewell, 1987).

Chess and Thomas say they “conceptualise temperament as the stylistic component of behaviour – that is, the *how* of behaviour as differentiated from motivation, the *why* of behaviour, and abilities, the *what* of behaviour” (cited in Goldsmith, Buss et al, p. 508). In defining temperament for childcare workers Chess (1990) says temperament is “a child’s individual style of behaving” (p. 4).

Other elements are that “temperament is always expressed as a response to an external stimulus, opportunity, expectation or demand” (Goldsmith, Buss et al p. 509) and “Thus, temperament is an attribute of the child that mediates the influence of the environment” (p. 509). This is an important point for the development of the profiles. If temperament mediates the influence of the environment then it could be expected that as infants change environments, aspects of their temperament will be influential in their responses to the change, and, relative to the research reported here, to the settling in process and outcomes. Any aspects effecting responses to change would be found within the nine temperamental traits identified by Thomas and Chess.

Thomas and Chess nine temperamental traits

Thomas and Chess developed nine categories of temperament from an analysis of the parent surveys in their study. The nine categories are:

Activity level: amount of movement and bodily activity.

Biological rhythms: Regularity or irregularity of such functions as sleep-wake cycle, hunger, and bowel elimination.

Approach to or withdrawal from new stimuli: How the child responds to a new situation or other stimulus.

Adaptability: How quickly or slowly the child adapts to a change in routine or overcomes an initial negative response.

Predominant quality of mood: The amount of pleasant, cheerful, and openly friendly behaviour (positive mood) as contrasted with fussing, crying, and openly showing unfriendliness (negative mood).

Intensity of reaction: The energy level of mood expression, whether it is positive or negative.

Sensory threshold: How sensitive the child is to potentially irritating stimuli.

Distractibility: How easily the child can be distracted from an activity like feeding or playing by some unexpected stimulus – the ringing of the telephone or someone entering the room.

Persistence / Attention span: These are two closely related traits, with persistence referring to how long a child will stay with a difficult activity without giving up, and attention span referring to how long the child will concentrate before his or her interests shift.

(Chess, 1990; Chess & Thomas, 1996).

The nine temperament traits will be discussed further when the construction of the survey is detailed in Chapter 3. The traits provide the observable behaviours that can be presented to caregivers for selection in the

construction of the profiles of the ‘settled’ and ‘not settled’ infants. Chess and Thomas found that the traits cluster into three patterns.

Thomas and Chess’s three major temperamental patterns

Thomas and Chess (Chess, 1990, 1987) also discerned three clusters of traits that they designated ‘easy’, ‘difficult’ and ‘slow to warm’. While not all children were found to fit into one or other of these clusters, they report 40% of children exhibited an ‘easy’ temperament, 10% were in the ‘difficult’ category, 15% in the ‘slow to warm’ and 35% did not fit into any of these three.

The easy child is “regular in biological rhythms, positively approaches most new situations, adapts quickly and has a predominately positive mood of low to medium intensity” (Chess 1990, p. 10).

The difficult child shows “irregularity in biological functions, non-adaptability, predominately negative (withdrawal) responses to new stimuli, high intensity, and frequent negative mood expressions” (Chess & Thomas, 1997, Marcus, Chess et al, 1972, p. 316).

The “slow to warm” child shows “initial negative responses of mild intensity to new stimuli and often combined with slow adaptability after repeated contact” (Chess & Thomas, 1996; Marcus, Chess, & Thomas, 1972 p. 315). These ideas about temperament have found resonance with early childhood practitioners and are widely referred to in the professional literature (Berk, 2005b; Gonzalez-Mena & Eyer, 2007; Honig, 2002; Lally, 1990). Chess and Thomas’s nine traits were also selected as the basis for the Australian Temperament Project. “Questionnaires used initially in the ATP were derived from the best established approach to temperament measurement at that time, namely that of Thomas and Chess” (Sanson et al, 1998 p. 12).

The Australian Temperament Project

The Australian Temperament Project began in 1984 with 2443, 4 – 8 month old infants and now has data on two thirds of that group up to their 21st year. The project is a longitudinal study of a group of urban and rural children in Victoria, Australia. The project was developed to trace the socio-emotional development of the children.

“Child temperament was chosen as the focus of this longitudinal study, as being a major influence on behavioural and emotional adjustment, both as an intrinsic and relatively stable child characteristic and in its influence on interpersonal interaction across development” (Sanson, Prior, Oberklaid, & Smart, 1998) p.7.

Parents, Maternal and Child Health nurses, Primary School teachers and from 11 years old, the children themselves have completed questionnaires.

Australian Temperament Project temperament traits

Factor analysis of early data from the ATP revealed that the nine traits from Thomas and Chess did not reliably emerge and Sanson, Prior et al (1998) determined that a smaller number of traits adequately represented the infants' temperament in the Australian study. These factors varied across the ages of the children studied and are reported in various studies (Prior, Sanson, Smart, & Oberklaid, 2000). Factors found to be significant for infants were approach, irritability, cooperation-manageability, activity-reactivity and rhythmicity (Prior, Sanson, Smart, & Oberklaid, 2000) .

Approach refers to the tendency to approach or withdraw from new people and situations and shy versus outgoing.

Irritability reflected tendencies to negative affect such as crying and whinging..

Cooperation-manageability covered the ease with which the child adapted to change and to parental demands related to routines like feeding, bathing etc.

Activity – Reactivity is active reaching for objects and intensity of reactions.

Rhythmicity refers to regularity of biological rhythms (eating, sleeping, toileting).

These items from the Short Temperament Scale for Infancy developed as part of the ATP provide the behavioural details for development of the temperament components of the profiles of the ‘settled’ and ‘not settled’ infant and will be discussed further in Chapter 3.

Across temperament researchers there are features of temperament that are agreed upon. These unifying aspects will now be looked at.

Temperament and settled in to care

Given the components of temperament outlined above it can be argued that any infant settling in to group care is going to have that adjustment mediated by their temperament. Perhaps particular aspects of temperament are helpful for an infant making the transition to group care and settling in to a centre and will be evident by their presence or absence in any list of ‘settled’ and ‘not settled’ behaviours.

One last aspect of temperament and its applicability in understanding an infant's development needs to be presented. Of all the aspects of temperament presented by Chess & Thomas, the concept of 'goodness of fit' is perhaps the most useful. It provides information for parents and practitioners that allow the adult to adjust to the infant's temperament and to influence the expression of the infant's inborn traits in positive ways.

Goodness of fit

One of the most significant practical contributions Alexander Thomas and Stella Chess have made to our understanding of children's development is the idea of 'goodness of fit'. Dr. Chess (Chess and Thomas, 1987) writes that their work with temperament lead to the understanding that an infant's temperament could influence a parent's attitude and caregiving practices. The relationship that develops between an infant and their parent is a two way process of active and mutual influence. Given that that is the case, Chess says she and Thomas were interested in why some children followed a healthy and smooth developmental course and yet other children, for no obvious reason, developed behaviour problems and encountered other difficulties in their relationship with their parents and others. Thomas and Chess identified a general principle they called 'goodness of fit'. Chess & Thomas write (1987, p. 56).

“Goodness of fit exists when the demands and expectations of the parents and other people important to the child's life are compatible with the child's temperament, abilities and other characteristics. With such a fit, healthy development for the child can be expected.”

Even the so called difficult temperament traits do not have to result in a ‘poor’ fit if the parents’ attitude and acceptance of the child’s temperament mean that their demands and expectations are compatible with the child’s temperament, abilities and other characteristics. For example a poor fit could also exist where a child’s temperament was basically an easy one if the parents’ expectations were different, perhaps they wanted a feisty active child and see the quiet happy child as somehow unresponsive and disengaged.

The concept of ‘goodness of fit’ is relevant to caregivers as well as parents and it is possible that information from the carer participants will reflect the importance of goodness of fit for infants settling in to care.

We turn now to a discussion of temperament and its contribution to the research reported here and the development of the profiles.

Temperament and the research reported here

It seems apparent from the discussion above that an infant’s ‘typical way of responding to stimuli’ that is, their temperament, is going to be evident in their first encounters with childcare. The infant’s ability to approach new situations, and adapt to change may influence how they settle into care. Infants are less likely to be distressed by the newness of the care situation if temperamentally they like new things and approach rather than withdraw from new situations.

The infant’s predominate mood (positive or negative) could also influence the settling in process. Infants who are basically happy are likely to cry less and draw the positive attention of caregivers and other babies. Infants who have regular biological rhythms are also easier to care for. They are more predictable with their needs and carers report they are easier to care for with

their feeding and rest cycles as a consequence (Marcus, Chess, & Thomas, 1972). Cooperation and manageability could also be significant in assisting an infant to settle into care. If they are cooperative and respond to caregiver's attempts to calm and reassure and distract them when distressed then they are likely to find the support they need to make the transition.

It is important that temperament dimensions are looked at to see if they are included in any profile of the 'settled' child' or the 'not settled' child.

Temperament: a summary

Temperament is an infant's typical way of responding to situations and these temperamental tendencies are innate and observable from birth. The literature on temperament was reviewed, with a focus on the work by Thomas and Chess and the Australian Temperament Project. The reasons for the relevance of these two and the selection of the temperamental traits from the ATP for this study were presented and argued.

Information on temperament, temperament traits and dimensions of temperament that influence transition experiences was presented. It was argued that because these traits are present from birth and some of them will be more influential than others in an infant's experience of transition some of the traits are likely to be present in a profile of the behaviours of a 'settled' infant and a profile of a 'not settled' infant. More will be said about particular traits and their possible inclusion in the profiles in the following chapter on the development of the survey instrument.

It is necessary to be explicit about the importance of any research undertaken so the benefits are apparent and the contribution clear. Some of these issues have been presented in the literature review as they were

discussed. Other issues that have not yet been covered but also illustrate the importance of the current research will now be presented. This discussion begins with information on transitions as times of risk, followed by a discussion of the importance of the early years for future development and finishes with information about brain research and the early years.

Illustrating the importance of the research

Transitions as times of risk

Transitions between events, for all of us, are times of risk even when they are prepared for and handled well. Infants, because of their dependency on adults are particularly vulnerable and the transition from home care to centre based care is a time of potential risk for the infant (Ainslie, 1990; Rauh, Ziegenhain, Muller, & Wijnroks, 2000; Rolfe, 2004). In the first year of their life infants' relationships with their parents are still being formed, their experiences of the warmth and care available in the world are being established and their expectations of their needs being met are still developing (Brazelton & Greenspan, 2000). Erik Erikson (1963) in his Psycho-social theory talks about these first 18 months as the time an infant learns trust and mistrust. Infants handled with emotional warmth and whose needs for physical care and food are met promptly and accurately, learn they can trust the world and can be free to engage cognitively and emotionally with it. The subsequent stages of development using the child's increasing skills, which promote autonomy, initiative and industry, build on these early experiences of the world (Erikson, 1963).

These first months are also times of ‘attachment in the making’ (Bowlby, 1969) as the infant develops an attachment relationship with their primary carer reflective of the quality of that care. As infants enter childcare the adults who care for them and meet these basic needs, changes from their parent to another one or more adults. It takes time for the new adult/s to get to know the infant and their ways of communicating their needs. The beginning levels of trust and attachment developing with their parent need now to also be developed with their centre carer/s (Helen, 1996; Honig, 2002; Rolfe, 2004).

Centre staff rosters often mean that an infant is not cared for by the same person each time they come and as a consequence this ‘getting to know you’ process has to be repeated with several carers and consequently takes more days. If the carer/s and the parent respond to the child in similar ways the infant receives ‘consistency of care’ and this will be less disruptive of the infant’s developing sense of trust and attachment (Wise & Sanson, 2003). In these first weeks in care the infant needs to adjust to a new setting, new companions, routines and carers (Wise & Sanson, 2003). If they are handled in ways familiar to them and responded to immediately and accurately when they cry or seek out some comfort, the disruption to their security is likely to be less and they are less vulnerable.

The research reported here focuses on the outcomes of that ‘settling in’ process with a view to understanding what elements might make the transition less potentially disruptive for the infant. Before discussing four studies (Dalli, 1999a; Lee, 2006; Thyssen, 2000; Xu, 2006) which focus on the infants experience of entering care, other studies on the adjustment, or outcomes of the transition will be reviewed.

Research on transitions / infants settling in to care

When the literature search was set to find research studies on infants' transition into care very few were found. The ones found are reviewed here for the information they may provide to guide this present research. Comment is also made on the specific gaps in information and the contribution of the research reported in this thesis to the research literature. Of the fourteen research studies found it is interesting to note that they cover a range of countries, perhaps reflecting a wide spread concern for children's transitions into care. Countries where research has occurred are Italy (Fein, Gariboldi and Boni, 1993; Fein, 1995), The Netherlands (de Schipper, Tavecchio, Van IJzendoorn, & Van Zeijl, 2004), the United States of America (Ainslie, 1990; Cryer et al., 2005; Lee, 2006; Raikes, 1993; Xu, 2006), Denmark (Thyssen, 2000), Germany (Ahnert, Gunnar, Lamb, & Barthel, 2004; Rauh, Ziegenhain, Muller, & Wijnroks, 2000), New Zealand (Dalli, 1999a) and Australia (Harrison & Ungerer, 2002). This smattering of research covers the years 1990 to 2006, so while there has been an abiding interest there is still a lot of information that can be acquired about the importance experience of transition to care for infants.

The Harrison and Ungerer study (2002) focussed on the attachment relationship between infants and their mothers at 12 months and not directly on their transition experience so the research being reported in this thesis is the first of its kind in Australia.

Of the 14 studies found only 6 focussed specifically on infants in transition. Two of the six are the Fein studies and have already been extensively discussed so will not be further reviewed here. The other four will

be reviewed after looking at the studies that also focus on the infant's early days in care but not specifically on their transition. The studies look at attachment, cortisol levels, the abruptness or lenience of the separation process and levels of distress and negative behaviour when changing childcare rooms. The research conducted by Zajdeman and Minnes (1991) "Predictors of children's adjustment to day care" will be reviewed first.

The research by Zajdeman and Minnes (1991) has been mentioned before in the literature review because it was the only study found which indicated recognition of an initial period of distress and anxiety and withheld data collection until after that period. "Teachers were not given the questionnaires until the child had been in day-care for at least two weeks, when distress and anxiety are significant for all children beginning day-care" (Zajdeman & Minnes 1991, p. 16). The recognition of this time is worth noting because it infers a differentiation between the first few weeks and the infants' overall adjustment to care which they say takes 10 – 12 weeks. Zajdeman and Minnes' source for this comment is a report by Vaughan, Deane and Waters (1985). However a careful reading of the Vaughan et al article suggests that this was not a firm finding and only a suggestion on their part. Zajdeman and Minnes use the timing as an argument for the timing of the collection of their data between two weeks and two months in care. No other rationales or references to timing were found in any of the other research. As mentioned earlier, other researchers appear to arbitrarily decide and give no specific information about the timing of their research data collection. It is a contribution of the research reported in this thesis that the issue of the time it

takes for an infant to settle in to care is addressed and the information would be available for future researchers to refer to.

Zajdeman and Minnes (1991) research is another one that while titled “Predictors of children’s adjustment to day-care” does not define adjustment clearly or prior to conducting the study. In fact, the measure identified as the ‘adjustment to day care’ assessment instrument is a Preschool Child Behaviour Checklist (PCBC) (Hodges, Buchsbaum & Tierny, 1983 cited in Zajdeman and Minnes 1991) The behaviours of the youngest children in the study, 12 months, would be substantially different from the 60 month olds the test was designed for so one wonders how useful the instrument could be. No mention is made of adjusting it. In their section on “Directions for future research” Zajdeman and Minnes write, “Future research, therefore must decide whether adjustment is to be defined in terms of continuous or categorical measures, while also clearly delineating the operational definition of adjustment” (p. 25). Their comments highlight the dilemma discussed earlier in this literature review and the need to distinguish between the ‘settling in’ process or as they say ‘children’s initial reactions to out-of-home care’ and the larger overall adjustment process. The research reported in this thesis makes a contribution to further understanding of adjustment or as argued above, settling into care, as a part of overall adjustment to care.

Zajdeman and Minnes (1991) used five measures for their study. The inclusion of an attachment measure, *Attachment Q-Set* (Waters & Deane, 1986 cited in Zajdeman & Minnes, 1991) and a temperament measure *Dimensions of Temperament Survey-Revised (Dots-R)* (Windle & Lerner, 1986b cited in Zajdeman & Minnes 1991) support the decision for the current research to

include these two aspects in the survey. The other measures, a parenting stress index, an environment rating scale and the behaviour checklist mentioned above were relevant for their study but have little to offer the research reported here, which was not an observational study.

As with most other studies the Zajdeman and Minnes research was not focussed specifically on infants but covered children aged 12 – 60 months. The specific results for children under 2 are not presented and therefore limit the study's usefulness for the present research. What is useful is the comment on the need for further definition of adjustment. Also interesting are the findings that temperament was a factor in the children's ability to adjust to care and that security of attachment to the mother was not significant in the children's ability to adjust to care. The decision to include security of adjustment to the carer (not measured in Zajdeman and Minnes research) in the present research may shed some light on why attachment to the parent was not found to be a significant factor by Zajdeman and Minnes.

Attachment status with the mother, as a measure of adjustment, was also used by Rauh, Ziegenhain, Muller and Wijnroks (2000) in their study of "Stability and change in Infant-mother attachment in the second year of life". Rauh et al's research is one aspect of one portion of a longitudinal study of infants' adaptation to novel situations. The section reported looked at the effects on mother child attachment of an abrupt or prolonged familiarisation time for infants entering care. Rauh et al hypothesised that

“the mode of introduction to day care (whether familiarization time is extremely short [abrupt] or prolonged [lenient] would influence the

attachment relationship to the mother only if infants were at least 12 months of age at the time of day-care entry” (p. 255).

Fifty-four infants were followed and attachment outcomes at 21 months were used as the outcome criterion for the effects of the day care experience (p. 269).

The results reported are that securely attached infants mainly experienced a lenient mode of settling in to care and insecurely attached infants mainly experienced an abrupt change from home to centre care. They also report that securely attached infants had mothers high in maternal sensitivity and they posit this may have affected the decisions about the infant having an abrupt or lenient settling in time. However as hypothesised by Rauh, Ziegenhain et al, the mode of familiarisation only appeared to make a difference for infants beginning care after 12 months. The authors report that all infants who changed from a secure to an insecure attachment were over 12 months of age and had had an abrupt familiarisation process. The suggestion is made that very young infants have not yet developed a ‘working model’ of their mother while the 12 month plus infants have a working model and therefore tend to ‘put the ‘blame’ for their unpleasant abrupt familiarization with day care on their emotional relationship with their mothers (p. 276).

While the Rauh, Ziegenhain et al study overall is not specifically about the infants’ transition to care it does contribute information to the study reported here. The portion of the longitudinal study reported by Rauh, Ziegenhain et al is primarily a study of the effects of day care with a focus on the mode of entry in to care. The use of attachment status as the criteria for determining the effect of care is consistent with many other studies and affirms

the decision to include attachment as a component of the profiles of the settled infant in the research being reported in this thesis. The Rauh, Ziegenhain et al study did not test for attachment to the carer but one wonders whether a sensitive caregiver could have ameliorated the effects of an abrupt transition to care. While a sensitive caregiver may not have altered the infants changed perception of their mother's behaviour towards them, the caregiver may have been able to develop a secure relationship with the infant. This developing secure relationship may have diminished the infant's distress at separation. Caregivers in the present study were asked which procedures in their experience, supported infants' transition to care and Rauh's study provides some insight for examining their responses.

The finding from Rauh, Ziegenhain et al's work that sensitive mothers had secure infants and that their sensitivity may have affected the procedure they used for beginning day care for their child is reflected in a study by Harrison & Ungerer (2002) which looked at "Maternal Employment and Infant-Mother attachment security at 12 months post partum". This wider study included in the measures a component looking at the mother's use of childcare and timing of her return to work that offers information for the research being reported in this thesis.

Harrison and Ungerer report that "In our sample, [145 mothers and their infants] women who were more committed to combining work and motherhood soon after the birth of their first child were rated as more sensitive in their interactions with their infants and more likely to have secure infants" (p. 770). One implication for the research being reported in this thesis is that it is primarily the same type of mothers who are using childcare for the infants

under two years that this current study asks carers to report on. Consequently, the decision to include attachment to the mother as a portion of the profile is supported. Harrison & Ungerer also report that the early return to work group had the highest proportion of use of childcare centres. It is likely that when carers are reporting on factors affecting the infants' ability to settle in to care the mothers attitude to a return to work and the use of childcare may be salient for the examination of the results of the present study.

Another study, which uses attachment measures as one indicator of the infants' response to childcare, also introduces another measure – cortisol levels (Ahnert, Gunnar, Lamb, & Barthel, 2004). The Ahnert, Gunnar et al research has been discussed previously in this literature review so it only remains here to draw out further implications for the present study. It was pointed out earlier that younger infants appear to find the separation from their mother less stressful than older infants who are more cognitively aware of her and her presence. It could be expected then that Ahnert, Gunnar et al's study into the cortisol responses of children entering care would focus on toddlers with potentially higher distress response levels and that is the case. While the Ahnert, Gunnar et al research does not look at infants; the research does look at the 'adaptation phase' and so is useful in that sense for the research being reported here. Ahnert, et al's research, described the transitional period in two phases. The adaptation phase is the first two weeks when the toddlers attended part time and were accompanied by their mothers. The separation phase is described as the first two weeks without the mother when the toddlers were tested on days 1, 5 and 9 but the test is then repeated in month 5. No reason is given for the selection of these times except it appears to be common policy

that parents stay two weeks to assist their infant to settle in, hence the 2 week adaptation phase. No reason is given for the return at 5 months to retest the cortisol levels. The Ahnert, Gunnar et al research results agree with other studies that maternal sensitivity and secure attachment and more supportive transitions to childcare are linked and it repeats the absence of explanation for the time lines for defining the transitions. It includes a measure of temperament and two findings may prove useful in the analysis of the present research data.

The temperament measure included in the Ahnert, et al study used a selection of items that provides support for the items included in the research reported in this thesis. Three dimensions were selected: “approach-withdrawal (typical reactions to new persons or situations), adaptability (ease with which the child adapts to changes in the environment), and negative mood (amount of irritability, sadness and negative mood typically displayed by the child)” (p. 642). The inclusion of a measure of temperament in a study of transitions indicates the importance afforded it by the researchers and suggests that attachment alone, as is the case in other studies, is not considered by the researchers to be sufficient to explain the infants’ response to separation from their mother.

There are two findings from Ahnert, et al that may be useful for further discussion within the present research’s outcomes. Ahnert, et al reported that secure infants had higher fuss and cry levels during the separation phase but lower cortisol levels while the mother was with them in the adaptation phase. They also reported attachments remained secure or became secure if mothers spent more days settling their child in to care (p. 639). This increased distress

level is also evident in the report of the results of a section of a research project on continuity of care for infants and toddlers that we will look at next.

The research, which indicates the importance of gathering information about the effects of transitions on children's development, is underway in North Carolina in the United States. According to the authors, (Cryer et al., 2005) the results reported on one phase of this larger research "Effects of transitions to new child care classes on infant/toddler distress and behaviour" have limited generalisability (p. 52). However given the dearth of studies on transitions it does have information to offer the research reported in this thesis. One interesting finding reported by Cryer, et al is that overall for the thirty-eight children involved, "both distress and problem behaviours returned to pre-transition levels within 3 weeks" (p. 37). The final testing period was chosen as three weeks. No reason for this is reported. It does however provide some sense of the time the transition to the new class took although the use of the words "within 3 weeks" implies some children adjusted to pre transition levels earlier than others. Again it highlights the need to define what a 'settled' state is so that there is some way of discerning which children are settled and which are not.

What is of further interest is that Cryer, et al in the discussion at the end, discuss the need to take in to account the temperament characteristics of the children and the 'goodness of fit' between child and carer when looking at the effect of transitions. Neither of these features was apparent in the reported procedures of the study. Rather than temperament, behavioural distress is used as the indicator of the effect of the transition on the infants and toddlers. The researchers report

“Not all children (about 60%) showed more distress upon moving to a new class. This suggests there are individual differences within children as well as perhaps environmental variables which influence whether children’s distress levels increase when moved to a new class” (p. 54).

The individual differences are likely to be based in the children’s temperament and perhaps that acknowledgement is behind the recommendation that for future studies, temperament be included as a measure. This comment supports the decision to include temperament in the study being reported here. De Schipper, Tavecchio, Van IJzendoorn and Van Zeijl (2004) report a study that does look at temperament and goodness of fit and provides some information of value for the present research.

The De Schipper, et al research highlights one of the concerns raised earlier in this literature review. The title “Goodness-of-fit in centre day care: relations of temperament, stability and quality of care with the child’s adjustment” is misleading. The measure of adjustment to care is not clearly indicated. It appears to be the Leiden Inventory for the Child’s Well-being in Day Care (LICW-D) but nowhere in the article is adjustment defined or equated to a clear level of well-being. There is no argument presented that some level on the well-being scale indicates that a child has adjusted. De Schipper, et al, write

”The concept of well-being can be defined as the degree to which a child feels at ease with his or her caregivers, and it also includes how comfortable the child is in the physical setting of the centre and with the other children in the group. This concept is derived from an earlier study (Van IJzendoorn, Tavecchio, Stams, Verhoeven & Reiling,

1998a) and elaborates on positive dimensions of a child's adjustment to day care" (p. 258).

It appears that the concept of well-being as a measure of adjustment does hold some promise and it would be useful to explore it further. At the time of the development of the research reported in this thesis the information on the well-being scale was not available and so it was not considered in the construction of the survey or development of the research.

Another aspect of the De Schipper, et al, research results that can be used to inform the current research is the finding that the temperamental characteristics the child brings

"... are of special significance in that they either facilitate or hamper this process [of adapting]. More easy-going children appear to have fewer problems in adapting to the centre care setting and show more well-being, whereas less easy-going children appear to have more problems and show less well-being" (p. 268).

It is anticipated in the research being reported here that temperamental characteristics will be included in both the 'settled' and 'not settled' profiles and this would be congruent with the results reported by De Schipper, et al.

Before moving on it is important to mention that the data collection for the De Schipper, et al study was collected only once, with a sample of 186 children, 6 – 30 months from 113 different day care centres across three provinces in the Netherlands. The Directors of the day care centres were asked to select a child born on or very close to a specific birth date. No information was sought about how long a child had been in care. It is quite possible that the

well-being scale was being applied to some children who had just entered care and could not yet be expected to have settled. As a consequence some of those ‘difficult children’ showing less well-being may in fact have been new to care. Two questions arise. One is, with well-being as a measure of adjustment it is important to know how much well-being is interpreted as meaning the child is adjusted and the other is, does a difficult temperament mean a child can never reach that threshold of well-being or will they just take more time? Neither of these questions is addressed directly in the research reported in this thesis but information available from the current research may assist in answering the questions further. Another study that also provides information potentially useful in the interpretation of the results from the current research was one of the earliest studies found that focussed on infants’ adjustment to full time care.

The research, by Ainslie (1990) has been mentioned earlier in this literature review because it is one of the pieces of research found which was developed to help answer the question of whether full time day care “poses a risk for the socio-emotional development of the child” (p. 39). It is also included above as one of the studies that used attachment status as the indicator of the infant’s adjustment. Ainslie conducted two studies to “examine moderators of adjustment in children who have been in full time day care since infancy” (p. 41). The first study, reported here because of its relevance to this thesis, looked at centre variables and the second study looked at home based variables. As with the De Schipper, et al research, the infants were only tested once. One implication of this is that the researchers appear to have expected that infants would reach a point of adjustment, an end to the process of settling in to care. However, as with other researchers, they did not explain why they

chose the time they did to conduct the evaluations – 4 months in care and with the carers 3 months.

The average age of the 34 infants was 13.4 months, with the youngest 10 months and the oldest 18 months. Given their ages, three months with the same carer would be enough time for all of these infants to have established a ‘clear cut’ attachment (Bowlby, 1969). The results suggested this is the case but two other results are of more interest for the current research. The researchers report that on an ‘Infants’ Characteristics Scale’ caregivers tended to give more positive ratings to infants classified as insecure-avoidant (quiet & withdrawn). Secure infants were given intermediate ratings and insecure-resistant (distressed and expressive) received the lowest ratings. This suggests that these caregivers saw no problems for the quiet withdrawn infants, as was the case with the carers in Fein’s research who overlooked the quiet withdrawn children. The second finding worth noting for discussion later in this thesis is that securely attached infants tended to have mothers and fathers who were rated by carers as having high contact with their child’s day care centre. Another piece of research that looked at infant’s experience of childcare in the initial period was a Danish research study by Sven Thyssen. It also has been mentioned before in this literature review as one of the pieces of research that does not indicate the rationale for the number of observations undertaken or the time when they ceased. It does however report on infants (rather than toddlers) and is one of four recent studies. These four studies (mentioned above as four of six which focussed directly on infants’ experience of the transition from home to centre based care) will be briefly commented on next, before looking at the professional literature on infants’ transition to care. Unlike Fein’s study

that used quantitative research methodology, the final four being reported on in this thesis, used qualitative methodology.

Thyssen (2000), Dalli (2000), Xu (2006) and Lee (2006) all used qualitative methods to follow infants when they entered care for the first time. Each research project had a slightly different focus but all indicated they were ‘exploratory’ studies. As a consequence of the choice of methodology all had small samples of infants. Thyssen’s was the largest with 10 infants, Xu reported using 8 – 12, Dalli observed 5 infants and toddlers and Lee reports on three dyads (infant and mother). While each of these research studies are informative and add to the data available, what they have to offer the research reported in this thesis is limited because of the small size of each study and the specific circumstances reported. In addition, two studies Xu (2006) and Lee (2006) are masters’ level research studies and few if any conclusions are drawn in their analyses or are available in their reported findings.

Thyssen’s research focussed on the environment the infants entered and reported on the infants’ engagement with the caregivers and objects. The findings may be useful in the discussion of findings for the research reported here but have little to offer any discussion about methodology or outcomes for the infant of the transition. Thyssen reported that the infants studied were “drawn to activities with things and facilities and soon also with peers” (p. 33). Thyssen also reported that for the one child who found the separation from his mother difficult, the caring attitude of the kindergarten teacher who consoled him and distracted him with activities was important in his eventual ability to separate from his mother. This finding highlights again the importance of the caregiver’s attitude to a child and their skill in interactions when infants enter

care for the first time. Dalli, (2000) reporting on her research in New Zealand reached much the same conclusion about the importance of caregivers and reported that “a primary caregiving system has much to offer in enhancing very young children’s experience of starting child care” (p. 1). Dalli’s research will be the last study discussed before looking at the professional literature on infants’ transition from home to centre based care.

Dalli (1999a) used a case study approach and followed five children, their mothers and their caregivers when the children were starting care. Dalli’s research has been mentioned previously in the literature review so further comment here will be limited. The case study approach allowed a depth of information to be gathered and the research adds individual detail to the information available about infant transitions. The results of the focus on the mother’s experience and the caregiver’s experience support information from other researchers that the caregiver’s role in inducting the infant and the mother’s emotional attitude to childcare influence the process for the infant in ways that either support or hinder the infant in their settling in process. Dalli’s concern to understand the process of starting in childcare from the infant’s, the caregiver’s and the mother’s points of view is reflective of a common concern expressed in the professional literature. The concern focuses on providing practical support through parents and caregivers to assist the infant to adjust to/settle in to care. As with the research literature, there is a smattering of articles spread over the last 16 years and these will be reviewed next, before the literature review concludes with a discussion about methodology.

In summary, there were few research studies found which related in any way to the infant’s transition from home to centre based care. Those presented

here dealt with transition as a peripheral aspect while the prime focus was on attachment, cortisol/stress levels, the abruptness of the process of beginning care and levels of distress and negativity when changing rooms in care. Other less related studies were also presented and discussed to discern aspects of methodology or findings which might support the current study or provide points of discussion. The dearth of studies highlights the important contribution of this current research in moving the research agenda forwards towards exploration of the more refined aspects of the effects of care on infants.

Professional literature on transitions and infants settling in to care

The earliest information found in the professional literature was an article in 1981 by Rodriguez and Hignett. The article reports on a project to observe the separation behaviour of 5 to 24 month olds as they enter the Child Care centre. Following that there is a series of four articles written over six years by Jerlean Daniel (1993, 1995, 1996, 1998). Each article focussed on a different aspect of the transition process, the infant, the difficult child, and the transition to group care. All except one article were written for practitioners. The fourth and final article, while also written for practitioners focussed on the mothers' experience of settling their infant into care and highlighted the mother's concerns and fears and the ways the centre could support the mother and through them support the infant in transition. After 1998 there was nothing found until one article in 2002 and then there was an increase of articles and publications from 2003. It is possible that this increase from 2003 also reflects the earlier concern for infants well being, raised in this literature

review, and apparent in the *research* literature from this time. The 2002 article by Edwards and Raikes indirectly addressed the topic of infants in transition within the article's focus on relationship-based approaches to infant/toddler care.

Edwards and Raikes (2002) present the rationale for relationship based programs for infants and toddlers and illustrate their ideas with examples from the U.S.A and Italy. The article stresses ideas raised within this literature review; infant attachment relationships, the importance of temperament in infant's response to care, the infant's needs for cultural and caregiving consistency from home to the centre, and procedures for supporting infants and families as the infants enter care. This focus on transitions is reported as particularly apparent in the Italian centres. Edwards and Raikes writing about the Italian centres say: "In particular, they have worked on developing a gradual, individualised, and respectful period of entry, or transition (called *inserimento*), as a way for families, caregivers, and children to co-construct a sense of belonging and mutual trust" (p. 15). In developing the strategies to assist the infant to settle in to care the aim is to focus on the building of new relationships not the separating from old ones (Bove, 1999). The concept of an individualised transition is also apparent in a 2003 article by Enid Elliot, "Challenging our assumptions: Helping a baby adjust to centre care".

Elliot (2003b) presents a case study of a particular infant entering care who was, at 3 months, very distressed and inconsolable at the separation from her mother. In the course of relating the centre's attempts to assist the infant to settle in to care, Elliot presents the common strategies used and outlines

how they did not work for this infant. Primary care, cultural consistency, careful communication with and support of the mother and a gradual process of orientation and settling in are all mentioned. Strategies that commonly worked with other babies did not work with this child and Elliot writes: “This experience convinced me that some babies need very careful nurturing as they make the transition to care” (p. 27). The baby’s temperament was a major factor in the problems, the solution and the eventually successful transition for this infant. The concern for the individual child and the variety of circumstances of separation expressed by Elliot for the one baby whose response to care resulted in the centre staff feeling that their assumptions had been challenged, is also reflected in a special issue of the Journal “Zero to Three”. The issue, published in 2005 contains articles which

“discuss a wide range of contexts in which children’s experiences of separation have potential psychological and developmental implications: neonatal intensive care, orphanage care, international adoptions, language and communication delay, foster care, centre-based child care, and military deployments” (Goldman-Fraser, Fernandez, & Marfo, 2005.4).

The list is interesting because it draws attention to the wider contexts of infants’ separation experiences. It is possible that the profiles of settled and not settled behaviours and the other results from the research presented in this thesis may be useful in those wider contexts and not just for centre-based care. Goldman-Fraser, Fernandez et al (2005) write about the Zero to Three July issue

“The issue’s core theme, “*Minding the Gaps*,” reflects the basic concern that babies and toddlers in contemporary society are increasingly faced with multiple separations from their primary caregiver(s) that can disrupt the continuity of optimal developmental processes- gaps that can have profound ramifications for both the child and family’s functioning and well-being” (p. 6).

It is the article by Fernandez and Marfo on childcare that is most relevant to the research being presented in this thesis.

Fernandez and Marfo (2005) present “A Screening and Intervention Tool for Practitioners”. “The goal of E-CARE is to enable caregivers to detect potential areas of adjustment difficulty and to intervene before early problems adversely impact the child’s ability to benefit from the developmental and learning experiences offered in the child care setting” (p. 44). The screening tool is designed to assist staff to determine whether an infant is experiencing adjustment difficulties in their transition to care. The tool “combines observation based assessment with specific guidelines to develop an intervention plan” (p. 43). Fernandez and Marfo describe four key components of the E-CARE: the Rating Scale, the Decision Rule, the Background Information Form, and the Action Plan (p. 45). The rating scale is administered, at the staff persons’ discretion on the 9th or 10th day after the infant enters care. Where a plan is implemented, the follow up rating occurs 28 – 35 days later. The same 10 items appear on each of the five age based observation forms. Item descriptions are modified to adjust them for age and development. Items are rated on a 3-point scale; ‘with no difficulty’, ‘with

some difficulty' and 'with great difficulty'. Guidelines are given for interpreting the ratings and deciding if an action plan is needed.

The ten items cover observable behaviours and appear to relate to three categories, although in the data available these connections are not given. The three categories are separation and reunion behaviours with the parent (attachment to parent), caregiver relationship (attachment to caregiver) and infant characteristics (temperament and engagement with the environment). The categories indicated in brackets above are not contained in the article but are the interpretation of this researcher.

The E-care (Fernandez & Marfo, 2005) screening instrument recommends that screening begin on the 9th or 10th day. This implies an expectation that most children will have settled by then but no evidence is given for choosing this timing. The follow up rating is recommended for 28 – 35 days later. This appears to assume that all infants will be settled by 35 days of care. Perhaps it can be assumed that caregiver experience, drawn on to create the tool, would have affirmed these times but that is not said explicitly. The screening is intended to guide intervention for those who have not yet settled. While this is a reassuring thought it does imply that if an infant takes more time than 'expected' then there is something wrong. It will be interesting to see if that implication is reflected in this current research data.

While the development of the Fernandez and Marfo screening tool reflects a collaboration between researchers and practitioners, as the research presented in this thesis also does, what is concerning is the lack of connection with any research literature. The same problem existed for Fernandez and Marfo as existed for the preparation of the research reported in this thesis –

namely, there is almost no specific research. There is however wider child development research available to be drawn on (see literature review). The items in the screening tool reflect some of this information but the links are not drawn, at least not in the available published data on the tool. A careful look at the reference list for the Fernandez and Marfo article indicates that the majority are opinion articles or broadly cover connected concerns but none relate to the items in the scale. This lack of research input is also apparent in the most recently published material found which is an Australian book on separations for infants and toddlers, “Managing change with infants and young children” (Linke, 2001).

The book, published by Early Childhood Australia (ECA) as part of their Research in Practice Series, is aimed at practitioners. Early Childhood Australia is a national umbrella organisation for children’s services and a leading early childhood publisher. ECA is an advocacy group that advises the states and the federal government on policy issues related to children and families. Publication of the book indicates the ongoing concern professionals express for information that will help them assist young children to manage change. Three areas of change are covered: leaving your child at child care for the first time, introducing a new member of the family and starting preschool and primary school. In the ‘leaving your child in child care’ section the advice given is consistent with other material reviewed; the need to reduce stress, to introduce the child slowly, to support the parent and assist them to support their child and to account for the child’s approach to change and new things (temperament). Again a careful look at the reference list of 9 items reveals tenuous connections to the topic of separation and lots of comment but no

research information. Common threads appear across all the professional articles reviewed. These will be discussed next before one related researcher's work is reviewed and a summary of the professional literature section of the literature review is presented.

Common to all the professional articles found, from Rodriguez and Hignett in 1981 to the Linke book 25 years later is an overriding concern for the experience of the infant in transition from home to centre-based care. It is commonly acknowledged that this time is a period of stress for the infant and the parent and the infant's transition needs to be handled carefully and supportively. The importance of the caregiver, especially primary caregiving and continuity of care (with carers and culturally, in care practices) is stressed. Each article acknowledges the wealth of caregiver experience and in the Fernandez and Marfo screening tool the direct contribution of the caregivers. The emphasis on the wisdom and experience of the caregivers, apparent in the professional literature, is reflected in both the content and the methods of the research being reported in this thesis. In addition this thesis addresses two issues evident in all the articles and that is the lack of direct research evidence to support the content being presented and the tenuous connections with other related research on child development (the attachment and temperament literature). In carefully presenting the related research data and using it to construct the survey instrument this thesis makes explicit the connections implied in the professional literature. Also, importantly, the wisdom and experience held by carers is gathered and added to the available research literature for further discussion and research. One further researcher's work, Helen Raikes (1993, 1996) needs to be introduced because it is the one

research study and related professional article that is reported across most of the transition to care articles reviewed (Cryer et al., 2005; de Schipper, Tavecchio, Van IJzendoorn, & Van Zeijl, 2004; Elliot, 2003; Lee, 2006).

Raikes' research focussed on infants' entry in to care but not the transition time. She looked at infant attachment to caregivers, over time. In order to conduct the research it was necessary for infants to have primary caregivers for extended amounts of time and to be cared for in small groups. Raikes used a resource 'The Early Childhood Teacher Perceiver' (ECTP) (Selection Research Incorporated [SRI] 1989 cited in Raikes, 1996, 1993) to select teachers high in empathy, warmth and commitment to child care, who were willing to agree to an extended contract to care for the same small group of children over 3 years. The research results show that all infants cared for by high quality, well-trained teachers for more than one year established secure relationships with those carers. It would take a special effort to repeat the care situation for other children. It is reassuring to know that given time with carers of sufficient quality and training, infants will establish secure relationships. The research situation described by Raikes is rarely duplicated although several programs in the USA are organised in that manner (Edwards and Raikes, 2002). The Raikes' research data supports the focus on attachment to carers as an important part of an infant's experience in childcare. Therefore one would expect that in the vulnerable transition time, during the settling in process, that the infant's experience with the carer would be important. The research reported in this thesis extends the concepts developed by Raikes by focusing on the infant's early days in care, when the preliminary steps to establishing a secure relationship with a carer occur. Raikes' research with primary

caregivers raises an issue referred to before in this thesis that is worth further attention.

The issue of the use of primary caregivers emerges across the research and professional literature and will be introduced and discussed before moving on to discuss methodology. Primary caregiving is the practice of assigning one carer to each child and family when they first enrol in a centre. An increasing number of centres are using this practice with infants with the express purpose of facilitating the settling in process (Bernhardt, 2000). It is not widely used with toddlers and preschoolers entering care.

Settled into care – Primary carers

In recent years in South Australia there has been a perception that the use of a Primary Caregiving system in infant rooms will be beneficial for infants and also for their carers. The perception is that if children are assigned to one carer and that person liaises with the parents and other staff then they have an opportunity to get to know the infant well and relatively quickly. In discussing the infant's care with the parents the opportunity arises to provide some cultural continuity of care for the infant (Bove, 1999; Edwards & Raikes, 2002; Gonzalez-Mena & Eyer, 2007; Helen, 1996; Honig, 2002; Linke, 2001; Rolfe, 2004; Thyssen, 2000; Winter, 2003; Wise & Sanson, 2003). Primary caregiving is seen to promote the infant's attachment to one familiar carer and by implication their 'settling' in to care and their overall development while in care (Bernhardt, 2000; Dalli, 2000; Helen, 1996; Thyssen, 2000). Winter (2003) in her research on infants' well-being in South Australian centres found that the primary care system promoted the infants' overall well-being.

If the eventual proposed list of ‘settled’ behaviours includes or is exclusively the secure attachment indicators, then this current research information will support the decision of centres to offer primary care. It will affirm, at least in the opinion of this group of carers, the connection between secure attachment and being settled into care.

The countering argument heard in care circles is that having primary caregiving encourages an infant to attach to one person and therefore they become distressed when that person is not there, and that is difficult for other carers and the child (Rolfe, 2004). While this argument has a reasonable following it fails to acknowledge basic information about attachment. That is, children are capable of multiple attachments and that secure attachment to one carer allows the child to reach out to their environment and perhaps attach to others.

It could also be argued that the policies that do not promote primary caregiving do not *discourage* ‘attachment’ but rather encourage ‘insecure attachment’ and thus create further challenges both for the infants and the carers.

It will be important to learn what proportion of the carers in the sample used for the current research support the use of primary caregiving. The use of a primary caregiving system is a management decision within each centre and has considerable implications for costs, staffing and rosters. It is possible that carers may be in favour of a primary care system but work in a centre that has either decided against it or is still looking in to it. The use of a primary caregiving system is only one way of supporting infants to settle in to care. The caregiver participants in the research reported in this thesis are likely to have

knowledge of other centre practices and staff procedures which support infants to settle in and this information will also be gathered by the survey instrument. The use of a survey instrument as the primary research methodology was determined by the questions being asked. After presenting a summary of the research and professional literature, a preliminary general discussion of the factors leading to the choice of a survey instrument and focus groups will be presented, with more specific information detailed in the following chapter.

Summary of the research and professional literature

The review of the research and professional literature presented in this literature review illustrated the ongoing concern, over the last 16 years, of researchers and professionals, with the effects on infants' development, of the experience of the transition from home to centre based care. It is argued that until the overarching issue of the effect of group care on infants was largely answered (as positive and not harmful) attention was not turned to the finer detail of the infants' transition experience. Arguments raised in the earlier sections of the literature review about the lack of definition of what settled means, whether research on transition to care was looking at process or outcomes and the time it takes for an infant to settle in to care were all reflected in the articles presented.

The research articles presented illustrated the scarcity of research on an area of development where there is general agreement that it is important for infant development. The research presented in this thesis adds information to the research data available for other researchers and practitioners. The ongoing concern of caregivers with the infant's experience of transition was illustrated

through the presentation of the detail of the steady stream of professional articles published over recent years. The articles demonstrated that a rich source of information is available from caregiver's experience. It is that caregiver wisdom that the research presented here intends to collect and analyse to add to the research literature. The point was made, above, that to survey a large number of caregivers and draw out their experience and understandings of infants' settling in to care is a methodological approach not previously used in transition to care research. The next section of the literature review will discuss previous methodologies and issues arising from them that contributed to the methodological decisions made for the research being reported in this thesis. In particular arguments will be presented for the use of caregivers as sources of information and for the use of a mixed mode method of research.

Review of methodology of adjustment to care research to date

The earliest research on infants' transitions reported in this current thesis was the work of Robertson (1953) and Bowlby (1956). In keeping with the Ethological theory espoused by Bowlby and the Ethological theory's focus on observation of animals and humans in their natural habitat, the infants separating from their mothers were observed, over time, within their nursery setting and then again once they returned home. The Robertson and Bowlby early studies were designed to apply scientific methods and constructs to observations of human behaviour. Mary Ainsworth (1978) and Ainsworth & Bowlby (1991) expanded her observations of the Ganda infants in their tribal setting in Uganda by developing a laboratory 'test' for attachment status commonly called the 'Strange Situation Test'.

Without going in to great detail here, the test used a standardised setting (a room with toys and an adult chair and a one way mirror for viewing the infants' responses) and a standardised procedure (infant and mother in room, stranger enters then leaves, mother leaves infant alone and then mother returns) to view the infants use of the mother as a secure base (see earlier information) and to record the infant's reunion behaviour. It is the reunion behaviour that is considered most significant in indicating an infants' attachment relationship with their mother/parent (Ainsworth, Blehar, Waters, & Wall, 1978). The Strange Situation is a test that has been used consistently since the 1950's and is in evidence today in research into infant's attachment behaviour (Ainslie, 1990; Harrison & Ungerer, 2005). Another method for determining infant attachment status developed to replace the use of a special laboratory is the Attachment Q-Set (Waters, 1995).

Parents or caregivers are given a set of cards with descriptions of infants' behaviours and asked to 'sort' them in to how often, in their experience, they think the behaviours occur. These results are then used to identify the infant's attachment status. In the adjustment to care research reported in this thesis's literature review, Q-Sets were used by Zajdeman and Minnes (1991) and Raikes (1993) (see earlier detail). Both methods of determining attachment relationships (Strange Situation and Q-Set / Q-Sort) are cumbersome, used with individual children and very time consuming. The research being reported in this thesis draws on attachment theory and the principle of observation of infants in the natural setting however the observers reporting their information are the respondents in the research. The caregivers are essentially reporting their 'findings', their 'observations' of numerous

infants entering their childcare rooms over a number of years. It is akin to compiling the information from a large number of strange situation observations or Q-Set evaluations and drawing conclusions across those results. The research in this thesis reports on many more infants than is usually presented with either of the other methods available for determining attachment. The direct observation of infants, using techniques other than the Strange Situation or Q-Set, has been used in other studies into infants in transition with the observations analysed and reported using either quantitative or qualitative methods. Several of these pieces of research, already presented in the literature review will be looked at again next, to identify issues arising around the advantages and limitations of the single methodologies (quantitative or qualitative) used.

Fein, Gariboldi et al (1993) and Fein (1995) used observations of the infants and a time sampling methodology to quantify the infants' responses over their first six months in care. This technique allowed data to be gathered more conveniently on larger numbers of infants (46 and 99) than the qualitative methodology that will be discussed next. By quantifying the data across the numbers of infants observed, general patterns could be extracted and reported but the specific details of the individual infants was not available. The focus of the research was on the infants themselves and the caregivers' interactions with them over six months. Data was not gathered directly from the caregivers in interviews or other ways. This meant that in reporting the results, the caregiver's observations were not available to assist in the interpretation and discussion of the infant's responses. It would have been useful to know if the caregivers were aware of the detachment-like response of some infants and/or

of the variation in their own caregiving patterns during the six months with the despair-like infants. The general information provided is very useful but the addition of qualitative information would perhaps have further clarified some of the findings. Dalli (2003) reported that a dearth of in-depth information from caregivers and parents in the literature was a prime motivator for her decision to include caregivers and parents in her research and to use a qualitative (case study) methodology. The use of the case study approach allowed Dalli to gather a great deal of in-depth information about 5 children. While the depth of data gathered is informative and adds specifics/detail to the research information available, the data is necessarily limited and not readily generalisable to other infants or settings. In both of the cases just mentioned the researchers (Fein, Gariboldi and Boni, and Dalli) have chosen a single research methodology – quantitative in Fein’s case and qualitative in Dalli’s case. One study was found which used a mixed mode method of research and combined quantitative and qualitative data collection.

Ainslie (1990) combined the quantitative methods of the Strange Situation, an Infant Characteristics scale and direct observations in the centre with a qualitative method, semi-structured interviews, to gain information about factors influencing the infants’ transition to care. The mixed method allowed the results of the statistical analysis across the experiences of the 34 infants to be interpreted in the light of the information gained from the interviews, thus combining trends with detail. Ainslie’s research was conducted in 1990 and all of the studies found and reported in this literature review, post dating 1990 have used *either* qualitative *or* quantitative methodologies. The strength apparent in Ainslie’s study was that the

qualitative data strengthened and added to the interpretation and discussion of the quantitative data. It is surprising that this use of a mixed method approach is not apparent in the most recent research. The behaviour and responses of infants entering care are necessarily affected by the quality of the environment and the type of carer interactions they encounter. To only count and quantify information misses the subtlety and richness that is added when qualitative information is also gathered and available. The research reported in this thesis moves the methodological approaches to research on infants entering care into the realm adopted increasingly in other research by combining qualitative and quantitative data.

Summary of comments on methodology

“Research can be divided into two broad categories: *quantitative research* and *qualitative research*. Quantitative research consists of research in which the data can be analysed in terms of numbers. Research can also be qualitative; that is, it can describe events and persons scientifically without the use of numerical data” (Best & Kahn, 2006, p. 79).

Both of these have advantages and disadvantages. The use of quantitative methods allows statistical analysis of the information gathered and provides results that can be reported with some confidence from a larger group of participants. However qualitative methods allow an in depth and more responsive reporting of the results. Examples of the use of both of these are apparent in the research on infants in transition from home to centre care reported in the literature review and discussed in this section of the current thesis. Only one of the studies reported used both quantitative and qualitative

measures. Ainslie's (1990) research in to 'Family and Centre contributions to the adjustment of infants in full-time care' used a semi-structured interview to gather data from the families, in addition to the quantitative methods used to gather data about the infants' adjustment. Johnson, & Christensen (2004) reported that researchers are increasingly adopting a mixture of the two types of methodologies because it allows a more thorough investigation of some topics. This combination of methodologies is not apparent in research in to infants' transitions in to care in recent years but is a feature of the research reported in this thesis.

The combination of methodologies allows the caregivers' extensive experience of many infants to be examined to construct the profiles of the 'settled' and 'not settled' infants using a quantitative method (survey). A qualitative approach (survey and focus groups) gathers the detail of caregivers' understandings and experience and provides data to assist in the interpretation and explanation of the findings. The addition of the qualitative approach to the quantitative approach, which was necessary to develop the profiles, enriches the interpretation of the profiles and extends the information reported in this thesis on infants settling in to care. The two features, surveying the caregivers and using a mixed mode of research are unique contributions to the Early Childhood and Child Development literature made by the research being reported here.

A summary of the literature review chapter will be presented next before the questions and possible outcomes that are the foci of the research being reported in this thesis are detailed.

Literature Review: a summary

The literature review began with a discussion of the need for the research presented in this thesis. The increasing number of infants, world wide, spending increasing amounts of time in part time childcare mean that a large percentage of infants (and their carers) have to cope emotionally and physically with daily separations from their primary carer. This separation comes at a time when infants are still establishing their first attachment relationship with an adult and many researchers, parents and professionals are concerned that an infant's development may be harmed by the disruption of the separation. The research reported here posits that infants' adjustment to care is significantly influenced by the settling in process and that it is important to know more about the process and outcomes of the transition from home to centre based care. Other researchers have look at the process/es but within the research literature there is no definition of the 'outcome'. The arguments for developing a profile of behaviours, as an outcome, which indicate to an observer that an infant is settled in to care, were presented.

It was argued that the composition of behaviours in the profile are likely to reflect the important aspects of infants' development (attachment), what they bring to the transition (temperament) and the ways they respond to the separation (adjustment to care responses). Each of these was explored using the theoretical and research literature available. It was argued that current practices in care that are attachment based (programs and primary caregiving) are insufficient to support the infant entering care and that other aspects (temperament and the adjustment response of infants) were likely to also appear in any profiles of behaviour.

The current thinking on the effect of childcare on infants was presented along with the argument that research needed to move beyond this search to the more specific research questions that provide information about the transition to care and the development of a profile of the infant who is settled in to care.

A previously unrepeated set of studies (Fein, 1995; Fein, Gariboldi, & Boni, 1993) about infants' adjustment to care was presented because of the possibility that the results indicated that infants could respond to care in ways that were detrimental to their further development. The possibility that these responses may indicate a new harmful outcome for infants entering care was discussed and reasons for incorporating the research in this thesis were outlined.

The argument was made that much of the research carried out with infants in care, to date, has not addressed the issue of whether an infant is settled before the data collection proceeded. It is argued that the behaviour of infants not yet settled in to care is markedly different from those who are 'settled' and therefore more than time in care needs to be used by researchers when selecting infants for research. It is posited that the profile of the 'settled' infant developed in the research reported here could be used by researchers to determine the inclusion or not of infants in further studies.

Both the research studies found and the professional literature over the last 25 years, highlight the important role the caregiver has in settling infants in to care and assisting their transition from home to centre based care. The reasons for surveying a set of caregivers and gathering the information gained over years of experience with numbers of infants were presented. It was also argued that caregivers might be able to provide information on the time their

experience tells them that it takes infants to settle in to care. One of the procedures for settling infants in to care in common use, primary caregiving, which is based in attachment theory, was presented and the argument made for including related questions in the survey of the caregivers.

Previous methodologies apparent in research in to infants in transition in to care were discussed. The methodological contributions (gathering extensive data from caregivers and use of a mixed mode of research) were presented as special contributions of the research reported in this thesis to the early childhood and child development literature.

The complete set of questions guiding the research reported in this thesis will be presented next along with the potential outcomes of the research being reported. The two chapters presenting information about the detail of the construction of the survey content related to the profiles and the methodology follow.

Research questions and potential outcomes

Do childcare staff working in Under 2 year old rooms in South Australia

- Recognise the term ‘settled in to care’?
- If no, is there another term in use that conveys the same idea?
- If yes,
 - Where have they encountered it?
 - Where do they use it themselves?

Do childcare staff working in Under 2 year old rooms agree on a set of characteristic behaviours for

- The settled child

- The not settled child

Do these sets of characteristics discriminate between attachment, temperament and adjustment responses and which ones are included?

Do childcare staff working with infants under 2 years old identify Greta Fein's (1995) adjustment responses of adjusted, not adjusted-despair like and / or not adjusted detachment-like as applicable to their children?

Do childcare staff have shared ideas about what assists an infant to settle in to care?

- Have a shared opinion on the role primary caregiving relationships play in an infant's settling in process?

All questions are not of equal research value. While the progress of the research depends on an affirmative answer to the question 'do carers recognise the term 'settled into care?'' the more important information is that which comes out of

1. The effort to develop and interpret any lists of 'settled' and 'not settled' behaviour and their relationship to attachment, temperament and adjustment to care responses,
2. Information on whether some infants never settle and what happens to them and
3. The time range, in their experience carers' report, infants have taken to settle in to care.

Answers to the questions presented in this thesis have the potential to:

Inform the child development research field further

- About the outcomes of settling infants into care and
- Whether some infants do not settle

Add to the debate about

- Attachment and its significance in settling infants into care
- Temperament and its role in the settling in process
- Harm to infants entering care. Is there an overlooked dimension beyond disruption of the attachment relationship with the parent?
- Possible time lines for infants settling into care and the implications for timing research with infants in care

Provide the practitioners in the field with information that may be useful for them in reflecting on their practice and promoting the transition of each infant in to their care.

CHAPTER 3

MEASUREMENT OF THE CONSTRUCT: SETTLED INTO CARE

This chapter identifies the content of the survey using the relevant dimensions/constructs related to “settled” and “not settled” that were identified in the literature review. It was argued in the literature review that three areas of child development theory and research were applicable to an examination of the process (not yet settled) and outcomes (settled, adjusted) of an infant’s transition from home to centre based care. It was further argued that any profile of the behaviours of an infant who is ‘settled’ into care or ‘not settled’ into care would likely contain behaviours indicative of these three areas: attachment, temperament and adjustment responses.

The literature review contained detailed information of the three areas and some reference to observable behaviours indicative of each (e.g. secure attachment, positive temperament and despair-like response to care). The current chapter extends the information presented in the literature review. It focuses on the specific attachment, temperament and adjustment response behaviours that could potentially be included in profiles of the behaviours of the ‘settled’ and the ‘not settled’ child. The behaviours are examined and the decisions made about which will be included in the survey instrument are presented. Further information on the construction of the survey will be presented in the Methodology chapter that follows.

The current chapter begins with an examination of attachment, followed by temperament and adjustment responses. The items in each area that could go in the survey are identified and operational definitions given. The behaviours included in the survey are then presented. The examination of the detail of the attachment, temperament and adjustment responses prompt other questions that need to be addressed. These questions have been previously introduced in the literature review as issues of importance and will be discussed further at relevant points in this chapter. For example the attachment questions prompt a discussion about the age of entry of infants to care and the temperament questions prompt a discussion about whether some infants never settle in to care.

Attachment items

Ainsworth (1978) initially identified two primary attachment relationships infants developed with their parent, secure and insecure. Further analysis resulted in her suggesting insecure relationships were characterised by behaviour she described as either avoidant or ambivalent (see literature review for detail). In recent years another category has been discussed, disorganised attachment (Main & Solomon, 1990). When the distributions of these various states in the general infant population is discerned, between 60 and 70 % of children in Australia (Harrison & Ungerer, 1997) are likely to have a secure attachment relationship and 30 – 40 % insecure ambivalent, insecure avoidant and disorganised. For the purposes of the research reported in this thesis it was decided that because of the overlaps of behaviour in the insecure categories, the potentially small proportions of infants in each category, and respondents likely lack of familiarity with the detail of the insecure attachment states, items

in the survey would focus on the overall categories of secure, insecure. A decision to focus on the broad categories is not unique in the research literature. Fein (1993) and Fein, Gariboldi and Boni (1995), in their research into infants' adjustment to care made a similar decision and used secure, insecure as the categories of attachment. These two categories will now be discussed further.

One of the premises in the literature is that infants' secure attachment to their parent buffers the infant's experience of the world, has decided benefits cognitively, socially and emotionally and forms the basic experience they use to establish secondary attachment relationships. Infants' experience entering care is ameliorated if they have a 'secure' relationship with their parent (Thyssen, 2000) but is this enough to explain their 'settled' behaviour? An underlying question of the research being reported here is 'is security of attachment to the parent the same as being 'settled'?

Perhaps if secure attachment to the parent alone is not enough, then is security of attachment to the secondary figure, who is there and available as a secure base, sufficient alone or in conjunction with a secure attachment to the mother, to describe a 'settled' child? In order to answer the research questions the research needs to look at behaviours indicative of both attachment to the parent and attachment to the carer.

Children's developing attachment to their carers follows much the same path as their attachment to the parent (Howes & Hamilton, 1992b; Howes & Hamilton, 1992; Raikes, 1993) and consequently secure and insecure attachment is exhibited in much the same behaviours between parent and child and carer and child. Specific behaviours were isolated and are presented here

because they reoccurred across the literature as indicators of secure and insecure attachment to either or both parent and carer (Ainslie, 1990; M. Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1969; Goossens & van IJzendoorn, 1990; Howes & Hamilton, 1992b; Howes & Hamilton, 1992; Raikes, 1993; Rauh, Ziegenhain, Muller, & Wijnroks, 2000; Zajdeman & Minnes, 1991).

Typically, securely attached children use the parent or carer as a secure base. They return to close proximity to the parent or carer if they are startled or distressed and seek comfort when hurt or frightened. Securely attached infants can handle small separations from the parent or carer and usually do not cry when separated. Secure infants can be quickly calmed by others when the parent leaves. The secure infants are also able to calm themselves and generally will play happily, often using toys to distract themselves. They respond to invitations from the adult to engage them in play and often initiate play and interactions with their carer. When their parent or carer returns the secure infant will typically smile and approach their parent (Ainslie, 1990; M. Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1969; Goossens & van IJzendoorn, 1990; M. R. Gunnar, Brodersen, Krueger, & Rigatuso, 1996; Howes & Hamilton, 1992b; Howes & Hamilton, 1992; Raikes, 1993; Rauh, Ziegenhain, Muller, & Wijnroks, 2000; Zajdeman & Minnes, 1991).

In generating the list of behaviours for the survey respondents to select from, it was necessary to keep the behaviours presented above in mind, but to translate them in to the childcare context and to describe them as observable behaviours. In order to discriminate between secure with parent and secure with carer the behaviours towards both or indicative of secure attachment with

each, needed to be included. To illustrate this point: the parent drops off the child and leaves but the carer stays, so separation behaviour and reunion behaviours are relevant indicators of attachment for the infant and parent. Also relevant is whether the infant is able to calm themselves or to be quickly calmed by the carer and then play happily away from the parents. The carer stays and so is available as a secure base, so behaviours relevant to the carer as a secure base (not as a separation and reunion figure) are relevant.

It could be expected that an infant secure with their parent and secure with the carer would separate easily from the parent. They would allow themselves to be calmed by the carer or calm themselves easily, both on separation and after any minor upset during the day. The secure infant would generally play happily throughout the day. They would respond to the carer's invitations to play or engage in the routines and would probably, from time to time, initiate play with the carer. It is likely they would have a preferred carer that they used as a secure base. They may stay close and follow the carer around or play with other carers but go to the preferred carer for comfort or help.

Items describing behaviours indicating secure attachment to the parent chosen for inclusion were:

- doesn't cry when parent leaves
- quickly calmed by carer after parent leaves
- plays happily, calms self easily when upset
- smiles and approaches parent when they return

Items describing behaviours indicating secure attachment to the carer chosen for inclusion were:

- plays happily
- approaches carer to play
- responds to carers invitations to play
- has preferred carer (goes to them for comfort and help)
- stays close to, follows chosen carer around during the day.

These items have been carefully selected as appropriate to the setting and it is argued that they incorporate all the relevant behaviours, which would indicate secure attachment to a parent and to a carer. The behaviours are not so easily assigned to parent and carer for the insecure infant. There is considerable overlap because the infant is distressed at separation from the parent and this affects their responses to the carer, at least initially.

Infants who appear insecure with the parent may be either beyond 18 months to 2 years and therefore outside Bowlby's (1969) attachment in the making age range and have developed an insecure attachment to the parent or they may be younger and still developing an attachment. Within the attachment in the making phases (see earlier in the literature review) there is a time when the infant is unaware of the separation from the parent and so is not distressed at the separation. As they develop an awareness of the parents continued existence but are unsure the parent will return they enter the separation anxiety stage and are quite distressed, continuously so, at separation from the parent. It is not possible in the research presented here to distinguish between these two stages for the overall population. It is however possible to

ask the caregivers questions about the effects of age of entry on the infants ability to settle in to care. This will be discussed further in a moment. For the purposes of discussing the behaviours indicative of an insecure attachment this distinction does not need to be made because the behaviours are the same but the causes, for individual children, may not be.

Infants who are insecurely attached to their parents do not separate easily from them. They tend to cling to the parent and use a range of techniques to resist separation from the parent. They do not look around when they enter the room, greet the carer or allow themselves to be distracted from the task of keeping the parent close. Once the parent leaves they cry off and on or almost continually until the parent returns. The infant in the attachment in the making phase will then be calmed by the parent's attention but the infant who is insecurely attached will either avoid the parent when they arrive or be ambivalent (seeking out then rejecting the parent). (See the literature review for more detail). During the day the insecurely attached infant will not settle to play for any length of time, if at all. They will watch the door in anticipation of the parent's return and look up, if they have been distracted, every time the door opens. In any periods of calm they are tense and they are easily upset by events around them. Carers report that insecure infants need to be held for large parts of the day (Daniel & Shapiro, 1996; Elliot, 2003). If they are secure with their carer some of these behaviours may be ameliorated however if they are also insecure with the carer the infant will avoid the carer's eye contact, touch and invitations to play. Insecure with the carer infants who are secure with the parent will be slow to calm during the day.

Items describing behaviours indicating insecure attachment to the parent initially chosen for inclusion were:

- cries off and on all day until parent arrives
- avoids parent when they arrive
- watches door often during the day
- looks up often when the door is open
- easily upset during the day
- needs to be held large parts of the day.

Items describing behaviours indicating insecure attachment to the carer initially chosen for inclusion were:

- cries off and on all day until parent arrives
- avoids carer's eye contact, touch, invitations to play
- watches door often during the day
- looks up often when the door is open
- easily upset during the day
- slow to calm with carers during the day.

Within the 'insecure' attachment behaviours, four overlap between parent and carer. An insecure attachment to the parent suggests certain behaviours so they were included there. However infants are capable of securely attaching to a carer even if their attachment to the parent is insecure (Raikes, 1993). So a secure attachment to the carer would be evident in their responses in the environment as they use the carer as a secure base and accept comfort and attention from them. An infant could well be secure with

the parent and not secure or not yet secure with the carer and so exhibit insecure to carer behaviours. While these overlapping behaviours were assigned in each place initially, in the final survey they appeared as repetition and the results of the pilot study suggested they could be successfully used only once.

In the final survey 19 items related to attachment security to parents and carers (see Appendix A). Before discussing the temperament characteristics included in the survey there are two questions arising from the attachment literature that were first mentioned in the literature review that will be discussed further here.

Survey- the question of attachment

It is anticipated from the study of the available literature that at a minimum, secure attachment to the parent items would be in a 'settled list'. Secure attachment to the parent is seen to assist children in adjusting to new situations (Ainsworth & Bowlby, 1991; Rauh, Ziegenhain, Muller, & Wijnroks, 2000) so perhaps, secure to parent behaviours would be enough to indicate an infant is settled into care.

Age at entry to care

As stated earlier infants entering care under 2 years of age do not yet have an established attachment relationship with their parent. They are still in the 'attachment in the making' phase identified by Bowlby (1969; , 1956). The infants will protest their separation from the parent in varying ways and degrees depending on their type of emerging attachment, age at entry and experience with other carers, among other things. Two questions arise from this. Infants entering under 2 rooms who are under 12 – 18 months are still

establishing secure relationships so is 'age at entry to care' an issue for infants. Perhaps it is not possible to be 'settled' into care before a certain age or stage of attachment. Or perhaps it is easier to settle in to care before a clear picture of the parent figure is developed because without a clear picture it is not possible to miss the parent and be distressed. Perhaps early entry into care is easier for infants. The issue of variations of age of establishing attachment is not dealt with extensively in the literature. Generally research into attachment patterns is not undertaken prior to one year of age (de Schipper, Tavecchio, Van IJzendoorn, & Van Zeijl, 2004; Helen, 1996; Howes, 1988; Howes & Rubenstein, 1985) as the Bowlby stages and time line for attachment in the making are generally recognised. The second question that arises is what happens to infants over 18 months who are insecurely attached to their parent? Do they never settle in to care?

Time in care

We would expect between 30 and 40% of the population (Harrison & Ungerer, 2002) of infants entering care to be insecurely attached to their parent. Infants insecurely attached to a parent have been shown to be able to attach securely to the carer but it takes time (Howes, Galinsky, & Kontos, 1998b; Raikes, 1993). The infant must go through the same attachment in the making phases with the new carer as they do with the parent. It is likely as Raikes (1993) research suggests that this will not take as long as with the first attachment relationship, however it does take time and experience to develop any attachment relationship. So the issue of 'time' in care would then arise. In a profile of behaviours of infants not settled in to care it would be expected that the insecure attachment items would be evident. What cannot be predicted at

this point is whether both insecure with parent and insecure with carer items will be in the not settled list. It could be hypothesised that insecure with parent is not important to settling in to care because insecure infants, with a sensitive carer, could possibly develop a secure relationship and settle in to care. All it takes is the time to do that. The answers to questions focusing on carer respondent's ideas of the time it takes infants to settle in to care, combined with the final analysis of components of a not settled profile of behaviours will provide the necessary information for further discussion. Certainly the current push to train carers in attachment theory (Gowrie Adelaide, 2001a, 2001b; Linke, 2001) and the focus of the research on infants in child care (NICHD Early Child Care Research Network, 1997) indicates that the researchers and practitioners see secure attachment to carers as important for infants entering care.

Following the earlier line of thinking, that aspects of attachment which insulate and support infants, may be evident in a list of 'settled' behaviours, the expectation arises that perhaps the positive temperament characteristics which allow infants to engage successfully with their world, especially with new places and things, will also be apparent in carers selections of behaviours. These are positive temperament characteristics and will be discussed next, prior to the discussion of adjustment to care responses.

Temperament

Of the approaches to discerning temperament reviewed in the literature review it is arguable that the Australian Temperament Project (Sanson, 1985, 1998) information is the most relevant for the study reported in this thesis, for

three reasons. The ATP was based initially on Thomas and Chess's work, which is the most frequently, used approach to explaining temperament in the Early Childhood literature (Sanson, Prior, & Oberklaid, 1985). Thomas and Chess's approach is also the information taught in the University of South Australia courses on development so would be familiar to any carers graduating from there (Aloa, 2005). Most importantly the ATP norms were developed from Australian children in a city not unlike Adelaide and so it has increased validity for any work in South Australia.

Within the ATP 'Short Temperament Scale for Infants' five dimensions of temperament were identified as salient for Australian infants and it was these five which were adopted for the research being reported in this thesis; approach, irritability, co-operation-manageability, activity-reactivity and rhythmicity. Information from the ATP literature was used to develop items descriptive of the positive and the more challenging aspects of each of the five dimensions and these were included in the survey. As was mentioned in the literature review, temperament dimensions are best understood as a continuum of behaviours. For example, the characteristic of temperament labelled 'approach' has two extreme dimensions of behaviour. On one end of the continuum are infants who happily, curiously and relatively fearlessly approach new things. They would enter the care situation alert, curious and looking for things and people to engage them. These behaviours are 'positive' in the sense that they enable infants to settle in to care more easily.

On the other end of the continuum are the infants who withdraw from new things. They are easily disturbed by changes; don't like new foods or experiences and need encouragement, support and gentle introductions to new

situations and things. They would need a slow introduction to the care situation, the room, the carers, the other children and the routines. They would need carers to continue the home routines and to introduce any changes only after they have begun to trust the new carers. Essentially these aspects of the ‘approach’ temperament trait are more problematic and would make the process of settling into care either more difficult or at least longer. For the purposes of the research reported in this thesis the behaviours that do not support an easy transition to care have been labelled negative.

In reality most infants would be somewhere along the continuum and not one end or the other but for the purposes of asking questions and providing behaviour choices it was necessary to present the temperament dimensions as one extreme or the other. For example ‘approach’ was described as a choice between two items for positive; ‘approaches new activities/ toys in the room’ and ‘approaches new people who visit’. Two items covering the ‘negative’ aspects of approach are ‘needs encouragement and support to try new things’ and ‘watches new staff and visitors warily’. These four items were considered to encapsulate the essence of the temperament characteristic from the ATP of ‘approach’ as it related to the childcare setting.

Similarly other items were looked at along the continuum and the extremes indicated positive to an adjustment to care or negative. Within the survey some temperamental characteristics were described with one item and others with two depending on their complexity and applicability to child care. Each of the remaining items will now be introduced and the behaviour isolated as indicative of the positive and negative ends of the continuum presented.

Irritability, according to information from the ATP (Sanson, Prior, Oberklaid, & Smart, 1998) relates to the infant's overall mood. Some infants are happy and smiling, most of the time in most situations. They are not easily upset and generally recover their good humour quite quickly. Other infants are generally irritable. They tend to 'fuss' and 'whine' a lot with no obvious reason. They are not easily soothed and are generally unhappy. Behaviours isolated to indicate these temperamental characteristics for the carers were 'is generally happy and smiling' and 'fusses and whines a lot of the time'.

Co-operation and manageability as a temperament trait indicates that infants on one end of the continuum are generally co-operative and easy to manage. They respond to simple requests to do things (eg find your bear, bring me your blanket) or to assist when the carer is changing or feeding them (eg open your mouth or hold still while I wipe your bottom). Infants at the other end of the continuum are not necessarily uncooperative but they are slow to cooperate and harder to manage throughout the day. They will respond slowly when asked to do something or may not respond at all. They are generally resistant to being changed and are often difficult to feed. These behaviours make it harder for staff to care for them and the behaviours would be 'negative' in the sense of not assisting the infants to settle in to care. Items indicating the co-operation-manageability temperamental trait chosen for the survey were; 'co-operates with staff when being changed or fed' and 'follows simple requests' (both positive) and 'resists being changed, difficult to feed' and 'responds slowly, or not at all to requests to do something' (negative).

Activity- reactivity according to the ATP (Sanson, Prior, Oberklaid, & Smart, 1998) indicates an infant's temperamental disposition to either accept

changes to routines easily or to react against change. While similar to the approach withdrawal trait this trait relates to the infants reactions to something happening to them. Frequently the infants who accept change easily react calmly and with no distress or overt response. For the infants who are highly reactive they would resist change, react against it and express their distress physically or verbally or both. Items descriptive of this trait chosen for the survey were 'accepts changes to routines easily' (positive) and 'doesn't like it when routines change, reacts against change' (negative). While carers generally try to maintain routines for infants, changes from the home routines are often needed to cope with numbers of infants needing to be changed and fed in a childcare room (Gonzalez-Mena & Eyer, 2007). For carers those infants who are not disturbed by change are easier to care for and to relate and respond to. The infants who become distressed and react when the routine changes, are harder to care for because time is spent soothing and rearranging events and less time is available for happy positive routine and play interactions.

The final feature identified by the ATP (Sanson, Prior, Oberklaid, & Smart, 1998) as a significant temperamental trait for Australian infants was 'rhythmicity'. Essentially this means the degree to which infants have regular biological rhythms. On the continuum, some infants have very regular rhythms; they settle themselves in to a routine of when they are hungry, when they need sleep and when they eliminate (need a nappy change). In childcare, providing these routines are not too far removed from those of most children, carers find these regular infants, easy to accommodate. It is possible for carers to anticipate when they will need their nap, when to have their food ready and

when to expect to have to change a dirty nappy. Infants who are irregular in their routines are harder to care for. It is much more challenging for carers to work out what the infants need and when they will need a sleep, food or a nappy change. For the purposes of the research reported in this thesis the behaviour items in the survey relating to rhythmicity were ‘has own regular routine of when they get hungry, need their nappy changed and need their sleep’ (positive) and ‘no noticeable routine of their own for when they are hungry, sleepy or needing to be changed’, (negative).

Within the research reported in this thesis the temperament items are all treated singularly and not ‘clumped’ in any way into temperament ‘types’ as Thomas and Chess did. Chess and Thomas (1996) suggested that sets of traits occurring together resulted in an infant having an overall ‘easy’ or ‘difficult’ or ‘slow to warm’ temperament. See the literature review for more detail. This concept was not amenable to being included in the research being reported here. In order to have the widest range of choices and variations of behaviours for the profiles it was necessary to look at individual traits. This is compatible with the stance taken by the ATP researchers who also suggest the concept of ‘clumping’ is not a particularly useful one for research (Sanson, Prior, Oberklaid, & Smart, 1998). However the concept of a ‘difficult’ infant needs some further discussion, especially in relation to the concept of ‘goodness of fit’. Before discussing the issues that arise out of the inclusion of temperament traits in the survey the specific items relating to temperament will be summarised. As already mentioned the categories ‘positive’ ‘negative’ are used for sorting behaviours and are for convenience only.

Items describing 'approach' were:

- Positive approaches new activities / toys in the room
 approaches new people who visit
- Negative needs encouragement and support to try new things
 watches new staff and visitors warily

Items describing 'irritability' were:

- Positive is generally happy and smiling
- Negative fusses and whines a lot of the time

Items describing 'cooperation – manageability' were:

- Positive cooperates with staff when being changed or fed
 follows simple requests (eg 'find your bear')
- Negative resists being changed, difficult to feed
 responds slowly, or not at all to requests to do something

Items describing 'activity – reactivity' were:

- Positive accepts changes to routine easily
- Negative doesn't like it when routines change, reacts against
 changes

Items describing 'rhythmicity' were:

- Positive has their own regular routine of when they get hungry,
 need their nappy changed and need their sleep.

Negative No noticeable routine of their own for when they are hungry, sleepy or needing to be changed.

Survey – the question of temperament

Fein (1995), Dalli (1999) and Thyssen (2000) all acknowledged the role positive temperament played in the adjustment of the infants they studied, so while true for those researchers small samples it will be interesting to see if the positive temperament traits emerge as salient for carers in this current research when they reflect on the much larger numbers of children they have encountered.

It could be anticipated that if carers see that more than attachment behaviours are embedded in the behaviours of the settled child then it is possible the potential list will include the set of positive temperament behaviours presented. Conversely if so called difficult or negative behaviours discourage infants adjusting to care from people other than the parents and if others find them difficult to care for because of these behaviours, perhaps the child with a predominately difficult temperament will not settle in to care.

The ‘difficult’ infant and ‘goodness-of-fit’

While much can be said and is discussed in the literature about the concept of ‘difficult’ temperament (Goldsmith et al., 1987), it needs to be remembered, as said earlier; ‘difficult’ is largely in the eye of the beholder, (see Good-ness-of fit in the literature review). This raises the question of ‘goodness-of fit’ and caregiver perceptions of ‘difficult’ behaviour. Temperament characteristics are able to be influenced so perhaps a sensitive carer could, with patience and over time, help the infant to adjust their

temperament along the continuum and closer to the more positive aspects of a trait.

If the carers in this study have expectations that some children will be difficult and have strategies for approaching them, then perhaps the issue again is not whether they 'settle' but rather the time it takes. It is apparent from the underlying basis of the 'goodness-of-fit' approach and the data that temperament is a 'tendency' that can be (and usually is) modified (but not totally changed) over time. Perhaps then, infants entering care with a 'difficult' temperament and meeting a caregiver willing to adjust and provide a 'good fit' will take longer but will eventually adjust some of their more difficult behaviours so they too 'settle' in to care. If this is the case we could expect that positive temperament items would be included in the 'settled' list but negative behaviours would be absent from the 'not settled' list.

Alternatively if the negative characteristics feature in the not settled list this would raise concerns about these infants ever settling into care. Perhaps the negative temperamental traits, even if modified are such that they prevent an infant from adjusting to care and becoming settled. The negative aspects of irritability, withdrawal from new things, an inability to accept change and high reactivity to new things may combine to affect both the infant and the carer and result in the infant continuing in a distressed state and not settling into care. It is possible that some of these traits will emerge as features of the 'not settled' infant. It is unlikely that any infant would have all of the negative aspects of the temperament traits so it will be interesting to see if some of the negative traits are considered more of a feature of the 'not settled' infant than others.

This then opens the way for the ‘adjustment to care’ categories introduced by Greta Fein. If a predominately difficult temperament means infants don’t settle into care is it likely they reach one of the ‘not adjusted’ stages extrapolated by Greta Fein?

One of the key questions being asked by this research is “do carers in South Australia have experience of infants entering care who adjust in the 3 ways outlined by Fein?” If they do it is expected that this will be apparent in the selection of items for the ‘settled’ and ‘not settled’ lists. Adjusted items would be apparent in the ‘settled’ list and ‘not adjusted’ in the ‘not settled’ list.

With only ‘secure with parent’ items as a minimum in a list of settled behaviours a possible maximum is that all three aspects are important in infants settling in to care and so all secure attachment items, all positive temperament and all positive adjustment items would be apparent in a final list.

Any combination of these in between is possible and whatever appears will shed light on the question ‘is there a set of behaviours carers recognise as indicating an infant is settled in to care?’ Fein’s categories and the selection of behaviour items will now be discussed before summarising the chapter.

Fein’s adjustment categories

In keeping with Fein’s (1995) descriptions of infants’ adjustment to care, two categories, (one of which had two subcategories) were used in the research presented in this thesis. Fein, Gariboldi and Boni (1993) & Fein (1995) described the infants who adjusted successfully to care in her two studies as expressive, happy, smiling a lot, playful and enjoying play with the carers. Infants who had not adjusted to care were wary, not relaxed and spent a lot of time watching others rather than engaging with the children or carers. In

addition the infants who were despair-like were described as unhappy and crying a lot for no obvious reason. They were most likely to sit alone, self-comforting (sucking a thumb or dummy or holding a bear or blanket) most of the day. The despair-like infants rarely joined in activities or played with toys or their carers and peers. Some of these characteristic behaviours were common with the other not adjusted infants who Fein described as detachment-like. They also didn't interact with their carers or peers but they did appear somewhat engaged because they played with toys. The detachment-like infants also spent time alone but they were quiet, withdrawn and did not smile very much.

Items describing 'adjusted' behaviours included in the survey were:

- Playful
- Enjoys play with the carer
- Happy
- Smiles a lot
- Expressive

An overall item describing 'not adjusted' was:

- Appears wary – watches others a lot

Items describing not adjusted 'despair-like' were:

- Unhappy
- Cries a lot for no obvious reason
- Doesn't play with toys, peers or adults or join in activities very much

- Sits alone, comforts self (sucks thumb or dummy, holds blanket or bear) most of the day

Items describing not adjusted 'detachment-like' were:

- Quiet
- Plays alone with toys most of the time
- Doesn't interact very much with carers or peers
- Doesn't smile very much

Survey – the question of adjustment

In order to answer the question “is there an indicator of harm not yet apparent in the literature beyond Fein’s work and not yet recognised in practice?” data from the proposed final lists will be reviewed for evidence that the carer respondents recognise the behaviours for Fein’s despair-like and detachment-like infants.

If this is the case there would need to be further follow up research before any sound conclusions can be drawn. Recognising behaviour is separate from responding to behaviour. Fein (1995) implies that carers in her research study accepted (recognised) the not adjusted-despair response by some infants and continued to care for and comfort them while also increasing positive engagement with them at 6 months. Of greater concern for the professional is the implication Fein mentions that the not adjusted detachment-like infants are not any trouble, don't draw attention to themselves and so therefore are largely overlooked.

It is possible that carers in the research sample reported in this thesis won't recognise this category of behaviours in any infants they have cared for,

but does that mean they do not exist or does it mean they are overlooked? Not having the not adjusted detachment like behaviours in a list of ‘not settled’ behaviours does not confirm they do not exist, it simply means this cohort of carers do not recognise those behaviours or do not see them as a problem. If they are included in the list of ‘not settled’ behaviours then we do have confirmation of a possible new criteria for ‘harm’ for infants in care. Further exploration of this idea is beyond the scope of this research. Studies would need to be undertaken to observe large numbers of children within their settings, after 6 months in care, to determine if the despair-like adjustment category was apparent.

For the purposes of the research reported in this thesis carers’ recognition and inclusion of the ‘not adjusted’ behaviours despair-like and/or detachment-like would indicate a need for further study. One other topic needs to be covered before the chapter is summarised. Within the survey, respondents are given choices of behaviours to indicate whether in their experience the behaviour indicates an infant is ‘settled’ in to care or ‘not settled’. One other alternative exists and needs to be presented to carers – not applicable. For each descriptor there needs to be an option for the carer respondents to indicate they think the behaviour is not applicable.

Survey – not applicable

Within the survey the choice to rate behaviours as ‘not applicable’ was included as a means of providing respondents with both the idea and the alternative to decide, that some of the items are not applicable to looking at infants’ behaviours when settling in to care. The pattern of the not applicable items is intended to provide insight into the respondents’ acceptance of the

three categories of behaviours included for choice. If there is a preponderance of any particular category here in the not applicable area then perhaps it indicates that that category is not relevant. It is anticipated that most items will be seen to be relevant and so few, if any items will appear with this decision attached. If however carers do not recognise Fein's not adjusted behaviours it is anticipated they will appear here.

Development of the survey questions – a summary

This chapter of the thesis has further developed information presented in the literature review. In the literature review the argument was made that three areas of child development theory and research were relevant to any research in to infants transition from home to centre based care, attachment, temperament and adjustment responses. The argument was made for the development of profiles of behaviours of the infant who was 'settled' in to care and the infant who was 'not settled'. It was further argued that the potential profiles were likely to contain behaviours from each of the categories of attachment, temperament and adjustment responses. In the literature review the general information for each of these areas was presented but for profiles to be developed the specific behaviours for each needed to be examined. That examination occurred in this chapter. Descriptions of characteristic behaviours for each area were presented and the items for the survey, which were derived from them, were stated.

Beginning with attachment theory the argument for using the broad categories of secure/insecure was stated and evidence provided to support the decision. The reasons for including secure to parent, insecure to parent, secure

to carer and insecure to carer behaviours in the list of choices for carers were stated. The operational definitions for each category were provided and the literature sources acknowledged. Finally the specific behavioural items to be included in the profile choices were stated. This same process of introducing the area was followed for the temperament and adjustment responses categories. For each of these, the sources of information and links to the information in the literature review were repeated. Operational definitions for each aspect of each area (eg approach in the temperament area and adjusted in the adjustment response categories) were provided and the final descriptors to be included in the survey were stated.

For the attachment and temperament areas other questions arising, age at entry to care, time in care and the possibility that some infants never settle were reiterated and restated in more detail than when they were first discussed in the literature review. Finally, the need for a 'not applicable' choice for the carer respondents was presented.

The detail presented in this chapter was intended to justify the behaviours contained in the survey and given to the respondents to explore the respondents' understanding of the infants' adjustment to care and to discern their view, based on their considerable experience, of the behaviours of the 'settled' and 'not settled' infant. The detail of the behaviours will not be presented again in the following chapter that presents the research methodology but will be referred to at the appropriate time.

CHAPTER 4

METHODOLOGY

Introduction

In line with the methodological concerns outlined in the literature review and the specifics of the research questions, the methodological principles guiding the research being reported in this thesis will be covered in this chapter. Information on quantitative, qualitative and mixed mode research will be presented and the decision to use a mixed mode of research is argued. The advantages of using a survey will be discussed. The role, contribution and value of focus groups for triangulation and clarification of the answers to the research questions will be presented.

The three phases of the research will be detailed and discussed. Extensive information on the structure and content of the survey will be given. The survey questions will be provided along with the arguments for including each one. Detail of the participants and research ethics procedures will be presented before the chapter is summarised.

Research design

It was argued in the literature review that a mixed mode of research has been rarely used in research into infants in transition to date, but that mixed mode research offers an opportunity to gather data both widely and in depth. Mixed mode research combines quantitative and qualitative data gathering techniques and analysis. A qualitative and observational approach is in keeping with the Ethological theoretical underpinnings of attachment theory and the theoretical stance of the research being reported in this thesis. The data

collected using a qualitative approach would give depth and detail, as did Dalli's (1990) research into 5 infants' transition experience when entering childcare, but would not tap the significant resource of information about infants settling into care held by a large number of experienced carers. The logistics of using a large sample for qualitative research are difficult. A quantitative approach, on the other hand would make it possible to design a survey instrument for distribution to the set of carers in under 2 year old (infant) rooms in South Australia and gain a maximum amount of information for analysis, but would not provide depth and detail. The advantages of quantitative, qualitative and mixed mode methodologies will be looked at next and the decisions for the research being presented in this thesis will be argued. In particular the decision to use a survey instrument and the use of triangulation to support validity will be discussed.

Quantitative, qualitative or mixed mode

A combination of methods appears ideally suited to address the questions that are the foci of the research being reported in this thesis. The intention is to gather data from a relatively large number of caregivers, to create profiles of the 'settled' and 'not settled' infant. The concern for the quantitative section of the research is not with individuals but rather with gathering data that can be abstracted from the larger number of participants, thus allowing quantitative analysis for the development of the profiles. A survey is ideally suited to gathering large amounts of data. However once the content of the final profiles has been developed, through the statistical analysis of carers' replies, the profiles need to be validated by checking back with the group of participants who provided the data. This process suggests the use of

focus groups and therefore the use of qualitative methodology. A combination of the two methodologies is arguable with the choice of a survey instrument as the main data gathering technique.

Advantages of a survey instrument

The questions in a survey instrument allow the researcher to ask both quantitative and qualitative questions (de Vaus, 1995). Quantitative questions are closed questions that require decisions and choices. Qualitative questions are open ended. They draw out information and allow new ideas and views to be presented. One of the concerns for researchers gathering data in a new area of information is to ensure that the participants are not 'led' or 'channelled' in to answering in specific ways essentially determined by the researcher (de Vaus, 1995). The use of qualitative, open-ended questions in a survey instrument allows the participants to provide their own ideas. The researcher can then analyse the responses and use the ideas to check against any predetermined ideas the researcher had, to either confirm or dispute the views held. In the case of the research being presented in this thesis both types of questions are useful. To develop the profiles by combining information from child development literature (attachment, temperament, adjustment to care research) and the knowledge of the caregivers, it is necessary to provide both limited choice (from the literature) and open-ended questions to gather any additional information the carers have to offer. The primary research method chosen as most appropriate for the questions being asked was a survey instrument. Further to this, in order to provide validity for the profiles it would be necessary to use triangulation and as mentioned above, focus groups.

Triangulation

In the case of the research presented in this thesis the data is validated using both data and method triangulation. Data triangulation occurs within the survey instrument where data is gathered both through closed questions and open-ended questions and the resulting profiles are validated through method triangulation with the use of the survey instrument and the focus groups (Johnson & Christensen, 2004). The use of the focus groups in this mixed method research has value beyond the provision of validity. Because it is a qualitative research method the focus groups allow the data (the profiles) to be checked with knowledgeable practitioners and importantly, it allows for discussion and further clarification of any issues arising that appear contradictory or anomalous.

Focus groups

Focus groups, as a research method, allow discussion with a small group of knowledgeable participants on a specific topic. Focus groups can be used for multiple purposes both in generating new ideas and interpreting existing ideas or data (Johnson & Christensen, 2004, de Vaus, 2005). Focus groups can be used as a single research method or can be used in mixed method research to either generate questions to be checked, or to check results generated through other methods. This second use of the focus group is appropriate for the research being reported in this thesis. Once the profiles are developed, focus groups of 4 – 6 knowledgeable participants can be used to check the detail of the profiles and to interpret and discuss the findings in more depth.

Designing a survey instrument: issues and concerns for the current research

In designing a survey instrument two choices arise. As indicated earlier in this chapter, the questions could be open ended, designed to gather information or closed – designed to create forced choices for the participants to decide between items. An advantage of the open-ended questions is that carers are not ‘led’ to provide specific answers. The advantages and disadvantages of an open ended approach to the survey questions is discussed next before a discussion of the advantages and disadvantages of using closed questions.

Open-ended or not?

The use of open-ended questions to answer the research questions would allow respondents answers to be sorted for evidence of the key components of attachment, temperament and adjustment to care responses identified in the literature as relevant to an infant ‘settling into care’. It is feasible that using simple quantitative analysis of the answers (a sorting and ranking procedure) profiles of the ‘settled’ and the ‘not settled’ child could be developed. However it is evident from the literature that carers currently consider attachment behaviour to be very important (see earlier review) and one of the questions of this current research is to determine if other factors are also important (temperament, adjustment responses). In order to determine whether carers consider some indicators more important than others there needs to be some means of determining the emphasis carers place on the various behaviours as indicators of a ‘settled’ or ‘not settled’ infant. If the profile is ultimately to be both valid and useful it is important to make distinctions between the behaviours that are included overall and the ones within the list carers consider to be more important indicators than others.

In order to refine any list and to rank the final items statistically from most to least important, it is necessary to have the respondents value judgements on which behaviours are more important. An open-ended approach allows the items to be gathered for each profile and to be listed but does not allow carers to rate the items relative level of importance in a way that could be effectively analysed. A second data-gathering step would be required. Before presenting the methodological solution to gathering data and ranking its importance more needs to be said about the need to add level of importance.

It could be argued that the simple creation of a list of behaviours with high carer agreement that they indicated an infant was settled in to care would be useful enough and the second step of ranking their importance is not needed. This is the approach taken by Fernandez and Marfo (2005) the creators of the E-CARE screening tool mentioned in the literature review. Items were gathered in consultation with a few practitioners. No indication is given that any one item is more important than another either in the descriptions of the creation of the instrument or the instructions for using and interpreting it.

In a busy centre with a large number of infants in part time care, knowing which features of the 'settled' (and 'not settled') infant are more likely to allow the infant to settle in to care could be very useful information for a carer. It would allow the carer to plan to support the infant in particular ways and the information could inform general practice, routines and procedures for settling the infants in to care. For example, if attachment to a carer was more important than an easy disposition then staffing arrangements need to be looked at and the pairing of infants and carers would assist the infant to settle in to care. If an 'easy' temperament is more important perhaps

the use of primary caregivers is less important than assisting infants with a more difficult temperament to modify their responses. The information on the relative importance of the various behaviours in the profiles would allow carers to make informed decisions about their resources and time. Even if the information gained from carers indicates that all items are of equal importance it is necessary to ask the question to gain that information. If it turns out that respondents think all items are of equal importance this also provides useful information to carers.

It has been argued above that using open-ended survey questions will not provide an opportunity to rank the items without approaching the caregivers a second time. That could be done, but would be expensive and time consuming when another option for gathering the data exists. It is argued here that for the profiles of the 'settled' and 'not settled' behaviours to be most useful for carers it is important to also know which behaviours are most representative of infants who have settled in to care or not settled in to care. These high value items can be kept in a profile and other, less relevant ones discarded. Another consideration is that having the data on agreement *and* levels of importance allows for more comprehensive statistical analysis and increased research validity for the final profiles. The cut off points for the inclusion and exclusion of items on either profile could be determined statistically and therefore the inclusion of particular items can be argued as statistically valid.

The decision not to offer open ended questions and then to sort responses into the attachment, temperament and adjustment responses categories meant that an approach was needed that would allow both the

incorporation of the relevant literature (attachment, temperament, adjustment responses) on infants settling in to care and the statistical analysis of the responses. The solution was to provide the carers with a set of items detailing behaviour from the attachment, temperament and adjustment literature from which they could choose items to include in a 'settled' or 'not settled' list. This is a quantitative approach, using closed questions requiring carers to make a choice of which category (settled, not settled, not applicable) and to indicate a level of importance in the relevant category, for each item. The total carer responses could then be statistically analysed using combined percentages of agreement and levels of importance to construct ranked profiles of behaviours of infants settled in to care and infants not settled in to care. The cut off between items to include and exclude could be statistically determined and justified. With appropriately constructed survey questions as to which behaviours to include and their relative levels of importance the data could be gathered using one survey and not require the time consuming and costly re-surveying of participants.

Summary: qualitative, quantitative or mixed mode

As indicated above, the use of a survey instrument allows both quantitative questions and qualitative questions to be asked. It has been argued that quantitative questions are best suited to developing a final profile of agreed behaviours carers consider important indicators of an infant who has settled in to care. However in order to explore carers ideas about what processes assist infants to settle into care, for example centre practices and/or parent attitudes and behaviours, qualitative (open ended) questions are likely to be more useful. The use of a mixed mode method of research, a survey instrument with both

quantitative and qualitative questions allows the most effective data gathering from the participants. The survey also offers the opportunity to gather additional data and to allay the concern that something significant may be missed.

Other advantages of the use of a survey instrument.

Whenever surveys with closed questions are constructed there is always a concern that something significant will be missed. This was a concern in the research being reported here because the information on which to base the questions is diverse, complicated, sometimes in dispute and above all sparse. In order to allay the concern that something may be overlooked that was important, the decision was taken to add a further qualitative component to the basically quantitative approach of the survey. Several questions were included that were designed to offer respondents the opportunity to add any information they thought was omitted or to enlarge on any area they felt was insufficiently covered. It was anticipated that analysis of the responses to the open ended questions about whether something was omitted or under represented would act as a check that all significant areas had been included. If something was missed it was thought the new ideas would appear in the carers open-ended responses and the ideas could then be addressed in a follow up. If no new ideas appeared it could be safely assumed all major areas had been covered. A lack of new issues or ideas would further validate the profiles derived from the attachment, temperament and adjustment responses literature.

The development of any effective survey instrument must not only take in to account the questions for which answers are sought but also the nature of the informants and the most effective way to structure the survey, word the

questions and approach the respondents (de Vaus 2005). Before presenting the research phases and the detail of how and why they were constructed, a comment on terminology is necessary.

Terminology

For the purposes of writing this research thesis a distinction has needed to be made between ‘unsettled’ and ‘not settled’. The distinction was not apparent in the literature and was not taken into account in the construction of the survey. Initially in the preparation of the material, particularly in offering the choices to the respondents (see Appendix A) ‘unsettled’ and ‘not settled’ were used interchangeably with the final choices offered carers ‘settled’, ‘unsettled’ and ‘not applicable’. However as analysis proceeded, particularly with the focus groups, it became apparent that in the use of the terms carers indicated that they saw a difference in the two terms. When checked with the focus group participants it became clear that in common usage ‘unsettled’ is seen as a transitory state that could effect either a generally ‘settled into care’ child or a ‘not yet settled into care’ child, while ‘not settled’ referred to an infant entering care who had not yet settled in to care. In order to add clarity to the thesis write up it was necessary to use the terms, in the thesis, as indicated by the carers. Consequently, once accepted as an important definitional difference it was too late to change the way the term ‘unsettled’ was used in the early phases of the research. In the preparation of the survey instrument the distinction was not apparent and so the category was labelled ‘unsettled’. Because ‘unsettled’ was used as the initial label it has been used throughout the methodology and early section of the results chapter and the change of

terminology only made after further discussion later in the results and discussion chapters.

The research phases will be described next and several overall considerations and opportunities for gathering additional information will be discussed. Following that, phases two, three and four of the research and issues related to structure, presentation and approach to participants will be discussed in detail.

Research phases

The research was planned for four phases.

Phase one: The examination of the literature to develop concepts and terms for the profiles.

Phase two: was the preparation and piloting of the survey instrument with Early Childhood academics teaching in the area of infant development and childcare practice in both Technical and Further Education (TaFE) and the University sector.

Phase three: the survey was mailed to metropolitan Adelaide childcare centres with Under 2 year old rooms

Phase four: results of the survey were discussed with two focus groups.

Phase one – is evident in the extensive literature review

Phase two – preparation and the pilot study

Prior to providing the pilot study participants with the survey the format was developed with the assistance of a statistician and adjustments made to allow statistical analysis.

Six academics with expertise in child development and experience as field supervisors in infant rooms completed the draft survey. They provided feedback on the transparency of the meaning of the items, the appropriateness of the language used, the clarity of the directions provided the participants, the overall content and the time taken to complete the survey. Minor changes were made, apart from the decision to combine 4 items so they appeared only once but were available for analysis in two categories (see explanation below).

Phase three – the survey- considerations and opportunities

Considerations

In preparing the survey it was important to take into account the childcare situation in South Australia and to prepare the survey and carry it out in a way that encouraged the carers to respond.

It has long been acknowledged that infant rooms are busy places and it might be difficult for staff to take the time to respond, so the survey needed to be kept focussed and concise. However the opportunity could also be given for those who wanted to respond more fully to do so. It was also important that the survey was easily obtained and easily returned so that once completed it was not overlooked but actually sent back.

Another important consideration arose from the fact that most infant rooms in centres in South Australia are designed and licensed for 10 infants under 2 years of age. The staffing ratio required by licensing regulations is 1:5 with the first adult a qualified staff person and usually the second person an unqualified carer. Unqualified staff have no relevant Early Childhood diploma or degree and may not have finished the final 2 years of High School. Often the unqualified staff have considerable experience and insight and could be

valuable contributors to the study. As a possible 50% of the final participants it was important to structure and word the survey so the unqualified staff could understand what they were being asked to do and could respond effectively.

It was anticipated that most qualified respondents would be TaFE (Technical and Further Education) trained and have a two-year Diploma. As such it was likely that they had some knowledge of attachment literature, less information on temperament and none on the adjustment information chosen for this study.

As a consequence it seemed important to supply respondents with a range of choices of behaviours that they could draw on their experience to identify and include or discard rather than asking them to provide behaviours from their experience. For the purposes of the research reported here, respondents did not need to know whether behaviours were attachment, temperament or adjustment – that identification occurred at the planning and the statistical analysis levels. The decision to offer choices so staff used recognition memory, rather than the more difficult recall memory also supported the earlier methodological decision to provide carers with choices rather than offer open-ended questions about behaviours.

Opportunities

Qualification variations

While both a two-year TaFE Diploma and a four-year Early Childhood degree are accepted qualifications for work in childcare in South Australia it was expected that most, if not all, infant rooms would be staffed by TaFE graduates. University degree students graduating in South Australia have the choice to work in Junior Primary classes in schools, Preschools or in the

Childcare sector. The pay and conditions for staff in schools and preschools is considerably better than for child care (Rosier & Lloyd-Smith, 1996; Warrilow & Fisher, 2003) and so it is believed that few degree students take positions in childcare. It was intended that all metropolitan Adelaide childcare centres would be approached to participate in the research so an opportunity arose to gather data to support or disprove the widely held assumption about the qualifications of staff choosing to work in childcare. An early Childhood qualification has been shown by research to be an important component in providing high quality care for infants (Phillips & Howes, 1987). It is also possible that the profile behaviours selected by qualified and not qualified staff may be different and reflect their different preparation to work with infants. Gathering the data about qualifications left the way open to explore any differences in responses. Another important component for high quality care is continuity of care and a high turnover of staff effects the continuity of care a centre can provide for their infants.

High staff turnover and continuity of care

With the high turnover of staff reported across the Australian early childhood field (Community Services Ministerial Advisory Council, 2006) it could be expected that carers have not been in their positions for very long. Again accurate data on this is not currently available and could be obtained within this research. The high turnover is generally attributed to poor pay and conditions. Qualified staff are paid more than unqualified staff so it might be expected that qualified staff have been in their positions longer. Demographic data collected for the research could shed some light on this. Additionally it was important to find out how long staff had worked with infants because

increased years of experience mean that staff would be more competent and more skilled in assisting infants to settle in to care (Gonzalez-Mena & Eyer, 2007; Raikes, 1993) and more able to provide continuity of carers over the infant's first year in care. The retention of staff is partly a management issue and management decisions about who cares for the infants and how long staff stay in under 2 rooms impact directly on the quality of the care offered.

Management types

Overall two management situations generally apply for childcare in South Australia with a few centres fitting into a third category. Centres can be either community based, that is, developed by the federal government with, and then supported by a community organisation. These centres have management committees of parents and members of the sponsoring body and are 'non-profit' organisations. Other centres are privately owned and are run 'for profit'. Within the third small category are centres run by non-profit organisations. It was anticipated that most replies would come from community based centre staff partially because at the time of the survey they were the higher proportion in South Australia and partially because the 'ethos' of the centre is more likely to support research. However the research also provided an opportunity to compare responses to some questions between community and for-profit centres. It was anticipated that community based centres would be more likely to use a primary care system because primary care is seen to require extra effort in rostering and extra staffing and so incur a cost private centres may not be willing to pay. It was also anticipated that while the staffing ratio required by licensing is 1 staff person to 5 infants under 2 years, some centres choose to staff with a 1:4 ratio and possibly rarely a 1:3 ratio. The opportunity arose with

the research reported in this thesis to see how many responding centres have reduced the ratio and whether again, given the cost, they were mostly if not all, community based centres. The decision to gather the detail mentioned above directly determined the demographic information asked for in the first section of the survey. The demographic information gathered will be listed next and then the organisation and the content of each section of the survey instrument will be provided before presenting a summary of the chapter.

Survey instrument – organisation, content and rationales for questions

See Appendix One for the full survey.

Sections one and two: Demographic data

The first section gathered demographic data about respondents

- employment status (qualified / unqualified)
- years of experience in childcare
- years of experience with infants
- qualification type

The second section gathered information about the centres represented in the replies and the ratios of infants to carers and infant attendance patterns

- management type (community, privately owned or other)
- ratio of infants to adults in the under 2's room
- attendance patterns of the infants

It was intended that the demographic information would provide a background for interpreting the information compiled from the caregivers about infants settling in to care. In the analysis and interpretation of the results,

connections between carers understanding and their qualifications and/or years of experience may be possible and provide further insights into the experience of the infants. Equally, trends across the types of centres, management decisions about ratios of infants to carers and the attendance patterns of the infants may also provide insights in to ways infants in this sample are being cared for. The concern to gather additional information to understand the infants' experience of settling in to care and the conditions that may impact on them and be revealed in the profiles of behaviours was also apparent in the third section of the survey. The third section focussed on primary caregiving as a strategy for settling infants in to care and the caregivers' commitment to working with infants.

Section three: Primary caregiving and carers attitude to working with infants

The third section of the survey asked two questions. One question is about primary caregiving in the centre and the thinking behind the decision to use or not use primary caregivers. The other question was one asking respondents to indicate which age group (infants, toddlers, preschoolers) they preferred working with and the level of choice they felt in working in the baby room. The impetus for the first question arose out of the literature on primary caregiving (see literature review) and reflected the wish to find out how widespread the use of primary caregiving was in the population surveyed. It was also postulated that carers in systems using primary caregiving might prioritise different behaviours in a profile than those not using primary care. Perhaps the values underlying the decision to use primary caregiving may be reflected in the value given to certain profile behaviours.

The second question was designed to discern whether carers felt a commitment to working with infants and therefore were more likely to develop relationships with them of some emotional depth (that is, to develop secure attachments) (Raikes, 1993). Carers feeling pressured into working with demanding infants may be less prepared to provide continuity of care and to deal with infants having difficulty settling in to care. This question is mentioned here because any reading of the attached survey will see that it was asked. The results were gathered but the decision was taken not to analyse them and present them within this thesis. The focus of the questions is peripheral to the main questions and the thesis is already of a considerable size so this information is omitted but could be available for future analysis and publication.

Infants settle into care within the context of a centre and staff. In asking the staff questions about their experience of infants settling into care in order to develop the profiles, it is also important to gather data about the context. The contextual data may be useful in further understanding and interpreting the detail of the behaviours in the profiles. Once the demographic and contextual information was gathered the respondents were presented with the main data gathering section of the survey.

Section four: the concept of 'settled in to care'

Section four begins the major data gathering. The first question to be addressed was whether carers identified the **concept** of the infant 'settling into care' as a relevant and useful one. Its relevance and usefulness is implied by its use in the professional literature (Balaban, 2006; Bernhardt, 2000; Bove, 1999; Daniel & Shapiro, 1996; Edwards & Raikes, 2002; Elliot, 2003; Rolfe, 2004),

but needed to be confirmed with this group of respondents. A simple yes, no answer would determine whether the research would proceed. If the answer was no and no other term to identify the concept of the infant settling in to care was forthcoming when they were asked, that would essentially be the end of the research. With no concept of a transition or infants needing to settle in to care, any further questions would be meaningless.

On the informed assumption that the answer would be 'yes' then it would be helpful to determine the extent of the use of the concept. Was it used only in the literature and in training and not actually in the daily life of the centre? A theoretical construct is of some use but it was hypothesised that the concept had much wider application and would be used with other staff and with parents. Questions were designed to allow carers to identify as many or as few uses as they were familiar with (see survey in Appendix A).

Prior to asking carers to identify characteristics of settled and not settled (unsettled) infants respondents were given a response task (have you ever cared for an infant who did not settle in to care? Yes / No) and two recall tasks. These were designed and located to encourage respondents to bring to mind an actual child or children they had dealt with who had not settled into care and one who had. It was anticipated that these reflections would assist the respondents to select among the behaviours presented in the next section and would ameliorate to some extent the concern that carers responses were led and prompted in the way the survey was constructed. A further effort to ensure the respondents 'real' information was tapped was the provision of a set of open ended questions asking 'why' they think one child takes longer than another to settle in and how the use of primary carers assists or hinders the infant settling

into care. This information was asked so that it could be used to check the data provided in the forced choice questions.

Section four: characteristics of the 'settled' and 'not settled' child

The questions detailing infant behaviours were added as an appendix and the respondents were directed to the appendix and then to return to the body of the survey (see Appendix A). Forty-five descriptions of infant behaviour (see literature review for detail) were provided and carers asked to undertake a two-step process. Step one was to identify whether they thought the behaviour indicated an 'unsettled' child, or a 'settled' child or was 'not applicable' to either. Respondents circled one of the following; US / S / NA.

Once all the items had been given a response the respondents were asked to return to each behaviour and for the category selected (settled or unsettled, only) indicate on a 5 point Likert scale beneath the descriptor, how important they thought the descriptor was for that area. Response choices for importance were hardly, not very, important, very and extremely. It was assumed that 'not important' would be indicated by the behaviour being placed in the 'not applicable' category and so each item assigned would have some degree of relevance for the category identified.

It was anticipated that there would be a high correlation between the level of agreement across respondents that a behaviour belonged in a particular category and its importance. In other words if 90% agreed it was an indicator of 'settled' behaviour (for example) then close on 90% would also indicate that it was 'very' to 'extremely' important. For any final list and its items to be credible and useful, there needs to be a high level of agreement that each item belongs but also a high level of agreement on it being very to extremely

important. Items with a high level of agreement but considered ‘hardly’ or ‘not very important’ are not so useful for a practitioner wanting to identify which children need help settling and how.

Forty-five behaviours were chosen for respondents to categorise and value. Once selected, items were assigned a random order for the final survey. Once the surveys were collected the analysis process needed to begin with a simple process of sorting and ranking the items according to levels of agreement that they belonged in a category and level of importance. Criteria needed to be determined ahead of time and was set as follows.

Survey analysis – criteria for inclusion of behaviours

In presenting choices for the participants it was expected that through analysis of their responses, patterns may emerge which may indicate shared ideas about which behaviours were indicative of an infant ‘settled’ into care and which set of behaviours indicated an infant was ‘not settled’. It was expected that after the final ranked lists were determined a decision would need to be made about what level within the combined level of agreement and importance was sufficient to use to include or exclude items. A visual appraisal would indicate likely points but further statistical procedures could be necessary in confirming one cut off point over another. The use of a scatter plot was ideally suited to complement the visual appraisal. Further to this, the use of an hierarchical cluster analysis of final items would indicate the strength of each cluster around the possible cut off points and could be used to make the final decision on which items to include or not include. In the event that the possible cut offs indicated through visual appraisal, interval counts, scatter plot and hierarchical cluster analysis, were below 60% agreement in the ranked lists

it was decided that these would not indicate a sufficient level to be included. To summarise, it was determined that to be considered for inclusion in any final list an item would need above 60% in the combined ranking of agreement and importance. More will be said about this in the results chapter where the statistical processes are described as they applied to the developing analysis of the behaviour lists. If the consensus levels were not reached then the conclusion to be drawn was either that there was no shared understanding of behaviours which indicated an infant was settled on not settled into care, or alternatively that this methodology did not elicit any such shared understanding.

When possible lists emerged they could be examined to determine which aspects of attachment, temperament and adjustment carers considered important as indicators of the settled infant.

Following the classification and indication of level of importance of the behaviours presented in the appendix respondents are asked several questions relating to time taken to settle in and their level of concern about an infant's time taken.

Section five – questions of time and expectations

As was discussed in the literature review, the related studies reported there only indirectly addressed both the issue of what 'settled' meant and the time taken. The research presented in this thesis addresses the issue of what settled means directly by the development of the profiles. Time taken to settle in to care is addressed in two ways. One way is by asking for and then analysing carers' responses to the questions 'what in their experience is the

shortest time an infant has taken, the longest time and what do they perceive is an average time taken to settle in to care’.

The answers to the set of questions will shed light on carers’ expectations for the range of times infants take. Such expectations determine the carers’ response to those not settling. Fein, Gariboldi and Boni (1993) suggest that carers in their study had a 6-month expectation that infants would be adjusted to care because their response patterns towards the adjusted and the despair like infants were changed at that point. For children in care full time, 5 days per week, and under 2 years of age, six months is a large proportion of their life and a long time for distress to continue. Admittedly not all infants would take that long, as Dalli’s (1999) and Thyssen’s (2000) research confirms but the concern must be for that proportion of the infants who do take that long. Prior to asking carers to indicate their levels of concern for infants settling in to care they were asked whether they would ever recommend that an infant be removed from care (yes/no) and then an open-ended question asking them to explain their response. The question was asked in order to gather information from the carers about what issues in settling a child might be so concerning or so resistant to their intervention that they thought the infant would be better off cared for elsewhere – perhaps in the home or in another type of care. This question is also a check on the information gathered from the literature and presented to the carers. In addition it is also a question that could highlight conditions in care or relationship issues for infants, which impacted on the infant’s ability to settle and / or the carers’ ability to assist the infant.

The second set of questions designed to reveal carers’ expectations of the time it takes infants to settle in to care asks carers to indicate how

concerned they would be if an infant had not settled into care after 4 weeks, 8 weeks, 12 weeks and 16 weeks. These time lines were chosen using the detail from Dali's (1999) and Fein, Gariboldi and Boni's (1993) studies about time taken. It is assumed that if the expectation is that infants will take 6 months to settle in, that carers level of concern at 4 weeks is likely to be 'not at all' or 'a little' with levels of concern rising through 'moderately', 'quite concerned' and 'very concerned' as the time line extends towards 16 weeks. If the expectation is that it will take 6 months then perhaps at 16 weeks the level of concern will still be less than 'very concerned'. The intention in asking the questions about their level of concern was to add detail to the information from carers about their attention to infants settling in to care. It was expected that the answers would affirm the time frames established by the previous question but add information about their overall expectations and therefore preparedness for infants to take time to settle in to care. As an extension of the concern for infants settling in to care and the time it takes, the use of primary carers is seen as a way to support and promote attachment to a carer. It is thought that an infant entering care will settle more quickly if they have the same carer to relate to (Balaban, 2006; Bernhardt, 2000; Edwards & Raikes, 2002; Goossens & van IJzendoorn, 1990). Instead of having to become accustomed to several carers, which would take more time, having one carer would reduce the time taken to settle in to care.

Section five – questions of primary care

Questions in the survey focussed on primary care are inserted to discern whether this group of carers thinks primary care assists infants to settle and why they think it helps, or does not. It is likely that the answers to these

questions will be influenced by the carers' employment situation. Carers in centres who promote primary caregiving in their procedures and through staff rosters may perhaps have more information about the benefits of primary care. Alternatively, it is also possible that carers who would like to provide primary caregiving but are in centres where it is not practiced may be very aware of any benefits and express a desire to promote primary caregiving. This data will be able to be checked against the carer's employment situation and any differences in trends between community based and private providers may be apparent.

Section five – question to elicit further information

Apart from the open-ended questions already mentioned one final question was asked inviting respondents to add any further comment they would like to make about settling infants in to care and the time it took. It was anticipated that when replies in this area were analysed they could be sorted in to those statements that reinforced areas of the survey already covered, repeated or added information already gained elsewhere or comments that were indicative of things not included. The list of items not covered would be of particular interest. It is possible items would refer to information missed altogether or to items outside the realm of the research but considered so important to the carers that they felt the need to record them.

Depending on its discerned significance several responses were possible. Perhaps the issue was indirectly addressed and could be discussed within the findings. Perhaps further study was needed and then two options existed, to discuss the issue within the already proposed focus groups or to re-

survey respondents. The open-ended questions will be summarised before the final phase of the research process – the focus groups is discussed.

The open-ended questions included were:

- those intended to assist respondents recall of their experiences with infants settling in to care,
- questions asking carers to provide information about a child they had cared for who did not settle
- a question as to why they thought some infants took longer than others to settle
- a question about at what point would a carer recommend that an infant be withdrawn from care
- questions about their perceptions of the value of the use of primary carers
- and one final question inviting them to add any further comments ‘about your work with infants entering care and settling into your room’.

Phase four – focus groups

Due to the lack of other research in the specific area of infants settling in to care against which to check the results and discuss the findings it was decided to carry out a series of discussion groups with knowledgeable practitioners. As stated earlier, the focus groups were an important part of the triangulation process for determining the final detail of the profiles. For logistical reasons the decision was taken to conduct two, two-hour focus groups. Rather than mixing qualified and unqualified carers the two groups were to be conducted independently.

This decision was taken to try to ensure maximum input in the discussions. Childcare centres function in an hierarchical manner and it was possible that in a mixed qualified, unqualified group the unqualified would defer to the qualified staff and restrict their comment. Also the unqualified, because of their lack of formal training have a different information base from which to comment and it was posited that they would need more theoretical background information from the research, which could be provided for them but was not needed for the qualified group.

Issues arising from the data analysis of the survey replies needing clarification and discussion were to be selectively presented to the focus group participants and the resultant discussion recorded and transcribed. It was expected that both comment and criticism would inform the discussion and conclusions and be written up in those sections of the thesis.

The focus groups also provided the important function of checking with practitioners the proposed profiles to seek their responses as to whether the behaviours in the profiles 'rang true' or were not credible, to them, in some way.

Following recommended procedure the focus group sizes were restricted to six members each (Johnson & Christensen, 2004). The survey instrument contained an extra page where respondents were invited to indicate whether they would like to participate in further discussion and attend a focus group. Rather than establishing focus groups of practitioners unfamiliar with the topic area and the research, it was thought that carers already familiar with the research would have more to offer in the way of reflection and comment. By asking the potential focus group participants to self identify / self select it

was anticipated that the focus groups would be more productive because people were engaged with the topic enough to reply.

Of the 24 replies, 14 were from qualified staff and 10 from unqualified. Once a day and time was set for the focus groups, respondents were contacted and seven qualified and six unqualified indicated they could participate. On the separate nights of the groups four qualified and three unqualified attended. Areas of results that were unexpected and could benefit from practitioner input guided the discussions. For the unqualified group it was necessary to explain the concepts of attachment, temperament and adjustment before proceeding. For the qualified group only temperament and adjustment needed to be explained. Both groups were given a general overview of the preliminary findings before specific questions were raised (see results and discussion for further specifics). Information about the respondents/research participants will be presented next, before a comment on ethics and finally a summary of the chapter.

Research participants

Information from the Department of Education and Children's Services, which licenses childcare centres in South Australia indicated that at the time of the survey 138 centres were licensed in metropolitan Adelaide. Metropolitan Adelaide was designated as being within 20 kilometres of the General Post Office.

Each centre was contacted by phone to determine if they had one or more or no rooms with babies under 2 years of age. Of the centres contacted 135 indicated they had infant rooms. During the phone call the first names of carers in the under 2 room were ascertained and as a consequence 332 surveys,

with replied paid envelopes were mailed out. After one round of reminder phone calls, 112 were returned.

A cover letter to centre directors asked for their support in distributing the surveys and requested permission for their staff to respond. In some cases permission had to be obtained from management committees for staff to participate. Only one centre returned surveys with the owner saying they did not wish to participate. This return of surveys illustrates the particular ethical dimensions of the research being reported here and further comment will be made next.

Research ethics

The Flinders University Research Ethics Committee granted ethics approval. The research adhered to all university protocols for informed consent and confidentiality. Childcare Centres in South Australia have independent status and each management committee considers requests for research and determines if the centre and/or staff will participate. Approval for staff to participate was requested through the Directors of each centre. Only one centre returned forms saying management did not give permission. Informed consent was sought from each respondent. The 'Informed consent' forms returned with each survey were separated and stored separately under University protocols.

Before summarising the chapter more needs to be said about the use of the 'hierarchical cluster analysis' statistical technique.

Hierarchical cluster analysis

The major focus of the research presented in this thesis was to develop a set of behaviours (a profile) that described the infant who was settled in to

care. Forty-five possible behaviours were identified and presented to respondents. Within this 45 there were sets of opposite behaviours so clearly not all items could be included in a final list. The challenge was to find appropriate statistical methods to identify and justify any final list. Apart from the visual appraisal of the lists and the scatter plot the most ideally suitable procedure found was a variation of 'cluster analysis'.

Cluster analysis is an exploratory tool for sorting and classifying cases. The analysis 'clusters' items together so the degree of association between items within each group is stronger than the association with items in other groups. Cluster analysis is used to reveal associations and structures that were not evident before and can be made sense of once they are revealed (Clustan, 2007). Hierarchical cluster analysis is used where there are already measured characteristics, to find relatively homogeneous clusters (Clustan, 2007b). In this research the 'cases' are the behaviours and the 'measured characteristics' are the various categories (attachment, temperament, adjustment). Hierarchical cluster analysis starts with each case (behaviour) in a separate category (cluster) and then combines clusters sequentially until only one cluster (all the cases) remains. In this case that means clustering from 45 to one cluster. It is possible to look at each of these levels of clusters (45 to one) to determine which is the most meaningful for the particular cases and the problem being solved. More information specific to this research is supplied in the relevant section of the results in Chapter 7. The advantage for the research reported here is the opportunity to look at the various levels of clusters to see which items are being forced together and in particular whether controversial items identified through the scatter plot and visual appraisal are clustered with the obvious

items already identified as appropriate for a list of behaviours. In other words, the forcing of items into clusters, which occurs in hierarchical cluster analysis, allows decisions to be made about which items to include in a final list and which to omit. Hierarchical cluster analysis is thus ideally suited to the task of determining items in any final list.

Methodology: a summary

In line with the methodological concerns presented in the literature review and the specifics of the research questions, the methodological principles guiding the research being presented in this thesis were presented at the beginning of the chapter. Information on quantitative, qualitative and mixed mode research was presented. The choice to use a qualitative, quantitative or mixed mode of research was outlined and the values of each for the research being presented here were argued. The decision to use a mixed mode of research with a survey was then discussed and the specific advantages for answering the research questions and validating the results were provided. The value of focus groups for triangulation and clarification of the answers to the research questions was presented.

The three phases of the research were then described and the reasons for the specific structure of three phases of research were argued. The detail of each phase was conveyed. Extensive information on the structure and content of the survey was given. The arguments for the specific questions and the reasons behind each one were detailed and illustrated. The anticipated value for the research and for answering the research questions was explained.

This methodology chapter is connected to the previous chapter which gave the detail of the behaviours contained in the survey section designed to

develop the profiles of behaviours of the ‘settled’ and ‘not settled’ into care infant. All other sections of the survey are presented here. The special considerations taken into account for the development of the structure of the survey and the approach to the participants were detailed. The considerations were explained where they were relevant within the description of the methodology. The use of the focus groups and their importance to the validation process and in triangulation of the method and data was detailed.

The processes used to obtain ethics approval and to recruit participants were presented just prior to this summary of the chapter’s contents. Chapters 5, 7 and 9 report the results. Each chapter presents the raw data and the statistical analysis that was undertaken to develop the specific aspect being reported on. Where appropriate simple non-parametric statistical procedures were used and results are illustrated with tables and graphs. For the more complex analysis of where the cut-offs should occur and so determine what to include or exclude on the final lists, more complex statistical analyses were performed. The use of a scatter plot was helpful in illustrating and confirming the possible cut offs. However the more complex ‘hierarchical cluster analysis’ performed using SPSS was most useful in confirming the strength of the connections between the items included in the final lists (see earlier explanation). To assist the readers understanding the results are presented in separate chapters as follows:

Chapter 5: Results: Introduction and demographics / Knowledge and use of the term ‘settled in to care’

Chapter 7: Categories of items and initial lists, Characteristics of the ‘settled’ child, characteristics of the ‘not settled’ child, not applicable items, final lists and categories of items

Chapter 9: Respondents information: Time taken to settle, levels of concern, reasons why some infants take longer, recommending infants be removed from care, primary care and other comments

Each chapter is followed by the relevant discussion so results and discussion are paired for easier reading and understanding. This format also illustrates the two major research areas being presented: the profiles and the practitioner information on time in care, whether some infants never settle and processes and procedures that assist infants to settle in to care.

CHAPTER 5

RESULTS – DEMOGRAPHICS, KNOWLEDGE OF TERM: SETTLED INTO CARE

Introduction to results

Structure of the results chapters

In keeping with the three aspects of the research questions, the results are presented in three chapters with the discussion following in each case so chapters are paired. Chapter 5 provides the demographic information and data on the primary question of whether carers have a concept of an infant ‘settling into care’ and chapter 6 has the discussion. Chapter 7 presents the data for the development of the profiles of the ‘settled’ and the ‘not settled’ child. It also includes the results for questions about the importance of attachment, temperament and adjustment behaviours for infants settling into care. Chapter 8 has the related discussion. Chapter 9 presents the results of the aim to collect information from experienced carers and enter it into the research literature. The topics covered there are the time infants take to settle, do some infants not settle and what happens to them and the use of primary carers. The discussion follows in Chapter 10.

Before reporting the results it is necessary to restate the processes used to establish validity. The processes were first presented in the methodology chapter. The purpose in restating them here is to help explain the structure of the results chapters and to account for what, on first reading, could appear to be a repetition of information.

Statement on process for establishing validity

Two forms of triangulation to determine the validity of the content of the final profiles are used in this research. One is methodological; the other is content triangulation (see earlier discussion in chapter 3). The methodology of a survey and focus groups allows the information to be gathered through the surveys and then checked using the focus groups. Within the survey one more method of checking is also used. Prior to being given items to choose from for the profiles, respondents were asked open ended questions to determine which characteristics/behaviours they would spontaneously present as behaviours of the 'settled' and 'not settled' child. In addition, an open-ended question at the end inviting respondents to contribute anything they thought was omitted or insufficiently focused on provided another check. The content/behaviours indicated in these replies could be compared with the selection provided to respondents and to the final profiles to determine if areas had been missed. A high level of commonality across the three areas – literature, profiles and open-ended responses would suggest a high level of validity. This comparison also indicates the second method of triangulation, content triangulation. The behaviours discerned from the early childhood and child development literature and provided for the respondents to classify into the final profiles provides one piece of a triangulation process. That process is then complete when focus group participants are asked to review the profiles against their own experience. This review occurred in two ways, with focus group participants being asked to critique the profiles to see if they matched their experience and to also discuss the controversial items to determine if they should be included or not.

Chapters 7 and 8 report and discuss the second step of the *content* triangulation process – the development of the profiles from the survey responses. The third step, focus group participants’ responses is included both within the results and the related discussion chapter. The *method* triangulation results are also reported in these chapters in two ways – the development of the profiles and the analysis of the open ended answers and the comparison of one with the other.

In this current chapter the next section reports the demographic detail of the respondents and the point will be made later in the discussion that the profile in qualifications, years of experience and centre funding types mirrors the population of South Australian and Australia wide childcare staff at the time of the survey and so can be considered representative of the larger cohort in this detail.

Restatement of research questions

Subsequent chapters report the results that relate to the following research questions:

Do childcare staff

- Recognise the term ‘settled in to care’? And if yes,
 - Where have they encountered it? And
 - Where do they use it themselves?
- Agree on a set of characteristic behaviours;
 - for the ‘settled child’?
 - for the ‘not settled’ child?

- Discriminate between attachment, temperament and adjustment characteristics in the composition of lists of settled and not settled behaviours?
- Identify Greta Fein's adjustment categories as applicable to their children?
- Agree on the average amount of time it takes an infant to settle in to care?
- Have shared ideas about what assists a child to settle in to care?
- Have ever had a child who did not settle into care and why they thought the child had not settled
- Have a shared opinion on the role primary caregiving relationships play in an infants settling in process?

The answers to all these questions contribute research to the early childhood knowledge base and transfer practitioner knowledge into the research literature. The most significant contribution is the development of the profiles of behaviours of the 'settled' and the 'not settled' child. There are no profiles available currently to guide practitioner behaviour and responses to infants entering care and no guides for researchers to use to determine which infants to include in research and which ones need to be excluded until they have settled in to care. The profiles validity is established through the triangulation processes but also in the use of the sophisticated SPSS hierarchical cluster analysis.

Demographic detail

The demographic information detailing the rate of return of the surveys and the profile of respondents and centres will be presented in this chapter. The respondents' knowledge of the term and understanding and use of the concept of 'settled into care' will also be presented.

Rate of return

One hundred and twelve (1/3) of 332 surveys were returned and analysed. The size of the return rate and the representativeness of the sample is elaborated on and discussed in detail next rather than in the discussion chapter.

Representativeness of sample

Every effort was made to achieve a return rate as high as possible. The complete list of metropolitan Adelaide childcare centres was phoned to create a list of those centres that had rooms with infants under 2 years of age. During the phone call contact was made with the Director. The Director was informed about the study and asked to provide the names of the staff in their infant room. Each centre was then mailed a pack with an information letter for the Director asking her/him to obtain further permission to distribute the study from any owner or management committee, if necessary. Each pack also contained an envelope addressed by name to each staff member in the infant room. The envelope contained an information letter, an informed consent form, a survey form and an individual stamped self addressed envelope to return the survey. Each person was offered an incentive, a board book to use with their infants, if they returned the survey. The books were mailed to each respondent as the

replies came in. A short time line for reply was set on the understanding that it allowed enough time but not so much time that the reply could be put off and then forgotten.

The returns from centres were recorded and after the expiry of the response date, phone calls were made to centres where no one had responded. The researcher asked to be put through to the phone in the infant room. She spoke directly to the staff person who answered the phone and asked if she/he would speak to colleagues and encourage them to return the forms. A second mail out to these centres was arranged. This resulted in another set of responses. Further phone calls were not made. Infant rooms are very busy places and it was felt any further contact may be considered annoying and perhaps dispose staff to become even more reluctant to participate in any other research. The preparatory process allowing targeting of the respondents, the use of an incentive and the follow up phone calls with a second mail out are all techniques designed to maximise a response (Creswell, 2002). In the circumstances it is hard to know what else could have been done to increase the response rate.

The profile of the respondents is presented next and additional data from other sources is presented to illustrate two points. One point is that respondents who did reply mirror the respondents who did not reply, in qualifications, years of experience and centre funding types. The second point is that the respondents in South Australia resemble the Australia wide profile of childcare workers in qualifications, years of experience and centre funding types. These are important details and allow a claim that the results can be generalised beyond the current respondents.

Profile of respondents

Position held

Of the 112 respondents, 54 (48.2%) were employed in 'qualified' carer positions, 55 (49.1%) were employed in 'unqualified' positions and 3 (2.7%) reported that they worked sometimes as qualified and sometimes as unqualified staff. In order for a person to work in a qualified position they must have an approved qualification. Each of the three respondents, who worked as both qualified and unqualified had an appropriate qualification and so their responses will be included with the qualified staff.

Qualifications

Of the qualified staff, 78.9% held Technical and Further Education (TaFE) qualifications, 6.3% held University degrees and 4.5% held nursing qualifications that are considered an appropriate qualification by the South Australian state-licensing department.

Eighteen, (32.7%) of the unqualified respondents indicated that they were currently studying for a qualification with one of the various TAFE colleges within metropolitan Adelaide.

Table 5.1

Qualifications of Respondents

Qualifications	Frequency	Percent
Unqualified	37	33.0
Unqualified studying	18	16.1
Qualified TaFE	45	40.2
Qualified University	7	6.3
Qualified other	5	4.5
Total	112	100.0

Summary: qualifications

Given the licensing requirements for staffing under 2 rooms in South Australia, and the number of infants licensed for and cared for in most centres the mix of almost equal numbers of unqualified and qualified staff was representative of the ratios of qualified and unqualified staff employed in centres. The high proportion of TaFE graduates over University trained staff was also as expected.

Experience working with infants

Just over one third of respondents had two years or less experience working with infants. The majority of the staff, 63%, had less than five years experience and while 21.4% had 6 – 10 years experience only 14.3% had over ten years experience. Except for those with over 10 years experience these percentages were generally the same for both qualified and unqualified staff.

Table 5.2

Years of Experience Working with Infants

Years experience	Frequency	Percent	Cumulative %	Qualified	Unqualified
Missing data	1	0.9			
0 – 2 years	43	38.4	38.4	22	21
3 – 5 year	28	25.0	63.4	14	14
6 – 10 years	24	21.4	84.8	11	13
Over 10 years	16	14.3	100	10	6
Total	112	100.00			

Experience working in long day care

Slightly more respondents reported 6 – 10 years and over 10 years experience in childcare in general, than reported these times with infants. This implies that 11.6% of staff has experience in other areas of childcare before working with infants. Within each of the bands of ‘years of experience in childcare’ qualified and unqualified staff numbers were very similar.

Table 5.3

Years of Experience in Childcare

Years experience childcare	Frequency	Percent	Cumulative percentage	Qualified	Unqualified
Missing data	4	3.6	[3.6]		
0 – 2 years	32	28.6	28.6	16	16
3 – 5 years	23	20.5	49.1	8	15
6 – 10 years	29	25.9	75.0	17	12
Over10 years	24	21.4	96.4	14	10
Total	112	100.0	100		

Summary: years of experience

Only 11.6% of staff reported that they had worked in other areas of childcare before working with infants. This means that the majority of staff with infants have less than 5 years experience of childcare and when they began childcare work it was with infants. This result will be discussed further in the discussion in chapter 6 because it has worrying implications for the quality of care infants are receiving.

Profile of centres

Funding base for centre

Respondents returning the survey represented all available funding types with 27.7% private, 67.9% community based and 4.5% 'other'. As expected there was a higher rate of return from community than privately funded centres.

Table 5.4

Funding Base for Centres and Staff Qualifications

	Qualified	Unqualified	Frequency	Percent
Private	18	13	31	27.7
Community based	35	41	76	67.9
Other	4	1	5	4.5
Total			112	100.0

Summary: years of experience, qualifications, centre types

It is apparent from the results reported above that infants in childcare in metropolitan Adelaide were largely being cared for by TAFE (2 year Diploma) graduates with 38% having less than 2 years experience and 63% less than 5 years experience in childcare and with infants. There were, as expected, more community based centre staff respondents, which at the time of the survey, reflected the ratio of community to private childcare (Department of Education Training and Employment, 2001).

It is a concern with any survey that the persons choosing *not* to respond may be different from those choosing to respond and the result would therefore

be biased (de Vaus, 1995). This concern will be discussed next. A related concern is for the generalisability of the results beyond this sample of respondents, to the wider South Australian population and the Australian population. These issues will be discussed together.

Sample comparison with South Australia

In order to explore whether the population who responded was different from the general South Australian population in key ways, the profile of respondents was compared with population data available from the National Children’s Services Workforce Project 2006 (Community Services Ministerial Advisory Council, 2006). There is little comparative data available which provides demographic data on the Early Childhood workforce and this federally funded project is both recent, concurrent with data collection for the research being reported here and comprehensive and so it is useful for a comparison. The data on the respondents is presented in the following table (Table 5.5) along with data about the whole South Australian population of Children’s Services workers and Australia wide statistics.

Table 5.5

Comparative Statistics; respondents, South Australian and Australian Populations of Early Childhood workers.

Descriptor	Research respondents	South Australian population	Australian population
TaFE Qualifications	56%	55%	54%
University Qualifications	10.8%	6%	9%
Average years of experience	5**	7.6*	7*

More than 10 years experience	14.3%	17%*	15%*
Community Management	67.9%	61%	68%
Private Management	27.7%	36%	32%

Note. * these figures are only available for across all Early Childhood services – Long Day Care, Outside School Hours Care, Occasional Care and Preschool

Note. ** these figures are for staff in ‘under 2’ rooms in Long Day Care in the research being reported here

There are two slight biases apparent in the profile of respondents – slightly more University qualified staff replied and slightly more staff from community funded centres replied than the proportions in South Australia. However both these return rates are closely related to Australia wide levels. More will be said about this in a moment.

It is apparent from the data shown in Table 5.5 above that the respondents to the survey reflect those of the wider South Australian population closely enough to be reasonably confident that the views expressed reflect those of the whole population. Slightly more University qualified and community funded centre staff replied than would be expected from the populations. University educated carers and community funded centre staff are generally more ‘research’ aware and it is possible they felt marginally more interested in contributing and able to respond. Given the nature of the Early Childhood literature included in the survey, this could be seen as a strength of the responses because these respondents are well educated and experienced and perhaps more insightful and accomplished in completing surveys. However, the difference is so small it is more accurate to claim that there is no discernable difference in key factors (education, funding type of centres and

years of experience) between those who responded and the wider population in South Australia so the respondents in the research being reported here can be considered representative of the whole sample. The question now arises as to whether the population is also representative of the wider Australian population.

Sample comparison Australia

If the respondents are compared with the national sample on type of qualifications, funding type of centre and years of experience (see table 5.5) there is sufficient similarity to be able to postulate that the sample is representative of the wider Australian sample and so the results, in particular the two profiles could be considered valid for the wider population of carers of under two year olds in Australia.

One more point needs to be made. All TaFE qualified staff (56% of this sample and 54% nationally) are trained using an Australia wide program of topic modules that are assessed using criterion-based assessment (Mulcahy & James, 2000). There is some variation in delivery and the value added experience some TaFE colleges offer but essentially all students are assessed using the same criteria from modules with prescribed information. As a consequence it could be expected that the qualified respondents to this research survey are representative of the wider TaFE graduates across Australia. This further argues for the validity of the results, particularly in relation to the Early Childhood content of the profiles, beyond the South Australian population to the wider Australian population.

Demographics: a summary

This section of the chapter has outlined the structure of the results chapters in the introduction and presented the results for rate of return, qualifications, years of experience in childcare, years of experience with infants and funding base of centres. Data was presented to support the view that the rate of return is sufficient to justify the conclusions presented in this thesis and that the characteristics of respondents are reflective of respondents who did not reply (the South Australian population of childcare staff in under 2 year old rooms) and the Australia wide population of childcare staff.

The information about the qualifications of the respondents and their years of experience will be used in the further analysis of the survey replies and in providing a context for understanding any anomalies or issues arising from the data. Similarly detail about the work sites within which respondents are employed may provide connections with their attitudes and or points of view. In order for the development of the profiles to proceed it is necessary to know whether the carers have a concept of a transition process or process of settling in for the infants and for their own daily practice and routines. It is possible the carers have a concept of settling infants in to care but use some other term to describe that process. The results of questions designed to gather this information are reported next.

Knowledge of the term ‘settled into care’

Respondents were first asked if they had ever heard the term ‘settled in to care’. Subsequent questions were designed to determine where they had heard the term and how they used the terms. The questions were designed to determine whether a ‘concept’ of an infant settling in to care was held in

common across the participants and how useful the term may be in their work with the infants, with each other and in communication with parents.

Heard the term ‘settled into care’

When asked if they had heard the term ‘settled into care’ the majority of respondents (89.3%) reported that they had heard the term.

Table 5.6

Heard the Term Settled into Care

Heard the term	Frequency	Percent
Missing data	1	0.9
Yes – have heard the term	100	89.3
No – haven’t heard the term	11	9.8
Total	112	100

Very few respondents 11, (9.8%) said they had not heard the term so it is apparent that the term and the concept of an infant settling in to care have some meaning for a large majority of the respondents. More of the information about what the term means to respondents is revealed in the information about where they have heard the term ‘settled in to care’ and whether and where they use it themselves. Before looking at the detail of where the term is used it is useful to know if the 11 who have not heard it have any characteristics, perhaps training or experience or the centre type they work in, in common.

Not heard the term: respondent characteristics

Of the eleven staff who indicated that they had not heard the term plus the one respondent with missing data, 5 were qualified and 7 were unqualified.

Four respondents who indicated that they had not heard the term added comments to the form indicating that they used the term themselves. When the demographic details for the four who reported not hearing it but using it themselves, were compiled there were no commonalities in relation to type of qualification, years of experience in childcare and with infants or centre funding type. The demographic information of the 5 qualified and the 7 unqualified who reported they had not heard the terms were examined to see if there were any commonalities and are reported next.

Table 5.7

Not Heard the Term: Qualified Staff Demographic Details

Qualified responses	Type of qualification	Centre Funding	Experience with infants	Experience in Childcare	Comments
Carer 1	TaFE	Other	0-2 yrs	0-2 yrs	Says no to heard but yes to uses with staff
Carer 2	TaFE	Private	3-5 yrs	3-5 yrs	TAFE equivalent: Private trainer
Carer 3	TaFE	Community	13 yrs	13 yrs	
Carer 4	University	Other	14 yrs	14 yrs	University CC
Carer 5	Other	Community	32 yrs	15 yrs	Says no to heard but yes to uses with staff

Apart from 3 of the staff saying they had not heard the term being TaFE trained, rather than University (1) and other (1) there is little in common across

the qualified staff that might account for them not having heard the term. With the unqualified staff, 5 of the 7 saying they had not heard the term have only been working in childcare less than 2 years, with 3 of these in community centres and 2 in private. No strong trend or commonality of qualifications, years of experience of centre funding type is therefore apparent and could explain the respondents not having heard the term..

Table 5.8

Not Heard the Term: Unqualified Staff Demographic Details

Unqualified responses	Centre Funding	Experience with infants	Experience in Childcare	Comments
Carer 1	Private	0-2 yrs	0-2 yrs	
Carer 2	Private	0-2 yrs	0-2 yrs	
Carer 3	Community	0-2 yrs	0-2 yrs	Says no to heard but yes to use with staff, parents, & in developmental records
Carer 4	Community	0-2 yrs	0-2 yrs	
Carer 5	Community	0-2 yrs	3-5 yrs	
Carer 6	Community	6-10 yrs	6-10 yrs	“not this actual term”
Carer 7	Community	6-10 yrs	6-10yrs	

Where the term was heard

Half of the 100 respondents, who had heard the term, said they had encountered it in conversation and in theory. A third more of these were qualified rather than unqualified carers. A further quarter of respondents said

they had encountered the term more widely in theory, reading, classes and in-service.

Twenty percent reported a more limited contact with the term, with its use in conversation. The majority of these were unqualified staff.

Table 5.9

If Yes, Where Did/Do You Come Across the Term?

Where term was heard	Qualified	Unqualified	Total	Percent
in conversation	2	19	21	21
in theory, reading, classes, in-service	16	7	23	23
in conversation and theory	32	22	54	54
Unspecified	2	0	2	2
			100	100.0

It appears the term has a wider practical use for the unqualified staff and the mix of theoretical and practical use for the qualified staff. This usage is also reflected in the answer to the question of where they use the term with the majority of its use across conversations with parents and staff and in the record keeping of infant's progress. These results on 'use' are reported in the next two tables.

Use of the term ‘settled into care’

Do you use the term yourself?

When all respondents were asked whether they used the term ‘settled into care’ themselves 17 (15.2%) replied that they do not use the term. This is six more than said they ‘had not heard the term’; so apparently six staff have heard it elsewhere but do not use it themselves.

Table 5.10

Use of the Term ‘Settled into Care’

Use of term	Qualified	Unqualified	Total	Percent
Missing data	0	1	1	0.9
Yes	47	47	94	83.9
No	10	7	17	15.2
Total	57	55	112	100.00

When the demographic details of the six who said they do not use it themselves but have heard it elsewhere was looked at, five were qualified (see table below). Carer 1 added a comment saying they used it with staff, Carer 3 added ‘feeling secure’ as the alternative and Carer 4 added “secure in our care, secure in the environment”. Carer 4 added the comment “settle as a general term, as an individual ‘settled within themselves, not stressed’.

Table 5.11

Staff Who Had Heard the Term but Did Not Use It Themselves

Carers	Type of qualification	Centre funding type	Experience with infants	Experience in childcare
Carer 1	TaFE	Private	0-2 yrs	0-2 yrs
Carer 2	TaFE	Private	0-2 yrs	0-2 yrs
Carer 3	TaFE	Community	0-2 yrs	6-10 yrs
Carer 4	TaFE	Community	3-5 yrs	0-2
Carer 5	University	Private	6 –10 years	14 yrs
Carer 6	TaFE	Private	12 yrs	6-10 yrs

If yes, where do you use it?

When asked where they themselves used the term the slightly more than half of qualified and unqualified staff (52%) said “with staff, parents and in developmental records”. More unqualified (20) than qualified (8) said they used it just with staff and parents. This would reflect the variation in roles in an infant room with the qualified staff more responsible for planning and written records.

Table 5.12

Where Staff Use the Term ‘Settled Into Care’

Where term is used	Qualified	Unqualified	Total	Percent of 95 users
Missing data	1			
With staff	4	5	9	9.5
With parents	4	1	5	5.3
With staff & parents	8	20	28	29.5
With parents & in developmental records	2	0	2	2.1
With staff & in developmental records	1	0	1	1.0
With staff, parents & in developmental records	29	21	50	52.6
No detail given	9	7		
Total			95	100.0

Note: one person who said they didn’t use it, in fact checked ‘use with staff’.

If no, what equivalent or similar term might you use?

Of the 17 written replies to this question nine staff reported they used variations on the term ‘settled into care’. Three said “the child is settling and visiting” and the rest are perhaps best summed up in this comment:

“ we certainly use the term ‘settle’ or ‘settled in’ but not in the formality of the phrase ‘settle into care’, which seems to relate to care generally. We more specifically talk about settling into the Baby House or settling into our environment or settling in with us/our group.”

Three of the 17 respondents referred to ‘secure/attachment’ as in:

“secure in our care, secure in the environment” and

“formed a secure attachment”

Four respondents referred to the child being ‘happy’ and ‘content’ or ‘adjusted’.

Summary: knowledge and use of the term ‘settled in to care’.

It is apparent from the results that the term ‘settled in to care’ is one familiar to the majority of respondents. The qualified staff appear to encounter it and use it more widely than the unqualified staff. The variations in qualified staff’s tasks and contact with parents may account for this.

One of the primary aspects of the research being reported in this thesis was the question of whether there was another term other than ‘settled in to care’ used by staff. In the literature review the use of terms was discussed and one common term was ‘adjusted’ or ‘adjustment to care’. Neither of these two terms is particularly apparent in the ones supplied but the focus on attachment discussed in the literature review was obvious. Given the similarity between this group of respondents and the wider South Australian and Australian population of childcare workers in under two year old rooms, it can be concluded that the term ‘settled into care’ is widely used and useful. As a consequence of this strong conclusion the base is provided for the research into the specific understanding of what settled in to care means which follows. The next chapter of the thesis discusses the results presented here.

CHAPTER 6

DISCUSSION: DEMOGRAPHICS, KNOWLEDGE OF TERMS AND INITIAL LISTS

Introduction to discussion

The demographic information on the respondents and the background this presents for interpretation of the data is discussed in this chapter. Some of the clarification of the details and the accompanying discussion, especially about possible sample bias and generalisability of the results has already occurred in the results Chapter 5 so not all aspects will be repeated here. Topics are discussed in the same sequence they were presented in the related results chapter (Chapter 5), beginning with comments on the return rate, possible sample bias, representativeness of the sample for South Australia and Australia and then the detail of the respondents' qualifications and experience.

Return rate of surveys and possible bias

With 112 of 332 surveys returned, a return rate of 33.7% was achieved. Two centres returned the surveys with a note saying their management did not want them to take the time to participate. As previously stated (see Chapter 5), extensive measures were taken in planning, in organising the distribution of forms and in follow up where forms were not returned, to obtain replies. Given the current working conditions (hours and work load) of child care staff the fact that so many did take time to reply is perhaps an indication of the professionalism and commitment to the children evident in child care staff. As detailed in Chapter 5, when the profile of the respondents is compared with data on the wider South Australian population of caregivers in under 2 year old

rooms, the match in qualifications (type – TaFE or University and balance between numbers of qualified and unqualified), years of experience with infants, and centre funding type is sufficiently close to suggest there is no obvious bias in the sample of respondents when compared with those who did not respond.

Sample size and representativeness of the sample

A rate of return of 33.7% is considered average for a mailed survey (de Vaus, 1995). However given the nature of the childcare field, achieving 112 replies could be considered excellent. When respondents' details are compared with the total population, the profile is a close match and so the sample has considerable credibility. Also important is the fact that 112 survey returns allowed sufficient data for statistical analysis of their content.

Sample comparison with South Australia and Australia

It is apparent from the data presented and discussed in the results chapter 5, that the characteristics of the respondents to the survey reflect those of the wider South Australian population closely enough to be reasonably confident that the views expressed reflect those of the whole population. Slightly more University qualified and community funded centre staff replied than would be expected from the populations. University educated carers and community funded centre staff are generally more 'research' aware and it is possible they felt marginally more interested in contributing and able to respond. Given the nature of the Early Childhood literature included in the survey, this could be seen as a strength of the responses because these respondents are well educated and experienced and perhaps more insightful

and accomplished in completing surveys. However, the difference is so small it is more accurate to claim that there is no discernable difference in key factors (education, funding type of centres and years of experience) between those who responded and the wider population in South Australia. Data was also presented, in Chapter 5, to suggest that the respondents to the research being reported here can be considered representative of the wider Australian population and so this will not be discussed further here, other than to reiterate that it suggests the research results could be generalised beyond South Australia to represent the views of the wider Australian population of childcare workers.

Qualifications: a further comment

Respondents report that the ratios of infants to staff members in their rooms range from 1:3 to 1:5 (which is the licensed rate in South Australia). They also report daily group sizes of an average of 10 infants. The licensing regulations in SA require one qualified staff person for the first five infants, an unqualified for the second five and then for any further five infants another qualified person is required (Government of South Australia, 1998). Therefore with a daily average of 10 infants most rooms would have one qualified and one unqualified staff person.

For the survey replies to be representative of the current qualification status of child care staff in infant rooms a 50:50 ratio of responses from qualified and unqualified would be required. This was achieved with 54 qualified plus 3 qualified working across qualified and unqualified positions giving a total of 57 qualified (50.9% of the sample) and 55 unqualified (49.1%) returning surveys. Given that the qualified and unqualified staff generally share

equally in the care of the infants as they enter the centres it is valuable to have them represented in the respondent profile in the proportions in the population.

Qualified profile

Recent data (Community Services Ministerial Advisory Council, 2006; Warrilow & Fisher, 2003) supports the perceptions in the field that University (4 year) ECE graduates are less likely to seek work in child care and this sample supports that information. Of the 57 respondents indicating they were qualified, 7 (6.3%) had university qualifications, 5 (4.5%) had nursing qualifications and the majority 45 (78.9%) were TaFE graduates.

Other research (Rosier & Lloyd-Smith, 1996) suggests that rates of pay and conditions of work in Childcare are unattractive to 4 year University graduates. In South Australia 4 year university Early Childhood graduates are also qualified to work as teachers in Preschools and with Junior Primary classes with superior pay and conditions so it is not surprising that few would choose to work in childcare, as is the case with this set of respondents.

Unqualified profile

It is interesting to note that 18 respondents of the 55 unqualified (i.e. 32.7% of the unqualified and 16.1% of the total sample) indicate that they are currently studying childcare courses with TaFE. It is possible that the fact that they were studying acted as a prompt to complete the survey and is an indication of their interest in the field. While this means the replies are likely to be influenced by their study, the experiences they report would be the same as for those not studying.

Experience working with infants in long day care

Of the 63.4% of the respondents (71 of 112, 36 qualified and 35 unqualified) who have less than five years experience, 43 that is 60.6% (22 qualified and 21 unqualified) have less than 2 years experience. So overall 38.4% of staff working with infants have less than 2 years experience. One third (40 of 112, 21 qualified and 19 unqualified) have 6 or more year's experience, with over half of those in the 6 – 10 year category.

The current survey did not ask for the respondents' age so it cannot be assumed that those with less than 5 years experience are young and recent graduates. What is evident is that 2/3 of staff are not staying with infants beyond five years experience.

The growth in child care places in SA has not had a sufficient spurt in the five years prior to the survey (Department of Education Training and Employment, 2001) to account for an increased number of staff in positions available for less than 5 years. The answer may lie in the high rate of turnover of childcare staff. A recent report by the Community Services Ministerial Council (2005) indicates that there is a turnover of 60% in childcare staff positions each year in South Australia compared with the national average of 30%.

The picture that emerges here is that in South Australia at the time of the survey, infants in group care were being cared for primarily by two year qualified and unqualified staff both with less than 5 years experience and in 38.4% of cases, less than 2 years experience.

The importance of the early years for a child's future development is well documented (Brazelton & Greenspan, 2000; Carnegie Corporation of New York, 1994; Kochanska, 2001) as is the complexity and rapidity of this

development (Gonzalez-Mena & Eyer, 2007; Henry, 1996). While no data is currently available to support or refute the idea it seems one could reasonably assume that experience with infants in group care, over time, is an important factor in the provision of high quality individual care for infants.

What is clear from past research is that the level of qualifications of childcare staff has a direct impact on the quality of the care the children receive (Phillips & Howes, 1987).

Therefore one outcome of the research being reported here would be the suggestion that because South Australia's infants are being cared for by 2 year trained, relatively inexperienced staff there is an urgent need to review the support and in-service training available to these staff members within their centres, in the form of mentoring and in the quality, quantity and content of in-service support available from support agencies.

Experience in long day care

When the figures for years of experience in long day care are compared with those for experience with infants, the balance alters with more staff indicating 6 or more years in childcare. This raises the possibility that some staff perhaps as high as 18% have experience with other children before beginning work with the infants.

Further specific study to gather data about the employment patterns of child care workers would be useful. Also useful would be research into the qualities, characteristics of and reasons for staying with infants that those with more than 6 years experience provide. This information may be useful in promoting infant care and the importance of experience among the carers. Information on the respondents' knowledge and use of the term settled into

care is discussed next before the results of the development of the profiles in the following chapter.

Knowledge of the term ‘settled into care’.

Heard the term

It is apparent from the survey replies that the answer to the initial question of the research being reported here is affirmative as, 100 of 112 respondents (89.3%) reported that they had heard the term. A further 4 indicated that while they had not heard the term they actually used it themselves. It was necessary to gather this data before proceeding because if respondents did not recognise the term and no other term was apparent to indicate that carers saw ‘settling in to care’ as a common process for infants then it could not be expected that they would have ideas of the behaviours indicative of a settled child. The number of respondents who indicated they had not heard the term is very small but reviewing information about them could perhaps be informative.

Not heard the term

Qualified

When the data about those who indicated they have not heard the term is reviewed (see Table 5.7) to look for any common features that may explain why this small group had not heard the term there are none that are immediately apparent. Respondents’ qualifications are spread across the categories with no specific concentration. Likewise there is no specific centre funding type more represented than another. Each set of respondent’s years of experience in childcare and with infants is the same. This indicates they have

only worked with infants, so perhaps one would expect that they would have heard the term. In fact surprisingly, two reported they had not heard it but do use it themselves. Three respondents have 13 years plus experience but two have less than five so it is not possible to suggest it is a recent term and those trained some time ago have not heard it or vice versa. No obvious explanation is therefore apparent for why these few have not heard the term.

Unqualified

When reviewing the detail about unqualified respondents who replied that they had not heard the term, (see Table 5.8), the same lack of pattern for centre funding type is apparent. As with the qualified staff, years of experience data indicate that all but one have only worked with infants. Five respondents have 0–2 years experience but two have 6–10 years so it is not possible to say recent unqualified employees have yet to hear the term, although this may be the case. One respondent wrote ‘not this actual term’ which implies an awareness of the term and one says they have not heard the term but do say they use the term with staff and parents and in developmental records.

While this data is interesting it is not possible to draw any conclusions about the demographics of the staff who indicate they have not heard the term. They appear to be a small group with no distinguishing features and are scattered across the general profile of respondents.

The conclusion to be drawn is that, as hypothesised, while the term ‘settled into care’ is rarely found within the research literature it is in fact widely known within the childcare field and therefore worthy of further investigation. Information was gathered about the use of the term settled in to

care to determine whether it was largely academic (in education courses and /or documentation in centres) or was useful in practice within the centres.

Where was the term 'settled in to care' heard?

Respondents who replied that they had heard the term settled into care were asked to indicate where they had heard it. When the answers were analysed and categorised 21% had heard it in conversation and 23% had encountered it in theory, reading, classes and in-service. The majority of respondents, 54%, indicated they had encountered the term in conversation and in theory.

It is apparent from these replies that the term is embedded in the conversations, discussions and theoretical understandings of child care workers. As such this finding supports the hypothesis that the term 'settled into care' is widely used and in so far as degree of use implies usefulness, it is useful in the childcare setting. This response is consistent with the point detailed in the literature review where it was argued the term 'settled in to care' was more widely used in the professional literature (Daniel & Shapiro, 1996; Edwards & Raikes, 2002; Elliot, 2003a) than in the research literature (Dalli, 1999a).

When respondents were asked to indicate whether they used the term more information emerges which supports the idea of the usefulness of the term.

Use of the term 'settled into care'

When the responses to the question 'do you use the term yourself?' are analysed, slightly fewer staff (than those saying they have heard the term) say they use it themselves. It appears from this information that six qualified staff who know the term do not use it themselves. There is no information about

why they don't use it. The same number (and profile) of unqualified respondents indicate that they don't use it, as indicated that they had not heard the term. Apparently it has not been a term used with them. They report being unaware of the term 'settled in to care' and subsequently do not use it themselves.

However given that 94 of 112, 83.9% reply that they use the term it seems that this also supports the hypothesis that while the term is not widely reported in the research literature it is in extensive use within the childcare field. The detail of where it is used supports the view that it is currently an 'applied' term used in professional practice rather than being apparent in the research literature.

Where is the term used?

Respondents who replied that they used the term 'settled into care' were asked to indicate where they used it. The choices provided were singular and combinations of 'with staff, with parents and in developmental records'. Respondents' replies indicate that the term is widely used with staff and parents (29.5%) and over 50% (52.5%) use it with staff, parents and in developmental records.

When the unqualified staff responses are reviewed it is interesting to note that half of them indicate they use the term in developmental records and half report they do not use it in developmental records. It is likely that for many centres unqualified staff do not contribute extensively, if at all, to the compilation of the developmental records. When the data on centres using a primary care giving system (see Chapter 9) is compared to this, 21 unqualified staff report they do not use primary care giving. Centres using primary care

would expect unqualified staff to compile the developmental records for their assigned children. Perhaps there is a parallel here that could be investigated further.

Knowledge of the term ‘settled in to care’ – a summary

The responses reported in this thesis indicate that an understanding of the term, ‘settled in to care’ while not elucidated in the research literature of the early childhood field, is in fact embedded in the major tasks of communication among staff and with parents and in the accumulation of the child’s developmental records. The term ‘settled in to care’ was proposed in this research because early reading around the topic and literature searches, combined with the author’s practical experience, suggested that it was the common term used to describe the concept and process infants go through when they enter into care and adapt to the changes. It was important to confirm or contradict this understanding. One way, as discussed above, was to ask if respondents had heard the term, used it themselves and if so where. Analysis of the replies indicates the term is not only heard but also used and therefore by implication is a term applied to a concept or process. In asking if any similar or equivalent terms were heard and used the intent was to support or confirm the common usage and shared understanding of the concept or process because it was possible that the idea embedded in ‘settled into care’ was described using other terms. The result of asking this question is discussed next.

Equivalent or similar terms

Respondents who indicated that they did not use the term settled into care were asked to share any equivalent or similar term they might use. When

these were analysed the words chosen were variations of either ‘settled’ or specific indicators within the set of behaviours of a settled child. The commonality of terms supports the position taken in the research being reported here, that the term ‘settled into care’ is widely used and understood and that no other term is identified by this set of respondents as an equivalent.

Once the data on level of acceptance of the term ‘settled in to care’ was established and no other term was found to be in common use, it was possible to assume that when they were sorting the survey items the respondents did have a personal but not necessarily a shared understanding of ‘settled’ and ‘not settled’. The detailed analysis of the replies could be expected to reveal any consensus or contradictions respondents had about the specific behaviours that indicated an infant was ‘settled’ or ‘not settled’. These results are presented in the next chapter with the settled behaviours first, then the not settled and the not applicable last.

Demographics of respondents and knowledge of the term ‘settled in to care’ – a summary

It has been argued in this chapter that the return rate of the surveys was acceptable, that is, within the accepted level for a mailed survey and perhaps even excellent given the particular challenges childcare workers face in replying to any tasks outside their normal heavy workloads with infants.

The profile of respondents closely matches both the larger South Australian but also the Australian population in qualifications, years of experience, and funding types for childcare. It has therefore been suggested here that the respondents’ replies can be generalised across the wider

Australian population and so the profiles of the 'settled' and 'not settled' infants have Australia wide applicability.

A concern for the well being of infants has been discussed as a result of the finding that 63.4% of staff have less than five years experience working with infants and 38.4% have less than 2 years experience.

The hypothesis that the most common term in professional use to describe the infants' adjustment to care, 'settled in to care' was confirmed with 89.3% of respondents indicating that they were familiar with the term. Both qualified and unqualified staff report that they use the term extensively in their professional practice and particularly in communications with the parents and in preparation of the infant's developmental records.

Having established the generalisability of the results and the confirmation of the choice to use the term 'settled in to care' the next chapter details the results of the replies to the survey questions designed to determine if respondents had a shared understanding of behaviours indicative of an infant 'settled' in to care and an infant 'not settled' in to care. The distribution of the attachment, temperament, and adjustment to care behaviours is also presented in the following chapter. The data with which to discuss the hypothesis that some children do not adjust to care but become detached and overlooked is also presented.

CHAPTER 7

RESULTS: CATEGORIES OF ITEMS AND PROFILES

The data to answer the research question ‘whether respondents agreed on a set of characteristics for the ‘settled’ and ‘not settled’ into care infant is presented in this chapter. The replies from respondents are analysed in order to develop the profiles of behaviours for caregivers and researchers to use.

As outlined in the methodology both data and method triangulation are being used to establish the validity of the final profile items. It is important to comment here that within the data triangulation procedures what is being presented in this chapter are two sections of three. The first step was the compilation of the items for the survey from the literature. Step 2 is the statistical analysis of respondents’ quantitative replies and step 3 is the analysis of the related qualitative questions in the survey. Step 2 – the quantitative data is reported in this chapter and step 3, the qualitative data is reported in chapter 9 with the relevant discussion in chapter 10.

With the method triangulation, step 1 was the analysis of the literature, step 2 is the analysis of the combined qualitative and quantitative data from the surveys which produces the profiles of the ‘settled’ and ‘not settled’ infant and then step 3 is the checking of the final profiles with the focus group participants. The focus group data is qualitative and gained from guided focus question replies. The questions asked were determined by the anomalies or controversial aspects of the profile items and the questions were designed, under the method triangulation process to confirm the final items in the profiles

or raise issues for further exploration. The focus group responses are the ‘data’ and presumably should be reported in a results chapter. However the decision has been taken that to obtain the best clarity and discussion of the final profiles and any controversial items the focus group ‘data’ will be presented in the appropriate places in the discussion chapter, Chapter 8. This avoids repetition and places the data where it is most meaningful, which is the intention for the use of qualitative data in this research. This is not an unusual step for reporting qualitative research where frequently the chapters are designed around topics, rather than ‘results’ and ‘discussion’ (Creswell, 2002) and seemed an appropriate technique for the ‘mixed method’ approach used in this research.

So within the context just outlined respondents’ replies to the request to sort behaviours into ‘settled’, ‘not settled’ and not applicable were first summarised and then the value ascribed to each by the respondents was added to create a composite list of behaviours for further statistical analysis.

Initial categorisation of survey items

The first task in analysing the replies was to determine, for each of the 45 items, how many respondents thought it fitted in either the ‘settled’, ‘not settled’ or not applicable categories. After this the same process needed to be followed to tabulate, for each item, how important the respondents thought the item was as an indicator for the category they had chosen for it. These first two steps will be reported next and then each category (‘settled’, ‘not settled’, not applicable) will be further analysed, separately, to determine which items have both a high level of agreement combined with importance such that they should appear in a final profile list. It is not anticipated that all 45 items would appear in each list in some sort of descending order. The statistical analysis to be

undertaken is largely directed at determining a ‘cut-off’ so some items are included and others excluded. It is these final profile lists, statistically determined, which can then be examined to determine the attachment, temperament and adjustment response content & therefore influence on the infant settling in to care. The processes used to refine the final lists and to statistically determine which items should be included are listed next. Following that there is a comment on two processes: ‘visual appraisal’, to explain the procedure and ‘level of importance’, to highlight the contribution it makes to the validity of the data and the profile results.

Processes used

Using the list of possible characteristics of the settled and unsettled child respondents’ replies were:

- Sorted into the 3 categories, settled, unsettled & not applicable according to the number of respondents who thought they belonged in that category.
- The categories were then internally ranked according to the % of agreement for the categorization of each one. The most any item could receive would be 100% (112 responses) if every respondent agreed the item belonged in the same category.
- Categories were also ranked separately according to the degree of importance each item held as an indicator for the category assigned
- Within each category the rank for agreement and rank for importance were then combined to develop a final ranking of each categories’ indicators using % of agreement and level of importance. A correlation

(Spearman's rho) was run to determine if there was any correlation between agreement an item should be in the list and the level of agreement that it should be there.

- A decision about which items to include and exclude on each final profile list was made using visual appraisal, calculation of difference between the points, scatter plots and an hierarchical cluster analysis
- The attachment, temperament or adjustment response for each indicator in each profile was then attached and a Chi-square test run to determine if any one of those three areas was considered more important than the others by the respondents.

Comment on processes

Two points about process need to be made to explain what follows in this thesis. One comment is about 'visual appraisal' as it is used here to begin the process of determining which items to include in each profile. The other comment is about the value of including 'level of importance' in addition to the 'level of agreement' about items for each profile.

Visual appraisal

Moving from a total list of 45 items, no matter what criteria was used to rank them, to a final list (less than 45 items) of items in settled/not settled lists necessarily requires several incremental steps. The validity of the final short list resides in two aspects – one is the triangulation process (content and broad methodology) described elsewhere in this thesis and one is the statistical analysis which determines both the rank of items and the cut-off of what to include and what to exclude. The incremental steps of the statistical analysis

are reported in the following section of this chapter. The first of these incremental steps is non-statistical.

As reported in chapter 3, the items presented to respondents to indicate whether they thought they described ‘settled’, ‘not settled’ or not applicable behaviours were drawn from the literature about infant attachment, temperament and adjustment to care and included both positive and negative aspects of each. As a consequence any ranked list of all the 45 items is going to include both positive and negative behaviours. It is a reasonable assumption that any ranked list will reflect a sorting out of the positive and negative characteristics. Asked to indicate ‘settled’ behaviours it is likely the positive attachment, temperament and adjustment behaviours would be selected by most respondents so the level of agreement would be high and items would be high on a ranked list.

At some point in that ranked list the division between any positive items characteristics respondents do not agree so frequently on and the negative characteristics will begin to be apparent. A visual appraisal of the list – reading the items- will indicate to this researcher where that ‘turn’ occurs. ‘Visual appraisal’ is not unlike the informed ‘sorting’ and ‘selecting of common themes’ qualitative researchers use as a standard form of analysis. It is likely though that there will be several points providing opportunities to divide the list into ‘settled’ and ‘other’ behaviours. The challenge is in deciding which of these possible transition points to select so ‘visual appraisal’ alone does not provide sufficient rigour. Calculating the ‘points of difference’ between items will indicate reductions in the levels of agreement and so supplement the information available from the visual appraisal. Where larger

increments occur a case could be made, combined with the ‘visual appraisal’ for possible meaningful cut-off points. It is also possible that there will not be a clear point of difference between positive and negative behaviours but some (of either) will be controversial enough to be placed between the clearer settled and not settled behaviours.

In order to ‘test’ the possible points of separation and determine a final list, the visual appraisal and points of difference options need to be examined further. That examination applies the rigour of statistical analysis and determines and gives validity to the final list of items. The statistical analysis procedures chosen as most appropriate for the data and for producing solutions were scatter plots and hierarchical cluster analysis (Creswell, 2002). See earlier discussion for reasons. Visual appraisal therefore is a supportable ‘beginning’ of a much more rigorous total process. The other aspect that needs discussing is the use of ‘levels of importance’ to supplement levels of agreement in requesting responses from participants.

Level of importance

In constructing the survey the decision was taken to move beyond a simple frequency count and to include a measure of importance or ‘significance’. For the final profiles to be useful a frequency count could have identified the level of agreement that a particular behaviour belonged in the ‘settled’ or ‘not settled’ category and the frequency counts alone could have been used to determine a final list. Frequency counts are common in research where the question being answered is ‘how often does something occur’. However the goal here was to construct a profile that was rigorous (based in the early childhood literature) and meaningful (developed from the lived

experience of child care workers with children under 2 years). The question of rigour was partially answered in the choice of the behaviours from the literature; attachment, temperament and adjustment. However it is possible that an item would have a high level of agreement that it belonged in a list of 'settled' or 'not settled' behaviours but not actually be a very important indicator. It was likely that within the items selected for a profile by the respondents, some would be considered by them as more important than others. Maybe an item with a lower level agreement that it belonged in a particular category was considered by the majority of the people selecting it as extremely important within the profile. This 'weighting' of items would be missed if the profiles were developed from a simple frequency count. If the profiles were to have both increased rigour and credibility and therefore usefulness it was important to identify the behaviours carers considered most important. If these were listed first in a profile, the profile would be more useful in any decisions about planning for an infant or for including them in a research study.

The screening tool used by Fernandez and Marfo (2005) alludes to some items being more important than others but no basis for their decision as to which ones, is apparent in reading the literature that accompanies their screening tool.

It is an important argument for the validity of the profiles developed in this research that both frequency and value (level of importance) are calculated and used in determining which behaviours to include and which to exclude.

The detail of the results, using these two processes among the others will now be presented.

Categorisation of survey items – detail

Missing data

Respondents were asked to first sort the forty five items into one of three categories, settled, not settled and not applicable. When any item was omitted, that is, was not circled in one of any of the three choices (S / US / NA) that omission was recorded in order to determine how much data was missing. If large amounts were missing the reasons would need to be discussed and could range from simple omission, the item being overlooked, to items being too complex in their wording or concept so that respondents were unable to choose.

The highest percentage of missing data for any one item is 8.9%, (no noticeable own routine when hungry, sleepy or needing to be changed) and the lowest 3.6%. Six items had 3.6% missing data; ‘needs to be held large parts of the day’, ‘unhappy’, ‘accepts changes to routines easily’, ‘slow to calm with carers during the day’, ‘responds to carers invitations to play’, and ‘doesn’t cry when parents leave’. Overall there is an average of 5.5% missing data.

While 5.5% missing data could be considered low and not unexpected for survey research (Creswell, 2002; de Vaus, 1995) the items with missing data were further examined. The initial examination of the missing data did not reveal any reliable pattern to account for respondents omitting a response. Of the 8 items with the highest amount of missing data (7.1% and 8.9%) five (items 18, 35, 36, 14 and 32) were from the ‘not adjusted - detachment like’ category. This may have been a beginning indication that these carers did not recognise Greta Fein’s category of withdrawn infants. For the other three items, one (item 42) was a negative temperament item, one (item 29) was a

positive temperament behaviour and one was an insecure to parent and carer behaviour. Once the final lists were developed, these items were examined again and of the eight, four were in the 'not applicable' list (items 32, 35, 36, and 42, three were among the not assigned items (14, 18 and 31) and one was on the settled list (item 29). Apart from item 29 (follows simple requests, for example, "find your bear") the other items are all the less relevant to a settled or not settled child and perhaps this helps explain why they had the highest amounts of missing data. Perhaps they were left out because respondents did not see them as easily assigned. Item 29 is discussed further elsewhere in this thesis. It was not controversial and was ranked low but equally on both the inclusion and importance lists.

For more thorough data analysis the missing data needed to be accounted for. Of the techniques available (delete cases, delete variables, a pairwise solution, sample mean approach, group means approach, random assignment within groups or regression analysis) (Creswell, 2002; de Vaus, 1995) the most appropriate solution for this particular data set was 'random assignment within groups'. Missing data was identified as the data was entered and for any missing data the value of the same variable on the preceding response was applied to the missing response. In this way missing values were replaced with a variety of missing values. de Vaus (1995) argues persuasively that this is a 'highly desirable way of handling missing data' (p. 285).

The summary table for the items and the percentage of agreement for each category is presented below for information and then commented on overall before the results for each category are reported in the appropriate sections that follow in this chapter.

Table 7.1
Survey Items Sorted into Categories

No	Item	Settled %	Unsettled %	N/A %	Missing %
1	Approaches carers to play	80.4	6.3	4.5	5.4
2	Needs to be held large parts of the day	0.9	83.9	6.3	3.6
3	Unhappy	1.8	74.1	14.3	3.6
4	Accepts changes to routines easily	87.5	0	4.5	3.6
5	Responds slowly or not at all to requests to do something	16.1	24.1	48.2	5.4
6	Watches new staff and visitors warily	19.6	36.6	34.8	5.4
7	Fusses & whines a lot of the time	6.3	70.5	16.1	4.5
8	Smiles a lot	89.3	1.8	0.9	4.5
9	Doesn't like it when routines change, reacts against any change	7.1	53.6	29.5	6.3
10	Has preferred carer (goes to them for comfort & help)	57.1	17.0	15.2	5.4
11	Slow to calm with carers during the day	8.0	79.5	5.4	3.6
12	Responds to carers invitations to play	80.4	2.7	8.0	3.6
13	Quickly calmed by carer after	83.9	3.6	3.6	4.5

	parent leaves				
14	Doesn't interact very much with carers or peers	3.6	45.5	38.4	8.0
15	Cries a lot, for no obvious reason	1.8	77.7	11.6	5.4
16	Doesn't cry when parent leaves	78.6	1.8	11.6	3.6
17	Expressive	56.3	2.7	30.4	6.3
18	Appears wary, watches others a lot	11.6	48.2	28.6	7.1
19	Resists being changed, difficult to feed	1.8	67.9	22.3	5.4
20	Looks up often when the door is opened	13.4	44.6	34.8	4.5
21	Watches door often during the day	4.5	60.7	24.1	6.3
22	Playful	87.5	1.8	2.7	4.5
23	Needs encouragement & support to try new things	17.0	25.0	45.5	6.3
24	Approaches new people who visit	70.5	2.7	17.0	6.3
25	Is generally happy & smiling	87.5	1.8	1.8	5.4
26	Enjoys play with the carer	86.6	0.9	3.6	4.5
27	Cries off and on all day, until parent arrives	2.7	86.6	2.7	4.5
28	Plays happily, calms self easily when upset	84.8	2.7	4.5	4.5

29	Follows simple requests (for example, 'find your bear')	62.5	2.7	23.2	8.0
30	Plays happily	91.9	0.9	1.8	5.4
31	Easily upset during the day	2.7	58.9	29.5	7.1
32	Doesn't smile very much	7.1	33.0	50.0	7.1
33	Happy	86.6	0	4.5	6.3
34	Doesn't play with toys, peers or adults or join in activities very much	4.5	67.0	20.5	6.3
35	Quiet	18.8	9.8	58.9	7.1
36	Plays alone with toys most of the time	29.5	10.7	47.3	7.1
37	Avoids carers eye contact, touch, invitations to play	3.6	65.2	23.2	5.4
38	Stays close to, follows chosen carer around during the day	24.1	39.3	24.1	6.3
39	Approaches new activities/toys in the room	80.4	2.7	8.9	5.4
40	Has own regular routine of when hungry, need their nappy changed and need their sleep	61.6	0.9	26.8	5.4
41	Avoids parents when they arrive	44.6	11.6	45.9	6.3
42	No noticeable own routine when hungry, sleepy or needing to be changed	17.9	24.1	46.4	8.9

43	Smiles and approaches parent when they return	69.6	1.8	17.9	4.5
44	Cooperates with staff when being changed or fed	79.5	0	13.4	5.4
45	Sits alone, comforts self (sucks thumb or dummy, holds blanket or bear) most of the day	12.5	59.8	20.5	4.5

Across the categories it is apparent that items in the settled list had an overall higher level of agreement that they belonged in the list with 91.9% agreement for the highest one and 0.9% for the lowest. All of the 45 items were considered to be a part of the settled list by at least one respondent. The 0.9% indicates that at least one person thought that item was relevant to the settled list.

Within the not settled categorisation of the items the highest level of agreement that an item belonged in the list was 86.6% and three items were left totally off the list by all respondents. Those left off were 'happy', 'cooperates with staff when being changed or fed' and 'accepts changes to routines easily'. Three other items were considered relevant to not settled behaviour by at least one person.

Within the not applicable list the highest level of agreement was 58.9% and all 45 items received at least one person's indication that it was not applicable.

Summary: initial categorisation of items into settled, not settled, not applicable

The results of the initial sorting of items into the settled, not settled and not applicable categories have been reported above. It is interesting to note that all of the 45 items were assigned to the settled list by at least one respondent. Within the not settled category three items were not checked by anyone. These three are obvious happy, cooperative behaviours that respondents are, by default, indicating they clearly belong in the settled list. None of the 45 items were seen by all respondents as not applicable. Only one person marked one not applicable and only two people indicated two as not applicable. The implication of this is that the items were all meaningful in the context of an infant settling into care. The challenge now is to work out the levels of meaning for each item to determine whether they belong in a final profile of settled or not settled behaviours. The results reported above will be explored further within the next sections of this chapter as each category is further analysed. Once level of agreement was ranked, level of importance was calculated for each item and then a combined rank was calculated ready for further statistical analysis. Each of these steps and the results for each will be discussed next with the settled category first, then not settled and then not applicable.

Characteristics of the settled child

Percentage of agreement

Frequencies were calculated from the total number of respondents' indications of whether each item fitted, in their opinion into the 'settled' category of infant behaviours. There was a very high level of agreement across

the top 14 items ranging from 91.9% for 'plays happily' to 'doesn't cry when parent leaves' 78.6%. (see Table 7.2)

The second item 'smiles a lot' had 89.3% agreement, a drop of 2.6% from the first item. This pattern of a slow decrease between items continued down the list except for several larger drops. The items above and below these larger intervals were later looked at to determine if the drop indicated a change of type of indicator.

Following the first 14 items there was a drop of 8.1% to the next two items. The next break, after these two, was 7.1% before a further two items; 'follows simple requests (for example, 'find your bear') had 62.5% agreement that it belonged in the category of 'settled' infant behaviours and 'has own regular routine of when hungry, need their nappy changed and need their sleep' 61.6%.

Only two other items had more than 50% agreement that they were indicators of infants' settled behaviours; 'has preferred carer (goes to them for comfort & help)' 57.1% and 'expressive' 56.3%. One item stands alone at 44.6%, 'avoids parent when they arrive'.

From this point the level of agreement reduces significantly with a 15.1% drop as respondents indicate that many of them think these final 24 items are not indicators of an infant being 'settled' into care. Only around a quarter of respondents indicate they think 'plays alone with toys most of the time' – 29.5% and 'stays close to, follows chosen carer around during the day' 24.1% are indicators of a settled child's behaviour. Eight items received levels of agreement between 19.6% and 11.6%. All other items received less than

10% agreement but all items had at least one person thinking they belonged in the settled list.

In summary, all of the 45 items had at least some indication, as low as 0.9% or as high as 91.9% that they were considered within the range of behaviours of an infant who was settled into care.

The following table summarises the responses and is arranged from high to low in relation to level of agreement that the item was illustrative of the behaviour of an infant who is settled into care.

Table 7.2

Settled into Care: Level of Agreement

Item No.	Item behaviour	%
30	Plays happily	91.9
8	Smiles a lot	89.3
4	Accepts changes to routines easily	87.5
22	Playful	87.5
25	Is generally happy & smiling	87.5
26	Enjoys play with the carer	86.6
33	Happy	86.6
28	Plays happily, calms self easily when upset	84.8
13	Quickly calmed by carer after parent leaves	83.9
1	Approaches carers to play	80.4
12	Responds to carers invitations to play	80.4
39	Approaches new activities/toys in the room	80.4
44	Cooperates with staff when being changed or fed	79.5

16	Doesn't cry when parent leaves	78.6
24	Approaches new people who visit	70.5
43	Smiles and approaches parent when they return	69.6
29	Follows simple requests (for example, 'find your bear')	62.5
40	Has own regular routine of when hungry, need their nappy changed and need their sleep	61.6
10	Has preferred carer (goes to them for comfort & help)	57.1
17	Expressive	56.3
41	Avoids parents when they arrive	44.6
36	Plays alone with toys most of the time	29.5
38	Stays close to, follows chosen carer around during the day	24.1
6	Watches new staff and visitors warily	19.6
35	Quiet	18.8
42	No noticeable own routine when hungry, sleepy or needing to be changed	17.9
23	Needs encouragement & support to try new things	17
5	Responds slowly or not at all to requests to do something	16.1
20	Looks up often when the door is opened	13.4
45	Sits alone, comforts self (sucks thumb or dummy, holds blanket or bear) most of the day	12.5
18	Appears wary, watches others a lot	11.6
11	Slow to calm with carers during the day	8
9	Doesn't like it when routines change, reacts against any change	7.1

32	Doesn't smile very much	7.1
7	Fusses & whines a lot of the time	6.3
21	Watches door often during the day	4.5
34	Doesn't play with toys, peers or adults or join in activities very much	4.5
14	Doesn't interact very much with carers or peers	3.6
37	Avoids carers eye contact, touch, invitations to play	3.6
27	Cries off and on all day, until parent arrives	2.7
31	Easily upset during the day	2.7
3	Unhappy	1.8
15	Cries a lot, for no obvious reason	1.8
19	Resists being changed, difficult to feed	1.8
2	Needs to be held large parts of the day	0.9

The list of 45 items was then examined and the size of the interval between the ranks of each item was calculated. For example the interval between item 30 at 91.9% and item 8 at 89.3%, which is the next one in the ranked list, is 2.6. The interval between item 31 with 2.7 and the item below that which is item 3, with 1.8% agreement it belongs in the settled list, is 0.9. The intent was to find the larger intervals and examine them as possible points of division to include or exclude items from the final profile (see earlier comment). Items above and below each of the larger intervals were reviewed in an effort to determine whether there was an apparent cut off point separating items that were considered more significant for settled behaviour from items better placed in the 'not settled' and 'not applicable' categories.

An appraisal of the settled percentage of agreement list suggested a possible relevant division between agreement levels 56.3 and 44.6 where there were 11.7 points of difference between two items. A division here resulted in 20 possible items for a list of the most agreed upon items. Items above this appeared to be more indicative of settled behaviour and appeared to describe a happy engaged child. Items below appeared to describe an unhappy, less engaged child. However this was only the first step in attempting to determine a cut off point and further steps are required. These will be reported with the calculation of level of importance next and then the statistical analysis following.

Level of importance

Once the level of agreement that a characteristic belonged in the 'settled' category of infant behaviours was determined the degree of importance of that behaviour within the category was sought. The contribution this data makes to increased validity of the final profiles was discussed earlier.

Replies from all respondents who indicated an item belonged in the 'settled' category and the level of importance they assigned to each selected item was analysed using the SPSS cross tabulation facility. Each of the indicators of level of importance were assigned a value from 1 – 5 and these were used to establish a composite level of importance out of 5 for each item. Extremely important = 5, very important = 4, important = 3, not very important = 2 and not at all important = 1.

Levels of importance over the 45 items ranged from 4.27 'has preferred carer (goes to them for comfort and help)' to no ratings for 3 items. The three

with no ratings were; ‘needs to be held large parts of the day’, ‘unhappy’ and ‘cries a lot, for no obvious reason’ (see Table 7.3).

The only other item with an importance level of 4 plus, that is, 4.08 was ‘quickly calmed by carer after parent leaves’. Three items had a level of importance in the 3.9 range; ‘is generally happy and smiling’ 3.95, ‘happy’ 3.94 and three points below that at 3.91 was ‘enjoys play with the carer’.

After a drop of 0.08 in level of agreement, eleven items are clustered together with a range of agreement from 3.83 to 3.57. A further drop of 0.08 leads to a cluster of three items before a quite large drop of 0.15 and a subsequent cluster of eleven items ending with two items with a level of importance of 3.0; ‘doesn’t play with toys, peers or adults or join in activities very much’ and ‘sits alone, comforts self (sucks thumb or dummy, holds blanket or bear)’. A range of importance from 2.92 to 2.50 covers the next eight items.

The final four with ratings were; ‘cries off and on all day, until parent arrives’ and ‘avoids carer’s eye contact, touch, invitations to play’ both at 2.00, ‘doesn’t interact very much with carers or peers’ 1.75 and ‘easily upset during the day’ with 1.67. Three items received no ratings from respondents. This indicates all respondents considered them to be ‘not relevant’ to a ‘settled’ list.

The ratings for importance are arranged in descending order in the following table:

Table 7.3

Settled Into Care: Level of Importance

Item	Settled into care	%
10	Has preferred carer (goes to them for comfort & help)	4.27
13	Quickly calmed by carer after parent leaves	4.08
25	Is generally happy & smiling	3.95
33	Happy	3.94
26	Enjoys play with the carer	3.91
30	Plays happily	3.83
40	Has own regular routine of when hungry, need their nappy changed and need their sleep	3.83
28	Plays happily, calms self easily when upset	3.82
12	Responds to carers invitations to play	3.79
22	Playful	3.77
8	Smiles a lot	3.76
43	Smiles and approaches parent when they return	3.73
1	Approaches carers to play	3.71
4	Accepts changes to routines easily	3.68
44	Cooperates with staff when being changed or fed	3.67
39	Approaches new activities/toys in the room	3.65
29	Follows simple requests (for example, 'find your bear')	3.57
11	Slow to calm with carers during the day	3.56
16	Doesn't cry when parent leaves	3.51
17	Expressive	3.36
5	Responds slowly or not at all to requests to do something	3.35

7	Fusses & whines a lot of the time	3.29
24	Approaches new people who visit	3.24
6	Watches new staff and visitors warily	3.23
23	Needs encouragement & support to try new things	3.22
21	Watches door often during the day	3.20
38	Stays close to, follows chosen carer around during the day	3.16
42	No noticeable own routine when hungry, sleepy or needing to be changed	3.10
34	Doesn't play with toys, peers or adults or join in activities very much	3.00
45	Sits alone, comforts self (sucks thumb or dummy, holds blanket or bear) most of the day	3.00
18	Appears wary, watches others a lot	2.92
41	Avoids parents when they arrive	2.90
32	Doesn't smile very much	2.88
36	Plays alone with toys most of the time	2.72
20	Looks up often when the door is opened	2.64
9	Doesn't like it when routines change, reacts against any change	2.63
35	Quiet	2.58
19	Resists being changed, difficult to feed	2.50
27	Cries off and on all day, until parent arrives	2.00
37	Avoids carers eye contact, touch, invitations to play	2.00
14	Doesn't interact very much with carers or peers	1.75
31	Easily upset during the day	1.67
2	Needs to be held large parts of the day	

3 Unhappy

15 Cries a lot, for no obvious reason

These 45 items were then examined (as for the level of agreement list) to determine whether there was an apparent cut off point separating items that appeared significant for settled behaviour from items better placed in the ‘not settled’ and ‘not applicable’ categories.

A visual appraisal of the settled, level of importance list suggested a possible relevant division between 3.51 and 3.36, creating a list of 19 possible items for a final ‘settled’ list. When the 20 items in the proposed agreement list and the 19 items in the importance list are compared there are 18 items that are on both lists. (see Table 7.4) The items common to both possible lists (agreement & importance) will be reported next before a discussion of the discrepant items.

Table 7.4

Items common to agreement and importance lists

Item No.	Item behaviour
30	Plays happily
8	Smiles a lot
4	Accepts changes to routines easily
22	Playful
25	Is generally happy & smiling
26	Enjoys play with the carer
33	Happy
28	Plays happily, calms self easily when upset

13	Quickly calmed by carer after parent leaves
1	Approaches carers to play
12	Responds to carers invitations to play
39	Approaches new activities/toys in the room
44	Cooperates with staff when being changed or fed
43	Smiles and approaches parent when they return
16	Doesn't cry when parent leaves
29	Follows simple requests (for example, 'find your bear')
40	Has own regular routine of when hungry, need their nappy changed and need their sleep
10	Has preferred carer (goes to them for comfort & help)

Note. Numbers in the table above denote the item's number on the survey not level of agreement or level of importance.

There was a variation of only 3 items in both lists. Item 17 'expressive' was included in the percentage agreement list as 20 of 20 but was 3.36 on the importance list, ranked 20 and so one out of the proposed importance list.

Item 11 'slow to calm with carers during the day' was at 8% agreement but 3.56 in importance and so included in the 19 'importance' items and missing from the agreement 20.

Item 24 'approaches new people who visit' was 70.5 % in agreement, ranked 15th and so within the proposed agreement list of 20 but was 3.24 in importance, rank 23 and so outside the proposed 19 from the importance list.

The next step in the analysis of the results was to combine the rankings of agreement and importance and review the list for information.

Overall ranking with combined percentage and importance lists.

Both ranked lists were combined to gain an overall ranking for all 45 items. (see appendix E) When the total combined list was reviewed against the proposed cut offs for agreement and importance it seemed reasonable to create a first list that included all 21 items, the 18 agreed between the lists and the three at variance. This list is reported here (see Table 7.5) and the total list can be found in appendix E.

Table 7.5

Settled into Care – First Draft of Overall Chart (21 items)

		Agreement		Importance		Rank overall	
No	Item	%	rank	Total	Rank	Total both	Final
30	Plays happily	91.9	1	3.83	6	7	1
25	Is generally happy & smiling	87.5	5	3.95	3	8	2
33	Happy	86.6	7	3.94	4	11	4
26	Enjoys play with the carer	86.6	6	3.91	5	11	4
13	Quickly calmed by carer after parent leaves	83.9	9	4.08	2	11	4
8	Smiles a lot	89.3	2	3.76	11	13	6
22	Playful	87.5	4	3.77	10	14	7
28	Plays happily, calms self easily when upset	84.8	8	3.82	8	16	8
4	Accepts changes to routine easily	87.5	3	3.68	14	17	9
12	Responds to carers invitation to play	81.3	11	3.79	9	20	10.5

10	Has preferred carer (goes to them for comfort & help)	57.1	19	4.27	1	20	10.5
1	Approaches carers to play	80.4	10	3.71	13	23	12
40	Has own regular routine of when hungry, need their nappy changed and need their sleep	61.6	18	3.83	7	25	13
39	Approaches new activities/toys in the room	80.4	12	3.65	16	28	14.5
44	Cooperates with staff when being changed or fed	79.5	13	3.67	15	28	14.5
43	Smiles and approaches parent when they return	69.6	16	3.73	12	28	16
16	Doesn't cry when parent leaves	78.6	14	3.51	19	33	17
29	Follows simple requests (for example, find your bear)	62.5	17	3.57	17	33	18
24	Approaches new people who visit	70.5	15	3.24	23	38	19
17	Expressive	56.3	20	3.36	20	40	20
11	Slow to calm with carers during the day	8.0	32	3.56	18	50	21

When the three items not on both lists are looked at in the overall compilation of the 54 items two items follow on from the 18 common items. These are ranked 19 (item 24, approaches new people who visit) and 20 (item 17, expressive).

The third item (item 11, slow to calm with carers during the day) is two items below and ranked equally with another item. It was therefore decided not to include item 11 in the final list. This decision was subsequently confirmed with scatter plot and hierarchical cluster analysis data (see relevant sections following).

Within the proposed list of 20 (see Tables 7.5 & 7.6) there are items that stand out and are worth noting. Items that respondents had a high degree of agreement on were not necessarily considered the most important. 'Plays happily' number one in agreement was 6th in importance. Item 2 in agreement, 'smiles a lot' was 11th out of the 20 in importance and item 3 in agreement 'accepts changes to routine easily' was ranked 14 in importance.

Correspondingly item 1 in importance 'has preferred carer' only had 57.1% agreement. Item 2 in importance was closer but still it is worth noting that while 'quickly calmed by carer after parent leaves' is 2nd in importance it is 9th in agreement.

The three items that were equally ranked in agreement and importance were item 28 'plays happily, calms self easily when upset' ranked 8; item 29 'follows simple requests (for example, find your bear)', ranked 17 and item 17 'expressive' ranked 20.

Ten items showed a rank variation of 1 – 5. These were item 26 'enjoys play with the carer', 1 point difference; items 25 'is generally happy & smiling', 12 'responds to carers invitation to play' and 44 'cooperates with staff when being changed or fed' with 2 points difference; items 33 'happy' and 1 'approaches carers to play' with 3 points; items 39 'approaches new activities/toys in the room' and 43 'smiles and approaches parent when they

return' with 4 points and items 30 'plays happily' and 16 'doesn't cry when parent leaves' with 5 points.

Between 6 – 10 rank levels difference were 22 'playful' with 6, 13 'quickly calmed by carer after parent leaves' with 7, 24 'approaches new people who visit' with 8 and 8 'smiles a lot' with 9 points.

The largest differences were item 4 'accepts changes to routine easily' and item 40 'has own regular routine of when hungry, need their nappy changed and need their sleep' with 11 points, item 11 'slow to calm with carers during the day' with 14 and item 10 'has preferred carer (goes to them for comfort & help)' with 18.

The three items with 8 or more points difference between agreement and importance where they were higher on agreement and lower on importance were items 8 'smiles a lot', 2nd on agreement and 11th on importance (9 points); item 24 'approaches new people who visit', 15th on agreement and 23rd on importance (8 points) and item 4 'accepts changes to routine easily', 3rd on agreement and 14th on importance.

Items ranked lower on agreement but higher on importance (8 or more points) were 10 'has preferred carer (goes to them for comfort & help)', 19th on agreement but 1st in importance (18 points), item 40 'has own regular routine of when hungry, need their nappy changed and need their sleep' 18th on agreement and 7th on importance (11 points) and item 11 'slow to calm with carers during the day', 32 on agreement and 18th on importance (14 points).

The variations in levels of agreement and importance for so many items implies there is not a close correlation between respondents ideas of what

should be in a profile and the level of importance. The correlation will be tested on the final list and reported at the end of this current section.

Composition of the proposed final settled list

When the combined rank for each item is placed in rank order, 'Plays happily' was considered by the respondents as the most important indicator of an infant being settled into care. Being 'generally happy and smiling' was the next most significant.

Three items were ranked together at level 4; 'happy', enjoys play with the carer' and 'quickly calmed by carer after the parent leaves'. 'Smiles a lot' was ranked 6th, 'playful', 7th and 'plays happily, calms self easily when upset' was ranked 8th. In 9th position was 'accepts changes to routine easily'.

Two items were jointly ranked at 10.5; 'responds to carers' invitations to play' and 'has preferred carer (goes to them for comfort and help). 'Approaches carer to play' was ranked 12, 'has own regular routine of when hungry, need their nappy changed and need their sleep' was 13 and 'approaches new activities/toys in the room' and 'cooperates with staff when being changed or fed' were both 14.5.

Two items relating to infant parent relationships were at 16 and 17, 'smiles and approaches parent when they return' and 'doesn't cry when parent leaves' respectively.

The final four items in the set of 21 are; 'follows simple requests (for example, find your bear) 18, 'approaches new people who visit' 19, 'expressive' is 20.

In order to test the validity of the simple quantitative analysis that resulted in the presentation of 21 items for a proposed 'settled' list further

statistical analysis, a scatter plot and hierarchical cluster analysis, were undertaken using all 45 items and not just the proposed 21 items. These will be reported next.

Scatter plot of settled profile items

In order to determine whether the cut-off could reasonably be made as proposed, a scatter plot using all items from both lists, was created and examined visually for any obvious patterns (see earlier comments about the choice of a scatter plot).

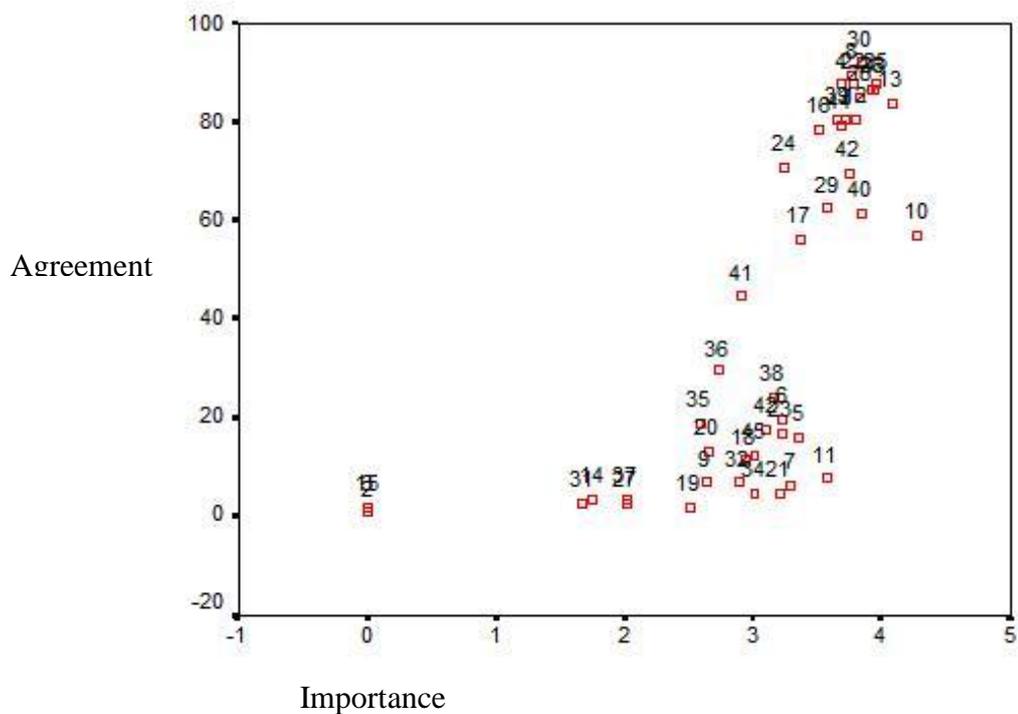


Figure 7.1. Scatter plot of settled items using levels of agreement they belonged in the settled list and level of importance in the list

The collection of items high on both axis and therefore clustered in the high right hand corner was examined further and found to include items 25, 26, 33, 13, 30, 4, 8, 22, 28, 16, 1, 44, 24, 12, 39, 43, 29, 40, 10 and 17. These are all the items on the proposed final settled list.

Item 11 is visually apparent away from this set. While it is quite high on the importance scale its place on the agreement scale means it is well away from other items under consideration and so is not clustered in a way that warrants inclusion in the final list.

There are three items clustered low in the left hand corner meaning they are low on agreement and low on importance relative to respondents' identification of 'settled' behaviours. These items are 2 'needs to be held large parts of the day', 3 'unhappy' and 15 'cries a lot, for no obvious reason'. These items will be referred to again and discussed when the comparison between the 'settled' and 'not settled' lists is undertaken.

The scatter plot information, together with the results from the combined raking meant that the decision taken to include items 17 and 24 and to exclude item 11 (from the final list of 'settled' behaviours) was confirmed.

Settled into care: Final 20 items

These have been presented above and are summarised in the following table.

Table 7.6

Settled into Care – Final 20 items

			Agreement		Importance		Rank	
Category	No.	Behaviour	%	Rank	Level	Rank	Total	Final
ACS	30	Plays happily	91.9	1	3.83	6	7	1
TI+	25	Is generally happy & smiling	87.5	5	3.95	3	8	2
FA	33	Happy	86.6	7	3.94	4	11	4

FA	26	Enjoys play with the carer	86.6	6	3.91	5	11	4
APS	13	Quickly calmed by carer after parent leaves	83.9	9	4.08	2	11	4
FA	8	Smiles a lot	89.3	2	3.76	11	13	6
FA	22	Playful	87.5	4	3.77	10	14	7
APS	28	Plays happily, calms self easily when upset	84.8	8	3.82	8	16	8
TAR+	4	Accepts changes to routine easily	87.5	3	3.68	14	17	9
ACS	12	Responds to carers invitation to play	81.3	11	3.79	9	20	10.5
ACS	10	Has preferred carer (goes to them for comfort & help)	57.1	19	4.27	1	20	10.5
ACS	1	Approaches carers to play	80.4	10	3.71	13	23	12
TR+	40	Has own regular routine of when hungry, need their nappy changed and need their sleep	61.6	18	3.83	7	25	13
TA+	39	Approaches new activities/toys in the room	80.4	12	3.65	16	28	14.5
TC+	44	Cooperates with staff	79.5	13	3.67	15	28	14.5

		when being changed						
		or fed						
APS	43	Smiles and approaches parent when they return	69.6	16	3.73	12	28	16
APS	16	Doesn't cry when parent leaves	78.6	14	3.51	19	33	17
TC+	29	Follows simple requests (for example, find your bear)	62.5	17	3.57	17	33	18
TA+	24	Approaches new people who visit	70.5	15	3.24	23	38	19
FA	17	Expressive	56.3	20	3.36	20	40	20
		Total	1563.4					

Note: Items are coded according to their origin in the attachment (A), temperament (T) or Fein's adjustment to care literature (F). Subcategories are coded as follows:

Attachment, P = parent, C = carer, S = secure, I = insecure

Temperament, A = approach, I = irritability, C = cooperation – manageability,

AR = activity – reactivity, R = rhythmicity,

and within each of these + = positive, - = negative

Fein's Adjustment, A = adjusted, N = not adjusted, DS = despair-like, DT = detachment

Average level of agreement for final 20 items

When the average level of agreement is calculated across the 20 items it reveals a 78.17% level of agreement that the 20 items belong in a list of infant settled behaviours. This is considerably higher than the level of agreement for the not settled list and will be discussed further later in this thesis.

A further check on the validity of the final 20 items and the decision to exclude item 11 'slow to calm with carers during the day' was undertaken using an hierarchical cluster analysis of all 45 items. A statistical procedure was sought which would mathematically identify items that respondents indicated fitted (clustered) together in some meaningful way. The most appropriate procedure found was part of the SPSS analysis alternatives (see earlier comment). The procedure clusters cases into homogenous groups so they can be examined and the most meaningful clusters identified. It was the most appropriate procedure for the amount and type of data developed from the results. The procedure was capable of identifying which items clustered together and so could be included in a profile and which items were outside or in other clusters.

Hierarchical cluster analysis of 'settled into care' items

Hierarchical cluster analysis of all items was undertaken to determine whether they clustered together in any specific way and if so what was the nature of each cluster. In addition the results could be viewed to determine whether the clusters supported the potential list of settled behaviours or suggested changes.

All variable scores, (for percentage agreement and for level of importance) were transformed into 'z' scores and a hierarchical cluster analysis was performed. See earlier explanation in methodology chapter. No limit was set on the number of clusters and the first result indicated six clusters. Further procedures were undertaken and the data was forced into five, four, three and two cluster sets. A visual appraisal of the content of each cluster set determined that interpretation was most productive at the level of five clusters.

Clusters were numbered, according to the sequence presented, for easier description (see the next table 6.7 for details of the clusters).

Cluster 1: Ten items were clustered in this group and the strength of the cluster was evident in that the analysis did not combine this group with any other clusters. It remained separate unless the list was looked at as one group only. Three items related to the infants expression of positive emotions; ‘happy’, ‘plays happily’ and ‘smiles a lot’. One indicated the ability to recover from an upset ‘plays happily, calms self easily when upset’. Two items indicating positive interactions with carers were included and were ‘enjoys play with carer’ and ‘responds to carers invitations to play’.

Three items related to the infant’s daily routines; two around the routines themselves – ‘accepts changes to routines easily’ and ‘has own regular routine of when hungry, need their nappy changed and need their sleep’, and one referring to their interaction with their carer around routines, ‘cooperates with staff when being changed or fed’.

General comfort in the room was evident in the last item in this cluster ‘approaches new activities / toys in the room’.

All ten of these items are included in the final settled list discussed previously.

Cluster 2 contained five items. Three were related to items from the temperament category; ‘needs encouragement and support to try new things’, ‘no noticeable own routine when hungry, sleepy or needing to be changed’ and ‘responds slowly or not at all to requests to do something’. Two items relate to attachment security / insecurity. Secure with carer is reflected in ‘has preferred

carer, goes to them for comfort and help' and insecure with parent, 'avoids parent when they arrive'.

Of these five items, one is on both the 'settled' and 'not settled' lists and four are included in the 'not applicable' list. It seemed curious that one and only one item was on both proposed lists and further insight might be valuable. Additional information was sought in the focus groups and is reported as part of the discussion.

Cluster 3 contained 11 items. Three related to a secure attachment to the parent; 'smiles and approaches parent when they return', 'doesn't cry when parent leaves' and 'quickly calmed by carer after parent leaves'. Five items relate to the infant's temperament and /or emotional expression. Three are from the adjustment to care categories; 'quiet, 'expressive' and 'playful'. One, 'is generally happy and smiling' is an indicator of temperament.

Relationships with others are evident in four items. Relationship with carers is indicated in 'approaches carer to play' and 'follows simple requests (for example, find your bear)'. Relationship to new people is indicated in 'approaches new people who visit' and to carers and children in 'plays alone with toys most of the time.'

All items in this cluster (except 2) are included in the proposed list of 20 settled items. The other two 'quiet' and 'plays alone with toys most of the time' are in the 'not applicable' list. Further information was sought in the focus groups and is reported as part of the discussion.

Cluster 4 contains six items, all of which relate to wary or apparently anxious behaviours. The two attachment behaviours included are; 'looks up often when door is open' which is generally associated with insecure

attachment to parent and carer and ‘stays close to, follows chosen carer around during the day’ as an indicator of secure attachment. The one temperament item included is ‘watches new staff and visitors warily’. Three adjustment to care items are included, two from the ‘not adjusted – detached’ category, ‘doesn’t smile very much’ and ‘doesn’t interact with peers’ and one from the ‘not adjusted – anxious’ category, ‘appears wary, watches others a lot’.

Of these cluster four items, four are not on any list (settled, not settled, not applicable), one is on the ‘not settled’ list ‘doesn’t interact very much with carers or peers’ and one on the not applicable, ‘doesn’t smile very much’.

Cluster 5 is the largest with thirteen items, nine of which relate to the ‘not settled’ list items and four are not assigned to any list. Insecure attachment to parent items are; ‘needs to be held large parts of the day’, ‘cries off and on all day until parent arrives’ and ‘watches door often during the day’. This last item is also an indicator of insecure attachment to the carer as are ‘slow to calm with carers during the day’, ‘easily upset during the day’ and ‘avoids carers eye contact, touch, invitations to play’.

The three temperament items included are all considered negative features; ‘doesn’t like it when routines change, reacts against any change’, ‘resists being changed, difficult to feed’ and ‘fusses and whines a lot of the time’.

All four items from the ‘not adjusted – despair like’ category are in this cluster. These are ‘unhappy’, ‘cries a lot for no obvious reason’, ‘sits alone, comforts self (sucks thumb or dummy, holds blanket or bear) most of the day’ and ‘doesn’t play with toys, peers or adults or join in activities very much’.

The following table presents the cluster analysis results at the five (5) cluster level which was deemed the most meaningful level. The left hand column provides the item number from the original randomised list given to respondents. Column 2 provides the item description of behaviours. The next column gives the code for the category the item belongs in. The categories were attachment, temperament and adjustment, positive and negative (see legend below the table for specific details). The final column has the overall rank for each item and indicates the profile (settled, not settled) or not applicable list to which it was finally assigned. The * indicates the item was not assigned statistically to any profile or the not applicable list.

Table 7.7

Settled into Care: Hierarchical Cluster Analysis

No	Item description	Category	Rank overall		
			Settled	Unsettled	Not applicable
<i>Cluster one</i>					
33	Happy	FA	4		
44	Cooperates with staff when being changed or fed	TC+	14.5		
4	Accepts changes to routines easily	TAR+	9		
30	Plays happily	ACS	1		
40	Has own regular routine of when hungry, need their nappy changed and need their sleep	TR+	13		
26	Enjoys play with the carer	FA	4		

28	Plays happily, calms self easily when upset	APS	8	
39	Approaches new activities/toys in the room	TA+	14.5	
12	Responds to carers invitations to play	ACS	10.5	
8	Smiles a lot	FA	6	
<hr/>				
<i>Cluster two</i>				
23	Needs encouragement and support to try new things	TA-		7
42	No noticeable own routine when hungry, sleepy or needing to be changed	TR-		5
5	Responds slowly or not at all to requests to do something	TC-		3
10	Has preferred carer, goes to them for comfort and help	ACS	10.5	11
41	Avoids parents when they arrive	API		6
<hr/>				
<i>Cluster three</i>				
24	Approaches new people who visit	TA+	18	
35	Quiet	FNDT		1
1	Approaches carer to play	ACS	12	
36	Plays alone with toys most of the time	FNDT		4
17	Expressive	FA	20	
29	Follows simple requests (for	TC+	19	

example, 'find your bear')

25	Is generally happy and smiling	TI+	2
43	Smiles and approaches parent when they return	APS	16
16	Doesn't cry when parent leaves	APS	17
22	Playful	FA	7
13	Quickly calmed by carer after parent leaves	APS	4

Cluster four

18	Appears wary, watches others a lot	FNA	*
20	Looks up often when the door is opened	API/ACI	*
6	Watches new staff and visitors warily	TA-	*
32	Doesn't smile very much	FNDD	2
38	Stays close to, follows chosen carer around during the day	ACS	*
14	Doesn't interact very much with carers or peers	FNDD	10

Cluster five

3	Unhappy	FNDS	2
15	Cries a lot for no obvious reason	FNDS	3.5
2	Needs to be held large parts of the day	API	3.5
27	Cries off and on all day, until	API	1

	parent arrives		
11	Slow to calm with carers during the day	ACI	6
21	Watches door often during the day	API/ACI	*
31	Easily upset during the day	ACI	*
9	Doesn't like it when routines change, reacts against any change	TAR-	*
45	Sits alone, comforts self (sucks thumb or dummy, holds blanket or bear) most of the day	FNDS	9
34	Doesn't play with toys, peers or adults or join in activities very much	FNDS	5
37	Avoids carers eye contact, touch, invitations to play	ACI	7
19	Resists being changed, difficult to feed	TC-	8
7	Fusses and whines a lot of the time	TI-	*

Note 1: * indicates item was unassigned

Note 2: Items are coded according to their origin in the attachment (A), temperament (T) or Fein's adjustment to care literature (F). Subcategories are coded as follows:

Attachment, P = parent, C = carer, S = secure, I = insecure

Temperament, A = approach, I = irritability, C = cooperation – manageability,

AR = activity – reactivity, R = rhythmicity,

and within each of these + = positive, - = negative

Fein's Adjustment, A = adjusted, N = not adjusted, DS = despair-like, DT = detachment

The reason for conducting the cluster analysis was to compare the clusters with the final proposed settled and not settled lists. The comparison with the settled list will be commented on here and discussed further in the discussion chapter. The comparison with the not settled list will occur in the next section of this chapter which deals with the development of the not settled profile.

Comparison of the cluster analysis and ‘settled into care’ list

When the two lists are placed alongside each other it becomes apparent that Clusters one and three combined, cover all items in the ‘settled’ list. There are only two additional items, not in the settled list but which are in the clusters. These are both adjustment to care ‘not adjusted – detached’ items and are ‘quiet’ and ‘plays alone with toys most of the time’. In order to check whether these two items should be included in the profile it is necessary to check back with the data on their combined ranks

When levels of agreement and importance are checked for these two items their composite totals are 56 and 62, with the lowest rank total of the proposed 20 items being, forty.

Table 7.8:

Comparison of Items 36 and 35

			Agreement		Importance		Overall rank	
Category			%	Rank	Total	Rank	Total	Final
ACS	36	Plays alone with toys most of the time	29.5	22	2.72	34	56	28
TI+	35	Quiet	18.8	25	2.58	37	62	32

These two items (35 and 36) are both included in the ‘not applicable’ list compiled from carers’ replies. They are also items from the ‘adjusted detachment-like’ category. As stated earlier this category has been identified for particular discussion in this research. Further information was sought from the focus groups and is reported as part of the discussion.

One item in the proposed ‘settled’ list, as mentioned above, item 10 ‘has preferred carer, goes to them for comfort and help’ was not in either cluster one or three. This item will be discussed separately later, as it is the one item on both the ‘settled’ and ‘not settled’ lists.

One final test, mentioned earlier, remained to be undertaken. Visual appraisal of the ranked items in level of agreement and degree of importance suggested that there was no correlation between caregivers’ ranking of agreement and level of importance but this impression was tested.

Correlation between items levels of agreement and importance

The test for correlation with ranked level of agreement and ranked level of importance was run twice with each one as the independent and dependent variables. A one-tailed Spearman’s Rank Order correlation between agreement and importance was not significant ($\rho = 0.35$, $p = 0.064$) and indicated there was no correlation between agreement and importance. This lack of correlation is interesting to note, especially for the settled items because there was a high level of agreement as to which items were to be included. The effect of several items that had low levels of agreement but very high levels of importance (see earlier results) may have influenced the overall correlation. More will be said in the discussion chapter.

Summary: results analysis of settled items

All 45 items presented to respondents were subjected to successive analyses to determine whether a subset of items could be identified as a profile of the behaviours of the settled infant based on the shared information of experienced caregivers. Items were ranked according to level of agreement that they belonged in the 'settled' category and then independently ranked to determine the level of agreement that they belonged there. A visual appraisal and calculation of points of difference within each list suggested a possible cut off point for inclusion in the profile in each list. Items identified as above these cut offs on each list were compared and three discrepant items identified. As a next step the total list of items (45) on the two ranked lists (agreement and importance) were combined and a further visual appraisal and calculation of points of difference conducted. Twenty-one items were identified as possible items for the 'settled' profile. Further testing of this list of 21 was undertaken to confirm the items. A scatter plot analysis resulted in one item being dropped.

A separate hierarchical cluster analysis of the 45 items was conducted and the clusters compared with the 20 items. All 20 items occurred in two of the five clusters. Two additional items included in the two clusters but not on the settled list required further analysis. The review of their places on the combined ranks of agreement and importance revealed they were anomalous. This information combined with information from the scatter plot resulted in the decision to exclude them from the final list. The two items were identified for discussion with the focus groups in order to reverse the decision or confirm their exclusion.

Once the final items on the ‘settled’ list were determined a test to determine correlation indicated the items were independently ranked by respondents and there was no correlation between agreement and importance.

The final step in the analyses of the ‘settled’ list items was to identify which items were from each of the attachment, temperament and adjustment categories. In order to answer the detailed research questions about the factors which influence an infant’s ability to settle in to care and to discern what combination of factors from attachment, temperament and adjustment behaviours (see literature review) are influential it is necessary to review the final list of items to determine which aspects of the three areas are apparent. These results will be reported next.

Categories of items in the ‘settled’ list

Once the cluster analysis also confirmed the final 20 items, the categories of attachment, temperament and adjustment to care were reattached to the list items to allow an analysis of the composition of the settled list (see Table 6.6 above or 6.18 and 6.20 at the end of this chapter). The choice of these categories of behaviours and the development of the specific items were discussed in Chapters 2 (Literature Review) and 3 (Development of the survey instrument). Currently in the early childhood field there is a focus on infant attachment to their parent and to their carer and it was expected that secure attachment would assist an infant to settle in to care and so secure attachment behaviours would be apparent in a final profile. Similarly, it was argued that positive temperament traits would assist an infant to settle in to care and that settled infants would exhibit behaviours consisted with Fein’s infants who had

adjusted to care. Each of the categories results, in relation to their presence in the final profile of behaviours of the settled child will now be presented.

Attachment

Within the items describing attachment in the survey, nine items referred to secure attachment. Eight of these are evident in the final 'settled' list. Secure with parent items; 'doesn't cry when parent leaves', 'quickly calmed by carer after parent leaves', 'plays happily, calms self easily when upset' and 'smiles and approaches parent when they return' are included so all 'secure with parent' items are apparent.

Secure with carer items in the list are; 'plays happily', 'approaches carers to play', 'responds to carer's invitations to play' and 'has preferred carer (goes to them for comfort and help)'. The item missing from the 'settled' list is the secure with carer item, 'stays close to, follows chosen carer around during the day.' This item was ranked 23 with 24.1% agreement and rated 27 with 3.16 for importance and was marked for further exploration in the focus groups.

Temperament

Within the items used in the survey, seven related to positive temperamental traits. All seven are included in the final 20 settled items. These are; 'approaches new activities/toys in the room', 'approaches new people who visit', 'is generally happy and smiling', 'cooperates with staff when being changed or fed', 'follows simple requests (for example, find your bear)', 'accepts changes to routine easily' and 'has their own regular routine of when they are hungry, sleepy or needing to be changed'. No negative temperament items occur in the settled list.

Adjustment categories

The survey items included five items from the ‘adjusted to care’ category. All five of these are evident in the final list of 20 items. They are ‘playful’, ‘enjoys play with carer’, ‘happy’, ‘smiles a lot’ and ‘expressive’. None of the adjusted despair like or detachment like behaviours were included.

Further analyses were undertaken to determine whether any one of the three categories of items were more likely to be included in the final list and to determine whether any one category was more important than the other. This result would inform the discussion about whether attachment status is considered primarily important by the respondents or not. These results will be reported next.

Contingency table: settled

A cross tabulation between the items in the final settled list and each of the three categories was created. When the results are reviewed items within the attachment category have a 40% chance of being included in the final settled list, temperament items have a 35% chance and adjustment items a 25% chance.

Table 7.9:

Characteristics of Settled List Items

Characteristics settled		Category			Total
		Attachment	Temperament	Adjustment	
settled	Count	8	7	5	20
	% within characteristics	40.0%	35.0%	25.0%	100.0%
	- settled				

other	Count	9	8	8	25
	% within characteristics	36.0%	32.0%	32.0%	100.0%
	- settled				
Total	Count	17	15	13	45
	% within characteristics	37.8%	33.3%	28.9%	100.0%
	- settled				

A Chi-square test was then run to determine if any of these levels were significant. The result was, Chi-Square = .266, df = 2, p = .876. This indicates that the items in the settled list are independent of these three variables with neither category being more likely than any other to be included.

Summary: results of categorisation of items of the settled list

This section of the chapter has presented the analyses and results of the examination of the items to determine the profile of behaviours caregivers consider indicative of the infant who is settled in to care. The next section of the chapter repeats the analyses and reports on the development of the ‘not settled’ into care profile. While the ‘settled’ profile is useful for indicating which infants have managed the transition to a new form of care and for identifying infants for research studies, the ‘not settled’ list potentially provides important information for carers in their planning for infants entering care. It cannot be assumed that any items not on the ‘settled’ list will be on the ‘not settled’ list. It is possible that some items are considered not applicable for both lists. If these respondents do not recognise the ‘not adjusted – despair like’

and/or the ‘not adjusted – detachment like’ behaviours it is likely these will not be present in a ‘not settled’ list.

Also of interest is the presence of items of insecure attachment and negative temperament traits. Infants with insecure attachment can be supported to develop secure attachment and so move from a ‘not settled’ to a ‘settled’ state. The same is not so easily undertaken with the difficult aspects of temperament traits. The difficult tendencies are much more stable and would need to be ameliorated through caregiver procedures and responses (goodness of fit) – see discussion in the literature review. The development of the list of ‘not settled’ behaviours provides important information to answer the research questions about the role of attachment, temperament and adjustment behaviours in an infant’s ability to adjust to care. The results pertinent to the development of the profile of ‘not settled’ behaviours will be presented next.

Characteristics of the not settled child

The same processes and statistical analyses used to determine a list of ‘settled’ behaviours were used to also determine a list of ‘not settled’ behaviours. Percentage of agreement was calculated first and then level of importance. These will be reported first before reporting on the combined ranking of agreement and importance. In the preceding section additional comments were made about the processes and their importance for the statistical analyses. These explanations and comments are not repeated in this section in the interests of brevity but the earlier explanations also apply here.

Percentage of agreement

Frequencies were calculated from the total number of respondents' indications of whether, in their opinion, each item fitted into the 'not settled' category of infant behaviours. The percentage level of agreement for each item was then calculated (see Table 7.10 below).

Levels of agreement ranged from 86.6% to three items having no rating for agreement, meaning no respondent thought they fitted into the category of 'not settled' behaviours. The item receiving the 86.6% level of agreement was 'cries off and on all day, until parents arrive' and the three items with no percentage of agreement were; 'accepts changes to routines easily', 'happy' and 'cooperates with staff when being changed or fed'.

Only one other item had a higher than 80% level of agreement and that was 'needs to be held large parts of the day' with 83.9%. Four items received levels of agreement within the 70 to 80 % range. These were 'slow to calm with carers during the day', 'cries a lot, for no obvious reason', 'unhappy' and 'fusses and whines most of the time'. The four items in the 60 – 70% range were 'resists being changed, difficult to feed', 'doesn't play with toys, peers or adults or join in activities very much', 'avoids carers eye contact, touch, invitations to play' and 'watches door often during the day'. Three items received 59.8 – 53.6% support that they belonged in the 'not settled' category. These items were 'sits alone, comforts self (sucks thumb or dummy, holds blanket or bear) most of the day', 'easily upset during the day' and 'doesn't like it when routines change, reacts against any change'.

Thirty-two of the forty-five items, that is 71% of the items, had less than 50% of the respondents agreeing they belonged in a 'not settled' category.

Of these, nine items had between 24 and 50% of respondents agreeing they belonged. Below this point twenty items had less than 17% agreement and of these only six had agreement levels of 3.6% to 17% and fourteen had very little support with only one, two or three respondents indicating they thought they were applicable to a ‘not settled’ list.

Once the list of levels of agreement of ‘not settled’ behaviours was developed it was possible to compare the ‘not settled’ ranks of agreement with the final ‘settled’ profile developed earlier.

Comparison with final ranked list of settled behaviours

As with the development of the ‘settled’ list all 45 items are ranked in the initial ‘not settled’ category. An examination of the not settled rank of agreement reveals that the last nineteen items in the ‘not settled’ list are all present in the 20 items in the final ‘settled’ list.

The missing item from the 20 is just above these nineteen with a 17% level of agreement, ‘has preferred carer (goes to them for comfort and help). The 17% indicates a low level of agreement for the ‘not settled’ list and conversely a high level of agreement for the ‘settled’ list. The two lists are almost exact reversals of each other.

Table 7.10:

Not Settled: Level of Agreement

No.	Not settled behaviours	%
27	Cries off and on all day, until parent arrives	86.6
2	Needs to be held large parts of the day	83.9

11	Slow to calm with carers during the day	79.5
15	Cries a lot, for no obvious reason	77.7
3	Unhappy	74.1
7	Fusses & whines a lot of the time	70.5
19	Resists being changed, difficult to feed	67.9
34	Doesn't play with toys, peers or adults or join in activities very much	67
37	Avoids carers eye contact, touch, invitations to play	65.2
21	Watches door often during the day	60.7
45	Sits alone, comforts self (sucks thumb or dummy, holds blanket or bear) most of the day	59.8
31	Easily upset during the day	58.9
9	Doesn't like it when routines change, reacts against any change	53.6
18	Appears wary, watches others a lot	48.2
14	Doesn't interact very much with carers or peers	45.5
20	Looks up often when the door is opened	44.6
38	Stays close to, follows chosen carer around during the day	39.3
6	Watches new staff and visitors warily	36.6
32	Doesn't smile very much	33
23	Needs encouragement & support to try new things	25
5	Responds slowly or not at all to requests to do something	24.1
42	No noticeable own routine when hungry, sleepy or needing to be changed	24.1
10	Has preferred carer (goes to them for comfort & help)	17
41	Avoids parents when they arrive	11.6
36	Plays alone with toys most of the time	10.7

35	Quiet	9.8
1	Approaches carers to play	6.3
13	Quickly calmed by carer after parent leaves	3.6
12	Responds to carers invitations to play	2.7
17	Expressive	2.7
24	Approaches new people who visit	2.7
28	Plays happily, calms self easily when upset	2.7
29	Follows simple requests (for example, 'find your bear')	2.7
39	Approaches new activities/toys in the room	2.7
8	Smiles a lot	1.8
16	Doesn't cry when parent leaves	1.8
22	Playful	1.8
25	Is generally happy & smiling	1.8
43	Smiles and approaches parent when they return	1.8
26	Enjoys play with the carer	0.9
30	Plays happily	0.9
40	Has own regular routine of when hungry, need their nappy changed and need their sleep	0.9
4	Accepts changes to routines easily	
33	Happy	
44	Cooperates with staff when being changed or fed	

The 45 items ranked according to level of agreement that they belonged in a 'not settled' list were then examined to determine whether there was an apparent cut off point separating items that were significant for 'not settled' behaviour from items better placed in the 'settled' and 'not applicable'

categories. Points of difference were calculated and a visual appraisal undertaken.

The visual appraisal of the 'not settled' agreement list suggested two possible relevant divisions. One is between agreement levels 65.2 and 60.7, where the drop here is 4.5 and one between 53.6 and 48.2 percentage agreement where the drop is 5.4. This resulted in either nine or thirteen possible items for a list of the most agreed upon items. Even though the levels of agreement are lower overall in this list than in the 'settled' list described earlier, it was deemed inappropriate to have a cut off below 48.2% agreement where less than half of the respondents agreed that an item be included. It was considered important that at least 50 percent of respondents indicated they thought an item belonged in the 'not settled' category therefore drop offs below 48.2% agreement were not considered further.

The next step in the analyses was to calculate the level of importance respondents indicated for each item. Once this was done the two ranks could be combined, as with the calculations with the 'settled' list.

Level of importance

Once the level of agreement that a characteristic belonged in the 'not settled' category of infant behaviours was determined the degree of importance of that behaviour within the category was sought.

Replies from all respondents who indicated an item belonged in the 'not settled' category and the level of importance they assigned to each selected item was analysed using the SPSS cross tabulation facility. Each of the indicators of level of importance was assigned a value from 1 – 5 and these were used to establish a composite level of importance out of 5 for each item.

Extremely important = 5, very important = 4, important = 3, not very important = 2 and not at all important = 1.

Levels of importance over the 45 items ranged from 4.00 'unhappy' to no ratings for 10 items (see Table 7.11). There were two items close to 'unhappy' with 3.9 plus ratings. These were 'has preferred carer (goes to them for comfort & help)' with 3.94 and 'cries off and on all day, until parent returns' with 3.91.

One item rated 3.88 – 'cries a lot for no obvious reason' was the only one in the 3.8 range. There were four items in the 3.7 range and four items in the 3.6 range.

Within the 3.5 range of importance, two were separate and four were clustered. 'Resists being changed, difficult to feed' at 3.55 and 'needs encouragement and support to try new things' with 3.52. The four items with 3.50 were 'doesn't cry when parent leaves', 'playful', 'is generally happy and smiling' and 'smiles and approaches parents when they arrive'.

Four items were clustered in the 3.4 range and within the 3.3 range 'easily upset during the day' received a 3.38 level of importance and there were five items with a 3.33 level each. There were no items in the 3.2 level of importance but there were 3 in the 3.1 range. Only four other items received any rating for level of importance among items selected for the not settled category. These were, 'looks up often when the door is opened' at 3.06, 'watches new staff and visitors warily' at 3.05, 'quiet' at 2.82 and the last one, 'approaches new people who visit' at 2.67.

Of the ten items with no rating of importance for the 'not settled' list, four were items related to the infant's disposition or mood; 'plays happily,

calms self easily when upset’, ‘smiles a lot’, ‘happy’ and ‘plays happily’. Two items were related to routines; ‘has own regular routine of when hungry, need their nappy changed and need their sleep’ and ‘accepts changes to routines easily’. One described the infants’ behaviour in the room, ‘approaches new activities/toys in the room’. A further three related to their relationship with their carers; ‘responds to carers invitations to play’, ‘enjoys play with the carer’ and ‘cooperates with staff when being changed or fed’. These last ten items on the ‘not settled’ level of importance list are all found in the top 20 ‘settled’ behaviours and included in the final profile of ‘settled’ behaviours.

The respondents’ ratings for importance are arranged in descending order in the following table.

Table 7.11

Not Settled – Level of Importance

Item no.	Not settled behaviour	Rating
3	Unhappy	4.00
10	Has preferred carer (goes to them for comfort & help)	3.94
27	Cries off and on all day, until parent arrives	3.91
15	Cries a lot, for no obvious reason	3.88
34	Doesn't play with toys, peers or adults or join in activities very much	3.77
2	Needs to be held large parts of the day	3.76
41	Avoids parents when they arrive	3.75
13	Quickly calmed by carer after parent leaves	3.75
14	Doesn't interact very much with carers or peers	3.69

37	Avoids carers eye contact, touch, invitations to play	3.68
11	Slow to calm with carers during the day	3.63
45	Sits alone, comforts self (sucks thumb or dummy, holds blanket or bear) most of the day	3.62
19	Resists being changed, difficult to feed	3.55
23	Needs encouragement & support to try new things	3.52
16	Doesn't cry when parent leaves	3.50
22	Playful	3.50
25	Is generally happy & smiling	3.50
43	Smiles and approaches parent when they return	3.50
9	Doesn't like it when routines change, reacts against any change	3.49
42	No noticeable own routine when hungry, sleepy or needing to be changed	3.48
38	Stays close to, follows chosen carer around during the day	3.44
5	Responds slowly or not at all to requests to do something	3.41
31	Easily upset during the day	3.38
7	Fusses & whines a lot of the time	3.33
32	Doesn't smile very much	3.33
36	Plays alone with toys most of the time	3.33
17	Expressive	3.33
29	Follows simple requests (for example, 'find your bear')	3.33
21	Watches door often during the day	3.18
1	Approaches carers to play	3.14
18	Appears wary, watches others a lot	3.10
20	Looks up often when the door is opened	3.06

6	Watches new staff and visitors warily	3.05
35	Quiet	2.82
24	Approaches new people who visit	2.67
12	Responds to carers invitations to play	0.00
28	Plays happily, calms self easily when upset	0.00
39	Approaches new activities/toys in the room	0.00
8	Smiles a lot	0.00
26	Enjoys play with the carer	0.00
30	Plays happily	0.00
40	Has own regular routine of when hungry, need their nappy changed and need their sleep	0.00
4	Accepts changes to routines easily	0.00
33	Happy	0.00
44	Cooperates with staff when being changed or fed	0.00

The 45 items were then examined to determine whether there was an apparent cut off point separating items that were considered important for not settled behaviour from items better placed in the ‘not settled’ and ‘not applicable’ categories.

A visual appraisal of the levels of importance assigned to each item suggests a division between 3.33 and 3.18. The drop here stands out at 0.15. This would place 21 possible items in the ‘not settled’ list.

The visual appraisals and calculations of difference in ranks indicate possible 9 or 13 items when agreement is looked at and 21 when importance is

looked at. The two lists will be compared next before the combined ranking is reported.

Comparison of proposed ranked agreement and importance lists

When the two lists (agreement and importance) and their proposed cut offs are compared several issues are apparent (see Table 7.12). In the ‘not settled’ percentage of agreement list, item 21 ‘watches door often during the day’ has a 60.7% agreement that it belongs in the list but only a 3.18 level of importance (out of a possible 5.0) so it is included in the agreement list but not in the importance list.

In the ‘not settled’ importance list, item 10 ‘has preferred carer (goes to them for comfort and help)’ is second in importance with 3.94 but only 17 % agreement that it should be in the list.

Similarly, items 41 (avoids parents when they arrive), 13 (quickly calmed by carer after parent leaves) and 14 (doesn’t interact very much with carers or peers) are in the top 10 of the importance list but don’t appear in the proposed agreement list.

Two other items within the proposed second level of agreement cut off list, items 31 (easily upset during the day) and 9 (doesn’t like it when routines change, reacts against any change) are included in the proposed cut off for importance but are well down below nine other items in the importance list.

Essentially each of these items is a potential inclusion so the information from the combined ranking of agreement and importance may indicate whether they could be included or not. The combined ranking will be presented next.

Compilation of a composite ranked list

When the total percentage ranked list and the total importance list are each assigned ranks within them and then these ranks are added across and a composite rank list is created several issues emerge (see Table 7.12).

In the composite rank the most obvious jump in the composite totals is between 25 and 31.5. If the separation is made here it creates a final list of ‘not settled’ behaviours of 11 items. (As opposed to 9 or 13 ‘agreement’ and 21 ‘importance’, see above).

Within the compiled list with a cut off of 11 items, item 7 ‘fusses & whines a lot of the time’ that is 6th in agreement and 26th in importance is omitted. Item 21 ‘watches door often during the day’ 10th in agreement and 29th in importance is also omitted. Items 31 (easily upset during the day) and 9 (doesn’t like it when routines change, reacts against any change) both in the earlier extended selected agreement list are also omitted.

Two items not included in the earlier agreement selection of 9 or 13 items appear in this composite list with the cut off of 11. The levels of importance assigned to them significantly alter their placing and ensure they are included in the composite list. These are item 10 ‘has preferred carer (goes to them for comfort & help)’, which is second in the importance list and 23rd in the agreement list and item 14, ‘doesn’t interact very much with carers or peers’ which is 9th in the importance list and 15th in the agreement list.

Within the earlier agreement rank list, item 41 (‘avoids parents when they arrive’) is 7.5 in importance and 24th in the agreement list and item 13 (quickly calmed by carer after parent leaves) is 7.5 in importance and 28th in agreement and both are omitted from the selected composite list.

Table 7.12:

Agreement and Importance Compiled Rank List

No.	Not settled	Agreement Importance Rank				
		%	rank	rating	rank	total
27	Cries off and on all day, until parent arrives	86.6	1	3.91	3	4
3	Unhappy	74.1	5	4	1	6
15	Cries a lot, for no obvious reason	77.7	4	3.88	4	8
2	Needs to be held large parts of the day	83.9	2	3.76	6	8
34	Doesn't play with toys, peers or adults or join in activities very much	67	8	3.77	5	13
11	Slow to calm with carers during the day	79.5	3	3.63	11	14
37	Avoids carers eye contact, touch, invitations to play	65.2	9	3.68	10	19
19	Resists being changed, difficult to feed	67.9	7	3.55	13	20
45	Sits alone, comforts self (sucks thumb or dummy, holds blanket or bear) most of the day	59.8	11	3.62	12	23
14	Doesn't interact very much with carers or peers	45.5	15	3.69	9	24
10	Has preferred carer (goes to them for comfort & help)	17	23	3.94	2	25
41	Avoids parents when they arrive	11.6	24	3.75	7.5	31.5
9	Doesn't like it when routines change, reacts against any change	53.6	13	3.49	19	32

7	Fusses & whines a lot of the time	70.5	6	3.33	26	32
23	Needs encouragement & support to try new things	25	20	3.52	14	34
31	Easily upset during the day	58.9	12	3.38	23	35
13	Quickly calmed by carer after parent leaves	3.6	28	3.75	7.5	35.5
38	Stays close to, follows chosen carer around during the day	39.3	17	3.44	21	38
21	Watches door often during the day	60.7	10	3.18	29	39
42	No noticeable own routine when hungry, sleepy or needing to be changed	24.1	21.5	3.48	20	41.5
5	Responds slowly or not at all to requests to do something	24.1	21.5	3.41	22	43.5
32	Doesn't smile very much	33	19	3.33	26	45
18	Appears wary, watches others a lot	48.2	14	3.1	31	45
20	Looks up often when the door is opened	44.6	16	3.06	32	48
36	Plays alone with toys most of the time	10.7	25	3.33	26	51
6	Watches new staff and visitors warily	36.6	18	3.05	33	51
16	Doesn't cry when parent leaves	1.8	37	3.5	16.5	53.5
22	Playful	1.8	37	3.5	16.5	53.5
25	Is generally happy & smiling	1.8	37	3.5	16.5	53.5
43	Smiles and approaches parent when they return	1.8	37	3.5	16.5	53.5
1	Approaches carers to play	6.3	27	3.14	30	57
17	Expressive	2.7	31.5	3.33	26	57.5
29	Follows simple requests (for example, 'find your bear')	2.7	31.5	3.33	26	57.5

35	Quiet	9.8	26	2.82	34	60
24	Approaches new people who visit	2.7	31.5	2.67	35	66.5
12	Responds to carers invitations to play	2.7	31.5	0	40.5	72
28	Plays happily, calms self easily when upset	2.7	31.5	0	40.5	72
39	Approaches new activities/toys in the room	2.7	31.5	0	40.5	72
26	Enjoys play with the carer	0.9	34	0	40.5	74.5
8	Smiles a lot	1.8	37	0	40.5	77.5
30	Plays happily	0.9	42.5	0	40.5	83.5
40	Has own regular routine of when hungry, need their nappy changed and need their sleep	0.9	42.5	0	40.5	83.5
4	Accepts changes to routines easily	44	0	40.5	84.5	
33	Happy	44	0	40.5	84.5	
44	Cooperates with staff when being changed or fed	44	0	40.5	84.5	

In order to obtain more information to inform the decision about which items to include and which to exclude, a scatter plot was created and hierarchical cluster analysis undertaken. The results of both of these will be reported next beginning with the scatter plot results.

Scatter plot of not settled items

Using SPSS a scatter plot using all items from both lists was created and examined visually for any obvious patterns. A visual appraisal of the scatter plot illustrates in another way the issues discussed above. Items clustered together at the high top right of the scatter plot and also included in

the previous proposed selected list of 11 items are; 27, 3, 15, 2, 34, 11, 37, 19, and 45.

Items needing further attention are the same as those identified above for possible inclusion. Items 7, 21 and 31 are clustered near this group but are lower in importance while items 14 and 10 are more distant (that is lower on agreement) but are further to the right and higher on importance. These two items are currently included in the proposed not settled list while the previous three are excluded.

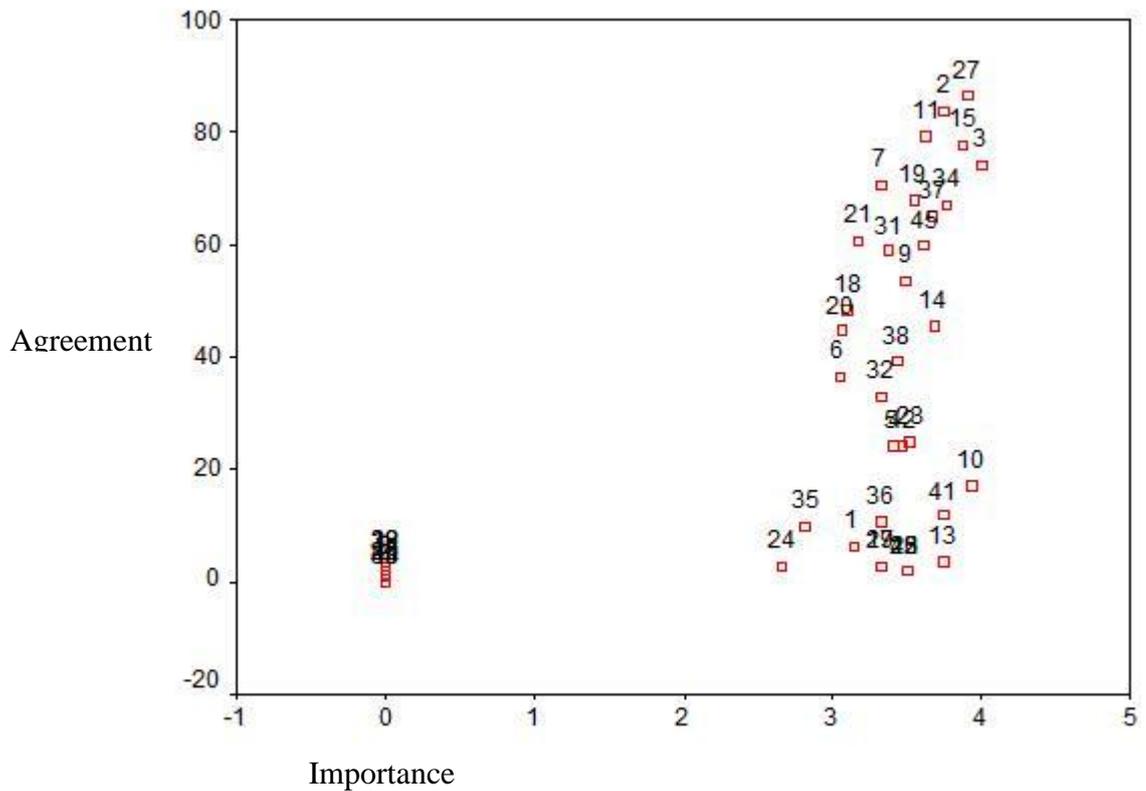


Figure 7.2. Scatter plot of not settled items using level of agreement and level of importance the items belonged in the not settled category

As with the settled cluster analysis there is an overlapping of items in the lower left hand corner. When these are distinguished they are items, 4, 8, 21, 26, 28, 30, 33, 39, 40, 44.

The issues around which items to include and which to exclude are reflected in but not resolved by the scatter plot. An examination of the hierarchical cluster analysis results is presented next. It was undertaken with a view to assisting in the determination of which items to include and which to exclude in a final profile of the 'not settled' infant.

Hierarchical cluster analysis of 'not settled into care' items

The cluster analysis of all the items respondents determined as belonging to the 'not settled' list was undertaken to determine whether they clustered together in any specific way that might inform the decision about what to include or exclude. It was also undertaken to discover what was the nature of the clusters overall and each cluster in particular.

All variable scores, (for percentage agreement and for level of importance) were transformed into 'z' scores and using SPSS an hierarchical cluster analysis was performed. No limit was set on the number of clusters and the first result indicated six clusters. The 45 items were then further analysed by forcing them in to five, four, three and two clustering's.

A review of the content of each cluster determined that interpretation was useful at the level of 5 clusters but most productive at the level of four clusters (see Table 7.13). Clusters were numbered, according to the sequence presented, for easier description.

Cluster 1: There were three items in this cluster and they remained separate for all combinations of clusters except the one total group. The three

items were; 3 'unhappy', 15 'cries a lot, for no obvious reason' and 2 'needs to be held large parts of the day'. These three items are also 2, 3 and 4 in the composite list discussed above.

Cluster 2: In the set of 5 clusters there were nineteen items in this category and when the analysis forced the data into four groups this group combined with cluster three which had only one item in it and the resultant 20 items were stable to the three cluster level (see Table 7.13 for the detail).

Cluster 3: There are four items in this cluster and they remain separate through the six, five and four cluster levels and then combine with clusters five and six at the forced level of three clusters, indicating they belong most closely with items of distressed, not settled behaviour. The four items are; 27 'cries off and on all day, until parent arrives', 37 'avoids carers eye contact, touch, invitations to play', 14 'doesn't interact very much with carers or peers' and 31 'easily upset during the day'.

Cluster 4: The first two items were originally (at the 6 cluster level) separate but combined early with cluster 6. The two items are, 36 'plays alone with toys most of the time', and 41 'avoids parents when they arrive'. When combined for the 4-cluster analysis there are 18 items in this cluster. The entire final 'not applicable' list items (7) and four of the proposed 'not settled' items are included here. Six items are not assigned to final lists. All six are wary, not engaged behaviours rather than loud distressed behaviours.

Table 7.13:

Not Settled Hierarchical Cluster Analysis

No	Item description	Category	Rank overall		
			settled	Un settled	N/A
Cluster one					
3	Unhappy	FNDS		2	
15	Cries a lot, for no obvious reason	FNDS		3.5	
2	Needs to be held large parts of the day	API		3.5	
Cluster two					
39	Approaches new activities/toys in room	TA+	14.5		
44	Cooperates with staff when being changed or fed	TC+	14.5		
1	Approaches carers to play	ACS	12		
12	Responds to carers invitation to play	ACS	10.5		
16	Doesn't cry when parents leaves	APS	17		
25	Is generally happy & smiling	TI+	2		
33	Happy	FA	4		
26	Enjoys play with the carer	FA	4		
28	Plays happily, calms self easily when upset	APS	8		
8	Smiles a lot	FA	6		
22	Playful	FA	7		
4	Accepts changes to routines easily	TAR+	9		

30	Plays happily	ACS	1	
13	Quickly calmed by carer after parent leaves	APS	4	
40	Has own regular routine of when hungry, need their nappy changed and need their sleep	TR+	13	
43	Smiles and approaches parent when they return	APA	16	
29	Follows simple requests (for example, 'find your bear')	TC+	18	
17	Expressive	FA	20	
24	Approaches new people who visit	TA+	19	
10	Has preferred carer (goes to them for comfort and help)	ACS	10.5	11

Cluster three

27	Cries off and on all day, until parent arrives	API	1	
37	Avoids carers eye contact, touch, invitations to play	ACI	7	
14	Doesn't interact very much with carers or peers	FNDT	10	
31	Easily upset during the day	ACI	*	

Cluster four

36	Plays alone with toys most of the time	FNDT	4	
41	Avoids parents when they arrive	ACI	6	
20	Looks up often when the door is open	API/ACI	*	
35	Quiet	FNDT	1	

9	Doesn't like it when routines change, reacts against any change	TAR-	*	
19	Resists being changed, difficult to feed	TC-	8	
7	Fusses & whines a lot of the time	TI-	*	
21	Watches door often during the day	API/ACI	*	
11	Slow to calm with carers during the day	ACI	6	
18	Appears wary, watches others a lot	FNA	*	
45	Sits alone, comforts self (sucks thumb or dummy, holds blanket or bear) most of the day	FNDS	9	
32	Doesn't smile very much	FNDT		2
34	Doesn't play with toys, peers or adults or join in activities very much	FNDS	5	
6	Watches new staff and visitors warily	TA-	*	
23	Needs encouragement & support to try new things	TA-		7
42	No noticeable own routine when hungry, sleepy or needing to be changed	TR-		5
38	Stays close to, follows chosen carer around during the day	ACS	*	
5	Responds slowly or not at all to requests to do something	TC-		3

Note: Items are coded according to their origin in the attachment (A), temperament (T) or Fein's adjustment to care literature (F). Subcategories are coded as follows:

Attachment, P = parent, C = carer, S = secure, I = insecure

Temperament, A = approach, I = irritability, C = cooperation – manageability,

AR = activity – reactivity, R = rhythmicity,

and within each of these + = positive, - = negative

Fein's Adjustment, A = adjusted, N = not adjusted, DS = despair-like, DT = detachment

Before discussing the 'not settled' list it is useful to review the cluster analysis to identify whether the 'settled' items are evident in any particular cluster.

Comparison of the hierarchical cluster analysis and 'settled into care' list

When these two lists are placed alongside each other it becomes apparent that Cluster two covers all items in the 'settled' list, even the one item controversial in the 'settled' analysis, item 10.

Creating the 'not settled' list

The task is to determine where a reasonable, statistically supportable cut off can be made in order to identify which items belong in a 'not settled' list. Of the 45 items presented to respondents, 20 have already been identified as belonging in a 'settled' list. It is possible that there may be some overlap of items but essentially there are 25 items remaining that could potentially belong in a 'not settled' list. Analyses so far suggest a profile of 9, 13, 21 or 11 items. The 11 items arise out of the combined ranking of agreement and importance and therefore have stronger statistical support than the 9 or 13 (agreement) or the 21 (importance). Examination of the clusters has the potential to add further statistical support for the list of eleven or provide support for more items akin to the 13 or 21. The placement within the clusters of the 11 selected items will be reviewed next.

Comparison of the cluster analysis and proposed 'not settled' into care list (11 item list)

Items in the proposed 11 item 'not settled' list include all items in clusters 1 and 3 (seven of the 11 items). Of the remaining 4 items, 3 are included in cluster four and one item appears in cluster 2, the settled items. This item is item 10 'has preferred carer (goes to them for comfort and support)' and is the one that is also in the 'settled' list. Further information about this item in order to determine its inclusion in the settled list is planned for the focus groups. It is possible that there is a reason, not immediately apparent in the statistical analysis for its appearance in both lists.

In determining the final list for the 'settled' characteristics there was strong support for the list developed out of the combined ratings from the scatter plot and hierarchical cluster analysis. That further statistical support is not evident for the 'not settled' list. In the list of 11 proposed from the combined agreement and importance rankings nine of the eleven items are clearly supported by the scatter plot and six (five in common) have strong support from the hierarchical cluster analysis. When these ten items in total are looked at on the combined rankings list the one item ranked next (down one point but up 6.5 from the following item) is the item common to both the settled and not settled lists. This item is controversial enough to need further examination and is already slated for discussion with the focus groups so the decision has been made to keep it in the list and to use the cut off indicated by the grouped rankings.

Final list of not settled items

Neither the scatter plot nor the hierarchical cluster analysis provided any strong evidence to alter the proposed cut off after 11 items so the analysis of results proceeded with the list of eleven items.

Table 7.14

Final List of Not Settled items

			Agreement	Importance	Rank			
Category	No.		%	Rank	Rating	Rank	Total	Final
API	27	Cries off and on all day, until parent arrives	86.6	1	3.91	3	4	1
FNDS	3	Unhappy	74.1	5	4	1	6	2
FNDS	15	Cries a lot, for no obvious reason	77.7	4	3.88	4	8	3.5
API	2	Needs to be held large parts of the day	83.9	2	3.76	6	8	3.5
FNDS	34	Doesn't play with toys, peers or adults or join in activities very much	67	8	3.77	5	13	5
ACI	11	Slow to calm with carers during the day	79.5	3	3.63	11	14	6
ACI	37	Avoids carers eye contact, touch, invitations to play	65.2	9	3.68	10	19	7

TC-	19	Resists being changed, difficult to feed	67.9	7	3.55	13	20	8
FNDS	45	Sits alone, comforts self (sucks thumb or dummy, holds blanket or bear) most of the day	59.8	11	3.62	12	23	9
FNDD	14	Doesn't interact very much with carers or peers	45.5	15	3.69	9	24	10
ACS	10	Has preferred carer (goes to them for comfort and help)	17	23	3.94	2	25	11
Average level of			724.2					
agreement is 65.8%								

Note: Items are coded according to their origin in the attachment (A), temperament (T) or Fein's adjustment to care literature (F). Subcategories are coded as follows:

Attachment, P = parent, C = carer, S = secure, I = insecure

Temperament, A = approach, I = irritability, C = cooperation – manageability,

AR = activity – reactivity, R = rhythmicity,

and within each of these + = positive, - = negative

Fein's Adjustment, A = adjusted, N = not adjusted, DS = despair-like, DT = detachment

Average level of agreement across the items is 65.8% .

Summary: results analysis of ‘not settled’ items

All 45 items presented to respondents were subjected to successive analyses to determine whether a subset of items could be identified as a profile of the behaviours of the ‘not settled’ infant based on the shared information of experienced caregivers. Items were ranked according to level of agreement that they belonged in the ‘not settled’ category and then separately ranked to determine the level of agreement that they belonged in the ‘not settled’ category. A visual appraisal and calculation of points of difference within each list suggested a possible cut off point for inclusion in the profile in each list. Items identified as above these cut offs on each list were compared and discrepant items identified. As a next step the total list of items (45) on the two ranked lists (agreement and importance) were combined and a further visual appraisal and calculation of points of difference conducted. Eleven items were identified as possible items for the ‘not settled’ profile. Further testing of this list of 11 was undertaken to confirm the items. A scatter plot analysis resulted in support for 9 items but two items could not be clearly assigned.

A separate hierarchical cluster analysis of the 45 items was conducted and the clusters compared with the 11 items. Items in the proposed ‘not settled’ list include all items in clusters 1 and 3 (seven of the 11 items). Of the remaining 4 items, 3 are included in cluster four and one item appears in cluster 2, the settled items. This item was item 10 ‘has preferred carer (goes to them for comfort and support) and is the one that is also in the settled list. Further examination of this item with the focus groups is necessary and will be reported in the discussion. Nine of the eleven items were clearly supported by the scatter plot and six (five in common) had strong support from the

hierarchical cluster analysis. The ten items in total were then looked at on the combined rankings list and the one item ranked next (down one point but up 6.5 from the following item) was the item common to both the ‘settled’ and ‘not settled’ lists. This item is controversial enough to need further examination and is already slated for discussion with the focus groups so the decision was made to keep it in the list and to use the cut off indicated by the grouped rankings.

Once the final items on the ‘not settled’ list were decided a test to determine any correlation between agreement and importance could have been carried out however information already available from the ranking of responses indicated there was little if any and likely, no correlation.

The final step in the analyses of the ‘not settled’ list items was to identify which items were from each of the attachment, temperament and adjustment categories. These results will be reported next.

Categories of items in the ‘not settled’ list

The categories of attachment, temperament and adjustment were reassigned to the selected list to allow analysis of the components.

Attachment

Within the attachment category two of the five possible ‘insecure attachment to parent’ items appear; these are items 27 ‘cries off and on all day, until parent arrives’ and item 2 ‘needs to be held large parts of the day’.

Within the ‘insecure attachment to caregivers’ items two of a possible six behaviours appear; item 11 ‘slow to calm with carers during the day’ and item 37 ‘avoids carers eye contact, touch, invitations to play’.

Of the secure attachment to parent and carer one of a possible nine items appears, item 10 'Has preferred carer (goes to them for comfort and help)'.

Temperament

There are 14 possible temperament items overall and only one, item 19 'resists being changed, difficult to feed' appears in this selected list of 'not settled' behaviours.

Adjustment categories

There are four items within the not adjusted despair-like category and all four are included in this list; item 3 'unhappy ', item 15 'cries a lot, for no obvious reason', item 34 'doesn't play with toys, peers or adults or join in activities very much' and item 45 'sits alone, comforts self (sucks thumb or dummy, holds blanket or bear) most of the day'.

The final item included is from the not adjusted detachment like category, item 14, 'doesn't interact very much with carers or peers'. This is one of 4 items in this category.

Contingency table: not settled

Using SPSS a cross tabulation between the items in the final 'not settled' list and each of the three categories was created.

When the results are reviewed items within the attachment category have a 45.5% chance of being included in the final not settled list, temperament items have a 18.2% chance and adjustment items a 36.4% chance.

Table 7.15:

Not Settled Items – Cross Tabulation of Categories

Not settled		Item categories			Totals
		Attachment Temperament Adjustment			
Not settled	Count	5	2	4	11
	% within characteristics not settled	45.5%	18.2%	36.4%	100.0%
Other	Count	12	13	9	34
	% within characteristics not settled	35.3%	38.2%	26.5%	100.0%
	Count	17	15	13	45
	% within characteristics not settled	37.8%	33.3%	28.9%	100.0%

These results indicate that the emphasis on attachment is stronger than on adjustment and unlike the settled list, temperament is not very likely to be included in any list of not settled behaviours.

A Chi-square test was then run to determine if any of these levels were significant. The result was, Chi-Square = 1.511, df = 2, p = .470. Given that there were so few items (11), a more exact test of significance was then run with a result of Chi-Square = 1.511, df = 2, p = .510. Both tests indicate that the items in the ‘not settled’ list are independent of these three variables.

Summary: results of categorisation of items of the ‘not settled’ list

Once the final list of 11 items was determined it remained to re-attach the categories to discern whether the attachment items alone were included as implied by the emphasis on them in the early childhood literature. The results show that attachment items are more likely to be included above adjustment and temperament items, in that order, but that no one category is significantly more likely to appear than any other.

This section of the results chapter has presented the analyses and results of the examination of the items to determine the profile of behaviours caregivers consider indicative of the infant who is ‘not settled’ in to care. The next chapter section reports on the examination of the items respondents indicated belonged in a ‘not applicable’ category. The respondents were given a forced choice with the survey – only three choices to circle were provided, settled, not settled and not applicable. Because the items came from the literature review and were selected for their possible relevance the ‘not applicable’ category was important for identifying if any of the items selected from the literature were considered not relevant for the ‘settled’ or ‘not settled’ child by the experienced caregivers. It was anticipated that if the caregivers did not recognise the ‘adjusted – despair like’ or ‘adjusted – detachment like’ behaviours then these would appear in the not applicable list. The same rigorous analysis could not be applied to this list as for the ‘settled’ and ‘not settled’ because once the item was identified as ‘not applicable’ it seemed pointless to ask ‘how much is it not applicable’. What was important was to determine the level of agreement that an item belonged in the ‘not applicable’

list because this provided information to support the exclusion of the items from any final lists. The results from this section provide support for the results of the earlier sections but also raise issues for discussion in order to understand the respondents experience and decisions about what to include and what to exclude. The results for the 'not applicable' items will be presented next.

Not applicable

When completing the survey respondents were given the option to identify items as belonging, in their opinion, in the 'settled', 'not settled' or not applicable category. Both the 'settled' and 'not settled' categories have been analysed and the results reported. In reporting the results of the analysis of the items in the not applicable category it was not possible or reasonable to conduct the same type and sequence of statistical analyses. The percentage of agreement is reported and a preliminary list compiled. A scatter plot was not used but the previous hierarchical cluster analyses were reviewed to see if they provided information about which items to include in a not applicable list. The identification of the categories (attachment, temperament, adjustment) of items was important for answering the research questions and those results are presented. Items not on any list once the 'cut offs' are determined are also identified.

Percentage of agreement

All 45 items received at least one respondents' opinion that it was not applicable. The percentage of agreement levels were considerably lower than for the settled and not settled lists with the highest percentage of agreement being 58.9% and the lowest 0.9% (see Table 7.16).

Only two items received 50% or above agreement that they were not applicable to a list of 'settled' or 'not settled' behaviours. These were items 35 'quiet' with 58.9% and item 32 'doesn't smile very much' with 50%.

Within the 40 – 50% agreement range there were five items. These items were 'responds slowly or not at all to requests to do something', 'plays alone with toys most of the time', 'no noticeable own routine when hungry, sleepy or needing to be changed', 'avoids parents when they arrive' and 'needs encouragement and support to try new things'.

After a drop of 7.1% there was a set of 4 items in the 30 – 40% agreement range, 'doesn't interact very much with carers or peers', 'watches new staff and visitors warily', 'looks up often when the door is opened' and 'expressive'.

Two items had a 29.5% agreement from respondents that they were 'not applicable' with another nine items in the 20 – 30% agreement range.

Item 43 'smiles and approaches parent when they return' had a 17.9% agreement that it belonged with the not applicable items and item 24 'approaches new people who visit' had 17%. One item had 16.1% and one item had 15.2%.

Between 14.3% agreement that an item belonged in the not applicable list and 11.6% there were four items and there were fifteen items with an under 10% agreement that they belonged in the not applicable list.

In reviewing this list it is obvious very few of the items presented were considered irrelevant, that is, not applicable to a 'settled' or 'not settled' list by respondents. Only two had a 50% or above level of agreement so even though all items had at least one person considering them not applicable, most

respondents saw most of the items as relevant to the settled and not settled profiles.

Table 7.16

Not Applicable Rank Order Importance (45 items)

Not Applicable - Agreement	%	rank
35 Quiet	58.9	1
32 Doesn't smile very much	50	2
5 Responds slowly or not at all to requests to do something	48.2	3
36 Plays alone with toys most of the time	47.3	4
42 No noticeable own routine when hungry, sleepy or needing to be changed	46.4	5
41 Avoids parents when they arrive	45.9	6
23 Needs encouragement & support to try new things	45.5	7
14 Doesn't interact very much with carers or peers	38.4	8
6 Watches new staff and visitors warily	34.8	9
20 Looks up often when the door is opened	34.8	10
17 Expressive	30.4	11
9 Doesn't like it when routines change, reacts against any change	29.5	12.5
31 Easily upset during the day	29.5	12.5
18 Appears wary, watches others a lot	28.6	14
40 Has own regular routine of when hungry, need their nappy changed and need their sleep	26.8	15
21 Watches door often during the day	24.1	16.5
38 Stays close to, follows chosen carer around during the day	24.1	16.5

29	Follows simple requests (for example, 'find your bear')	23.2	18.5
37	Avoids carers eye contact, touch, invitations to play	23.2	18.5
19	Resists being changed, difficult to feed	22.3	20
34	Doesn't play with toys, peers or adults or join in activities very much	20.5	21.5
45	Sits alone, comforts self (sucks thumb or dummy, holds blanket or bear) most of the day	20.5	21.5
43	Smiles and approaches parent when they return	17.9	23
24	Approaches new people who visit	17	24
7	Fusses & whines a lot of the time	16.1	25
10	Has preferred carer (goes to them for comfort & help)	15.2	26
3	Unhappy	14.3	27
44	Cooperates with staff when being changed or fed	13.4	28
15	Cries a lot, for no obvious reason	11.6	29.5
16	Doesn't cry when parent leaves	11.6	29.5
39	Approaches new activities/toys in the room	8.9	31
12	Responds to carers invitations to play	8	32
2	Needs to be held large parts of the day	6.3	33
11	Slow to calm with carers during the day	5.4	34
1	Approaches carers to play	4.5	36.5
4	Accepts changes to routines easily	4.5	36.5
28	Plays happily, calms self easily when upset	4.5	36.5
33	Happy	4.5	36.5
13	Quickly calmed by carer after parent leaves	3.6	39.5
26	Enjoys play with the carer	3.6	39.5
22	Playful	2.7	41.5

27 Cries off and on all day, until parent arrives	2.7	41.5
25 Is generally happy & smiling	1.8	43.5
30 Plays happily	1.8	43.5
8 Smiles a lot	0.9	45

Before looking further at the list of not applicable items a comment on level of importance is necessary.

Level of importance

In the instructions to respondents they were asked to indicate for the items designated ‘settled’ and ‘not settled’, a level of importance. Once an item was considered not relevant it seemed inappropriate to ask ‘how’ unimportant it was so this data is not available. Any list of not applicable items, given the low agreement rate must be looked at carefully to see what it offers as an indication of respondents understanding of the behaviours of the settled and not settled child. The list will be reviewed next.

List of not applicable items

When the not applicable agreement list is perused it is interesting to note that seven items had a 45% agreement or above that they were not applicable. After that there is a sharp drop in percentage agreement of 7.1%. This appears to be a reasonable cut off for a list of items caregivers consider not applicable.

When the top seven items are assigned their categories it is apparent that from the attachment list one item from the ‘insecure to parent’ is included, item 41 ‘avoids parents when they arrive’. Three temperament items are

included, all negative expressions of the three particular features, cooperation-manageability, rhythmicity and approach.

Also, of the four not adjusted, detachment-like items, three are in this list indicating that carers consider them not applicable to the settled or not settled infant.

Table 7.17

Not Applicable Final List

Category	No.		%	Rank
FNDT	35	Quiet	58.9	1
FNDT	32	Doesn't smile very much	50	2
TC-	5	Responds slowly or not at all to requests to do something	48.2	3
FNDT	36	Plays alone with toys most of the time	47.3	4
TR-	42	No noticeable own routine when hungry, sleepy or needing to be changed	46.4	5
API	41	Avoids parents when they arrive	45.9	6
TA-	23	Needs encouragement and support to try new things	45.5%	7

Note: Items are coded according to their origin in the attachment (A), temperament (T) or Fein's adjustment to care literature (F). Subcategories are coded as follows:

Attachment, P = parent, C = carer, S = secure, I = insecure

Temperament, A = approach, I = irritability, C = cooperation – manageability,

AR = activity – reactivity, R = rhythmicity,

and within each of these + = positive, - = negative

Fein's Adjustment, A = adjusted, N = not adjusted, DS = despair-like, DT = detachment

When the seven items are compared with the items in the final ‘settled’ and ‘not settled’ list, none of them appear.

Hierarchical cluster analysis

When the location of these items in the hierarchical cluster analyses is studied they are found across two clusters in the ‘settled’ list (see Table 7.7) and within one cluster in the ‘not settled’ list (see Table 7.13). Within the cluster analysis of the ‘settled’ list there is no apparent pattern to where they are placed. Within the ‘not settled’ list they are within cluster four with the seven items that are not in either the ‘settled’ or ‘not settled’ list and four items from the not settled list.

Once the list was determined the next step was to reattach the categories to see which ones were identifiable.

Not applicable: categories

Of the seven items in the not applicable list four items are from the adjustment to care category – detachment like. They are ‘quiet’, ‘doesn’t smile very much’ and ‘plays alone with toys most of the time’. One is an ‘insecure to parent’ attachment behaviour ‘avoids parents when they arrive’ and three are negative temperament behaviours, ‘responds slowly or not at all to requests to do something’, ‘no noticeable own routine when hungry, sleepy or needing to be change’ and ‘needs encouragement and support to try new things’.

The ‘not applicable’ section will be summarised next before the results across the three lists are reported for the total list and the items in each category or in none are summarised.

Summary: not applicable

The not applicable items required much less analysis than the ‘settled’ and ‘not settled’ items. Not all processes used with the other two categories were warranted and so were not applied. Level of agreement that an item belonged was calculated, the hierarchical cluster analyses for ‘settled’ and ‘not settled’ were reviewed to discern where the not applicable items clustered and the final list of seven was categorised to identify the items that were included.

When level of agreement that items belonged in the not applicable category was calculated 7 items were identified as having an above 45.5% level of agreement. The highest level of agreement that an item belonged in the not applicable category was 58.9% for one item with an 8.9 % drop to the next item. Overall the level of agreement that items belonged in the not applicable category was substantially lower than the levels for the ‘settled’ and ‘not settled’ categories. Items clustered in the ‘not settled’ clusters in one area that also had items not assigned but there was no apparent connection in the ‘settled’ clusters.

When the final list of seven was re-categorised one item was an attachment item, three were negative temperament traits and three were from the detachment-like adjustment category. All of these items could be considered negative so it is interesting that the carers saw them as ‘not applicable’ to an infant settling in to care. All ‘not applicable’ items were discussed within the focus groups and those results are reported as a part of the discussion in the next chapter in this thesis.

The final items in the ‘settled’ and ‘not settled’ lists will be presented next. The outcome of re-assigning the original categories to the items will also be reported.

Final lists and categories of items

As stated earlier, once the items for the final lists were identified the categories they came from (attachment, temperament, adjustment) and the particular aspect of those categories (eg insecure to parent, adaptability, not adjusted – despair like) were reassigned. These results (items by ‘settled’ or ‘not settled’) are presented below in tables 7.18 & 7.19. Following that the original list of 45 is discussed and the items assigned to a category and those unassigned are reported in table 7.20.

Table 7.18

Settled into Care: Final Items and Categories

ACS	Plays happily
TI+	Is generally happy & smiling
FA	Happy
FA	Enjoys play with the carer
APS	Quickly calmed by carer after parent leaves
FA	Smiles a lot
FA	Playful
APS	Plays happily, calms self easily when upset
TAR+	Accepts changes to routine easily
ACS	Responds to carers invitation to play
ACS	Has preferred carer (goes to them for comfort & help)

ACS	Approaches carers to play
TR+	Has own regular routine of when hungry, need their nappy changed and need their sleep
TA+	Approaches new activities/toys in the room
TC+	Cooperates with staff when being changed or fed
APS	Smiles and approaches parent when they return
APS	Doesn't cry when parent leaves
TC+	Follows simple requests (for example, find your bear)
TA+	Approaches new people who visit
FA	Expressive

Note: Items are coded according to their origin in the attachment (A), temperament (T) or Fein's adjustment to care literature (F). Subcategories are coded as follows:

Attachment, P = parent, C = carer, S = secure, I = insecure

Temperament, A = approach, I = irritability, C = cooperation – manageability,

AR = activity – reactivity, R = rhythmicity,

and within each of these + = positive, - = negative

Fein's Adjustment, A = adjusted, N = not adjusted, DS = despair-like, DT = detachment

Table 7.19

Not Settled into Care – Final Items and Categories

API	Cries off and on all day, until parent arrives
FNDS	Unhappy
FNDS	Cries a lot, for no obvious reason
API	Needs to be held large parts of the day
FNDS	Doesn't play with toys, peers or adults or join in activities very much
ACI	Slow to calm with carers during the day

- ACI Avoids carers eye contact, touch, invitations to play
 - TC- Resists being changed, difficult to feed
 - FNDS Sits alone, comforts self (sucks thumb or dummy, holds blanket or bear)
most of the day
 - FNDT Doesn't interact very much with carers or peers
 - ACS Has preferred carer (goes to them for comfort and help)
-

Note: Items are coded according to their origin in the attachment (A), temperament (T) or Fein's adjustment to care literature (F). Subcategories are coded as follows:

Attachment, P = parent, C = carer, S = secure, I = insecure

Temperament, A = approach, I = irritability, C = cooperation – manageability,

AR = activity – reactivity, R = rhythmicity,

and within each of these + = positive, - = negative

Fein's Adjustment, A = adjusted, N = not adjusted, DS = despair-like, DT = detachment

Categories of items results

Items from each category, attachment, temperament, and adjustment responses were chosen for the survey because they were deemed 'observable', 'typical' and supported by other research. There was no assumption made that all, or in fact any, items would appear in one or other of the final lists but it was anticipated that where items appeared, or did not appear would provide information for discussion about the relative importance of attachment, temperament and adjustment response categories within each profile of 'settled' and 'not settled' infants.

Once the final 'settled', 'not settled' and not applicable lists were determined the overall list of the 45 items was reviewed and if an item

appeared on one of the lists that was recorded. Of the 45 items 36 were assigned to one of the lists and 9 were not assigned.

Of the nine not assigned, three were the set of items common to the insecure to parent and insecure to carer categories, one was from the secure to carer category and another one was the single item from the not adjusted – overall category. The remaining items were one from the not adjusted – detachment category and the other three items were all negative temperament characteristics (see Table 7.20)

Table 7.20

Items by Category and Placement within Settled, Not Settled and Not Applicable Lists

*Code: S = settled, NS = not settled, N/A = not applicable, * = not assigned*

Category: Attachment secure / insecure to parent / to caregiver

Item	Behaviour	Category
To Parent		
Secure		
16	Doesn't cry when parent leaves	S
13	Quickly calmed by carer after parent leaves	S
28	Plays happily, calms self easily when upset	S
43	Smiles and approaches parent when they return	S
Insecure		
27	Cries off and on all day, until parent arrives	NS
41	Avoids parent when they arrive	N/A
21	Watches door often during the day	*

20	Looks up often when the door is open	*
31	Easily upset during the day	*
2	Needs to be held large parts of the day	NS

To Caregiver

Secure

30	Plays happily	S
1	Approaches caregiver/s to play	S
12	Responds to carer's invitations to play	S
10	Has preferred carer (goes to them for comfort and help)	S NS
38	Stays close to, follows chosen carer around during the day	*

Insecure

27	Cries off and on all day, until parent arrives	NS
37	Avoids carers eye contact, touch, invitations to play	NS
21	Watches door often during the day	*
20	Looks up often when the door is opened	*
31	Easily upset during the day	*
11	Slow to calm with carers during the day	NS

Category: Temperament

Approach

Positive

39	Approaches new activities/toys in the room	S
24	Approaches new people who visit	S

Negative

23	Needs encouragement and support to try new things	N/A
6	Watches new staff and visitors warily	*

Irritability

Positive

25	Is generally happy and smiling	S
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Negative

7	Fusses and whines a lot of the time	*
---	-------------------------------------	---

Cooperation – manageability

Positive

44	Cooperates with staff when being changed or fed	S
29	Follows simple requests (eg find your bear)	S

Negative

19	Resists being changed, difficult to feed	NS
5	Responds slowly or not at all to requests to do something	N/A

Activity – reactivity

Positive

4	Accepts changes to routine easily	S
---	-----------------------------------	---

Negative

9	Doesn't like it when routines change, reacts against changes	*
---	--	---

Rhythmicity

Positive

40	Has their own regular routine of when they get hungry, need their nappy changed and need their sleep	S
----	--	---

Negative

42	No noticeable routine of their own for when they are hungry, sleepy or needing to be changed	N/A
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Category: Adjustment behaviours

Adjusted

22	Playful	S
26	Enjoys play with the carer	S
33	Happy	S
8	Smiles a lot	S
17	expressive	S

Not adjusted

18	Appears wary – watches others a lot	*
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Despair-like

3	Unhappy	NS
15	Cries a lot for no obvious reason	NS
34	Doesn't play with toys, peers or adults or join in activities very much	NS

45	Sits alone, comforts self (sucks thumb or dummy, holds blanket or bear) most of the day	NS
	Detachment-like	
35	quiet	N/A
36	Plays alone with toys most of the time	N/A
14	Doesn't interact very much with carers or peers	*
32	Doesn't smile very much	N/A

Attachment

As was stated in the literature review the more subtle nuances of attachment behaviours were not used in this research. The focus needed to be around attachment to the parent and to the carer and for this purpose the overarching areas of secure, insecure were sufficient.

Attachment: secure to parent, secure to carer

All of the secure to parent attachment items are present in the final 'settled' list and four of the secure to carer items are included. One of these is included on both the 'settled' and 'not settled' lists (item 10). The final item in the secure to carer category is not on any of the three lists.

Attachment: insecure to parent, insecure to carer

Three items are common to both insecure to parent and insecure to carer and all three were 'un-assigned' to any of the lists. No items were placed on the 'settled' list but one was assigned to the 'not applicable' list, item 41; 'avoids parent when they arrive'. One item common to both lists, item 27;

‘cries off and on all day until parent arrives’ was assigned to the ‘not settled’ list with one additional insecure with parent and two additional insecure with carer items also placed on the ‘not settled’ list.

Temperament

There were five temperament features included in the survey items; approach, irritability, cooperation – manageability, activity – reactivity and rhythmicity. Seven items referred to positive aspects of temperament and seven to more challenging (for parents and carers) aspects. Of these 14 items three were unassigned. All were negative aspects and were one of two ‘approach – negative’ items and the other two were the single negative items for irritability and activity – reactivity.

All seven positive temperament items were included on the final ‘settled’ list. One of seven negative items was included on the ‘not settled’ list and three negative items were on the final ‘not applicable’ list.

Adjustment to care

All five of the items in the ‘adjusted’ category were assigned to the ‘settled’ in to care list. Within the not adjusted to care category, one item was an overall item and this was not assigned to any of the lists. Within the not adjusted – despair like category all four items were assigned to the ‘not settled’ into care list. Within the not adjusted – detachment like category one item was unassigned and the other three were placed in the not applicable category.

Results Summary: Development of profiles and categorisation of items

This chapter presented the results and detailed analysis of respondents' indication of which behaviours they associated with a child who is 'settled' into care and a child who is 'not settled'. The statistical analyses and procedures used to determine a list of 'settled' behaviours were presented first. The same procedures and analyses were used to determine the 'not settled' list and these were presented next.

Not all items were assigned to these two lists by respondents so the analyses to determine items considered 'not applicable' were then presented. Within each of these sections, 'settled', 'not settled' and 'not applicable' the categories (attachment, temperament and adjustment) of the final items were identified and the detail presented. The section immediately preceding this one presented the profiles and 'not applicable' results in table form and commented on the presence of the attachment, temperament and not applicable items throughout the profiles.

No other profiles like these exist in the Early Childhood literature; they are a unique contribution to the research literature and have usefulness both for practitioners but also for future researchers. Each category of behaviours included in the survey items for respondents to select from (attachment, temperament and adjustment) was looked at to determine which items were eventually included in the 'settled', 'not settled' and not applicable lists. It is interesting to note that only nine of 45 items were eventually unassigned. These nine items were slated for discussion with the focus group members and the outcomes of those discussions will be reported in the discussion chapter

which follows. Also identified for further clarification and discussion with the focus groups was the one item that appeared on both lists, item 10: ‘has preferred carer (goes to them for comfort and help)’.

The next chapter discusses the results presented here. The hypothesis that respondents will identify sets of behaviours for a ‘settled’ and a ‘not settled’ profile is discussed. The respondents’ awareness of the not-settled detachment-like behaviours and the possibility that some infants adjust to care by becoming withdrawn are discussed to determine the outcome of the hypothesis presented earlier.

Before presenting this discussion a comment needs to be made again about how the qualitative data from the survey and the data from the focus groups is presented in this thesis. In the discussion chapters (paired with relevant results chapters), the results presented in the previous chapters are expanded with qualitative information gained from the focus group participants where the information is relative and useful. Data from the focus groups is also presented, in some detail, as part of the method triangulation process being used to establish the validity of the findings. Direct quotations from focus group participants are included in an endeavour to accurately present the information and clarification they contributed. Where a general discussion ensued, the focus group information is summarised by the researcher.

While technically the qualitative questions responses and focus group discussions are data and should be presented as part of a results chapter, they are also part of the methodological and content triangulation processes designed to create validity for the results presented in this research. As such the qualitative data and focus groups primary functions are to validate the profiles

and elucidate any contentious issues. With this in mind the best way to present the information is as part of the discussion, that way the discussion is expanded and the topics are dealt with in-depth and comprehensively. It was thought that this procedure would create less confusion for the reader and eliminate the need to search for data in a previous chapter.

CHAPTER 8

DISCUSSION: PROFILES OF THE SETTLED AND NOT SETTLED CHILD

Introduction

One of the primary objectives of the research being reported in this thesis was to determine if caregivers identify particular behaviours from the compiled list of attachment, temperament and adjustment categories as indicative of a 'settled' child and of a 'not yet settled' child. If this is so, is there a set of behaviours with high agreement and importance that may provide a 'profile' of the settled/not settled child that is potentially useful to practitioners and researchers?

As outlined in the introduction Chapter 2 and referred to in the beginning of the previous chapter (chapter 7) the decision was taken to include the focus group comments and subsequent discussion within this chapter. While this could be considered 'unusual' its propriety has been argued but it may create some dissonance for the reader when 'results' are apparent within a discussion chapter. However as the qualitative data is intended to inform and apply the quantitative data to the 'lived experience' of the practitioners it is hoped that this process will result in more meaningful understandings of the profiles and the controversial behaviours.

Before proceeding with the discussion it is necessary to comment on two things, the missing data (see Table 6.1) and the importance of the data analysis in establishing the credibility of the profiles. The missing data will be discussed first.

Missing data

With an overall average of 5.5% there is very little missing data. When the items with the highest rate of missing data are looked at, six of the 16 are the highest on the final not applicable list and one is on both the 'settled' and 'not settled' final lists. The implication that could be drawn is that these items are the controversial ones and so 'missing' may mean respondents did not want to say they were 'not applicable' but did not have a clear idea of where to place them.

All four of the adjustment detachment-like items were among the highest with missing data and the one item that is an overall indication of 'not adjusted' also has a higher amount of missing data. This point will be discussed further later in the section on the adjustment to care items where the data indicates that respondents did not recognise many of the 'not adjusted' items as relevant.

The overall impression is that the list gave few problems and was within the general level of understanding of the respondents. This is particularly pleasing because careful thought and preparation had gone into developing the survey and in particular the list of items to choose from. The respondents were known to be a mix of qualified and not qualified staff and so would come to the items with varying academic backgrounds. For the content triangulation to work the theoretical information needed to be presented in a way all respondents could understand and if the small amount of missing data is taken as an indicator then this appears to have occurred. Equally so, the fact that the areas of missing data equate to the final lists of 'not applicable' and to the items found to be controversial implies the survey items were generally

understood. The next stage in the data analysis was to look at the lists of items and to rank them for inclusion in the ‘settled’ and ‘not settled’ or ‘not applicable’ lists. Before the detail of these lists is discussed it is necessary to refer back to decisions made about methodology and data analysis that related to the purposes of the research.

Importance of the data analysis in establishing the credibility of the profiles

A primary goal of the research reported here was to create a profile of the behaviours of the infant ‘settled in to care’ and the infant ‘not settled in to care’. In the triangulation process used the detail of the ‘settled’ and ‘not settled’ behaviours was drawn from the relevant research and theoretical literature. The detail of these findings in regard to attachment, temperament and adjustment literature will be discussed presently. However for those final lists to be credible it was necessary that the results be rigorously analysed and the reasons for particular inclusions and exclusions of items be transparent. If the resultant profiles are to be used for determining infants to include or exclude in research then the researchers need to be reassured that the lists have a strong theoretical and statistical base. This is not the case for the only other semi-related screening instrument found. The Early Care Adjustment Rating by Educators (E-CARE) was not designed as a research tool but rather

“The goal of the E-CARE is to enable caregivers to detect potential areas of adjustment difficulty and to intervene before early problems adversely impact the child’s ability to benefit from the development and learning experiences offered in the child care setting” (Fernandez and Marfo, 2005, p. 43).

As a consequence the E-CARE screening was developed in consultation with practitioners and with reference to theory but to date no information was found which details which theories, or which other research was used to determine the specific items that were included in the screening tools. The authors do say they are using the tool in ‘descriptive research’ to understand how often the indicators of adjustment difficulty occur in particular age, socio-economic and cultural groups (p. 48). It is concerning that they are proceeding to use the instrument without establishing the validity of the items first included. The research reported here aims to establish credibility for the items in the final ‘settled’ and ‘not settled’ profiles. The items have been carefully chosen and their origins identified (see literature review and chapter on development of the survey instrument). The next step in establishing the credibility of the final items occurs through the results analysis steps undertaken and detailed in the previous chapter. Some further comment here is intended to clarify and make transparent the decisions interpreting the data and determining which items would be included and which excluded. As would be apparent from the earlier presentation of the results there were choices to be made about the ‘cut off’ points and it is the thinking behind these choices that is presented in this next section of the thesis. It is contained within the ‘discussion’ chapter because it is essentially ‘interpretive’ and therefore not appropriate for the presentation of the results but it is important information for researchers concerned about the credibility of the final lists and it answers potential questions about items that

might seem to be relevant but are not included. As is apparent in the literature review there was very little other research found which can inform this section of the discussion. Some practitioner articles are useful and will be referred to when they are relevant. However items identified as controversial here are not discussed in depth because, as a part the content triangulation process, they are identified for discussion with the focus groups. The relevant research, theory and literature is best dealt with where that focus occurs.

The results analysis followed carefully chosen steps that identified potential items chosen by respondents and then further analysed them to determine the most meaningful and most relevant for inclusion in the profiles. The initial steps were simple but lead to the more rigorous hierarchical cluster analysis. The accumulating decisions will be interpreted in the order they occurred and then the discussion of the ‘content’ of the profiles (attachment, temperament and adjustment items) will follow this section on the processes which give credibility to the items included in the final profiles.

Determining items for a list of ‘settled’ and ‘not settled’ behaviours

As stated earlier in this document it was necessary for the determination of ‘settled’ and ‘not settled’ behaviour lists to first establish levels of agreement among respondents for each potential item. However, as argued previously, in order to establish a final list, a level of importance for each item needed to be calculated and combined with the levels of agreement list. Using these composite values a list of the 45 items, in descending order, was viewed to determine where a cut off between items to include and exclude could be

made with credibility.

Various procedures for determining this point were employed; visual appraisals, calculations of points of difference between items, scatter plots and hierarchical cluster analysis. At each of these points in the analysis decisions could be made about what to include and what to exclude and it is these decisions that are presented here to establish the basis for the decisions made and to provide credibility for the final profiles. Consistency in the items to include, across the various procedures provides a strong argument for the credibility of the final profiles and it is these points of agreement that this next section highlights. Other types of statistical analysis were considered but the structure of the data and the need to distinguish between items to include and exclude meant other procedures were unsuitable. The hierarchical cluster analysis is the most powerful procedure used because it allowed the clusters to be viewed at each stage and a decision made about the most meaningful clustering. In the case of the settled items it provided clear support for the cut off proposed through the visual appraisal and scatter plot.

Development of the profile of the settled child

Percentage of agreement

As described previously (Table 7.2) the range of the percentage of agreement that the items are indicators of settled behaviour in infants ranges from a high level of agreement at 91.9% to the lowest level with 0.9% agreement.

The range of levels indicates that respondents agree that some are more indicative of settled behaviour than others. The question then arises – “is there a meaningful ‘set’ of items and if so, how is that cut off determined?”

A visual appraisal of the list suggests that there was a possible meaningful decrease in level of agreement between items 17 (with 56.3) and 41 (with 44.6). A calculation of the percentage of agreement difference gives an 11.7% drop in agreement between these two items. An examination of the items above and below that point suggests that those above are generally positive, engaged behaviours and those below are either passive, disengaged behaviours or actively anxious and distressed behaviours. These items are consistent with the descriptions of behaviour in Fein's two studies when she distinguished between those infants she thought adjusted and those not adjusted (Fein, 1995; Fein, Gariboldi, & Boni, 1993) and the descriptions of behaviours from the practitioners, especially the Enid Elliot case study of the infants making a transition to care (Elliot, 2003a). Twenty of the 45 items are above this cut off.

A cut off between 78.6 and 70.5 (items 16 and 24) or between 69.6 and 62.5 (items 43 and 29) could also be considered given that there are drops of 8.1% and 7.1% respectively, however perusal of the items that would be omitted suggests that these are still positive engaged behaviours with the potential to indicate settled behaviour. Consequently too many potential behaviours, indicative of settled infants are excluded if this cut off is used.

Other possible cut offs would be in areas of less than 30% agreement and this does not seem feasible given the overall high level of agreement. It is important to acknowledge the practitioners expertise for the items to have credibility and so this is too low.

Level of importance

Once the items had been identified according to level of agreement that

they are indicative of settled behaviour it was then necessary to determine how important the items are as an indicator. An item may have a high level of agreement that it is an indicator but not be considered very important. The reverse is also possible, that an item may have a lesser level of agreement but be considered very important by respondents. Both of these conditions were evident in the data. The decision to include the extra task of indicating level of importance (see methodology chapter) is supported by the fact that there are items which do not exactly match the level of agreement ranking and which alter in position on the potential list.

As reported in chapter 7 (see Table 7.3) - the levels of importance ranged from 4.27 (calculated out of five) to three items being deemed not important at all. Again there is a need to determine a meaningful division between items to include on a list of 'settled' behaviours and those with low importance to exclude.

A visual appraisal of the levels suggests a possible division of the list between item 16 (with 3.51) and 17 (with 3.36). Items above this point are generally the positive, engaged behaviours, except for the 3.56 item that is 'slow to calm with carers during the day'. This item indicates an infant is not yet responsive and comfortable and perhaps belongs in the 'not settled' list. Items below the level identified (3.36 – see Table 7.3) are generally the more disengaged and actively distressed behaviours. As commented above these differing behaviours are consistent with Fein's research and practitioners' descriptions in the literature where the unsettled children are distressed and expressive and the settled children are calm and happy (see references above).

As reported in the results when the points of difference between all the

items are calculated the difference between most items is low and other potential cut offs, with larger drops, are in the top of the list and would leave only one, two or five items on the final list. A visual appraisal of these divisions indicates many potential items are excluded from such a short list and as a consequence a cut off there would possibly affect the credibility of the final list.

Another possible cut off also above this is between 3.65 and 3.57 (items 39 and 29) but the change between these is only 0.08 and a cut off here would have two positive items (of the 3) off the list. It is the careful examination of the actual items/behaviours included and excluded, relative to the literature on the behaviour of settled infants which helps determine where cut offs are likely to be credible.

With the division between items 16 and 17 (3.51 and 3.36) there are 19 items of the 45 above this point. The combination of the visual appraisal and calculation of points of difference suggests the cut off here is a reasonable decision but this needs to be tested against the combined list. If there is consistency then the decision can be supported although no final decision can be fully supported until all the data analysis has concluded and the content triangulation process using the focus groups is also completed.

Combination of agreement and level of importance

When the 20 items in the agreement list and the 19 items in the importance list are compared there are 18 items that are on both lists (see Table 7.4). This provides some of the consistency that is needed for credibility. There are three items that are at variance and therefore need to be examined further. The two items on the agreement list and omitted from the importance, with

these cut offs are items 24 'approaches new people who visit' and 17 'expressive'. The third item is 11 'slow to calm with carers during the day'. It is not within the 20 (it is ranked 32 of 45) on the agreement list but is 18 out of 19 on the importance list. This item seems out of place with the other items in the common list and the two other 'extras'. Within a list of 'settled' behaviours one would not expect a child to be slow to calm. The attachment literature suggests that infants who are attached to a carer will settle quickly when cared for by a consistent adult (Bernhardt, 2000; Bove, 1999; Elliot, 2003a; Gowrie Adelaide, 2001b; Podmore & Taouma, 2006; Raikes, 1993; Raikes, 1996 Rolfe, 2004). This item is discussed extensively when the items are reviewed against the attachment, temperament and adjustment literature so more will not be said here. The other two items seem more likely to be associated with settled behaviour with an infant being settled enough to be 'expressive' and secure enough to 'approach new people who visit' (see further discussion in this chapter).

This raises the question again of where a reasonable cut off can be made. In order to answer this the lists were both ranked and then combined and a combination rank calculated. For this first exercise of combining, the three separate items were included to create a list of 21 items (see Table 7.5) and to ensure that any potential items were not excluded.

What is apparent is that when the two lists are combined there is not a simple relationship with those most agreed on also being considered most important. There are substantial shifts with six items showing discrepancies of 8 or more points. Of these six, three in the agreement list move down in the final list because while there is a high level of agreement that they belong in a

list of settled behaviours their level of importance as an indicator is lower. So, ‘smiles a lot’ (item 8), ‘accepts changes to routines’ (item 4) and ‘approaches new people’ (item 24) have high agreement but are not considered equally high in importance. There is some evidence for this discrepancy in the later information about temperament and the suggestion is that these are behaviours that are either based in an infant’s temperament or develop once other more important behaviours are evident.

More controversial among respondents are the three items that have lower agreement that they belong in a ‘settled’ list but for those respondents putting them in the settled category they are considered very important. These three items move considerably higher up the combined list because of this.

The most substantial shift is with item 10 ‘has preferred carer (goes to them for comfort and help)’. It is 19th on agreement and first on importance, with a discrepancy of 18 points. It is likely that those respondents working in centres as primary carers have agreed that this belongs and given its high importance. This interpretation is supported by the detail of the focus group consultation and will be discussed in depth later.

Item 11, ‘slow to calm with carers during the day’ has been identified before as controversial in the settled list and this is apparent again here. It is 32 on the agreement list, 18th on the importance list with a discrepancy of 14 points.

Item 40 ‘has own regular routine of when hungry, need their nappy changed and need their sleep’ has a discrepancy of 11 points – so while there is less agreement it belongs it is considered an important indicator, by those choosing to include it.

These items are discussed further, later in this chapter and reference is made there to the literature. It is apparent at this point in the process of the analysis that more information is needed to determine credible cut off points. It is important to note the relatively high level of concurrence between the items on the levels of agreement and importance lists but equally if the profiles are to be credible there needs to be some statistically valid way of determining whether the controversial items should be included or not. At this point it could be argued on descriptive grounds that the items under discussion should be included but in the interests of developing statistical support for inclusion or exclusion the next step was to develop a scatter plot to determine which items clustered together and to observe where the controversial items were placed.

Scatter plot of potential settled items

The visual analysis of the scatter plot (see Figure 7.1) informs the decision about whether to include item 11 ‘slow to calm with carers during the day’. Item 11 is not clustered with the other items but is clearly separate so is excluded from the final list. While the argument to exclude it is supported at this point, the item remains controversial and needs further explanation. This occurs through the focus group consultation. As stated earlier, the focus groups are part of the content triangulation process and if they function as intended the information gained will support the statistical analysis and provide further credibility for the final profiles. This turns out to be the case for this item (see later discussion).

The three items in the bottom left hand corner of the scatter plot are clearly not considered relevant to the ‘settled’ child by the respondents but interestingly they are all the three items in the hierarchical cluster analysis of

‘not settled’ which remain as a separate cluster through all combinations. These are discussed further within the next section on the list of ‘not settled’ behaviours but their positioning adds substantially to the perception of credibility of the both the lists and the processes.

Proposed final list of 20 items.

With item 11 excluded there is a consistency apparent in the proposed final list of 20 items. All are positive, interactive behaviours. It is also apparent that in compiling such a list it is essential that both percentage of agreement *and* level of importance be taken into account. Caregivers indicate clearly the ones they think should be included but adding the level of importance information substantially changed not the final list but the ordering of the final list. The internal consistency between percentage of agreement and level of importance (17 of 20 items) is important to note and gives credibility to the composition of the final list (see Table 7.6).

When the scattergram is studied again it indicates there is little or no correlation between items included and their level of importance. A further test of correlation was performed and no correlation was found. It is apparent then, that respondents see little or no correlation between the items they indicate should be included on a list of settled behaviours and the level of importance assigned to the items. This is an important finding and validates the earlier decision to include level of importance as well as level of agreement. Apparently it would have been relatively easy to gain ‘agreement’ about what to include but it is the level of ‘importance’ that adds the detail needed to prioritise the items and therefore increase the credibility of the final profile and provide direction and focus for researchers and practitioners when interacting

with infants or assessing them for inclusion in studies.

In order to further test for items to include or exclude the hierarchical cluster analysis feature of SPSS was chosen as most appropriate for further analysis. Again, in the search for credibility and statistical rigour the hierarchical cluster analysis provides important information.

Hierarchical cluster analysis

This statistical procedure allows the researcher to view each stage of the process as items are 'forced' from individual clusters of one item through intervening groups to one overall cluster. The use of this process allows the researcher to look at each stage to determine, in the light of the data, which level of clustering is most meaningful. The procedure was set to prepare six clusters for the first viewing then five and down to one.

When the initial list of six clusters is reviewed and is compared with the second list of five clusters it is apparent that the forcing into 5 clusters results in the combination of clusters five and six to form five clusters and so reflects the similarity between these two groups. Items in both clusters are active expressions of unhappiness (for example, cries a lot, cries off and on) and rejection of changes and distraction from their unhappiness through toys or carers. The decision was taken that the data was most meaningful at the level of 5 clusters (see Table 7.7). It was at this level that the division of the items most clearly reflected the accumulated picture of settled and not settled infants obtained from the research and practitioner information and being refined and validated in the research reported here.

This cluster (five), when compared with the final list of not settled behaviours contains all the items on that list. As will be discussed later, this

suggests considerable internal consistency in the overall list of items chosen for the research.

When the items in cluster four are reviewed it is apparent that they all imply a quiet anxiety on the child's part. Items describe a child who is not actively distressed but not relaxed and settled either. Of the six items, four are not assigned to either the final 'settled' or 'not settled' lists. One item is assigned to the not settled list and one item is assigned to the not applicable list, 'doesn't smile very much.' This raises the thought that either these four items are not considered relevant enough for a discussion of 'settled' and 'not settled' behaviour or that carers are not aware of these behaviours – they are quiet signs of distress and so perhaps overlooked

Discussion within the focus groups shed some light on this and suggests that these cluster together within the 'settled' list because they are all quiet, non disruptive behaviours and while they are not indicative of a 'settled' child they indicate a child moving from deep distress towards settling.

H: most children do those things when they first come, they are wary and they follow us around....

The cluster closest to this in terms of the infant behaviours described, is cluster two. The five items in this cluster indicate a child perhaps 'lost' in the environment and while not withdrawn or actively distressed they are not engaged with the environment. They need active support to engage with the environment and with carers other than the one they have chosen for comfort and they avoid their parents when the parents arrive and become part of the

care environment. When the clusters are forced into three sets this cluster combines with cluster three which contains the 'weaker' positive behaviours so this suggests these behaviours are not seen by carers as particularly indicating 'not settled' behaviours but rather are indicative of 'normal' infant behaviour within the range of temperament, infant development or the process of settling in. Given that four of the five items are in the final 'not applicable' list, and the fifth item is the one that is included in both lists (has preferred carer, goes to them for comfort and help) this seems a reasonable assumption.

Respondents within the focus groups shed some light on these behaviours and what they said is reported and discussed within the sections on the not applicable list and on why one item might appear on both lists (see later in this chapter).

The items in cluster three are generally descriptive of a positive adaptation to the centre with a child exhibiting these behaviours being generally happy and smiling, approaching new things and people and being responsive to the carers' efforts and requests. Two items seem to stand outside this description; 'quiet' and 'plays alone with toys most of the time'. Both of these items are on Fein's not adapted – detached list. The question then arises 'how do carers interpret these behaviours?' Do they see them as settled? Are they disagreeing with Fein's interpretation? Or are they unaware of the possible interpretation of these behaviours as 'detached – not adapted' because they don't draw their attention to the child? There is some distinction apparent in respondents' replies when these eleven are looked at relative to the final lists; all except the two identified above are in the final 20 settled items and the two clustered here and mentioned above are in the 'not applicable' list. This

cluster is discussed further below and the specific two items are discussed under the section on Fein's adjustment categories.

The first cluster, which did not combine with any others until the last combination into one total list, contains items that describe a child happy and actively engaged with the carers and environment. This supports the strong identification of these items with the settled child apparent in the fact that all these items are in the final 'settled' list.

Careful examination of the clusters and what happens when the six are forced into three and the proposed final list of 20 from the scatter plot raises several issues which will be discussed next.

Final list of 20 items

In suggesting a final credible list of 20 settled behaviours from the responses of this cohort of carers it is necessary to account for the discrepancy between the proposed final list from the compilation of levels of agreement and importance and the clustering of the items.

Two clusters combine to cover all twenty items in the proposed list. However the clusters also include two items not on the proposed settled list but included in the 'not applicable' list. These two items are 35 'quiet' and 36 'plays alone with toys most of the time'.

It is relevant to note that the average level of agreement for the 20 proposed settled items was 78.17% and the highest level of agreement for the 'not applicable' items was 58.9% (Item 35 'quiet'). Our other controversial item, 36 'plays alone with toys most of the time' has a 47.3% agreement that it belonged in the 'not applicable' list.

When the clusters were discussed with the focus groups, members of

both groups reported that they interpreted ‘quiet’ as a temperament trait and as a positive behaviour from a child who is settled into the environment.

Similarly ‘plays alone with toys most of the time’ was interpreted as appropriate for infants in a ‘solitary’ stage of play development. The focus group members saw this as indicative of a child happy and settled and free to play.

The interpretation of these two items discussed in the focus groups is reflected in the cluster analysis. Other items in the cluster (cluster three) with them are generally positively adapted behaviours and that is how the focus group members also interpreted these two items. Both items are discussed further as part of the discussion of Fein’s adjustment categories.

However, given the low level of agreement that they should be even in the ‘not applicable’ list and the very low composite ranks apparent in developing the proposed list – the two items appear controversial enough to not be included in the final list of 20 items of ‘settled’ behaviours at this point in time. Having used the hierarchical cluster analysis as the final step in developing statistically a ‘proposed’ or ‘justifiable’ list of ‘settled’ behaviours the method triangulation in the methodology (the literature suggests the items, the respondents select the items and the focus groups affirm, or not, the items) requires the list to be discussed with the focus groups. Those discussions are reported next. As indicated earlier the focus group discussion content is most meaningful when presented here rather than earlier in the results chapter.

Focus group comment on ‘settled’ items

Within the qualified staff focus group there was consensus that the 20 items in the list belonged and that none stood out as not belonging. There were

also no suggestions about what might be missing and needed to be included. As expected, the qualified staff in the focus group were familiar with the attachment and temperament literature and a short explanation of Fein's adjustment categories gave them that information.

Within the unqualified focus group some discussion ensued around the item 'doesn't cry when parent leaves' with one of the three suggesting that infants continued to do this even when they were 'settled'.

K: most of them do cry a little bit but soon as the parents leave the door they're fine.

The others suggested that it depends on the child and if there is a handover routine then either this does not happen or it is very short.

Discussion with the qualified staff did not support the idea that the settled infants continue to cry as the parent leaves. The consensus was that 'doesn't cry when parent leaves' was appropriate for the 'settled' list rather than 'continues to cry'. It is therefore argued here that despite their presence in the cluster with other items included in the final settled list, the two items are controversial enough to be not included in the final list.

This step in the process of checking the profile items to establish their credibility was very important and had been designed as a part of the method triangulation process to establish validity. The fact that there were no items considered irrelevant or missing is very affirming. If there had been items missing or irrelevant, according to the professionals consulted, a lot of questions as to the validity of the profiles would have arisen and needed to be addressed.

Once the final list of twenty was decided it remained to reapply the

original categories to the items to determine which, if any, attachment, temperament and adjustment behaviours were included.

Categories of items in the settled list

The original hypothesis that the positive items from the lists of attachment, temperament and adjustment categories would be apparent in a list of settled behaviours is confirmed by the analysis of the items in the final list.

Attachment

The only item missing is the secure with carer item 'stays close to, follows chosen carer around during the day'. This item was well outside the final compiled list. Why it might not be included was discussed within the focus group of qualified staff.

Item 38: 'stays close to, follows chosen carer around'.

Researcher: does this strike you as secure behaviour?

E: I would say not, follows the caregiver all day, I would say no.

L: I would agree, absolutely.

E: Where you have 'has preferred carer' on page 5, that tends to be true but if that carer goes somewhere a settled child will go to another carer quite easily- they won't, they won't say "oh gosh somebody's gone" they will go to another carer to seek help or pick up a book and bring, or something like that. They would seek something else; they don't have to have that carer there. So I would say what you're saying would be a sign of an unsettled or not settled child.

Researcher: Do you agree H?

H: yes.

Researcher: so there's a good chance that that item was misplaced in the beginning – that it's not actually an indicator of a secure relationship.

H: because that's normally what children do when they first start, before they actually settle, you know. They pick someone and that's the person that they stay with and then once they settle

L: or they are settled while that carer is there, so you couldn't label them as settled because they're fine while that person, that adult is there but it's when they leave they become unsettled.

H: or if you're doing something with another child and you're the chosen one, they don't like you doing anything with the other children.

Researcher: so if you were talking to the Mother about that child you would probably say she's not quite settled because she's still clinging to you, would that be right?

E: yes

H: uh yes

L: yes

Researcher: so there's a good chance that that's a misplaced item

The item was not discussed at length with the group of unqualified staff because early in the session it became apparent that they were not familiar with the specifics of attachment theory and they moved the discussion on to talk about primary caregiving, which is reported later in this document. One comment that they all agreed with and sums up their response was as follows:

D: There might be times during the day when the child might approach you, like (uhmm) touching base with you and go off again and play and they might come back again another time and touch base and go off again, but they

don't follow you around all day.

This discussion with the qualified and unqualified staff brings up an interesting refinement of the idea of 'settled' into care. The item was placed in the original list in recognition that infants attach first to one carer and then to others (Goossens & van IJzendoorn, 1990; Howes & Hamilton, 1992). The staff recognise that fact in their comments about being the 'chosen one' and that infants 'pick someone' and 'touch base', but they are in agreement that that is part of the process and that the infant is not truly 'settled' until they will go to other carers when their preferred one is not available. This implies that infants 'settle' with one carer and then extend that to the other carers in the room. This then gives impetus to the thought that infants settle first with 'a' person and then in the 'room' as a whole and it's at this point that staff agree they are truly 'settled in to care'.

So while 'stays close to, follows chosen carer around during the day' could be said to indicate a child's attachment to that carer, it does not indicate a child settled in to care. The temperament category will be discussed next.

Temperament

As all of the positive temperament traits are included in the 'settled' list it raises the question about a 'predisposition' to settle in to care. Temperament is seen in the literature as primarily genetic and then developed positively or negatively by the people and circumstances of the environment (Chess & Thomas, 1996). Infants with positive temperament traits relate to the world in a happy amenable manner and this elicits positive responses from people in their world (Brazelton & Greenspan, 2000; Chess & Thomas, 1996; Gonzalez-

Mena & Eyer, 2007). It is logical that the adults in their childcare world would respond much as other adults do to the positive temperamental traits. Thus the happy, cooperative, easily calmed infant with a regular routine, who adjusts easily to change and has an interest in new things is likely to elicit positive, active responses from his/her carers and so find the new setting an engaging place and consequently 'settle' more quickly.

It is not that infants with one or more difficult traits do not settle. Later evidence suggests that they do settle, but that infants who are adaptable, have a regular routine and approach the world in a positive way are likely to settle more quickly. Within this research carers were asked to identify what things assisted the infants to settle and by deduction then what hinders settling and temperament was presented there as an important factor (see Chapters 9 & 10). More will be said about this in the discussion about the 'not settled' list and in the section on caregivers ideas of what assists some infants to settle into care more quickly than others.

Adjustment categories

The study of the literature on adjustment to care led to the proposition that 'adjusted' and 'settled into care' could be the same thing when looking at Fein's positive adjustment items (Fein, 1995; Fein, Gariboldi, & Boni, 1993). This seems to be supported because all the positive adjustment items are included in the 'settled' list.

It is interesting to note that the adjusted 'detachment-like' items which, as has been said before are the quiet, easily misunderstood behaviours are not included as settled items. So 'quiet' doesn't necessarily mean settled, for example. Three do appear on the 'not applicable' list so these will be discussed

further later.

Once the final profile was developed it was helpful to know whether one or other of the three categories of behaviours (secure attachment, positive temperament, or adjustment) evident in the list was more likely to occur than another. In other words, was attachment considered more important than temperament or adjustment? These results will be discussed next.

Contingency table: settled

It is apparent from the detail of the contingency table and the Chi-Square test that no one category of items is more likely to be a predictor of settled behaviour than any other. What is apparent from the percentages is that all areas are closely related and it could perhaps be concluded that in recognizing that a child is settled, staff are accounting for all three of the areas under discussion. This thought is consistent with the fact that all of the 'positive' behaviours, except one attachment to carer item are included in the final list of 20 settled items.

It appears then that carers do recognise Fein's positive adjustment behaviours for those children who are settled into care. Before these findings can be discussed further it is necessary to discuss the 'not settled' and 'not applicable' findings. However some comment can be made on the question about the importance of attachment.

Settled into care, more than attachment

Currently there is a great deal of emphasis on attachment relationships in the childcare literature. As was said before, disruption of attachment to the mother is seen as an indicator of 'harm' for infants attending care (for a review

see (Shpancer, 2006) and the successful attachment to the carer is seen as a positive indicator (lack of harm) for infants attending long day care (Love et al., 2003; NICHD Early Child Care Research Network, 1997; Raikes, 1993). Researchers (Edwards & Raikes, 2002; Rolfe, 2004), centre's (Gowrie Adelaide, 2001b; Linke, 2001) and practitioners (Bernhardt, 2000; Elliot, 2003a) are promoting the development of attachment as an important element of high quality childcare. An implication of the findings reported here worth considering, is that the current emphasis on 'attachment' behaviours, while important and needing to continue, is not sufficient and needs to be coupled with an emphasis on supporting the development of positive temperamental traits and a positive adjustment to care.

Specifically, while continuing the responsive caregiving that develops successful attachment relationships (Raikes, 1993), carers also need to encourage children primarily attaching to them, to, when secure with them, reach out and respond to other carers. Carers need to be observant and alert to all infants' (not only the ones in their primary care group), overtures to engage with them emotionally and socially or to ask for assistance.

Infants with negative temperamental traits need to be actively encouraged and supported to try new activities and engage with new staff and visitors. Those without regular routines need to be assisted to develop a routine for sleeping and feeding and closely supported to adapt to small changes in these. Issues of 'goodness-of-fit' arise here and caregivers need to ensure that they adjust practices to support the infants.

The time taken to engage the infants so that they are 'generally happy & smiling', and having fun in the room is important (Ainslie, 1990). It is these

basic exchanges that then allow the infants to develop the positive traits of cooperation and compliance. All of these proactive and responsive encounters with staff promote a positive adjustment so the infants become playful, expressive and happy.

Summary: Settled into care

This section of the chapter discussed the results of the analysis of respondents' replies about behaviours to include in a 'settled' list of infant behaviours. The lack of correlation between items to include and their levels of importance was discussed. The presentation from the initial analysis and scatter plot of 20 items for the list was discussed. Detail from the hierarchical cluster analysis suggested that 22 items be included. The discrepant two items were discussed with the focus groups and that discussion was presented here. The rationale for excluding the two items was presented.

The final list of twenty behaviours was discussed with reference to the three areas of items apparent in the list – secure attachment, positive temperament and adjusted to care. Issues discussed with the focus groups were reported and several of these were slated for further discussion in the 'not settled' and/or 'not adjusted' sections of this chapter.

It is argued here that the research question 'do childcare staff working in Under 2 year old rooms agree on a set of characteristic behaviours for the settled child?' is answered in the affirmative. Twenty items chosen by them and affirmed statistically are presented as a profile of behaviours of the settled infant.

The question 'does this set of [settled into care] characteristics discriminate between attachment, temperament and adjustment responses?' is

also answered in the affirmative. The settled profile contains secure attachment, positive temperament and adjusted behaviours. No one area is considered more important than any other to the respondents in this research. In addition, attachment to more than one carer is indicated as important within the behaviours indicating an infant has settled into care. The result affirms the early childhood field's current focus on attachment and adds significant new information. No other profiles of settled behaviour exist and the profile developed here indicates that the focus of the field needs to be extended to include attachment to more than one carer, the support of the infant to develop positive temperament traits and support for infants to adjust happily to care.

The question 'Do childcare staff working with infants under 2 years old identify Greta Fein's adjustment responses of adjusted despair-like as applicable to their children?' is also answered in the affirmative. The next section of the chapter discusses the results and formation of a profile of the 'not settled' infant.

Not settled into care

As for 'settled' into care an objective of this research was to see if respondents had a shared idea of a set of behaviours that a child who is 'not settled' into care would exhibit. The results leading to the development of the profile will be discussed first. The processes and statistical procedures used for the development of the 'settled' profile were also used for the 'not settled profile' for the same objective – to establish credibility for the final items. As for the settled section the reasoning behind which items to include or exclude will be elaborated on and the controversial items will be tracked through the various statistical procedures. Again, the more detailed references to research

and the literature needs to occur in the sections of this chapter where the items are looked at in some depth so will not be repeated here. The objective of this section is to provide credibility for the inclusion or exclusion of various items. Following the discussion of the development of the profile there will be discussion about the characteristics (attachment, temperament and adjustment) included and information about which are considered most important. Information from the focus groups will be included in the discussion as it applies to the issues raised. Levels of agreement and importance and the compilation of the combined list will be discussed first.

Percentage of agreement

As described previously in Chapter 7 (Table 7.10) the range of percentage of agreement that an item is an indicator of an infant not being settled into care was from 86.6% to three items not being rated at all. The fact that there is this high level of agreement indicates that there is a shared point of view about which behaviours indicate an infant is 'not settled' into care. When the individual items are looked at, this shared point of view confirms the descriptions of unsettled children found in the research literature. This is not surprising because the items were drawn from that literature, what is affirming is that given the option to not include behaviours the respondents have done that and so some of the items from the literature are identified as relevant and some are considered irrelevant. The issue then becomes, as with the creation of a settled profile, which items are appropriate to include and which to exclude *and why*.

A visual appraisal of the level of agreement not settled list, to look for a possible division point, suggests one possible division between agreement

levels 65.2 and 60.7 that has a decrease of 4.5% between them. This would leave nine items above this, on a shared list. On reviewing them it is apparent all nine are behaviours indicating the infant is not happy or comfortable in the environment and match descriptions found in the practitioner literature (Elliot, 2003a; Gray, 2004; Szamreta, 2003).

Another possible separation occurs between 53.6 and 48.2 with a drop of 5.4% agreement that the items belong in the list. This would place 13 items on the shared list. The four items between these two divisions appear appropriate to be included because they are items indicating the infant is anxious, self-comforting and easily upset. While many items below this cut off indicate that an infant is not settled, it seems that the respondents don't agree particularly on their inclusion so items with less than 50% support are not appropriate to include. For the final list to be credible it is necessary that there is a reasonable level of agreement and less than 50% does not seem supportable.

The information on levels of agreement needs to be combined with the information on importance levels to see if that clarifies an appropriate division *and to look for consensus*. As with the 'settled' list items may well be ranked differently in importance. The significance of this was presented in the earlier discussion on 'settled' behaviours and so will not be repeated here.

Level of importance

As reported above in Chapter 7, (see Table 7.11) the levels of importance for an item as an indicator of an infant not being settled, ranges from 4.00 (out of 5) to no ratings for 10 items. Interestingly these ten items are all items in the final 'settled' list. This appears to indicate an internal validity

because items high on the settled list and low on the 'not settled' list giving a reverse order effect for these 10 items.

The visual appraisal of the not settled importance list indicates a possible division between levels 3.33 and 3.18 giving a drop in level of agreement of 0.15. Other possible divisions are not apparent, with a difference of 0.07 being the top amount between any two items above these two. Below these two there are two possible division points which would mean excluding one or both of the final two points and including all others with any type of rating for importance. A review of the two items involved suggests the level of importance assigned does not warrant including them. Intervening items have 0.02 and 0.04 intervals so seem too close to warrant a division. With the division between 3.33 and 3.18, there are 21 possible items for a 'not settled' list, arising out of the importance information. Consistent with the decision made for the 'settled' behaviours, items were included for further analysis where they appeared to describe behaviours descriptive of the category on the assumption that further analysis would either support their continued inclusion or provide data to exclude them. This is particularly evident with the not settled behaviours because several of these items were not supported for continued inclusion by subsequent data analysis procedures and the list became considerable shorter. The next step was the comparison of the contents of the two lists and this is discussed next.

Comparison of level of agreement and importance lists

With the two initial lists suggested, agreement has nine or thirteen items and importance has 21 items. This implies that there is a lot less agreement among the respondents about what behaviours indicate a child is 'not settled'

than there is among them about what behaviours indicates the child is 'settled'. For the 'settled' list the congruence between the two lists was 18 items on both lists. In this case there are only 12 common items.

This lower level of agreement is apparent in the top levels of agreement and importance indicated for each list. The top item in settled, agreement, was 91.9% while the top item in not settled, agreement, was 86.6%. The top item settled, importance, was 4.27 (of 5) and the top item not settled, importance, was 4.00. This appearance of more consensus for 'settled' than 'not settled' behaviours continued to be evident through further analysis and in the focus group conversations. Some time is spent later in this thesis discussing the details of that discrepancy.

Compilation of ranked lists

In preparing a compiled ranked list it was necessary to compile the total 45 items because of the discrepancies between the proposed divisions and the items in each list (see Table 6.12).

As with the settled list it is apparent that there are some large shifts in overall ranking due to the levels of importance assigned or not assigned by respondents. The biggest shift is for the same item as in the 'settled' list – item 10 'has preferred carer, goes to them for comfort and help'. It was 23rd on agreement and 2nd on importance so in the compiled list it ranks 11th. As previously indicated this is an interesting development and so it is discussed extensively further on in this chapter once the consultation with the focus group has added information.

Four items with high levels of agreement that they belong in the list have substantial drops in ranking for level of importance. So items 21 (watches

door often during the day), 7 (fusses and whines a lot of the time), 9 (doesn't like it when routines change) and 31 (easily upset during the day) all fall substantially with 21 not even appearing on the extended importance list. Further clarification on these items occurs during the content triangulation process with the focus groups and as the emphasis here is not on 'why' they are not so important but 'whether' they should continue to be included; they will not be discussed further here.

Along with the shift for item 10 (see above) one other item not on the agreement list (that is within the proposed cut offs) rises significantly in the ratings when importance is attached and that is item 14 (doesn't interact very much with carers or peers). These six items will be discussed further later on.

A visual appraisal of this compiled ranked list for a reasonable division of what to include on a 'not settled' list suggests a possible division between 25 and 31.5 ranking points (items 10 and 41) with 6.5 points the difference. Any other possible points give a maximum of 2.5 points difference only and do not seem justifiable.

To further examine which items can be included with credibility, the use of a scatter plot to assist in the decision of where to make the cut off is discussed next.

Scatter plot

The scatter plot (see Figure 6.2) of the 'not settled' items visually reinforces the idea that there is not as obvious a clustering of items as in the settled scatter plot. In looking for an obvious point to separate the list it is apparent that the items above the division suggested (that is item 10 and all those above), items 27, 3, 15, 2, 34, 11, 37, 19 & 45 are clustered together and

appropriate to include. Items 14 and 10 while not closely aligned with this group are clearly higher in importance and can be included, whereas the lesser status of items 7, 21 and 31 is confirmed and combined with the detail of the composite list it appears it is appropriate to exclude these items. This leaves a possible list of 10 items. This is a considerable reduction in the number previously selected for inclusion but supports the claim for credibility because there is not sufficient statistical evidence to continue to include more than the ten.

The final step in the process of deciding a credible final list is the use of the hierarchical cluster analysis and this will be looked at for information on what to include and what to exclude, next.

Hierarchical cluster analysis of 'not settled in to care' items

As reported earlier the initial hierarchical sorting resulted in six clusters. What is interesting to note here is that item 10 'has preferred carer, goes to them for comfort and help' is isolated on it's own in a cluster. This tends to illustrate again the controversial nature of this item for the respondents. As said before, it appears on both lists and will be discussed again in this paper.

Two other items are also clustered together, separate from the others at this level and they are items 36 'plays alone with toys most of the time' and 41 'avoids parents when they arrive'. Both of these indicate avoidant behaviour and remain separate at the level of five clusters but when the clusters are forced into four groups these are combined with cluster six.

At the level of four clusters (see Table 7.13) it is interesting to note that cluster 2 has twenty items and these are all the 20 items in the final 'settled'

list. This suggests a high level of agreement among respondents that these belong together and confirms the earlier cut off division in forming the final list of settled behaviours.

Cluster three contains four items and if the clustering is forced to three groups, which was not done for discussion in this paper, this cluster combines with cluster four. All four behaviours imply negative reactivity, crying, easily upset, avoiding contact and rejecting interactions. Three of these items are in the final 'not settled' list and one item 31 'easily upset during the day' is not ranked in any list.

This pattern is also evident in the fourth cluster, which has a combination of four from the proposed 'not settled' list, all the items in the 'not applicable' category and all but one of the not ranked items. Perhaps this cluster also indicates the lack of clarity and lesser level of agreement among respondents about what constitutes not settled behaviour that was evident in the ranking of items for agreement and importance together.

Cluster one with its three items stays separate throughout the forcing of the clustering and so indicates the strength of this set of three as belonging together in the respondents view. They are 3 of the top 4 in the 'not settled' list and confirm the significance of these to respondents as indicators of 'not settled' behaviour. When these items were presented to focus group members they confirmed that they were descriptors of infants they had known who were not settled in to care. The other literature that is relevant is discussed when the items are further analysed into the attachment, temperament and adjustment categories.

Final list of not settled items

In attempting to determine a final credible ‘not settled’ list, a review of the scatter plot does not strongly or visually clearly, support including items beyond the proposed eleven. There is not a clear division, as there is with the settled scatter plot.

Similarly with the hierarchical cluster analysis there is no strong evidence to suggest a list different from the eleven proposed. The three items in cluster one are strongly identified by respondents as indicators of the not settled child and appear in the top four of the proposed list. However, item 1 in the proposed list is contained in cluster three with two other items on the list and one item that is four items outside the list.

The other seven items are combined with not applicable and unassigned items in cluster four.

So unlike with the ‘settled’ list, the hierarchical cluster analysis does not clearly support but neither does it challenge the list of eleven items. In looking for reasons to extend the initial eleven items it could be argued that all items not specifically assigned to the settled or not applicable lists could be included.

However if the intent of the research had been to create forced choices then respondents would have only been asked to assign the items to the three categories (settled, not settled and not applicable). It was recognised that all items may not be of equal importance so some infant behaviours would be considered more worthy of attention and concern than others. This proved to be the case because in both lists very few items were given equal rankings of agreement and importance.

The shift in items once importance was assigned was substantial for a large number of items with items moving both up and down. High agreement that a behaviour belonged in a category did not indicate, necessarily, that it was also very important. These controversial items will be discussed further later in this thesis.

Therefore, to include all items does not support the basic premise of the research. It would simply say carers need to pay attention to all behaviours equally, all the time, rather than being alert for specific behaviours. Also if the 'level of agreement' that an item belonged in a list is to be an indicator of some level of consensus by respondents and therefore supports an items inclusion or exclusion, it has to be noted that the highest level of agreement in the 'not applicable' list is 58.9% (one item). The next highest is 50%, also one item.

These levels are considerably lower overall than for the 'settled' and 'not settled' lists and as such represent a much lower consensus level that they even belong in a list. The information on missing data as presented before, (see Table 7.1), is a further indication that this total cohort of respondents do not agree closely on these items.

Given this lack of a clear consensus and support and the intention to create a selective, strongly supported list that might therefore be useful to the early childhood field the decision was taken to limit the not settled list to the eleven proposed items.

The final 'not settled' list then consists of 11 items (see Table 7.14).

Before discussing the categories (attachment, temperament, adjustment) within the final 'not settled' list the items that remain unassigned will be discussed.

Not assigned

The not assigned items are interesting to review in relation to the categories to which they belong. Attachment will be discussed first and then temperament and adjustment, see Table 7.20 for details.

Attachment

Four not assigned items are attachment items, three insecure and one listed as secure in the original lists. This item (38) ‘stays close to, follows chosen carer around during the day’ is particularly interesting and will be discussed further later. The other three, ‘easily upset during the day’, ‘looks up often when the door is open’ and ‘watches door often during the day’ are all items identified in the focus groups as indicating temporary behaviour in between extremes of ‘not settled’ and ‘settled’. They were considered quiet, to be expected, not surprising or particularly concerning behaviours in the context of an infant settling in. more discussion about these occurs later where they are looked at individually.

Temperament

Three items, ‘doesn’t like it when routines change, reacts against any change’, ‘fusses and whines a lot of the time’ and ‘watches new staff and visitors warily’ are all, in the context of the research being reported here, negative temperament items.

As with the attachment behaviours reported above, respondents did not indicate (by putting them in the ‘not settled’ category) that they were particularly concerned about these. This is consistent with the focus group response that these are

E: “the way they cope, they’re just like that”.

By implication then, carers take these as normal behaviours for some children, behaviours that are to be expected, to be worked with and through and not particularly concerning for the carers. This attitude is evident in the little professional literature that is available. Enid Elliot’s (2003) article detailing the time and care taken to help one child settle is an example. Articles by Gray (2004), Szamreta (2003), Watson (2003) and Marcus et al (1972) all detail considerable effort on the part of staff to individualise responses and assist infants with difficult temperaments to adjust to care.

Adjustment

Only one item ‘appears wary, watches others a lot’ is unassigned. This is, on the surface much like the temperament item ‘watches new staff and visitors warily’. It could be seen as some other adjustment items have been by carers as a ‘temperament’ rather than adjustment behaviour. This will be discussed again later. As with the ‘settled’ profile, focus group participants were asked to comment on the items included in the ‘not settled’ list. This was an important part of the triangulation and validity procedures for the research being reported here and will be discussed next.

Focus group comment on not settled items

When asked about items on the ‘not settled’ list in the focus groups, the qualified staff took some time, without comment, to peruse them. When asked if any stood out as not belonging, there was no response indicating they thought any of them did not belong.

A short interchange then followed discussing how these items also could apply to a sick child.

E: It's also like a lot of those things of the sick child, they cry on and off, needs to be held ... so the child could be quite settled but because it's an off day and they are ill they may display a lot of those uhmm, characteristics again.

E: perhaps not 'slow to calm with carers during the day' because often they will do that when they are unwell – they'll burrow in to you, but they will avoid invitations to play.

The implication of the conversation and its digression was that the group agreed with the items and didn't see any that were superfluous or any that were missing. If active practitioners could find no missing areas or identify any items they thought did not belong it is very affirming and adds credibility for the list. This step in the process of affirming the lists was essential to the data triangulation described earlier in the methodology chapter. If discrepancies had been evident they would have needed to be explained and many other questions as to the credibility of the final list would have arisen. The next section of this chapter discusses the categories of the behaviours in the 'not settled' list.

Categories of items in the not settled list

Attachment

It was anticipated that most of the 'insecure to parent' and 'insecure with carer' items would appear in a final list of not settled behaviours. The assumption being that secure relationships allow children to transition and settle

successfully so insecure attachments would not provide the level of support for the infant and they would exhibit 'not settled' behaviours. Of the 12 items in the 'insecure to parent' and 'insecure to carer' lists, four of the six are common to both lists as insecure behaviour exhibits itself in common ways whether with parents or carers. Of these common items 'cries off and on all day, until parent arrives' (27), 'watches door often during the day' (21), 'looks up often when the door is open' (20) and 'easily upset during the day' (31) only one, 'cries off and on all day' appears in the final list. Of the four, this is the most 'apparent to others' behaviour because it combines an active expression of distress (crying) with an obvious conclusion (the return of the parent) and has an intermittent but continuous pattern. Two of the other behaviours, 'watches door often during the day' (21), 'looks up often when the door is open' (20) are possibly less obvious to a busy carer and are more easily missed unless they are being watched for. The fourth item, 'easily upset during the day' may well be within carers expectations of a small infant and so does not stand out to be chosen as an indicator of a not settled child.

The three other 'insecure' items included in the list are active expressions of distress which involve the carers either in responding to them; 'needs to be held large parts of the day' (2) and 'slow to calm with carers during the day' (11) or involves the child not responding to the carer, 'avoids carers eye contact, touch, invitations to play' (37). None of these items were discussed in the focus groups. The focus groups were very animated and productive but there was not time to cover all the possible topics and these three were not examined in detail. Along with 'cries off and on during the day until the parent arrives' statistical support for their inclusion in the 'not settled'

list was high and they were not controversial. The focus group participants did not initiate discussion and when compared with the professional literature (Elliot, 2003a; Fernandez & Marfo, 2005; Gray, 2004; Linke, 2001; Marcus, Chess, & Thomas, 1972; Rodriguez & Hignett, 1981; Szamreta, 2003) they are all behaviours clearly described as indicative of the child not yet settled in to care. Similarly in the research literature (Cryer et al., 2005; Fein, 1995; Fein, Gariboldi, & Boni, 1993; M. R. Gunnar, Brodersen, Krueger, & Rigatuso, 1996; Raikes, 1993) they are described as behaviours evident as infants enter care. Consequently support for their inclusion in a ‘not settled’, list is very high.

The final attachment item in this not settled list is anomalous with the others and with expectations. ‘Has preferred carer (goes to them for comfort and help)’ (10) is included in the original list as an indicator of secure attachment to a carer. As such it does not appear to fit in this set of ‘not settled’ indicators. Perhaps the initial understanding that this means that an infant has either chosen for themselves or accepted an assigned carer and developed a secure attachment relationship with them and uses them as a ‘secure base’ does not match with the respondents interpretation and understanding. Both focus groups were asked about this item.

Focus group discussion: attachment items

When asked about ‘has preferred carer, goes to them for comfort and help’ and how that could be an indicator of both a ‘settled’ and ‘not settled’ child, qualified staff found no problem with it.

In discussing its inclusion in the ‘settled’ list, L said,

“a settled child, like they’re happy to go off and play but if there’s an illness,

then they'd go to that person because that makes them feel comfortable, I don't think it's necessarily a matter of them being unsettled, to seek out that person"

H: "because, I mean, it's not even being ill, it might be somebody taking a toy off them, or, it's just like secure attachment"

E: "and if you're not there, they would go to another carer. The unsettled child has a preferred carer because that's, that's warm for them, that's part of that process of settling in"

Researcher: "so it's not a problem that it's on both lists?"

E: "no – because there's different reasons for it, I think"

When the item was raised with the unqualified staff they confirmed the opinion of the qualified staff but did not offer any further comment.

It seems reasonable to conclude from this conversation with the focus group participants, that this item has a place on both lists because as E said "there's different reasons for it". The settled child uses the carer for security after upsetting incidents or when ill and these are likely to be fleeting moments. The comment was also made that the 'settled' child would seek similar solace from another carer if their preferred one were not available. This point of view is consistent with the professional literature on the value of using primary caregivers. The articles describe the 'secure-base' behaviour of infants otherwise adapted to care as positive aspects of the relationship and supportive

of the infants social emotional and cognitive development (Bernhardt, 2000; Edwards & Raikes, 2002; Gray, 2004; Helen, 1996; Rodriguez & Hignett, 1981; Rolfe, 2004).

The research literature (Lee, 2006; Raikes, 1993) also supports the value of secure base behaviour so for the 'not settled' child the preferred carer is a more necessary part of the settling process. If a child is exhibiting others of the 'not settled' behaviours then using this preferred person is a way of coping with the difficult moments as they settle in and by implication, they would be less likely to seek out an alternative carer for comfort. The next category to be discussed is temperament.

Temperament

Within earlier discussions in the introduction, the point was made that perhaps facets of the infant's temperament generally seen as 'difficult' (fussing and whining, difficult to feed, no regular sleeping routine e.g) would feature in the final list of 'not settled' behaviours, thus implying that infants with 'difficult' aspects to their temperament would be more obvious and have more problems settling in to care. In this final list of 'not settled' behaviours only one temperament item (of the possible 14 positive and negative items) is included, 'resists being changed, difficult to feed' (item 14). While this is included here as a temperament item it might be that the respondents saw it as an expression of the child not wanting to be cared for by anyone other than the parent and so not accepting the care offered by the staff. In the research reported in this thesis the view of temperament taken is that temperament is genetically influenced and so while the environment can modify it the basic tendencies in each person continue (Chess & Thomas, 1996; Sanson, Prior,

Oberklaid, & Smart, 1998). So it would not be expected that temperament would change once the child is settled but that each child's basic temperament traits would continue beyond that point. Other items that might have been expected to be included are not there, for example 'fusses and whines a lot of the time' (7) and 'doesn't like it when routines change, reacts against changes' (9).

Perhaps except for the one item 'resists being changed, difficult to feed' (14) carers recognise the 'difficult' features of an infant's temperament as features of temperament that will continue and therefore do not indicate a 'not settled' child overall. The conversation in the focus group shed some light on this.

Focus group discussion on temperament items

When asked about the absence of the negative temperament items the qualified staff needed to discuss several issues before reaching a point of view.

While looking at the list of negative temperament items, L said

L: all these things though are visual and a lot of these things [the temperament things] aren't necessarily visual items. Like the temperament is a characteristic, it's not something you necessarily see all the time, whereas like the crying and the struggling and those sorts of things you see every day"

The other group members nodded in response so there appeared to be agreement that aspects of negative temperament did not stand out.

The group was then asked, "Do you think that caregivers pick up on some of those negative temperament items and that they are not going to

change? So if you have a child with a negative temperament even when they're settled they're always going to [for example] fuss and whine more than a child with a positive temperament?"

This was not immediately answered because each person then related an experience with a child who was 'difficult' in a way that they attributed to temperament. H's example and the subsequent conversation provided some useful insights.

H: [like] 'the child who cries, wants to be alone and if left alone eventually stops crying and joins the group – [she] got worse if you cuddled her, her temperament at home was like that, that was her temperament, strong willed"

The researcher then asked H " so when you're categorising the behaviours you know that's not going to change – even when she's settled. So perhaps that's why it doesn't come on this list."

H: " it lessens but you know she's like that – so you let her do that, you know that's how she copes. Right now Mum's had a new baby so right now she's doing a lot more of that"

E: "so that's her way of coping, so you know she's like that so you let her do that....."

H: "yeah – you let her do that, do how she copes and settles".

Researcher: so when you're categorising things then in terms of the child being not settled, you begin to understand that, that's the way they're going to be anyway and therefore it's not significant."

E: "for the settling process, yes, I think so".

This conversation appears to confirm the idea that difficult temperament items do not appear on the "not settled" list because carers recognise they may 'lessen' but they will remain and resurface from time to time. This is consistent with the detail in the temperament literature where temperamental features are seen to be biologically based and to persist over time (Chess, 1990; Marcus, Chess, & Thomas, 1972; Sanson, Prior, Garino, Oberklaid, & Sewell, 1987). The carers view is also consistent with the information on 'goodness of fit' which indicates that temperamental characteristics can be modified with careful responsive parenting so that the more difficult features are ameliorated while still being apparent as basic aspects of the child's normal way of responding (Chess & Thomas, 1987; Crockenberg, 2003). The final category to be discussed is adjustment behaviours.

Adjustment categories

One of the questions of the research reported here was to determine whether this set of carers recognised the possibility that a child could be not adjusted to care and exhibit this in a 'detachment-like' manner. Detachment-like behaviours are quiet, withdrawn and not expressive, either positively or negatively.

Within the category of ‘not adjusted – despair-like’, two items are ‘quiet’ but they are active and therefore more obvious responses to the environment ‘doesn’t play with toys, peers or adults or join in activities very much’ (34) and ‘sits alone, comforts self (sucks thumb or dummy, holds blanket or bear) most of the day’ (45). Both of these more active items are included in the final not settled list. The other two items are more ‘acting out’ and obvious, ‘unhappy’ (3) and ‘cries a lot for no obvious reason’ (15) and both of these are included in the final list. This means all of Fein’s not adjusted despair-like behaviours are recognised as indicators of an infant not being settled. As detailed in the literature review these ‘despair-like’ behaviours are very obvious, the child cries frequently and loudly, will not accept comfort and is unable to self soothe or distract themselves, so it is not surprising they are evident here (Fein, 1995; Fein, Gariboldi, & Boni, 1993).

Only one of the quieter ‘detachment-like’ behaviours is included, ‘doesn’t interact very much with carers or peers’ (14). Its inclusion perhaps indicates an internal consistency within the final list because while this item represents, in this research, a different category it is closely allied with two of the other eleven items in the list, ‘doesn’t play with toys, peers or adults or join in activities very much’ (34) (one of Fein’s detached despair like items) and ‘avoids carers eye contact, touch, invitations to play’ (37), which is an insecure attachment to carer item.

The overarching Fein not adjusted item, item 18, ‘appears wary – watches others lot’ is both quiet and active (on the child’s part) and this does not appear in the final not settled list.

The question arises then, why are some behaviours included and not others? Are carers only aware of the more active, acting out responses of the child and as is Fein's point, the quiet despair of some children is overlooked. The results reported here suggest it is either not seen or not considered an indicator of a not settled child.

When the extended compiled list of not settled behaviours is consulted it is apparent that these items are listed last in the possible 'not settled' behaviours just above where the list turns into the items recognised for 'settled' behaviours (see Table 7.12).

Considerable discussion about this took place in the focus group and will be reported in the following section on the 'not applicable' items.

Contingency table: not settled

It is apparent from the detail of the contingency table and the Chi-Square test that no one category of items (attachment, temperament, adjustment) is statistically more likely to be a predictor of 'not settled' behaviour than any other. What is apparent from the percentages is that all areas are relatively closely related. A difference between these percentages and those for the 'settled' child is apparent in the relationship between the areas of temperament and adjustment. In the settled list these are 35: 25 % while in the not settled list these are 18.2% to 36.4%. It could perhaps be concluded that in recognizing that a child is not settled staff are accounting for all three of the areas under discussion, as they did for 'settled' but for the not settled child they are more aware of Fein's not adjusted behaviours. It is possible that in viewing the negative temperament items respondents recognise that these are behaviours that are inherent to the child and while they can be modified (Chess

& Thomas, 1996) they will remain relatively the same once the child is settled. The child will need ongoing attention from the carer and so these behaviours are less useful as indicators of an infant not being settled. This thought is consistent with the fact that of the ‘negative’ temperament behaviours included in the original list of 45 items only one, item 19, ‘resists being changed, difficult to feed’, is included in the final list of eleven not settled behaviours. This item, while being included here as a temperament item could also be seen as a not attached to carer item where, when in transition, the infant rejects carers efforts to calm and soothe them.

Looking then at the 36.4% for the adjustment items it appears that carers do recognise Fein’s adjustment behaviours for those children who are not settled into care. When the range of Fein adjustment items in the not settled list are looked at (see Table 7.20) it is apparent that the not adjusted – despair like (acting out expressive behaviours) are familiar to carers but the detachment-like behaviours are not included. Carers therefore appear cognisant of the state of the child’s adjustment as put forward by Greta Fein in her adjusted – despair like category but not the adjusted-detachment like category. Further discussion of this occurs later.

Summary: Not settled into care

This section of the chapter has discussed the results of the analysis of respondents’ replies about behaviours to include in a ‘not settled’ list of infant behaviours. The lack of correlation between items to include and their levels of importance was discussed. The scatter plot (see Figure 7.2) of the ‘not settled’ items visually reinforced the idea that there was not as obvious a clustering of

items as in the 'settled' scatter plot. In looking for an obvious point to separate the list, 10 items were identified.

Evidence from the hierarchical cluster analysis for 'not settled' items was not as clear as for the 'settled' list. It was argued that while the level of agreement was lower for 'not settled' items it was important that items not be included with a relatively low level of agreement. Arguments were presented for the final list of 11 items for the 'not settled' profile.

The items (from the 45) that were 'not assigned' to any list were discussed. Items needing further reflection with the focus groups were presented and the comments and discussion reported.

The final list of eleven behaviours was discussed with reference to the three areas of items apparent in the list – insecure attachment, negative temperament and not adjusted to care. Issues discussed with the focus groups were reported and several of these were slated for further discussion in the 'not adjusted' discussion section of this thesis.

It is argued here that the research question 'do childcare staff working in Under 2 year old rooms agree on a set of characteristic behaviours for the 'not settled' child?' is answered in the affirmative. Eleven items chosen by them and confirmed statistically are presented as a profile of behaviours of the not settled infant.

The question 'does this set of [not settled into care] characteristics discriminate between attachment, temperament and adjustment responses?' is also answered in the affirmative. The not settled profile contains insecure attachment and not adjusted behaviours. There was an obvious absence of the negative temperament characteristics and the discussion about this with focus

group participants was discussed. It appears that respondents think the negative aspects are a part of the child which will not change, but need ongoing attention and so cannot be an indicator of 'not settled' behaviour. The set of respondents' replies indicated that they recognised the despair-like behaviours as indicative of a 'not settled' infant but not the 'detachment-like' behaviours. Some of these they saw as 'normal' and further discussion about these behaviours with the focus groups will be included in a following section.

The question 'Do childcare staff working with infants under 2 years old identify Greta Fein's adjustment responses of not adjusted [.....] as applicable to their children?' has a mixed answer and will be elaborated in a subsequent section.

The next chapter section discusses the 'not applicable' behaviours and presents information from the focus groups relevant to understanding why the respondents may have considered items 'not applicable'.

Not applicable items

While the major purposes of the research being reported here included the compilation of lists of 'settled' and 'not settled' behaviours, identified and rated by carers, it is also interesting to see which items are considered not applicable by the respondents. It is possible that the discussion around carer's knowledge and consideration of Greta Fein's categories will be most apparent here. Currently the highest level of agreement for items on the 'not applicable' list is 58.9% with only two items 50% or above.

It could be argued that any items with less than 50% agreement that they belong in a particular group are not sufficiently supported by respondents

to be appropriate for discussion. If that approach is taken here, then of the five items that are released from the list, (see Table 7.17) three are negative temperament traits, one is an indicator of insecure attachment to parents and one is from Fein's not adjusted detached items. Looking at the temperament traits that are released it could be postulated that respondents / carers who put them on as not applicable have done so because they are sensitive to the negative temperamental traits and see that these are potentially behaviours that will continue beyond the child being settled and so are not applicable in the settling process. The discussion around the two items left on the list sheds some light on this (see below).

Similarly the explanation for 'avoids parent when they arrive' could be embedded in this indicator of insecure attachment being accounted for in other ways. Perhaps it is seen to indicate a child is happily occupied and not ready to go home.

It was not necessary to perform any of the statistical analyses on the 'not applicable' list but discussions with the focus group participants were useful and will be reported next.

Focus group discussion – 'avoids parent when they arrive'

The qualified staff were not surprised by 'avoids parent when they arrive' being considered 'not applicable'. There was no discussion after E's initial comment;

E: "well, it's not 'avoid'. Usually they are busy doing something and they just keep going. It's not got much to do with the parent really but more like they're happy and they're used to seeing their parent in the centre."

Other staff nodded agreement with this. This response is consistent with the information on multiple attachments discussed in the literature review. The reunion behaviour with their parents cannot be used as an indicator of their attachment status to their parents as is done in the 'strange situation' test because childcare is not a 'strange situation' for these children and once they have settled in to care and attached to a carer they will be moving from one secure base to another when the parent arrives to collect them at the end of the day.

'Plays alone with toys' most of the time is presented in this research as an indicator of a child's detached adjustment to care. It is possible carers interpret this in other ways, perhaps as an expression of an infant's developmental stage. Perhaps its appearance on the 'not applicable' list suggests a general carer relief that the child is occupied and quiet and this is interpreted as a good thing. The same argument could apply for item 35 'quiet'.

Focus group discussion – 'quiet'

The 'quiet' child was discussed and there was an interesting consistency between the responses of the qualified and unqualified staff.

Qualified staff commented:

E: I think the quiet issue, I mean, it depends how far down the track 'quiet' they are because you can be quiet and be settled, you can just be temperamentally a quiet person. I'm very quiet and nervous if I walk into a strange room, it would take me ages, or if I do something new I wouldn't speak out, I'd be really quiet.

L: And I'd say one of my most settled children is the quietest in the room but she doesn't say a lot, but she's so happy to come in in the morning and she's got cuddles for every body and she just goes about her business and every day, without fail, I'll tell her Mum she's had a fabulous day, so as you're saying it's just her temperament, she's just a quiet kid.

Unqualified staff commented:

K: that could come under temperament, because some children are quieter than others

D: I guess there's a difference between 'quiet' and 'withdrawn'

Researcher: yes, and so is that a judgment call for a caregiver then?

K: yes, I think so. If the child is quiet but still interacting with the environment and if they're withdrawn they might not be involved with what's happening in the room

The consensus appears to be that for this list of characteristics 'quiet' is seen as an item on its own and so a temperamental trait and not an indicator of a 'not settled – detached' child.

Is then, 'doesn't smile very much' in this list because carers don't expect infants to smile a lot? Do they see it as an expression of temperament rather than mood or adjustment?

Focus group discussion – ‘doesn’t smile very much’

Within the qualified group discussion, H followed the comments about the quiet item by saying;

H “like ‘not smiling very much’ I mean some children just seem to soak up what’s going around them, they’re so busy watching what’s going on, they’re settled but they’re just not going to smile all the time, they just like watching what everyone’s doing.

E: and it’s ‘doesn’t smile very much’, they still smile but probably a child that never smiles I’d be very concerned about. Doesn’t smile very much, yeah, I can think of a child that doesn’t.

With both of these items the focus group members are relating to them as single items. One wonders what the response might have been if the respondents were asked about ‘sets’ of behaviours. The way the survey was structured encouraged the interpretation of each item separately, the researcher using the replies did any clumping or clustering of items statistically, later. Respondents were not asked to create any ‘sets’ or ‘clusters’ and perhaps the discussion would have been different if a particular child displayed several of the withdrawn characteristics.

Similarly the three items ‘responds slowly, or not at all to requests to do something’, ‘plays alone with toys most of the time’ and ‘no noticeable own routine when hungry, sleepy or needing to be changed’ were all seen as developmentally appropriate for infants.

Focus group discussion – responds slowly or not at all to requests to do something’

Comments pertaining to ‘responds slowly or not at all to requests to do something’ that illustrate the group members thinking are;

E: again, it's a little bit of a cognitive thing there isn't it?

L: or they just might not plain listen ...

H: or they might 'choose' not to do And then you sort of see them as you walk towards them and then they'll come.

E: I guess I would have a concern 'or not at all' to requests to do something, if that was time after time after time, there could be other issues around that as well that I might think "gee what about their hearing". There might be other things that I might see going along with that "or not at all".

Similarly with 'plays alone with toys most of the time' comments focused on the behaviour as 'normal' and expected for infants.

Focus group discussion – other items

L: at our age definitely, I think it's quite normal for babies to play on their own

E: we've got a child that always goes and takes toys into a little box and sits there but then they will come, they will sit there for quite a long time playing happily because this particular child comes in full time and this little child is a very clever little French girl and she's learnt that she can get those toys and "if I go away in the box quietly, no one else will come in and take them" and then she'll have a little play with them and then she'll bring them out and just put them on the ground and go off and find other things. Or she'll go and get a book and come to you, she'll still interact with everybody, but she's clever, she's learnt that it's peaceful to perhaps get the little jigsaw with the teddy in there to go and do that

H: That also goes with age as well. I mean, as they get older they seem to enjoy the other children more

There was very little comment about “no noticeable own routine when hungry, sleepy or needing to be changed” but L’s comments implied two things. First, that most children do have a routine and secondly, that when children didn’t have their own routine the carers slowly introduced an individual routine that would fit with the centre’s routines.

L: “yes, the little boy that I was saying was ill uhmm because he had been ill, Mum’s just so used to going with the flow. Like she actually came in to our centre and he’d probably only been with us for a month or so and she actually came and said “he doesn’t sleep during the day, he doesn’t need to sleep” and we’re like “OK, all the babies I know, do need to sleep” but we’ll let her go with it and she’d just completely gone with what he wants to do, when he shows he’s hungry, she feeds him. You know, if he wanted to sleep, he sleeps on her, those sort of things, and so we’re slowly trying to get her into giving him a routine.”

When all these comments are looked at together it becomes apparent that carers likely see these items as not applicable to whether a child is ‘settled’ or ‘not settled’ because the items are seen to be ‘age appropriate’ or due to temperament and therefore while they are not common to most babies, nevertheless, to the carers it is not surprising that some babies have these behaviours. An exploration of the development literature confirms that solitary play is the first form of play infants develop (Berk, 2005b; Gonzalez-Mena & Eyer, 2007) and infants may be slow to respond when they are focussed and not easily distracted (Blackwell, 2004; Chess & Thomas, 1996).

The next section of the chapter discusses the categorisation of items and

discusses temperament, attachment and adjustment across the two profiles and the not applicable behaviours.

Categories of items across the profiles

Items for each category of the survey were chosen because they were deemed ‘observable’, ‘typical’ and supported by other research. When the items are looked at after allocating to the categories carers chose for the two profiles of ‘settled’ and ‘not settled’ behaviours, there appears to be very little confusion and contradiction. The ‘settled’ list is the most strongly and clearly supported, the ‘not settled’ list a little less so and the not applicable list is comparatively short. A short ‘not applicable’ list implies that carers saw the total list of 45 items as relevant to ‘settled’ and ‘not settled’ behaviour overall.

There was no assumption made that all items would appear in one or other of the final lists but it was anticipated that where items appeared, or did not appear would provide information for discussion. Each of the categories will be discussed, with attachment first, then temperament and then adjustment. Some discussion has already occurred so what follows is more by way of a summary and overview of the categories. Within each category controversial issues will be identified and the input from the focus groups will be reiterated or discussed.

Attachment

As was stated in the literature review the more subtle nuances of attachment behaviours were not used in the research reported in this thesis. The focus needed to be around attachment to the parent and to the carer and for this purpose the overarching areas of secure, insecure were sufficient. To have used

the more subtle categories would have required more complex data gathering techniques and made the task of gathering data from carers larger, more complex and more difficult, perhaps prohibitively so.

Attachment: secure to parent, secure to carer

All of the secure to parent attachment items are present in the final settled list and four of the six secure to carer items are included. The implication is that carers are aware of the behaviours that are considered indicative of a secure attachment in infants. It cannot be said, from the data in this research, that they understand the theory, although one would expect the qualified staff would understand the importance of a secure attachment for an infant's development.

Earlier research into the effects of long day-care on an infant's development has highlighted the importance of secure attachment behaviours ((Love et al., 2003; NICHD Early Child Care Research Network, 1997) see literature review for more detail. The research reported in this thesis is consistent with that view because the attachment behaviours are so prominent in the carers' description of the behaviours of the child who is settled in to care.

Two items in the secure with caregiver category require further discussion. Item 10 'has preferred carer (goes to them for comfort and help)' which is on both the 'settled' and 'not settled' lists and item 38 'stays close to, follows chosen carer around during the day'.

When focus group participants were asked about item 10 being on both lists there was actually very little discussion. It did not appear to surprise them or need a lot of explanation.

In discussing the 'settled' child L said, *"a settled child, like they're happy to go off and play and if there's an illness then they'd go to that person because that makes them feel comfortable. I don't think it's necessarily a matter of them being unsettled to seek out that person."*

H: *"because, I mean it's not even being ill, it might be somebody taking a toy off them or, it's just like secure attachment."*

E: *"if you're not there, they would go to another carer."*

E: *"The unsettled child has a preferred carer because that's, that's warm for them, that's part of the process of settling in."*

Researcher: *"So it's not a problem that it's on both lists?"*

E: *"No, because there's different reasons for it".*

The others nodded approval at E's statement and so it appears to sum up their response. Item 10 'has preferred carer, goes to them for comfort and help' is on both lists because it is an important part of the transition process. When an infant is 'not settled' and new, there are many things to seek out a preferred carer for. Once the child is 'settled' there are fewer instances, but the preferred carer continues to act as a secure base. When a new person arrives in the room, or there is a strange noise or the infant hurts themselves they will quickly return to their primary carer as a secure base to recoup, obtain comfort and regain a sense of security before venturing out to explore again (Brazelton & Greenspan, 2000; Edwards & Raikes, 2002; Elliot, 2003a; Helen, 1996)

Item 38 'stays close to, follows chosen carer around during the day' was discussed earlier. The consensus was that it did not belong in a list of 'settled' behaviours. The researcher made the comment that it might be a

‘misplaced item’ implying it did not belong in a list of ‘secure to carer’ items. The focus group participants did not pick up on this to confirm or contradict the comment. On reflection and after revisiting the criteria for a secure attachment the researcher comment appears to not accurately reflect the situation.

Another interpretation could be that it is an appropriate indicator of a ‘secure to carer’ attachment relationship but not an indicator of the ‘settled’ child. To this group of respondents a child is not settled if they cling to one carer and do not feel comfortable in the room overall. Comments in the focus group, when looked at again appear to support this interpretation.

H: “because that’s normally what children do when they first start, before they actually settle, you know, they pick someone and that’s the person that they stay with and then when they settle”

L: “or they are settled while the carer is there, so you couldn’t label them as settled because they’re fine while that person, that adult is there but it’s when they leave they become unsettled.”

These comments are important because they imply that while the attachment relationship is important to the process of settling, it is not enough in and of itself. Infants need to move beyond a singular attachment to multiple attachments in order to feel secure in the room and be ‘settled’ in to care. The results of the research presented in this thesis suggests that the current emphasis on ‘attachment’ relationships in childcare needs to be extended to include the development of multiple attachments with infants.

Attachment: insecure to parent, insecure with carer.

Over these two categories there are four common items and two insecure to parent and two insecure to carer items (see Table 7.20).

Of the common items, one, item 27 ‘cries off and on all day until parent arrives’, is rated number one in the list of ‘not settled’ behaviours. When this is looked at with the other two insecure attachment items on the ‘not settled’ list; ‘needs to be held large parts of the day’ and ‘slow to calm with carers during the day’, all three imply that an insecure attachment to parents *and* carers leaves an infant distressed, needing physical comfort but being reluctant to accept it from the carers and wanting it from the parent. Once the infant develops a secure attachment relationship with the carer these behaviours disappear and the carer is able to provide comfort.

The three other items common to both insecure lists describe a child easily upset, not relaxed, not comfortable enough in the environment to play and interact but tense and watchful. None of these were assigned to any list, so while they were not considered significant enough for the ‘not settled’ list, neither were they considered ‘not applicable’ – as such they fit with other ‘transition’ items. Again, as above, once the infant develops a secure attachment relationship with the carer these behaviours disappear and the carer is able to provide comfort.

The final insecure to parent item, item 41 ‘avoids parents when they arrive’ has been discussed earlier. This item, like ‘stays close to, follows chosen carer around during the day’ is valid as an indicator of an ‘insecure attachment to parent’ but is not considered relevant to childcare by these respondents. The temperament items will be discussed next. It is interesting to

note that while the positive aspects of temperament are part of the ‘settled’ profile, the negative aspects are not part of the ‘not settled’ profile.

Temperament

Positive temperament

The results reported for the ‘settled’ and ‘not settled’ lists indicate that respondents are very aware of the positive temperament traits. All of them are included in the ‘settled’ list.

The implications of this are that infants with positive temperament traits are more likely to settle easily in to care. These traits are easily recognised and supported by carers and do not need particular attention to promote so they ease the child’s adjustment.

When asked to indicate why some children settled more quickly than others the respondents’ non prompted comments supported this point of view with 62 of 217 responses indicating that positive temperament was a contributing factor. These results will be presented and discussed in the next two chapters. The reverse of this could be expected to be that negative temperament traits make it more difficult for infants to settle into care. This is not necessarily the case however.

Negative temperament

Only one of the negative temperament items appears in the ‘not settled’ list, item 19, ‘resists being changed, difficult to feed.’ Caregivers appear to have taken this as an indication that the child has not yet adjusted to their physical care and by implication they will not resist and be easier to feed once they have settled in. As such carers appear to be seeing this as transition behaviour and not a ‘set’ temperament characteristic.

This view fits with the general view implied that negative temperament behaviours are either not applicable to the settling process, with three of the seven items on the not applicable list and three items not assigned.

If the respondents view were that negative temperament was a significant feature of the infant not being settled, then more items would have appeared on that list.

Adjustment to care

When the three categories taken from Greta Fein's (1995) work on adjustment to care outcomes for infants are reviewed several issues are apparent.

Adjusted

All five items in the adjusted category are included in the 'settled' into care list. All five are recognised by carers as important enough indicators of an infant's adjustment to be included and three of the items are in the top six on level of agreement and importance. Carers therefore are agreeing with Greta Fein that these indicate an infant has adjusted successfully to care and is settled in.

Not adjusted: Overall item

In discussing her findings Fein made the point that all children who were not adjusted to care exhibited a common behaviour 'appears wary – watches others a lot' whether they then were adjusted to care in a 'despair-like' or 'detachment-like' way (Fein 1995). This group of respondents have not recognised this wariness as sufficiently important to include in a 'not settled' list. Neither have they dismissed it as 'not applicable'.

Of the nine unassigned items five of them are withdrawn, quiet behaviours and four of the five indicate the infant is wary, watching, looking up when the door opens. These are perhaps easily overlooked behaviours in a busy room.

Not adjusted: Despair-like

Not so the ‘despair-like’ behaviours. All four of these appear on the ‘not settled’ list with two items in the higher levels of agreement and importance. There appears to be agreement here with Fein that these behaviours do not indicate a child who has adjusted or as we are saying here, ‘settled’. The difference appears to be that Greta Fein is saying the infants have adjusted, not successfully, whereas the carers are saying these behaviours indicate a child is ‘not adjusted’ and ‘not settled’ and so the process of settling them in to care needs to continue.

Not adjusted: Detachment-like

A similar position is taken with the ‘detachment-like’ items. Respondents in the unqualified focus group were tentative in their comments and appeared to find it difficult to articulate what they thought. Once the researcher summarised what they appeared to be saying they were able to endorse that as accurate by agreeing or by adding comments:

Researcher: If they were behaving like this; unhappy, crying a lot, not playing with toys, sitting alone comforting themselves, what would you think? “Oh they’re not settled with us yet?” “We need to do something”.

J: (picking up on the 'sitting alone) it could be their temperament, they could be more quiet children that have to sit alone.

Researcher: so if you look at the 4 under that, the detachment like do they strike you as temperament type things

D: yes, more so

Researcher: would it worry you?

K: yes

Researcher: would it worry you if you had a child or do you think they might get overlooked?

D: I think quiet children can become overlooked. It doesn't mean that they're settled, it's their coping mechanisms and so they could pass unnoticed

K: yeah

Researcher: so that's why those things don't appear on the settled list because a child like that is not actually settled

K: yep

Researcher: So they're still in the not settled phase but in a quiet, withdrawn way, where they could be easily overlooked

D: yeah

Researcher: do you think the primary care system would help minimize that?

D: I would think so

Researcher: because if it was one of your, how many do you have? Five? So if you had five babies and one of yours was like that, would they get overlooked for a period of time and then you'd think "Oh this is not O.K", would you get to them?

K: yes

Researcher: eventually? yes

D: but that's a problem because they're not crying out for the attention that others do and maybe get, so you'd have to be conscious of that

K: and then sometimes you can't do much or they signal you and you don't see it, so they might hit or bite or anything to get the attention.

All of this suggests that these respondents agree with Greta Fein that infants exhibiting the 'adjusted' to care behaviours are in fact adjusted or settled.

Where Fein says children adjust in a despair-like and a detachment-like way these carers are saying they would not accept that the child was adjusted. They would still be viewing the infants as not yet settled and continuing to work with them to adjust. There is some recognition that the despair-like behaviours fit a pattern of 'not settled' behaviours where the 'detachment-like' behaviours are more troublesome. These quiet, non-interactive behaviours are included among the 'not assigned' items or among the 'not applicable'.

When qualified staff were asked specifically about the detachment-like behaviours on the 'not applicable' list the qualified staff took some time to discuss what they thought.

Quiet

*E: I think the **quiet** issue, I mean, it depends how far down the track 'quiet' they are because you can be quiet and be settled, you can just be temperamentally a quiet person.*

L: And I'd say one of my most settled children is the quietest in the room but

she doesn't say a lot, but she's so happy to come in in the morning and she's got cuddles for every body and she just goes about her business and every day, without fail, I'll tell her Mum she's had a fabulous day, so as you're saying it's just her temperament, she's just a quiet kid.

Researcher: so she's quiet but she doesn't have any of the, of the, what she has is happy positive characteristics that go with being quiet, not quiet and withdrawn?

L: nods yes

E: yeah, I can think of quite a few children who are quiet that will go and get a book and bring it across to you to read with them they'll go to another child if they're playing with a (uhmm) squeaky toy that looks interesting, they'll go over and want to join in with that, they're just quiet children.

Researcher: so what you're telling me is really sort of helpful, it all depends on how you interpret quiet and probably what comes along with it. So if you're quiet and happy, that's one thing if you're quiet and

*H: like **not smiling very much**, I mean some children just seem to soak up what's going around them they're so busy watching what's going on, they're settled but they're just not going to smile all the time, they just like watching, what everyone's doing.*

E: and it's doesn't smile very much, they still smile but probably a child that never smiles I'd be very concerned about. Doesn't smile very much, yeah, I can think of a child that just doesn't.

Researcher: so , both of those would be almost temperament issues?

E, H, L : yeah

*Researcher: O.K what about **plays alone with toys most of the time?** Would you see that as an indicator of a child not being O.K? no? or is it irrelevant?*

L: at our age definitely, I think it's quite normal for babies to play on their own

E: we've got a child that always goes and takes toys into a little box and sits there but then they will come, they will sit there for quite a long time playing happily because this particular child comes in full time and this little child is a very clever little French girl and she's learnt that she can get those toys and "if I go away in the box quietly, no one else will come in and take them".

H: That also goes with age as well. I mean, as they get older they seem to enjoy the other children more

R: so with the very small babies, it's that whole idea of solitary play and parallel play isn't it? Which we would think was really sort of, developmentally appropriate for very young ones.

One exchange within the unqualified focus group around 'quiet' introduces the idea that quiet on its own is not an issue but quiet with other behaviours may be.

K: that could come under temperament, because some children are quieter than others

D: I guess there's a difference between 'quiet' and 'withdrawn'

Researcher: yes, and so is that a judgment call for a caregiver then?

K: yes, I think so. If the child is quiet but still interacting with the environment and if they're withdrawn they might not be involved with what's happening in the room

This same thought was apparent in the qualified focus group where E said,

“if you look at these one by one then you sort of think, well it could be temperament, they could just be like that. But when you put them together, quiet, withdrawn, not smiling, then maybe it's a different thing. I can't think of any of my children who are like that with all those things, that would worry me.”

It is not possible to say from the evidence available here that the respondents agree with Greta Fein's not adjusted – despair like category. None of these items appear in a 'settled' list but they don't appear in the 'not settled' list either. Three of the four are seen as not applicable and one is unassigned. Given other comments elsewhere the safest inference seems to be that where Fein labels infants as adjusted despair like, these respondents indicate those same behaviours mean an infant is not adjusted, not settled. Likewise adjusted detachment-like is seen by these respondents as indicating an infant isn't settled. They can only be called 'adjusted' once the carers decide they are 'settled' and the evidence here is that these respondents do not see it that way.

Summary: Categories of items across the profiles

This section of the chapter has discussed the categories of behaviours presented in the literature review (attachment, temperament and adjusted) across the two profiles and 'not applicable' behaviours. There has been some

repetition in the reporting of focus group participants' comments in order to further discuss the categories. It is argued here that the respondents recognised attachment to the parents and to the carers as important for infants settling into care. The insecure attachment behaviours are largely unassigned. This indicates that carers think insecure attachment is ameliorated by the development of a secure attachment with the carer and this in turn assists the infant to settle in to care.

It is further argued that respondents indicate that positive temperament traits assist the infant to settle but negative traits do not necessarily hamper their ability and are not seen as indicative of the 'not settled' infant.

Respondents' replies indicate that they do not support Fein's position that some infants adjust to care by becoming despair-like or detachment-like. Respondents in this research see both those sets of behaviours as indicative of an infant being not yet settled and needing more time and assistance to settle in.

Summary: profiles and categories

This chapter has discussed the findings and the development of the two profiles of infant behaviour; 'settled' into care and 'not settled' into care. The two profiles are a significant contribution to the early childhood and child development practitioner literature and the research literature. No other profiles, developed from the existing literature, progressed through the applied knowledge of a group of carers and then validated statistically have been developed. The profiles will support carers in their efforts to assist infants to settle into care and researchers in determining which infants to include in research studies and which infants need more time to settle before being

included. From the original 45 items drawn from the early childhood literature the items that were controversial in some way were discussed with the focus group participants and their exclusion from the final lists explained and confirmed. Validity for the final profiles was established through method and content triangulation and the details of these two approaches have been explained and discussed in this and preceding chapters.

This section completes the discussion of one of the major aspects of the research reported in this thesis. The following chapter covers the additional information gathered about the respondents' experiences of the time it takes infants to settle, why some infants do not settle, when carers might recommend removal of an infant from care and information about primary caregiving. These details are important because they support practitioners' use of the profiles. The details set the profiles in the context of the practitioners work and provide information on the time it takes infants to settle and processes and procedures to assist infants to settle into care. None of the information is currently available in the early childhood research literature. No other studies were found which report on the time it takes infants to settle into care, none detail why some infants do not settle and what happens to them. The use of primary care does have extensive cover in the professional literature but the research literature contains no studies with carers' views on the usefulness of primary care for settling infants into care. While these are subsidiary findings (that is separate from the development of the profiles), they do, nevertheless make a substantial contribution to the research literature. Apart from Dalli's (1999a) study with 5 infants and toddlers no other studies were found which reported on carers' experiences of settling infants into care.

CHAPTER 9

RESULTS: CARERS' REPORTS OF EXPERIENCES IN SETTLING INFANTS INTO CARE

Introduction

This chapter extends and complements the results presented in the preceding chapter because it presents the results of the research goal to gather data from caregivers about their experience with infants settling in to care and enter that information into the research literature. All the results in this chapter present information gained from carers and not currently available in the research literature. Answers to questions of the time it takes infants to settle in to care, whether some infants never settle and if so why and what happens to them and respondents experience of the usefulness of primary care are all presented in this chapter. No other research was found which presented data on the difficulties of infants' transition and settling into care from a group of experienced carers. The results presented here are unique and make a substantial contribution by providing new knowledge for the research field.

The carers experience with the time taken to settle into care will be presented first, then their experiences of infants not settling and of primary care and its usefulness will follow.

Time taken to settle into care

Respondents were asked a series of questions (see Appendix A) about the time they thought, in their experience, it took infants to settle into care. To elaborate on and substantiate these they were asked to indicate their level of

concern if infants took varying amounts of time to settle. The results will be discussed and compared with the data from Greta Fein's studies outlined in the literature review. The literature review also raised the issue about some infants not settling into care. The respondents were asked questions both about their experience of infants not settling into care and what assisted infants to settle. These results will be compared to the profile behaviours for consistency and discussed later in this thesis. One of the procedures for assisting infants to settle into care that was discerned from the literature was the system of Primary Caregiving. The respondents were asked about their experience of Primary Caregiving and whether they thought it assisted infants to settle into care and the results are reported in this chapter.

Respondents were asked to reflect on their experience with infants beginning care and to indicate the shortest, longest and average times they thought children had taken to settle in to care. In order not to 'lead' their replies respondents were given a selection of times but were asked to write their own ideas. The times they reported were collated and compiled. Some respondents indicated time in days, others in weeks and some in months. All responses were examined and compiled into the common times that are reported below. For each category - 'shortest time', 'longest time' and 'average time' taken to settle, the results are reported for the total group and followed with a breakdown of the results by 'qualified' and 'not qualified' staff.

Shortest time taken to settle into care

The shortest times ranged from less than a day, with one respondent reporting 'half a day, a few hours' to one person reporting the shortest time as 4 weeks. A quarter, that is 26 respondents indicated the shortest time as less

than a day, 32 respondents (28.6%) indicate the shortest time was 1 day and a cumulative percent of 91.3% indicates that staff experience suggests the shortest time for most children is a week.

Table 9.1

Shortest Time Taken to Settle in to Care

	Frequency	Percent	Cumulative Percent
Less than a day	26	23.2	25.2
1 day	32	28.6	56.3
2-4 days	21	18.8	76.7
1-week	15	13.4	91.3
2 weeks	6	5.4	97.1
3 weeks	2	1.8	99.0
4 weeks	1	.9	100.0
Total	103	92.0	
missing data	9	8.0	
	112	100.0	

The data on the shortest time taken to settle in to care was further analysed to determine whether the qualified and unqualified staff had differing views on the time taken.

Shortest time a child has taken to settle into care: qualified / unqualified responses

When the responses of the qualified and unqualified staff are compared they report similar time lines for the shortest time to settle with 11 qualified

and 15 unqualified suggesting less than a day, 19 qualified and 13 unqualified reporting one day and 11 qualified and 10 unqualified indicating 2 to 4 days. One qualified staff person reported the shortest time as four weeks and two unqualified reported 3 weeks as the shorted time.

Table 9.2

Shortest Time Taken; Qualified and Unqualified Responses

Position	Days				Weeks			Total
	Less than a day	1	2-4	1	2	3	4	
Qualified	11	19	11	9	2		1	53
Unqualified	15	13	10	6	4	2		50
Total	26	32	21	15	6	2	1	103

The distribution from less than a day through to 4 weeks, for the combined qualified, unqualified data, is very apparent when illustrated with a graph.

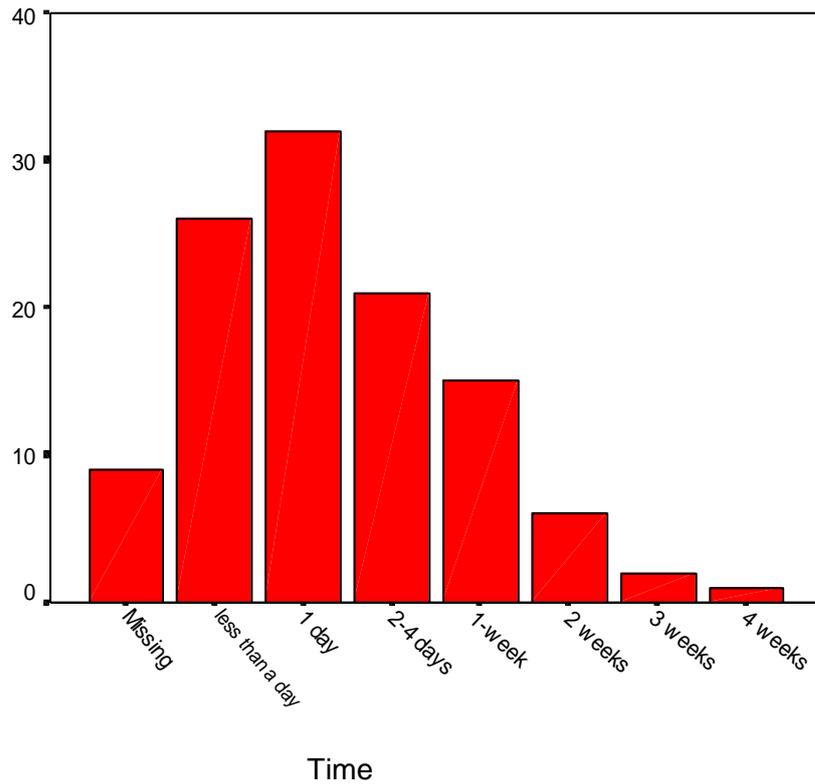


Figure 9.1. Caregivers replies about the shortest time infants have taken to settle into care

It is important to note that respondents were asked to indicate the shortest time any single child had taken to settle in to care and a majority of respondents indicate that it was less than a week so some children settle very quickly. What is also implied by the ability of carers to reply is that they do have a mental picture of a settled child to draw on. Respondents were next asked about the longest time a child had taken to settle. The question itself implies some infants, exclusive of those who do not settle at all, may take a long time. Replies to this question will indicate the range of times carers have experienced and the final question of average time is perhaps the most useful in conveying expectations of the time a transition may take. Having established the range of opinions on the shortest time taken for an infant to settle in to care,

data was then analysed to determine respondents' opinions on the longest time an infant takes to settle in to care. These results will be reported first for all respondents, then for qualified and unqualified.

Longest time taken to settle into care

Respondents' replies to the question of the longest time a child has taken to settle in, in their experience, indicate a range of times from under one month to 10 months, with 2 respondents indicating their experience with a child who did not settle at all.

The greatest number of respondents, 84 (75%) indicate the longest time as less than a month. Eight respondents (7.1%) indicate it took as long as 2 – 3 months for a child they knew. Results indicate that 97% of staff suggest children are settled by 4 – 5 months. There is only one percentage difference between 2 – 3 months and 4 – 5 months so the data suggests 2 – 3 months as the strongest indicator of the longest time taken for an infant to settle in.

Table 9.3

Longest Time Taken to Settle in to Care

Time	Frequency	Percent	Cumulative Percent
Under 1 month	84	75.0	84.0
1 - 2 months	4	3.6	88.0
2-3 months	8	7.1	96.0
4-5 months	1	.9	97.0
10 months	1	.9	98.0

Did not settle	2	1.8	100.0
Total	100	89.3	
Missing data	12	10.7	
	112	100.0	

This data is further analysed to determine if there were any differences in the ‘qualified’ and ‘not qualified’ staff responses and is reported next.

Longest time a child has taken to settle into care: qualified / unqualified responses:

There is considerable agreement when the responses of qualified and unqualified staff to the question of the longest time a child they knew has taken to settle are looked at. Forty-three qualified and 41 unqualified indicate under a month as the longest time and one qualified and one unqualified indicate experience with a child who did not settle at all.

Table 9.4

Longest Time Taken to Settle; Qualified and Unqualified Responses

Months						
Under 1	1 - 2	2-3	4-5	10	Did not settle	Total
Qualified						
43	4	3	0	1	1	52
Unqualified						
41		5	1		1	48

84	4	8	1	1	2	100
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When the combined data from the qualified and unqualified respondents is illustrated with a graph, the level of agreement that most infants are settled in under a month is very apparent.

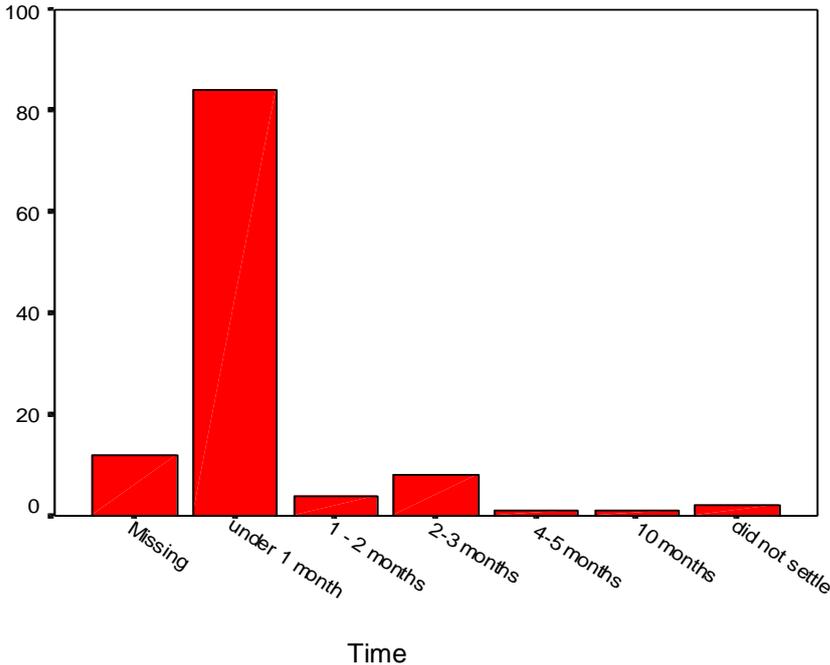


Figure 9.2. Respondents' replies as to the longest time infants have taken to settle in to care.

Respondents were first asked about the extreme ends of time an infant might take to settle in to care and they were also asked what they thought the average time was, for most infants. These results are reported next.

Average time taken to settle into care

Respondents answers to the question of the average time they think a child takes to settle indicates that in carers' experience 85.1% of children have settled by the end of the first month with the greatest number of children settled in two weeks (23.3%) and 3 weeks (22.3%). Six respondents (5.4%) wrote they were unable to indicate a time because it 'depends on how often a child attends'. This written comment was also added to several other responses where a time was indicated. Further information on the comment was found later in the data when respondents were invited to comment and so the comment will be discussed in a future section.

Table 9.5

Average Time Taken to Settle

Time taken	Frequency	Percent	Cumulative Percent
Less than 1 week	13	11.6	12.9
1 week	8	7.1	20.8
2 weeks	26	23.2	46.5
3 weeks	25	22.3	71.3
1 month	14	12.5	85.1
1-2 months	6	5.4	91.1
3 months	3	2.7	94.1
depends on how often child attends	6	5.4	100.0

Total	101	90.2
missing data	11	9.8
	112	100.0

While there was more variation in time reported by qualified and unqualified in regards to the average time an infant takes to settle in to care the differences were not large and that data is presented next. Overall, the unqualified staff report the average time for infants to settle is shorter than the time suggested by the qualified staff.

Average time a child has taken to settle into care: qualified / unqualified responses

Responses from qualified and unqualified staff indicating their idea about the average time infants take to settle show some variety with less than a week indicated by 5 qualified and 8 unqualified and 3 weeks indicated by 16 qualified and 9 unqualified.

Table 9.6

Average Time Taken to Settle in to Care; Qualified and Unqualified

	Weeks			Months			Other	Total
less than 1	1	2	3	1	1-2 s	3	depends on how often child attends	
	Qualified							
5	4	11	16	7	4	2	3	52
	Unqualified							

8	4	15	9	7	2	1	3	49
13	8	26	25	14	6	3	6	101

When the combined results are illustrated using a graph the agreement that it takes three weeks or less is apparent.

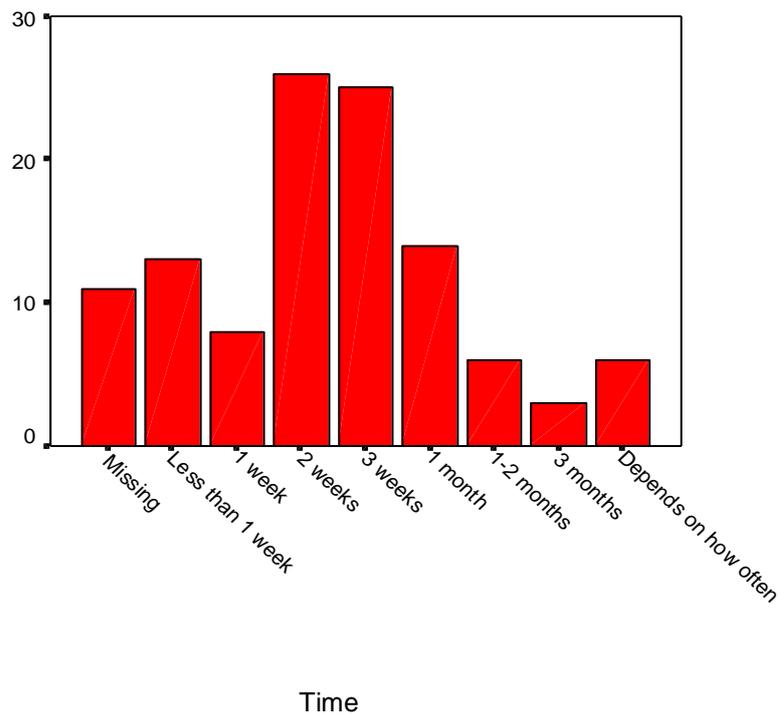


Figure 9.3. Respondents' replies as to the average time taken by infants to settle in to care

In the next set of questions in the survey respondents were asked to indicate the level of concern they would feel at particular times if an infant had not settled. This data is reported next. It was anticipated that there would be a connection between respondents' expectations of the time it would take for an

infant to settle in to care and their level of concern. If they expected it to take a long time, they might not be concerned until that time approached.

Level of concern over time taken to settle in to care

When asked to indicate their level of concern for a range of times children may take to settle, respondents indicate a level of concern that is moderately high and ‘quite concerned’ after 4 weeks and then increases to very concerned over 12 and 16 weeks. This data is consistent with the data indicating that carers expected most infants to be settled by 3 – 4 weeks.

Level of concern after 4 weeks

Respondents indicate that after 4 weeks in care if a child was not settled, they would be a little, 22, moderately 45 and quite concerned, 24. Few staff would not be concerned; seven, and only nine of 107 respondents indicate that they would be very concerned.

Table 9.7

Level of Concern after 4 Weeks

Not at all	A little	Moderately	Quite concerned	Very concerned	Total
Qualified					
2	13	25	12	3	55
Unqualified					
5	9	20	12	6	52
7	22	45	24	9	107

Level of concern after 8 weeks

Of the 107 respondents to this question 10 indicate that after 8 weeks they would either not be concerned or only a little concerned if a child had not settled in to care. The level of concern respondents indicate centres around the 39 indicating they would be quite concerned with 22 moderately concerned and 36 very concerned.

Table 9.8

Level of Concern after 8 Weeks

Not at all	A little	Moderately	Quite concerned	Very concerned	Total
Qualified position					
1	2	14	18	20	55
Unqualified position					
1	6	8	21	16	52
2	8	22	39	36	107

Level of concern after 12 weeks

After a child has been in care and not settled in 12 weeks no respondents indicate they would not be concerned, only 4 indicate they would be a little concerned and 11 indicate a moderate level of concern. A total of 91 of 106 respondents indicate that they would be quite concerned 30, and very concerned 61. Qualified staff indicate a higher level of concern after 12 weeks than unqualified with 31 and 30 being very concerned but 20 qualified and 10 unqualified indicating they would be 'quite concerned'.

Table 9.9

Level of Concern after 12 Weeks

A little	Moderately	Quite concerned	Very concerned	
Qualified				
1	3	20	31	55
Unqualified				
3	8	10	30	51
4	11	30	61	106

Level of concern after 16 weeks

A reported high level of concern from both qualified and unqualified respondents is indicated for children who have not settled after 16 weeks in care. No qualified or unqualified respondents indicate they would not be concerned, only 2 indicate they would be a little concerned. Six indicate they would be moderately concerned, with 13 indicating they would be quite concerned and the majority, 85, indicating they would be very concerned.

Table 9.10

Level of Concern after 16 Weeks

A little	Moderately	Quite concerned	Very concerned	Total
Qualified				
1	1	6	47	55
Unqualified				

1	5	7	38	51
2	6	13	85	106

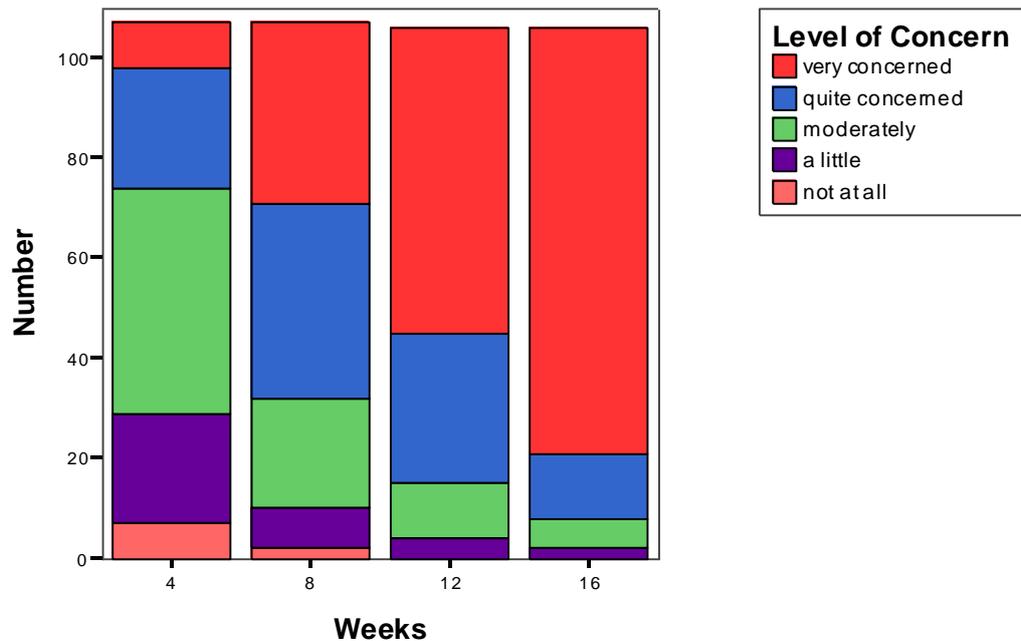


Figure 9.4. Comparison of Respondents' levels of concern at 4, 8, 12 and 16 weeks

The increasing level of concern indicated by carers is evident in the figure above. An expectation that it might take 8 weeks is apparent in the 'not at all concerned' responses but even then many staff are aware of the infant's process of settling in and are watchful, indicating levels of 'a little' and moderate concern.

The results reported so far indicate that carers expect some infants to take longer to settle into care than others. Respondents were asked to write

what they thought the reasons for variations in time might be. The written responses were sorted and quantified and are reported next.

Respondents ideas about reasons why some infants take longer than others to settle

Written responses from the 112 respondents generated 318 comments. When analysed these resulted in the development of six categories of response with 22 identifiable items overall within these six categories.

Respondents written comments indicate that they think that the reasons some children settle more easily than others relate to: the child themselves, 217 responses or 68.2%; issues around transition and attendance patterns, 42 responses 13.2%; Parent and parent – child issues, 19 each 6.0% each; carer issues, 14 responses 4.4%, and issues relating to the room were 7 in number and 2.2%.

Table 9.11

Categories of Reasons Why Some Infants Take Longer To Settle Than Others

Category	No. of items	No of responses	Percentage
Child issues	9	217	68.2
Transition and attendance issues	4	42	13.2
Parent issues	1	19	6.0
Parent child issues	2	19	6.0
Carer issues	4	14	4.4

The respondents indicate that the major reasons some infants take longer to settle are factors relating to the infant themselves. While transition, attendance, parent and parent-child interactions also contribute, the least contributions are for carer and room issues. Perhaps these are under the carers control and so less likely to impact on the infants' transition because carers can adjust them. In order to explore the idea further that the issues relating to the infants were less available for carer influence the data was looked at for the specific reasons.

Further analysis and prioritising of the items (see the table below) indicate that carers report the major factor in the ease with which a child settles into care is their temperament and personality, with self confident, flexible children settling more quickly. Other major factors which effect the ease with which a child settles into care are, respondents report, the child's experience with carers other than parents, 53 comments, their background/culture, 32 comments, the child's age 25 comments and the child's experience with other children 24 comments. Nineteen responses each, reported the parent response to the child being in care and the child's attendance pattern as being influential. Fifteen comments related to the child's ability to adjust to the change in routine and 12 responses identified the child's attachment status as significant in the ease of their transition. Categories with fewer comments can be seen in Table 9.12.

Table 9.12

Details from the Categories of Reasons Why Some Infants Take Longer To Settle Than Others

Code	Category	No responses
Child	Temperament/independence/confidence/self esteem/ personality	62
Child	Experience with more than 1 carer	53
Child	Background / culture	32
Child	Age	25
Child	Experience with other children	24
Parent	Parent response to child being in care	19
Transition / attendance	Attendance pattern	19
Transition / attendance	Change in routine for child	15
Parent/child	Attachment	12
Child	Siblings / only child	8
Child	Level of trust / mistrust	7
Parent/child	Separation anxiety	7
Transition / attendance	Opportunity to visit	7

Carer	Consistency of staff	6
Child	Problems (with dev / health)	4
Room issues	Business of room	4
Carer	Child carer match	3
Carer	Child's individual needs met	3
Room issues	No. of children in room	3
Child	Breastfed	2
Carer	Help given child to settle	2
Transition / attendance	Poor first experience	1

These responses will be looked at again following the focus group discussions to compare them with those responses. It is these details which confirm, or not, the behaviours in the profiles and offer ideas for strategies for carers to use to assist infants to settle in to care.

The next question asked of respondents was designed to determine whether any would recommend that an infant be withdrawn from care and at what point and for what reason they might do this. That data, which is mixed quantitative and qualitative, is reported next.

Recommendation to withdraw a child

Respondents were asked to indicate their response to one of two choices, 'at no point would I recommend an infant be withdrawn from care' or 'I would recommend an infant be withdrawn from care when'. If

respondents indicated they would at some point recommend a child was withdrawn from care they were asked to provide further information by completing the sentence. The specific question was “Once an infant has begun care, at what point (if any) would you recommend that a parent withdraw their infant from group care?”

Of the 100 respondents who answered this question 41 (18 qualified and 23 unqualified) indicated that they would ‘at no point’ recommend that a child be withdrawn from centre care. Fifty-nine (34 qualified and 25 unqualified) indicate that there are conditions under which they would recommend a child was withdrawn from care.

Table 9.13

Qualified and Unqualified Staff Responses Indicating Whether They Would Recommend an Infant’s Withdrawal from Care

At no point would I recommend this	I would recommend this when...	Total
Qualified		
18	34	52
Unqualified		
23	25	48
41	59	100

When asked to indicate when they would recommend a child be withdrawn from care 57 of the 59 respondents indicating that they would recommend withdrawing the child answered as follows:

Table 9.14

Qualified and Unqualified Responses Indicating the Reasons They May Use to Recommend an Infant Was Withdrawn From Care

Reason given	No.
Not happy / constant crying / distressed beyond reasonable amount	11
Not settled after a substantial amount of time	9
Seriously ill, danger to others, continuous serious illness – some infants don't have the immune system to cope with group care, constantly sick	6
All possible strategies tried	6
Discuss with parent about reducing care, trying again later, moving to family day care	5
Child so distressed 'making themselves physically sick'	4
Mother / parent so upset they are not coping, detrimental effects at home and to parents	4
Family, children and staff find situation too stressful	3
Emotional distress plus not eating, drinking, sleeping	3
Child cannot cope in group environment	2
If family circumstances (parent not working yet) could	2

accommodate child	
Upsetting other children	1
Physically, emotionally and perhaps mentally effected	1

Of the 57 comments, 5 stressed discussion with the parents in relation to withdrawing the child; 2 recommended keeping the child home, 5 recommended withdrawing the child but didn't comment on alternatives, 4 suggested the use of family day care and 1 suggested trying another Centre.

Respondents were also asked about their experience with and ideas about the use of primary carers with infants. These results are presented in the next section.

Experience with infants not settling into care

Respondents' information about infants who did not settle into care was gathered in two separate sections in the survey. Early in the survey respondents were asked a set of open-ended (qualitative) questions about infants not settling into care. These were designed for two functions. The intent was to stimulate respondents' memory of experiences with infants who did not settle and to prepare them for the selecting of behaviours for settled and not settled profiles. The questions were open ended so that the respondents were not led to provide any particular information about possible behaviours. It was expected that the replies to these open ended questions would provide a reliability check on the items presented for choice. If the content of the analysis of the responses matches the items prepared from the literature review information it provides

some affirmation of the choices made for the potential items in the profiles. The results of the analysis will be reported here and the comparison with the profile items will be discussed later in Chapter 10. The first question asked if respondents had ever cared for an infant who did not settle and subsequent questions asked them to report the behaviours they saw and the outcome for the infant.

Have you ever cared for an infant who did not settle into care?

Respondents indicated, when asked whether they had ever cared for an infant who did not settle into care that 54 (48.2%), 31 qualified and 23 unqualified had had experience with a child who did not settle. Fifty-five (49.1%) indicated that had never experienced caring for a child who did not settle in to care. Of these 55, 23 were qualified and 32 were unqualified. This is an interesting response because it is likely, with so many (49.1%) not having experience with an infant who did not settle that it supports other information that most infants settle in to care and few have to be withdrawn. It is important to comment that the focus of the research reported here is on carers experience with infants who 'did' settle not their experience with infants who 'did not' settle so the sample responses do not need to have 'experience with infants not settling' as a variable in analysing data. The data is presented in table form below and then further analysed to determine what proportion of the infants who did not settle were cared for in private or community managed centres.

Table 9.15

Respondents' Indications of Whether They Had Cared for an Infant Who Did Not Settle into Care

	Qualified	Unqualified	Total	Percent
Missing data			3	2.7
Yes	31	23	54	48.2
No	23	32	55	49.1
Total	54	55	112	100.0

Of the staff reports of children who did not settle into care 14 were from privately owned child care, 36 from community based and four from 'other' centres. Where staff reported that they had not ever cared for a child who did not settle, 16 were from privately owned centres, 38 were from community managed centres and 1 from 'other' centres.

Table 9.16

Respondents Indicating Whether They Had Cared For an Infant Who Did Not Settle – Private and Community Centres

I work in a:	Have you ever cared for an infant who did not settle into care?		Total
	Yes	No	
privately owned centre	14	16	30

community-managed centre	36	38	74
other	4	1	5
Total	54	55	109

Further analysis revealed that of the 54 respondents indicating they had experience with an infant not settling into care, 26 of the infants were withdrawn, 5 were still in care at the time of the survey and were still distressed and 23 eventually settled. The responses for the infants who were withdrawn were analysed separately and are reported first below. The decision was taken to not report the information for the infants who eventually settled because the question was directed to gather information about infants ‘not’ settling, rather than taking a long time.

Summary of comments about infants who didn’t settle and were withdrawn from care:

The qualitative responses to questions asking for details of their experience with a child who did not settle, from the 26 respondents who indicated the child was withdrawn were sorted and categorised and themes were isolated. The infant behaviours are presented first, followed by carers’ information about the situation at the time. Within the details supplied about the infants who did not settle into care the most obvious themes were, interestingly, attachment and temperament, specifically insecure attachments and difficult temperament characteristics. This provides another point of consistency with the approach taken to the development of the profiles. Adjustment to care behaviours, as with the profiles, are limited, in fact only one appears; ‘no peer interaction’. Where respondents’ replies are included

they are reported as they were written. Any spelling or grammatical errors or internal contradictions in the statements are those of the respondents.

Composite profile of the infant:

Forty three of the 63 responses (68.3%) indicate insecure attachment behaviours of the child were evident in the infants who did not settle. These include insecure with parent “very attached to mother, cries most of the time” and insecure with the carers and parent “needed to be held constantly” and “required one on one all day”. Another response indicative of insecure attachment was “didn’t calm or accept comfort no matter what you did”.

Fourteen comments (22.2%) were descriptive of *difficult temperament* behaviours. Among the examples given were “strong willed temperament”, “difficult temperament”, and “didn’t like change”.

As mentioned above, only one comment described an adjustment to care behaviour. There were five comments classified under ‘other’. Three of these related to procedures in entering care “only in one day a week” (2) and “breast fed – mum wanted us to wean”. The final two comments were [child is an] “only child” and “didn’t like being around other children”.

It is interesting to note the similarities between these descriptions of the child who did not settle and the behaviours in the final ‘not settled’ profile. In that profile the insecure attachment behaviours also predominate. Also notable is that these categories of behaviours are similar to those reported earlier for why some children take longer to settle. This commonality points to a level of internal consistency within the replies to the survey that reinforces and strengthens the conclusions presented. Respondents were asked to indicate

anything about the situation at the time they thought relevant to the infant not settling. These replies are presented next.

Composite profile of the situation

Respondents were asked to describe any relevant things about the situation at the time the infant/s did not settle. The prompts provided were (for example, the room, the routines, the staff, aspects of the centre). When the replies are sorted, and themes discerned only two of these prompts appear; staffing and room issues.

Within the thirty-one comments about the situation, four (12.9%) mentioned the high child to staff ratio as a factor contributing to the infants not settling. Two comments also indicated that the “high turnover of staff at the time” was a factor. Two ‘room’ issues (2 comments each) are mentioned “lots of children and noise for the child” and “when an unsettled child is in the room one staff is trying to console the child, the other children get upset and also staff members are concerned for the unsettled child”. Four unprompted themes appeared; the child’s attendance pattern (4 comments), the timing of the child’s beginning in care (6 comments) and the reoccurring temperament (1 comment) and attachment (10 comments) themes.

Typical comments about attendance pattern were “child not in care long enough to overcome problems” and “one morning per week”. Timing comments indicate that arriving at lunch time or other busy times when first beginning care or beginning in “the middle of summer” were not ideal. The one temperament factor indicated was the need to adjust to “the whole routine of a different environment” (2 comments). The most comments, ten (32.3%) were about attachment and indicate an overlap of concerns for the carers from the

descriptions of the infants. Typical of these comments were “had been only with Mum for 8 months, separation anxiety” and “resisted bonding with staff”. Here again is one of the overall themes of the research with attachment to parents and/or carers being highlighted as a concern for staff about infants settling or in this case, never settling into care.

Having described the infant behaviours and the situation, respondents were asked to report any behaviour that particularly concerned them. There is, as could be expected, considerable overlap in the infant behaviours reported above and the selection of the ones that particularly concerned the carers. These behaviours of concern to the carers are reported next.

Composite profile of behaviours respondents said particularly concerned them

As with the other sets of responses the replies were analysed and themes discerned. Four themes emerged; the infant’s failure to respond to the carer’s efforts, the level of overt distress of the infant, the absence of developing peer relationships and several ‘other’ behaviours indicating distress but not overtly so. In this ‘other’ category were “withdrawn and upset for majority of time” and “standing at” and “always looking at the door”. This is the first time in this set of questions that behaviours indicative of Fein’s non-adjustment to care appear. It is possible they are seen as concerning but ‘transitory’ in the overall pattern of settling into care.

Typical of the ‘failure to respond’ behaviours (10 of 33 comments) are “she would not settle with any of the carers/refused cuddles” and “lack of eye contact, physical straining away from carer”. Several comments indicate an overlap between failure to respond and overt distress behaviours (3 comments). Indicative of these comments is “the child would cling to caregivers when

picked up but not stop crying or seem content.” Comments about overt distress highlight both the length of time the child was distressed and their level of distress and these are the largest proportion of the behaviours caregivers indicate concerned them (12 of 33 comments). Comments indicative of the concern for length of time are “cried for Mum for long periods of time” and “cried and was distressed constantly.” Descriptions indicative of the intensity of the infant’s response are “hair pulling, high pitched squeals, fretting tones” (one comment and hopefully only one child’s experience!) and “the child would cry until she vomited, refused to eat and drink, refused to move from pusher, would not sleep.” Carers’ comments about these concerns are particularly vivid, another indicator of their level of concern about the behaviours.

The final theme was carers’ concern for the infants’ peer relationships. Seven comments indicate that infant’s actively avoided their peers and this caused concern for the carers. Typical comments from carers are “withdraws from other children when they come close” (3 comments) and “she would not even look at the other children or have anything to do with them” (2 comments).

It is apparent from the carers’ comments in this section that the time between when an infant enters care and their subsequent ‘settling’ or removal can be both intense and difficult for the child and their carers and parents. It is important to remember that the development of attachment and the accompanying secure base takes months with the parent and so too with the carer. Issues of time in care and the parent’s responses are apparent in the

replies to the next question about what happened eventually for the infants being described by the respondents.

It needs to be reiterated here that the selection of responses reported here are from respondents who indicated the infant was withdrawn from care. In asking the question about what happened eventually all responses will be relative to the detail of the infant being withdrawn. The themes emanating from the respondent replies are reported next.

Composite responses to “what happened eventually, for the child?”

Twenty-five comments were recorded detailing what eventually happened for the child. Four themes and two isolated responses appear in this data. The two isolated responses indicate one child went to another centre and one child was withdrawn for several months and then successfully re-entered care. Only in two comments is it indicated that staff and parents discussed what should happen and decided on withdrawal of the child. One comment is “after much discussion and alterations to support this family parents advised to try F-D-C (small group)” – FDC is Family Day Care. Twice, it appears, staff were pro-active in suggesting to parents that infants be withdrawn. Four comments indicate that children ‘left’ the centre but no more precise information is offered, as is the case with the largest group. Fifteen of the carers’ responses indicate that the parents were instrumental in withdrawing their children. Seven comments directly indicate both the child and mother were under stress. A typical response is “parents took child out of care due to the emotional stress on both parent/child”. This theme of withdrawal because of the parent’s responses is evident in the discussion in the focus groups and emerges as one of the major factors in infants’ withdrawal from care.

As with other questions in the survey designed to check whether the researcher had missed any cues or information, respondents were asked via an open ended question to share any other points they thought relevant but that they had not been asked to provide. These responses are reported next.

Composite responses to “is there anything else you consider relevant?”

Eighteen comments were made and six themes emerged, only one of which was new, the influence of culture. The other themes, no transition visits, attendance patterns, no experience with carers other than mother, parent (in particular, mother) issues and the infant being “not ready” have all appeared before in other questions.

The comments on culture are generally not elucidated and offer little information “the family was from Vietnam” (2 comments) and “she was from an Indian culture – oldest child”. The issue of culture and its effect is one which was chosen to be further addressed in the focus groups and more information is presented later along with the details of the discussion.

The parent issues focussed on “the father did not want the child in care, mother wanted to be able to work” (one comment) and “mother was upset at leaving the child” (four comments). The role of parent attitude to care is of further interest in determining the infant’s settling in progress and is discussed further with focus group information in the discussion chapter 10. The issues of attendance patterns, lack of transition visits and the infant not being ‘ready’ for care had all been addressed in other places so this section had little to offer that was new.

The final question in this sequence asked respondents to share how they felt about the infant being withdrawn from care. The responses are sorted and categorised and reported under topics/themes

Responses to “How did you feel about the eventual outcome?”

Several themes were apparent when this data was analysed and assessed. In descending order of the number of responses, respondents reported feeling, disappointed, upset, sad, that the right decision for the child had been made, relief, resigned, mixed feelings, sorry for the parent and nothing.

Typical of the seven (of 35) comments saying they were disappointed was “disappointed no positive outcome” and “Disappointed that there wasn’t much time allowed to let child get used to us or the centre.”

This feeling of disappointment is also reflected in the comments for those who were upset, “Upset tried and true methods didn’t work” (3 responses) and “upset Mum didn’t respond to suggested changes” (2). While it appears to have been a difficult decision to come to, five respondents indicate that “felt right decision was made” [for child to leave] and “felt probably in child’s best interests” (2). The mixed feelings often contained statements of sadness “sad child went but better for the child” (2) and “ sad ... but happy because it relieved the strain on the room”(2). The sense of disappointment is also apparent in the replies where carers said, “We were upset that all the tried and true methods hadn’t worked with him & also upset that his Mum didn’t respond when we discussed with her about increasing the time he spent here so he would get to know us” (3). The notion of doing all they could is a sub theme throughout the answers. There is no sense of happiness that the child left. The closest any comment comes is to say they felt ‘relieved’. “We put a lot of effort

into trying to settle this child, so it was a relief when he left, as it was a very unsettling time for all our other children. Personally it was a relief also, because it was very stressful for us as well.”

There were two comments where respondents said they felt “sorry for the parent” and two said they felt “nothing really, was Mum’s choice, respected Mum’s choice” and “It didn’t affect me professionally and personally as we tried our best to facilitate for this child and its needs but it just didn’t work.”

Summary

This section of the chapter has reported the findings from a set of open-ended questions about respondents’ experience with infants who did not settle into care. The information was gathered early in the survey before the respondents sorted behaviours for the profiles. The intent in gathering the information was two fold. One was to prepare respondents to answer subsequent questions by prompting their recall memory about a specific child or child who did not settle. The other was to gather data that was not ‘prompted’ and could form a check on the content of the behaviours chosen for the profiles from the early childhood literature. The responses to the open ended questions were sorted and quantified and themes discerned. An initial sort of the responses separated replies where the infant eventually settled and these are not reported here.

For the infants who did not settle the carers’ descriptions of the child’s behaviour, ideas on the situation that related to the child not settling, the behaviours that most concerned them and the eventual outcome for the infant are reported. Respondents’ replies as to how they felt about the infant not settling are reported.

It is argued in the literature review that the current practice of using a primary care system in childcare centres assists infants to attach to their carers. It is posited that this practice will also assist infants to settle in to care and effect the time it takes them to settle. The next section of the chapter reports the results of questions about the use and effect of primary care in childcare centres.

Primary Care

Within the survey two sets of questions related to primary care. Early in the survey respondents were asked whether they used primary care in their centres and to indicate why they did or did not use them. Later in the survey respondents were asked whether they thought the use of primary carers assisted infants to settle in to care. These results will be reported in this next section.

Primary carers and settling into care

Before being asked their opinions on the helpfulness of the use of primary carers for infants settling in to care, questions were asked to ascertain how many centres were actually using primary care. Respondents were also asked to record why their centre did or did not use a primary care system. The answer to the questions about current practices will be reported first and then the carers' responses about the value of primary carers for assisting infants to settle in to care.

Primary care arrangements in centres

Respondents were asked to indicate their centre's current use or approach to the use of primary carers with infants. Replies indicate that infants are assigned primary carers in 63 cases of 112 (56.3%). Of these 23 are from

privately owned centres and 40 from community managed centres with no ‘other’ centres assigning primary carers. In 24 cases (21.4%) respondents indicate that infants are not assigned primary carers. Additional details are in the following table.

Table 9.17

Frequency of Primary Care in Centres

	Frequency	Percent	Cumulative Percent
infants assigned primary carers	63	56.3	58.9
infants not assigned primary carers	24	21.4	81.3
considering using primary carers	10	8.9	90.7
not considering using primary carers	1	.9	91.6
discussed it & decided not to use	7	6.3	98.1
management have decided not to use primary carers	2	1.8	100.0
Total	107	95.5	
missing data	5	4.5	
	112	100.0	

Illustrating the replies with a graph highlights the distribution of replies.

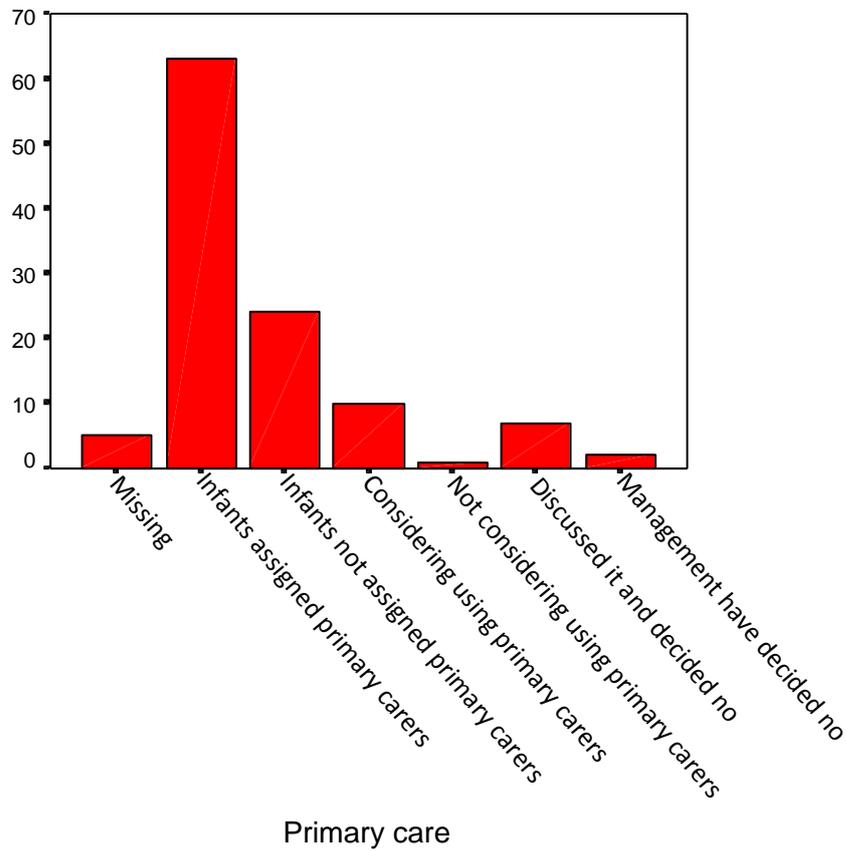


Figure 9.5. Use of primary care in centres

Once the information for all centres was calculated the data was re-analysed to determine whether there were differences between privately owned centres and community-managed centres.

Table 9.18

Primary Care in Private and Community Based Centres

Primary care type	Centre type			Total
	Private	Community managed	Other	
Infants assigned primary carers	23	40		63

Infants not assigned primary carers	6	15	3	24
Considering using primary carers		10		10
Not considering using primary carers		1		1
Discussed it, decided not to		6	1	7
Management have decided not to use primary carers	1		1	2
Total	30	72	5	107

One third of the centres in the population of this study are private centres and just over half of the centres using primary carers are private centres. Thus indicating the use of primary carers is slightly higher in the private over the community centres for this sample of centres.. Only one centre, a private one, had discussed using primary care and decided against it while 10 of the community-based centres were still considering implementing primary care for their infants. Specific questions about primary care and the benefits for the infant settling in to care were asked and the results will be reported next.

Carers thinking about the benefit of using primary carers to help infants settle

When carers were asked if they thought the use of primary carers helped infants settle into care 86, 76.8% said they did. Of these 29 came from

private centres, 52 from community and 5 from ‘other’ centres. 47 were qualified staff and 39 were unqualified. Of the 12 respondents 10.7%, indicating they did not think primary carers helped infants to settle, all 12 came from community centres with 4 qualified and 8 unqualified.

Three 2.7%, of the respondents indicated they were not sure whether the use of primary carers assisted infants to settle into care. Of these 3, one was from a private and two were from community centres. One was qualified and two were unqualified. Four respondents 3.6%, replied ‘yes and no’ to the question, one from a private centre and 3 from community centres. Three were qualified staff and one was unqualified.

Table 9.19

Use of Primary Carers Assists Infants to Settle

	Frequency	Percent	Cumulative Percent
Yes	86	76.8	80.4
No	12	10.7	91.6
not sure	3	2.7	94.4
Yes and No	4	3.6	98.1
no answer	2	1.8	100.0
Total	107	95.5	
missing data	5	4.5	
	112	100.0	

It appears that the benefits of using primary care to settle infants in to care are apparent to carers whether they actually use primary care or not. The table above illustrates the high proportion of respondents who think it helps and when compared with those who actually use it, demonstrates the gap between what carers believe and what they are able to follow through on with infants and primary care. When a graph is constructed this discrepancy is visually very apparent.

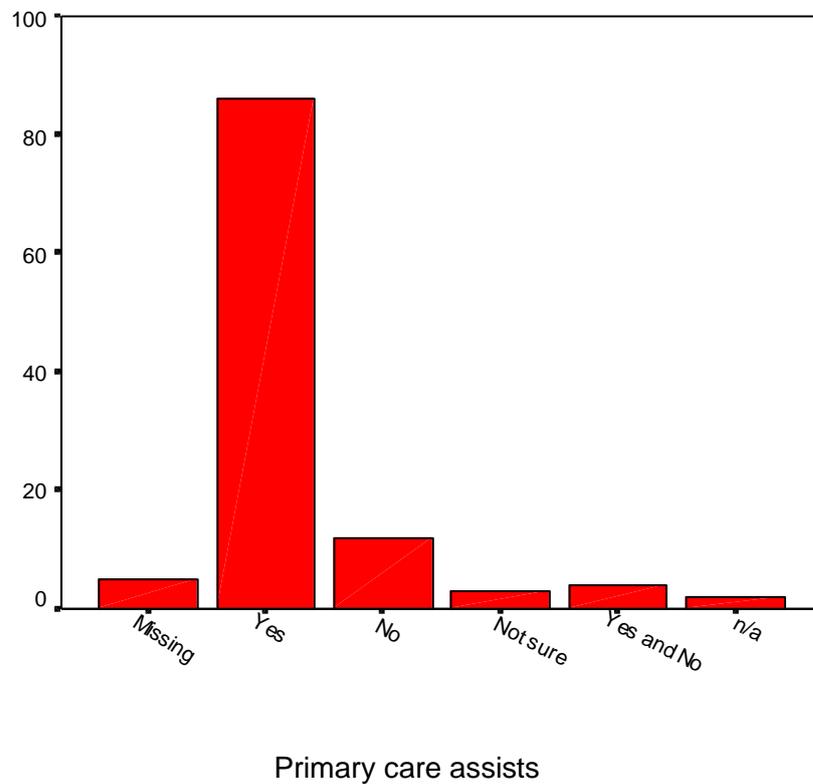


Figure 9.6. Use of Primary Carers Assists Infants to Settle

The results for use of primary care to assist infants was further analysed and the figures for private and community centres and then for qualified and not qualified are indicated in the tables below.

Table 9.20

Use of Primary Carers Assists Infants to Settle; Private and Community Centre Responses

Yes	No	not sure	Yes and No	n/a	Total
Privately owned centre					
29		1	1		31
Community-managed centre					
52	12	2	3	2	71
Other					
5					5
Total					
86	12	3	4	2	107

Twenty-nine of the private childcare respondents indicate that they think primary care helps. Twenty-three respondents indicated they did use primary care so six respondents indicate they think it helps but they do not use primary care. The high proportion of respondents indicating they think primary care helps is also apparent in the data about qualified and not qualified respondents' opinions.

Table 9.21

Use of Primary Carers Assists Infants to Settle; Qualified and Unqualified Staff Responses

Yes	No	Not sure	Yes and No	n/a	Total
Qualified position					
47	4	1	3		55
Unqualified position					
39	8	2	1	2	52
86	12	3	4	2	107

The results reported indicate a high level of support for the use of primary care with infants settling in to care. Respondents were also offered the opportunity to comment on why and how the use of primary carers either helped the child or not. The answers were sorted into categories and are summarised in table form below (see Table 9.22). Reflective of the proportions of respondents indicating primary carers helped, or did not help, there were 132 comments on how and why use of a primary carer helped an infant to settle and 14 indicating why the respondent had said ‘no’ they did not help.

Thirty comments indicated that use of a primary carer promotes attachment for trust, security and a secure base, 28 said infants develop a comfortable, positive, secure relationship and settle quicker with one person and 14 indicated infants were helped to be secure with one caregiver first instead of 3 all at once. One comment noted that they allow a child who wants

to, to choose for themselves and they do not assign carers. So the primary care system in that centre would function for those babies who express a preference but not for others.

Table 9.22

How Primary Care Assists Infants to Settle in to Care

If yes, why and how		%
Promotes attachment for trust, security and a secure base	30	22.7
Infants develop a comfortable, positive, secure relationship and settle quicker, with one person	28	21.3
Allows consistency in care routines / predictability	15	11.4
Secure with one caregiver first instead of 3 all at once	14	10.6
Carer gains in-depth knowledge and sorts out routines to suit infant and meet their needs	11	8.3
Builds trust and security	11	8.3
Child and family build relationships with carer, parent settles faster	9	6.8
Assists the infant to separate	7	5.3
Infants respond more to one person - not so confusing, settle quicker	5	3.8
Some children attach themselves to a certain carer and that helps them to settle better. We don't assign	2	1.5

The comment about not assigning carers (see final line above) but letting infants choose, if they want to, was also made twice when respondents outlined why they thought primary carers did not help infants to settle. Five respondents indicated that they did not think the use of primary care assisted infants to settle because if that primary carer is away the child is distressed. Staffing issues figured in 4 comments and two respondents commented that they thought the child should have the care of all the staff. There were fewer responses indicating that primary care did not benefit infants and the most frequent reason given was that if the infant attached to a carer they would be distressed if that carer was absent when they attended.

Table 9.23

Why Primary Care Does Not Help Infants Settle

If no, why not	
Because if the child's primary carer is away the child is distressed	5
May not be consistent staff (staff roster, variance in group no's effect staffing)	3
It's good for the child to decide who he/she will attach to, if any	2
I think the child should have the care of all staff	2
I personally feel that it causes too strong an attachment to one carer & if that is what is needed, they should be with their parents	1
Insufficient staff	1

If the level of response (number of comments) is any indication, it appears there is wider support for the use of primary carers than objections to using them. Respondents were also asked to indicate their level of agreement that the use of primary carers assisted infants to settle in to care. The question was intended to indicate whether the support for primary care was mild or strong. These results will be reported next.

Level of agreement with the statement: The use of primary carers helps infants settle into care.

The analysis of the responses to this question indicate that of the 4 respondents 3.6%, who 'did not agree at all', all were from community managed centres and 2 were qualified with 2 unqualified.

Respondents indicating they agreed 'a little' were 6, 5.4% in total, with five from community and one from a private centre. One was qualified and 5 were unqualified. Nine 8.0% of respondents indicating 'moderate' agreement with the statement were 2 from private and 7 from community-managed centres with 3 qualified and 6 unqualified.

Thirty-four, 30.4% of respondents indicated a 'reasonable amount' of agreement that the use of primary carers helped. For these respondents 13 were from private, 19 from community and 2 from 'other' centres and 22 were qualified and 12 unqualified. Those respondents 47, 42% who indicated 'a lot' of agreement were 13 from private, 32 from community and 2 from 'other' centres.

These results are consistent with the earlier results giving respondents opinions about the use of primary care and appear to suggest that the support

for the use of primary carers is widespread and strong. The results are presented below in a table and graph.

Table 9.24

Level of Agreement with Statement: 'The Use of Primary Carers Helps Infants to Settle into Care'

	Frequency	Percent	Cumulative Percent
Not at all	4	3.6	4.0
A little	6	5.4	9.9
Moderately	9	8.0	18.8
A reasonable amount	34	30.4	52.5
A lot	47	42.0	99.0
Not applicable	1	.9	100.0
Total	101	90.2	
Missing data	11	9.8	
	112	100.0	

The high level of agreement that primary care helps infants to settle in to care is apparent in this table and visually more apparent in the graph shown below.

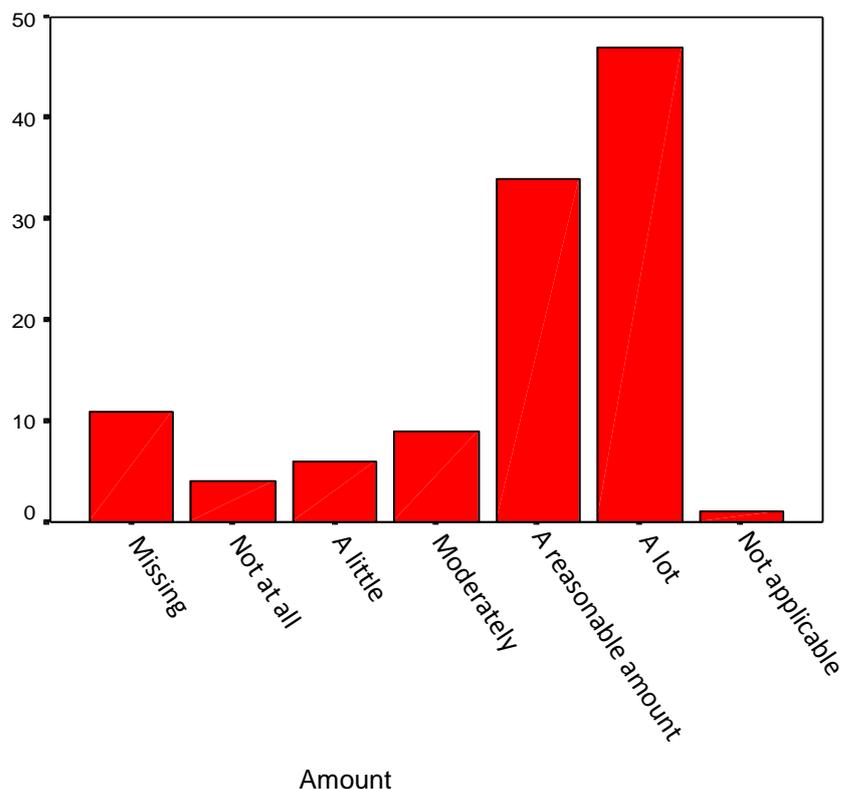


Figure 9.7. Level of Agreement with Statement: 'The Use of Primary Carers Helps Infants to Settle into Care'

When the results are looked at by funding type the differences between carers in community and private centres are small.

Table 9.25

Level of Agreement with Statement: 'The Use of Primary Carers Helps Infants to Settle Into Care'; Private and Community Funded Centres

Not at all	A little	Moderately	A reasonable amount	A lot	Not applicable	Total
Privately owned centre						
		2	13	13		28
Community-managed centre						
4	5	7	19	32	1	68

			Other			
	1		2	2		5
4	6	9	34	47	1	101

Unqualified staff are only slightly less than qualified staff in their levels of agreement that primary care assists infants to settle in to care.

Table 9.26

Level of agreement with statement: 'The use of primary carers helps infants to settle into care'; qualified and not qualified

Not at all	A little	Moderately	A reasonable amount	A lot	Not applicable	Total
Qualified position						
2	1	3	22	26		54
Unqualified position						
2	5	6	12	21	1	47
4	6	9	34	47	1	101

It appears that there is strong support for the use of primary care for assisting infants to settle in to care across the sectors (private and community based) and with both qualified and unqualified staff. The results detailed in this section

will be summarised below and then the detail of the final open ended question in the survey will be presented.

Summary

The results presented in this section of the chapter detailed the respondents' views on the use of primary care in childcare and its contribution to assisting infants to settle into care. More carers thought using primary care was beneficial than reported they used it in their centres. The results indicate that primary care use is slightly higher in the private centres in this sample than in the community-based centres. Carers' views on how they thought primary care assisted infants to settle into care and alternatively why they did not use it were reported. When asked if they thought primary care assisted infants to settle into care there was strong agreement across all sectors, qualified, unqualified, private and community based centres that it was beneficial.

The last section of this chapter reports on carers' responses to the opportunity to add any information they thought was not covered up to that point in the survey. As indicated in the earlier chapter on methodology the intention in asking this question was to establish a check on the information covered. If the responses from carers in the 'any other comments' section indicated an area that was not covered earlier a response was necessary from the researcher. If no new areas arose it would affirm that all significant aspects had been covered. The results of the analysis of the carers' responses will be presented in the next section.

Other comments from respondents

As the final item on the survey respondents were invited to ‘Please add any other comments you would like to make about your work with infants entering care and settling into your room’. The seventy-seven comments made in this section were analysed and sorted into 20 sets of ideas (see Table 9.27 below). Four themes emerged; orientation visits, advice for parents, issues for the centre to consider, and advice for other caregivers. These themes are used below in the written comment but not in the table (Table 9.27) that follows. The decision was taken to present the detail in the table because it is important for the detail of the comments to come through. If carers felt strongly enough about any issue to add it at this point it was important to record and view it.

The most comments, 15 of 77, 19.5% centred on the importance of orientation visits and how these first visits might occur. The comments made the points that orientation visits are important for helping the child and parent to adjust and for the carer to learn about the child. Two comments each were made in the following areas: have the infant visit for 1/2 - 1 hour on their own prior to first day without the parent, start off coming in every day until they are settled, then can cut back and build visits and time alone at the centre up to full time. While one comment emphasised the importance of “time spent with p/c [primary carer] during 1st time in care.”

Points for parents figured highly in the comments with 10 comments about the need to “reassure mum / dad / guardian all is well, take photos of child at play, invite parent calls, work closely with parent, important parents are happy”, 5 comments about the need to “continually share information with parents to ensure continuity of care” and three on the importance of informing

parents; two reinforcing that “separation anxiety is a normal process & may arise even after they have settled, important for parents to know this is normal and may be an influencing factor in the settling process” and one saying be “honest in reporting on child's day - if child sad, say so but add about the happy times”.

Issues for the centre to consider were: four comments about the importance of a primary caregiver, one comment suggesting “have [ing] an extra caregiver when having a new child/chn settle into the room” and one comment on the importance of the need to ensure “each child and family feel valued for who they are”.

Comments relating to caregivers centred on

A) Maintaining continuity with home: “ask parents to bring comfort objects, toys” (5), “staff need to know the child's routines, developmental stage, favourite toys, music, songs” (3).

B) Transition suggestions: “help chn [children] denjoy time, interact constantly throughout each routine and activity, try to make them comfortable at all times, sit and play 1 to 1, lots of cuddles” (11 comments); “introduce and slowly familiarize the child, show respect, maintain needs” (5) and

C) One comment about infants stopping breast feeding, “important for infants under 6 months if going to have a bottle that parent introduces it before the first day so staff don't have to do it and have a very distressed infant.”

One comment gave advice, “we avoid putting babies into strollers but if nothing else helps them settle, a stroller will most times give them a feeling of

security” and one comment connected the quality of care with workers conditions:

“good working conditions for staff mean less staff turnover and therefore more stability for babies and children. Happy workers will translate into a happy environment which impacts on the settling and emotional well being of the children.”

Table 9.27

‘Other Comments’

Other comments	No.	% of 77
Orientation visits are important for helping the child and parent to adjust and for the carer to learn about the child	15	19.5
Help chn enjoy time, interact constantly throughout each routine and activity, try to make them comfortable at all times, sit and play 1 to 1, lots of cuddles	11	14.3
Reassure mum / dad/ guardian all is well, take photos of child at play, invite parent calls, work closely with parent, important parents are happy	10	13.0
Ask parents to bring comfort objects, toys	5	6.5
Introduce and slowly familiarize the child, show respect, maintain needs	5	6.5
Continually share information with parents to ensure continuity of care	5	6.5
Maintain home routine	4	5.2

Primary caregiver is important	4	5.2
Staff need to know the child's routines, developmental stage, favourite toys, music, songs,	3	3.9
Separation anxiety is a normal process & may arise even after they have settled, important for parents to know this is normal and may be an influencing factor in the settling process	2	2.6
Have the infant visit for 1/2 - 1 hour on their own prior to first day without the parent	2	2.6
Start off coming in every day until they are settled, then can cut back	2	2.6
Build visits and time alone at Centre up to full time	2	2.6
Important for infants under 6 months if going to have a bottle that parent introduces it before the first day so staff don't have to do it and have a very distressed infant	1	1.3
Have an extra caregiver when having a new child/chn settle into the room	1	1.3
Time spent with p/c during 1st time in care	1	1.3
Each child and family to feel valued for who they are	1	1.3
Being honest in reporting on child's day - if child sad, say so <u>but</u> add about the happy times	1	1.3
We avoid putting babies into strollers but if nothing else helps them settle, a stroller will most times give them a feeling of security	1	1.3

Good working conditions for staff mean less staff turnover and therefore more stability for babies and children. Happy workers will translate into a happy environment which impacts on the settling and emotional well being of the children

1 1.3

Apart from the comments about orientation visits (which covers processes for the infant, mother and carer) the majority of the comments relate to processes for caregivers. No apparent ‘other’ area is evident that would need to have been added to the development of the profiles. This is the third and last of three chapters presenting the research results. The results processes across the three chapters will be reiterated and then summarised next, before presenting the discussion of the findings, for this chapter.

Results: a summary

Results analysis processes

Both quantitative and qualitative results have been presented in this series of chapters (Chapters 5, 7 and 9). Quantitative data was analysed using simple non-parametric statistical procedures and statistical programs for social scientists SPSS. Qualitative data was analysed using a cyclical process of reduction, organisation and interpretation. In keeping with the triangulation process outlined in the literature review and methodology chapters additional qualitative information is available from the focus groups and this information is reported in the discussion chapters where the data informs the discussion of the related quantitative data.

The demographic information about respondents was reported first as background to the interpretation of data in the discussion chapters. Following the presentation of the results of the questions gathering demographic data the responses to the survey items were presented in order. Respondents' reports of their knowledge and use of the term 'settled in to care' were analysed and presented. The profiles of the settled and not settled child were developed and the items included in the 'not applicable' list were identified. The initial profiles were analysed to determine where a cut off could occur to determine items to include and items to exclude. The scatter plots gave visual information to support the decisions. The hierarchical cluster analysis was chosen as the most appropriate form of analysis to confirm which items should be included and which could be excluded. The attachment, temperament and adjustment categories were reapplied to the items in the final lists and the significance and role of each category analysed and reported using Spearman's rho and Chi-square analysis.

Data gathered from carers for entry into the research literature was presented in Chapter 9. The data on the time it takes an infant to settle, respondents' experience with infants not settling and the use of primary carers for infants settling in to care was reported and analysed using both simple statistics and theme analysis as appropriate. The respondents' replies to the invitation to add any further comments they thought needed to be made in a discussion of infants settling in to care were also analysed and reported.

Summary of results: content

It is apparent from the results presented in Chapter 5 that the term 'settled in to care' is one familiar to the majority of respondents. The qualified

staff appear to encounter it and use it more widely than the unqualified staff. The variations in qualified staff's tasks and contact with parents may account for this. No other term was reported to be in common use to name the process and outcome of the infant's transition from home to centre based care.

The results presented also indicate that given the similarity between this group of respondents and the wider South Australian and Australian population of childcare workers in under two year old rooms, it can be concluded that the term 'settled into care' is widely used and useful. This similarity also indicates that the research using South Australian findings has a wider application across Australia

Chapter 7 reported the results of the analysis of participants responses to the request to sort 45 infant behaviours considered observable and typical into three categories of behaviours, 'settled', 'not settled' and not applicable. The behaviours were drawn from the Child Development and Early Childhood literature about attachment, temperament and adjustment to care. In the two profiles developed, attachment to the parent and carer were found to be important in the infants' ability to settle in to care with secure attachment behaviours evident in the 'settled' profile and insecure behaviours evident in the 'not settled' profile. Further to this, attachment to more than one carer was significant in the profile of infant's 'settled' behaviours.

Positive temperament behaviours appeared in the 'settled' profile but negative temperament behaviours were not present in the 'not settled' profile. Positive 'adjustment to care' behaviours were included in the 'settled' list. Fein's (1993, 1995) 'not adjusted – despair like' behaviours were evident in the 'not settled' list. However this group of respondents did not recognise the 'not

adjusted – detachment like’ behaviours as relevant to the profile of behaviours of the not settled child.

One behaviour ‘has preferred carer (goes to them for comfort and help) appeared in both profiles and was slated, along with other items in the ‘not applicable’ list for further discussion with focus group participants. The results of the focus group discussions are inserted in relevant areas in the discussion. This is appropriate as the focus groups were designed to provide content triangulation and clarity on any issues arising from the analysis.

The results reported in chapter 9 reveal that respondents see 2 to 3 weeks as the average amount of time infants take to settle in to care. Data on why some infants never settle and what assists infants to settle was presented. The results reported also indicate that more carers thought using primary care was beneficial than reported they used it in their centres. The results indicate that primary care use is slightly higher in the private centres in this sample than in the community-based centres. When asked if they thought primary care assisted infants to settle into care there was strong agreement across all sectors, qualified, unqualified, and private and community based centres that it was beneficial.

Respondents, when asked if there was anything missing in the survey behaviours, raised no other behaviours. They did raise issues of process and the procedures used to introduce new infants into the care setting. Several of these were slated for further discussion with the carers in the focus groups. This is consistent with the research aim to add caregiver information to the research literature.

All of the results presented were discussed in the next related chapters. Chapter 6 discusses the demographics and makes the point that the respondent profile mirrors the wider South Australian and Australian caregiver profile and therefore the results are valid beyond this group of respondents. Information on the carers concept of the infant 'settling into care' and use of the terms is discussed. Chapter 8 discussed the profiles and the characteristics of the infants who are settled or not settled. References to the attachment, temperament and adjustment literature were made. Chapter 10 which comes next discusses the information from carers about the time it takes infants to settle into care, their experiences with infants who did not settle and ideas about primary care.

CHAPTER 10

DISCUSSION OF CARERS EXPERIENCE OF SETTLING INFANTS INTO CARE, INCLUDING THE FOCUS GROUP CONTRIBUTION

Introduction

This chapter discusses the findings of the caregivers' experience with infants entering care, reported in the previous results chapter. As has been argued in the literature review there was no research literature found which gathered information from a large number of carers about their extensive experience with settling infants into care. No studies were found which presented either information about the infants who did not settle and what happened to them or carers experience with these infants. Indirect references to the time it takes infants to settle into care were found in a few studies (Dalli, 1999a; Fein, 1995; Fein, Gariboldi, & Boni, 1993; Zajdeman & Minnes, 1991) but no information from a group of carers and their experience of how long it takes infants to settle were found. The professional literature contains articles that advise carers what to do to assist infants to enter care (Daniel & Shapiro, 1996; Edwards & Raikes, 2002; Fernandez & Marfo, 2005; Gray, 2004; Sims, Guilfoyle, & Parry, 2005; Szamreta, 2003) but no articles were found which present a group of carers existing information. This has particular implications for the content of the discussion because there is often little to refer to and so while the discussion itself is not limited, references to other sources may be.

Structure of the discussion

As has been indicated previously in the methodology section one of the strategies used to establish validity was the use of focus groups for both

structural and content validity. The use of the focus groups for content validity was apparent in the earlier discussion chapter on the profiles when participants were asked to comment on the content of the profiles and to discuss any anomalies. The focus groups' contribution to content validity is also apparent in this chapter. Where quantitative data is available, it is first discussed for what it offers and then any related issues raised in the focus groups are added to the discussion. Actual quotes and summaries of discussion allow the verification, interpretation and expansion of the quantitative data. The chapter thus illustrates the decision taken and presented in the methodology chapter to use a mixed mode of quantitative and qualitative data. The qualitative data has, where useful, been summarised and collated to add information to the quantitative data. However the focus group discussions, which could also be considered 'results', in line with the methodological and content validation undertaken in this research, has not been presented anywhere else in detail. Instead of a results chapter relating to the focus group content the detail has been included here. The problem with that is, that to give authentic content, detail and the 'flavour' of those comments it is necessary to quote a sufficient number of them in full. The end result is that this is a long chapter. No apologies are made for that. Where possible illustrative comments have been selected or researcher summaries made. In sections where the information is unique, that is, not available in the research and professional literature, a prime example being the information on orientation visits; more extensive quotes are included to provide detail and to introduce the ideas into the research literature.

It is a major purpose of this thesis to gather information from caregivers to enter in to the research literature. One further way of validating the

information presented is to illustrate its relevance by referring to the research and professional literature. There is little research to refer to but where the results presented here reflect details in research or professional articles these connections will be presented. Carers' information on the time it takes infants to settle will be discussed first, followed by information on infants who did not settle.

Time taken by infants to settle into care

It is apparent from the pattern of replies to the set of questions about the time that infants take to settle into care that carers have quite clear ideas of how long that is. There is a general consensus among them, with qualified and not qualified staff agreeing overall. The time taken to settle questions were presented as an open ended request to reflect on the 'infants you have cared for over the years' and to write in the shortest and longest time any one infant has taken to settle and then the average time they think it takes. These were not forced responses with suggestions made as to how long it might take. As a consequence there was a wide variety of ways respondents chose to answer the question (days, weeks, months and proportions thereof) so the answers needed to be brought to a common nomenclature in order to quantify the answers. The responses indicating the shortest time, then the longest and the average times and carers levels of concern after 4, 8, 12 and 16 weeks are discussed briefly before there is an overall discussion of the time taken to settle in to care.

Shortest time taken to settle in to care

A quarter of respondents report that in their experience the shortest time any infant has taken to settle in to care, is less than a day Apparently some

infants are able to make this transition with little disruption and distress as 91.3% of respondents suggest the shortest time is a week or less.

Less than a day to a week seems a remarkably short time for infant adjustment. Respondents were not asked to indicate what proportion of the infants entering their care or what ages settled this quickly so we do not have this information. Some of the detail about what assists infants to settle in to care provides information on why the time might be so short; temperament, attachment status, orientation visits, consistency of care routines and age at entry are all considered influential by the respondents. The specific effects of these will be explored a little later.

Longest time taken to settle in to care

Again, respondents were asked to indicate the longest time to settle ever for one child. It would be expected that some children would not settle at all and the replies indicate that, with 2 respondents indicating they recall a child not settling at all. In the light of the other information (see earlier results chapter) where 48.2% of respondents indicate that they have had a child who did not settle, it is surprising that this number is so low. Perhaps most replied by mentally excluding the children who did not settle and so the reply is actually to the question, 'excluding children who did not settle, what is the longest time any child has taken to settle with you?' This will be discussed further later in order to explore the implications more comprehensively.

Again there is internal consistency in the replies from the qualified and not qualified respondents with both indicating similar times.

Average time taken to settle in to care

In many ways this is the most important data if we are to worry or be reassured about the length of distress infants experience when settling into care. Qualified and unqualified responses vary slightly for this question with unqualified appearing to indicate that the average is slightly shorter than the time indicated by the qualified staff. The variation though is slight and focused in the 'less than 3 weeks' categories.

Overall it seems safe to conclude that the average time respondents think it takes an infant to settle in is between 2 to 4 weeks.. Information on levels of concern reinforce this thinking and will be discussed very briefly next before more extensive discussion about both time in care and levels of concern.

Caregivers' level of concern

The answers to the questions about level of concern over 4, 8, 12 and 16 weeks (see Figure 9.4) indicates that at 4 weeks there is already 78 of 107 respondents who report they would be moderately, quite or very concerned. Levels of concern then rise steadily through to the 16 weeks.

This response is consistent with the data given about the average time a child takes to settle and indicates that most South Australian respondents expect an infant to settle in to care in less than a month. As reported earlier in the literature review there is little information about the time it takes infants to settle available. Where it is available the reasons for the time are not clear. Further discussion of levels of concern needs to be set in the context of information available from the research and professional literature. Time in care will be discussed further next then levels of concern will be integrated into the discussion of the research and professional literature following.

Further discussion: Time taken to settle into care and levels of concern

With the shortest time under a day and the longest not settling at all there is obvious variation in the respondents' experiences of the time infants take to settle into care. More useful for us is to look at averages and areas of strong agreement. Most respondents, 91.3% say the shortest time for a child to settle is a week or less and 84% say the longest time is less than 1 month. If the average time suggested by 85% of respondents is to be a guide then 2 to 4 weeks can be considered the average time most infants take to settle in to care. See Table 9.5. Fein (1995) suggests in her conclusions that the expectation of the time that an infant would be settled by in her respondents was 3 months. This South Australian information suggests that infants are more likely to be settled after one month.

This thinking creates the possibility that carers in South Australia would have an *expectation* that most infants would be settled after a month. Greta Fein (1993) speaks to this when she suggests carers contact, proximity and comforting behaviour decreases after 3 months with a child but their play interactions increase. The carers appear to expect most children to be settled after three months and treat them as if they are unless they continue to be overtly distressed.

An indication of the presence of this expectation in our respondents can be gained from the replies to the request for carers to indicate their level of concern if a child had not settled by 4, 8, 12 and 16 weeks. Because it was based on Fein's research suggesting a change in carers' behaviour at three months, this current research's data request begins with 4 weeks. Given the

information now available from this research it would have been a good idea to ask if they would be concerned after two weeks because the starting point here, 4 weeks, has been indicated as the high end of the average time an infant takes to settle. As a consequence with an expectation of 4 weeks we would anticipate Australian carers would already be quite concerned if a child has not settled in 4 weeks. This is in fact the case, as the data on levels of concern shows (Figure 9.4).

In the research literature (Watanabe, Donzella, Alwin, & Gunnar, 2003) report they stopped the cortisol testing for stress at 5 months but did not say why 5 months or on what previous evidence. Dalli (1999) reports ending observations of her three children after 6 weeks but again does not say why 6 weeks or whether any had essentially completed the transition and settled before this. As previously mentioned the only really clear comment found in any research literature was in the Zadjman and Minnes (1991) study where they specifically state that they selected children who had been in care less than two months and did not give the teachers the questionnaires until the infant had been with them for two weeks. As reported earlier the reason they gave was detail from a Vaughan, Deane and Waters (1986) study on 10 male preschoolers and their choice of 10 – 12 weeks. Again no detailed reasons for the time choice are provided in the article. The lack of clear statements of the time choices appears to reinforce the earlier reflection, by this researcher, in the literature review, about the general confusion and lack of clarity about both what constitutes ‘settled in to care’ and how long it takes. There simply is not enough direct evidence to determine what time to set or what characteristics (outcomes) to observe to decide if an infant is settled. This lack of definition is

also evident in the professional literature but with a more cogent rationale which is reflective of Early Childhood theory, the need to see each child as an individual.

In the professional literature the dominant view is that the time it takes is dependent on the individual child, their age at entry and their experiences and temperament (Balaban, 2006; Elliot, 2003; National Childcare Accreditation Council, 2006; Rowell, 2006; Sims, Guilfoyle, & Parry, 2005). In none of these articles is there any mention of any time frame. As a consequence the issue of 'time' is not focused on but the 'outcomes' or characteristics of the individual child are spotlighted. However, again, specificity is missing with no clear picture of the 'settled' child's behaviours apparent. In the article describing the screening tool they developed, Fernandez and Marfo (2005) do not give any suggestions as to when the tool should be administered. It is implied that carers use it when they want to 'check' a child's transition but they do not identify either a time in care (for any of the 5 ages the tool covers) or a set of behaviours that would trigger its use. This approach is consistent with their identification of it as a 'screening tool' to

“enable caregivers to detect potential areas of adjustment difficulty and to intervene before early problems adversely impact the child's ability to benefit from the developmental and learning experiences offered in the child care settings” (p. 43).

One wonders if the tool would be necessary if the appropriate information was gathered, (mentioned in the 'Action Plan' step IV) orientation visits instituted and individual planning occurred ahead of the child entering

care. The tool appears to have a remediation orientation that implies a lack of proactive preparation on the part of staff before children enter care. This is not in keeping with Early Childhood best practice (NCAC 2005) and is not consistent with the detailed information about what assists infants to settle in to care evident in the results reported here.

The confirmation through the results reported here that some infants settle very quickly and some take months is consistent with the orientation of the field that each child needs to be treated as an individual and their experience, temperament and age at entry considered. However it is also useful to confirm that for most children this is not as long as Fein's three months or as for the single child described by Enid Elliot (2003) who took more than six months to settle. Caregivers could reasonably expect that most children would be settled after a month and their expression of concern (see Figure 9.4) if that does not happen is well founded.

The information about the time it takes most infants to settle in to care from the respondent caregivers provides valuable information for both practitioners and researchers. Researchers interested in gathering data about infants already settled into care could time the commencement of the research for after a month in care and be reasonably assured that most infants would have settled. Alternatively they could use the profiles to discern which infants had settled and which needed more time.

The information also allows carers to develop expectations that most infants will settle within 2 –3 weeks or within a month. The carers' responses of concern and the need to focus on those who do not settle in that time would lead them to try to understand why, so they can develop additional assistance.

The information in the results about why some children take longer than others provides valuable detail for carers wanting to assist these children to complete the transition process and will be discussed next.

Why do some children take longer than others?

Again this section of the research did not undertake to provide set choices for respondents but asked open ended questions in order to gather the thoughts from the respondents and not direct them in any way. The fact that there were 318 comments from 112 respondents (an average of three reasons offered per respondent) indicates that respondents have thought for themselves about why infants do not settle. This is consistent with the information that they would be concerned if a child was not settled by one month and assumes that they would be seeking the reasons why, with a view to ameliorating the situation for the infant and assisting them to settle. This assumption was subsequently affirmed in the focus group discussions and the detail will be provided as appropriate within the following discussion.

When responses were analysed six categories of response became apparent. These were child issues, 217 responses, transition and attendance, 42, parent issues, 19, parent – child issues, 19, carer issues, 14 and room issues, 7.

Further analysis in each of these areas provided some specific detail about what carers think assists or hinders infants' ability to settle in to care. Some of these things can be used to guide policies and to prepare individual transition plans for babies. Some are less easily accommodated and need careful carer responses to provide 'goodness of fit'. One of those is temperament, the issue most identified by carers as significant.

Child issues

Temperament

Sixty-two responses, of the 217, fitted into the category identified as 'temperament'. Essentially carers answered the question by stating why some children settled more quickly (rather than took longer, as they were asked). Respondents highlighted the positive temperament characteristics that allowed a child to settle more quickly rather than listing the opposite / negative / difficult characteristics. They comment that independent, flexible, confident infants settle more quickly. This is interesting because it is consistent with the evidence from the profiles that carers see positive traits as behaviours evident in the 'settled' child but negative traits are not aspects of the 'not settled' child.

Taken with the evidence from the profiles the focus on the positive traits mentioned above implies that dependent, inflexible and not confident infants take longer, not that they do not settle. Common sense would tend to support this view but it raises an interesting issue because by their nature these characteristics are established outside the centre and the child comes with them already developed. As a consequence the question needs to be asked, 'how can a carer respond to or assist a child who doesn't already have these characteristics?'

This is consistent with the information from (Marcus, Chess, & Thomas, 1972) who report that on initial entry into care infants with an easy temperament adjusted to expectations more quickly than the 'slow to warm' and the 'difficult' children. While the research was conducted with older children the general acceptance that temperament traits are apparent from birth

would imply that the same situation would be the case for infants. (de Schipper, Tavecchio, Van IJzendoorn, & Van Zeijl, 2004), also concluded that greater well-being in childcare was associated with (among other things) easier temperament. The implication here is not that they do not exhibit some levels of well-being but rather they exhibit less well-being. The results are minimally useful for discussion here but are mentioned because there is so little literature available to use for discussion on the specifics of this topic. Two studies, also peripheral to the topic, have information to offer. Zadjeman & Minnes, (1991) indicate that ‘teacher’s perceptions’ of infant temperament predicted 12 to 60 month old children’s adjustment to day care with children perceived as

“showing more negative Mood, high levels of activity in daily living and high levels of resistance to novel and unfamiliar situations (i.e., low approach), were seen as responding more adversely to their initial day-care experience (p. 23).”

The second study looked at cultural ideals of temperament comparing American and Israeli teachers’ views. Klein (1991), suggests that while the two groups held very different views of the ideal child the temperament characteristic of ‘mood’ (happy or unhappy) was the common predictor of adjustment and interestingly approach/withdrawal was the common predictor of adult relationships. While it is not made explicit, the obvious interpretation here is that for both Americans and Israeli’s, children with positive moods adjusted more easily and children who approached new things developed easier relationships with the adults in their care situations. Again these two studies are peripheral and

it has been difficult to find research that assists in the interpretation and discussion of the current research. It is postulated that the reason for this, as has been said throughout, is that this current research breaks new ground in the detail of its focus and the specificity of the data. It takes research into infants' adjustment to care to a new level and that is its contribution of the thesis to new information in the research area.

The professional literature has little more to offer because the concept of temperament is not explicitly addressed in most of the articles found. Enid Elliot (2003) in telling the story of the one child, who took more than six months to adjust, alludes to difficult temperament traits with Serena at 3 months being very sensitive, tense, alert and difficult to soothe. Serena appears to have been 'slow to warm' and 'difficult' with the solution to her transition being the use of a primary caregiver and the establishment of a secure attachment with the carer, all of which as Elliot reports it, took a lot of time and energy.

Marcus, Chess & Thomas (1972), Zadjeman & Minnes (1991), Klein (1991) De Schipper et al (2004) and Elliot (2003) all write that it is important to take temperament into account when assisting infants to make the transition in to care. The detail of the 'settled' profile with the inclusion of the positive temperamental characteristics supports their comments. The need to account for the more difficult temperament traits in order to assist the infant to settle in to care fits within the concept of 'goodness of fit'. Klein (1991) and De Schipper et al (2004) refer to this directly while Elliot (2004) talks about it as an important concept for assisting staff to work, over time, with the more difficult infants.

Goodness-of-fit and difficult temperaments have both been discussed earlier in this thesis so more will not be said here.

Infant's experience prior to care is consistently mentioned in the professional literature on assisting infants to make the transition into care and one aspect of that emerging in carers' responses in this research was experience with more than one carer.

Experience with more than 1 carer

The next biggest set of child issues identified by respondents with 53 of the 217 responses was whether the infant had had experience with more than one carer. Respondents are possibly indicating their belief that infants who have been cared for by more than one carer are more accepting of the Centre carers and have some experience of a variety of care to draw on so they are not as easily upset. When carers in the focus groups were asked how experience with more than one carer assisted the infant to transition in to group care one suggested;

D: they've already had that experience of separation from the parents and they know that they're going to come back so I think it does help.

In this comment the carer is referring to the concept of 'object permanence' and the knowledge that objects and people continue to exist when they are out of sight (Piaget 1973). This conceptual development is age related and so younger babies will not have developed this knowledge. However younger infants are much more accepting of a range of carers as long as the carer responds to their specific needs. Perhaps two ideas are at work here, experience with the carer returning but also experience with having one's needs met by other people. The first of these is developmental and cannot be

prepared for ahead of time although its development in the centre can be supported with cognitive tasks/games like various forms of peek-a-boo as it is developing (Szamreta 2003). The second idea, giving infants experience of others ability to care for them can be encouraged ahead of time. Many infants enter care already having had experience with being cared for and responded to by both parents, and perhaps grandparents, baby sitters and others. It seems reasonable that these experiences would assist infants to be more flexible and accepting of care from someone other than their mother.

Again, this is an issue that carers cannot assist the child with, ahead of their beginning care, but unlike the issue of basic temperament this is an issue that parents could take into account and provide experience for their infants to help them adjust. None of the professional resources consulted had any comment about things parents could do ahead of the child beginning the transition. All the advice focused on the transition experience itself (Balaban, 2006; Edwards & Raikes, 2002; Honig, 2002; Linke, 2001; National Childcare Accreditation Council, 2006; Rowell, 2006; Sims, Guilfoyle, & Parry, 2005).

Related to the idea that infants will accept care from others if it is sensitive and meets their needs accurately is the idea of cultural caregiving practices and this was the next most common influence mentioned by respondents.

Background or culture

Respondents' replies did not elaborate on how the child's background or culture assisted or hindered the infants transition in to care but 32 of the 217 comments listed 'culture' or 'background' as significant. This was not discussed extensively with the focus group of qualified staff but was a topic the

unqualified staff wanted to talk about. The comments from the unqualified staff focussed mostly on routines for calming distressed infants and for getting infants to sleep. Some comment was made about food also. Typical of the comments was the following.

K: culture plays a great part of the parent and the child, like for example, we have got a parent who is from a different culture and the way they settle their child, and their routines are different to what we do in childcare. Like they will rock a child to sleep and it's very hard for us, having like three more other children in your group and then you have to have time to rock them to sleep like they might sing a song in their own language, we tell the family "please write us the song, to us, and so we can learn and sing the song".

When they were asked, respondents confirmed that it was their experience that where the home culture matched what they did at the centre the child was likely to settle more quickly. Where the culture was different from what they did at the centre they tried within thoughtful limits to adjust the centre's routines and practices for that individual child.

Comment in this and other areas indicates that while 'culture' is listed by respondents as being very important, it is in fact an area where centres have strategies in place to ensure that the infant's family culture is recognised and the routines are incorporated into the individual infant's care. Because the care of infants is highly individualised carers need significant amounts of information about home routines and experiences for each child before they begin to care for them. The questionnaires that parents complete before the child begins and the series of orientation visits allow carers to gain information about how to individualise care for each child. As a consequence they are

incorporating the child's culture as a natural part of the process of helping the infants settle into care.

This approach is very much in keeping with the advice apparent in the professional resources (Balaban, 2006; Edwards & Raikes, 2002; Elliot, 2003; Honig, 2002; Linke, 2001; National Childcare Accreditation Council, 2006; Rowell, 2006; Sims, Guilfoyle, & Parry, 2005).

The importance of cultural continuity between home and child care for a child's development is evident in the results of a recent Australian study by (Wise & Sanson, 2003). Data was collected on 258 children, aged 2 to 69 months, from Anglo-Australian, Somali, Vietnamese and various other non-Anglo cultural backgrounds. The authors report that

“Discontinuity between home and childcare settings proved to be important for child development, explaining substantial proportions of the variation in behaviour problems, social skills, language skills and motor skills. Specifically, home-childcare discontinuity appeared to have a negative impact on these aspects of child development, over and above the influence of other child, family and childcare variables (p. 16)”

In presenting the implications of their research Wise and Sanson (2003) specifically mention that programs that respect cultural differences and foster discussion and sharing with parents need to be encouraged, for the benefit of the children in their care. This approach is apparent in the caregiver respondents' replies included here. The next aspect most referred to by carers as assisting infants to settle in to care was age at entry to care.

Age

Again there was no elaboration on this but 25 out of 217 comments mentioned age as a factor. While these respondents wrote 'age' they seem to mean 'age at entry'. Many infants enter childcare in South Australia around 6 months of age because mothers are allowed 6 months unpaid parenting leave in most work place awards (Floyd, 2007). Perhaps the issue is to do with separation anxiety and its development around 6 – 9 months of age. Only two respondents added 'separation anxiety' to their age comment and one linked age with 'skills developed so far'.

There was extensive discussion of the issue of age at entry with both the qualified and unqualified staff in the focus groups. The following comments indicate their collective thinking most closely.

Researcher: So how is age a factor in an infant's settling into care?

H: depends what age they go through their separation anxiety, I mean some do it earlier, some do it later.

E: My experience would be that the majority of children who start really young don't have a problem.

Researcher: under 9 months of age?

E: under 9 months of age, yes

Researcher: and why do you think that is?

E: maybe, by 9 months, well they just aren't aware of people going, uhmm, they're still getting warmth from their carers when they arrive so they can identify with that, they're not aware that Mum's going, I think because they start so young and you're holding them you guide them through that farewell

thing and I just think its something that they accept.

The unqualified staff made similar comments.

K: yes, yes I do. It's always easier for a child to settle when they're younger, like from the age, I would say, we have children from 6 weeks to 18 months and I have noticed in the 9 years I have worked there, its easier to have a child, enrol a child in a child care centre from the age of like 6 weeks up to I would say 8 months and they'll be reasonably happy and settled in the room and whereas when they start around 8, nine months onwards, it's hard for them to settle because they know, that's when separation anxiety begins, and they know the parents are leaving and they do cry and then this is the stage where it is more like we need to comfort them and we say "it's O.K to cry and Mum and Dad will be back".

Researcher: and then, so if you think about a 12 or 13-month-old baby starting, what happens with them?

K: yeah, then again, it gets a bit more complicated because like from 12 or 13 months, all this time they have spent time with their parents and then there is another you know place, where they have not known, not seen anybody and just been together and then all of a sudden the parents leave them with us and everything is not known to them, and that's the hardest thing, is leaving the child with somebody who they've never seen and to get that attachment forming at 6, 7 months, that's the hardest thing for the child and the carer. Yeah.

It appears then that respondents are saying that the baby who comes younger, does not understand so much of what is happening and they are also not so used to one carer so they will accept care from someone else. For the child about 9 months of age, if they are already in care and are going to have separation anxiety they go through an unsettled patch. For the child who comes in at that age, they take longer to settle and part of the reason for that is the separation anxiety. Carers are also saying, even if a child enters who is over separation anxiety and perhaps 12 months of age or older, then by that time, they have a history with a carer and so they are expecting to be cared for in a certain kind of a way and can be quite unsettled when carers use a different approach than they are used to.

Elliot's (2003) comments agree with this information and in her discussion of the infant who needed extra care to settle she mentions that as the infant entered at 3 months they expected the transition to be smoother than their experience had taught them it is for the older infant (p. 24).

Harrison & Ungerer (2002) in their research on maternal employment and infant-mother attachment security discuss the implications of age at entry in relationship to the infant's attachment formation with their mothers. They concluded that "Mothers who expressed more commitment to work and less anxiety about using non-family child care, and who returned to work earlier, were more likely to have secure infants (p. 758)."

Several aspects of this research are informative here. Mothers returning to work earlier (before their infants were 5 months of age) typically used more group child care so the results are informative for this current research. One wonders if two features, one of the mother and one of the infant may have

contributed to a smooth transition for the infant and therefore a happier return to work for the mother and an accompanying absence of stress on the developing attachment relationship. As will be discussed later, the respondents in this research identify the mother's attitude to childcare as one of the most significant factors in whether an infant settles in to care and certainly in any decision to withdraw an infant. Mothers in the Harrison & Ungerer study were committed to an early return to work and apparently positive about using group care. This would have influenced their attitude to carers, the message of acceptance they conveyed to the infants and the ease with which they separated from their infant. Added to this, and relevant in this section of the discussion, the infants would have been younger and more accepting of others care for them. Together these two factors would have supported the infant's transition to care and eased the settling in process.

The aspect of early entry assisting the infant to accept care from others is consistent with the information on developing attachment relationships (Bowlby, 1953) so perhaps not surprising. The respondents view that the older infant, even those over the separation anxiety phase have added adjustment challenges because of their care histories is an interesting one and worthy of further investigation.

The remaining items included in the list of things which assist infants to settle in to care, have less support and so will not be discussed extensively.

Experience with other children / Siblings / busyness of the room

Several of the 24 comments indicated that not having experience with other children in groups hindered the infant's transition. Again this is an issue

the centre can deal with once the infant arrives and staff can support the child as they adjust to the ‘noise and activity levels’ (as one respondent said next to this comment).

When asked to elaborate on this in the focus group participants responses are best summarised by K’s comment:

K: there’s also other things you need to find out about, how many children are in the family, if he’s an only child that child might only have the parents attention all the time. If there’s more than one child they’re used to being with others. We’ve got a child in our room, who’s an only child, got no relatives that the child interacts with, he can’t cope if another child approaches him. And so you have to get some of that information too, to understand why the child behaves like that, because if they are an only child and they are used to a quiet environment and only their mother and father there, that can make a difference too

It appears that this point is linked to the eight comments that being an only child also can mean an infant has extra to adapt to when entering care. While it is associated with the comments about the ‘busy-ness’ of the room, even infants with siblings could find the busy atmosphere of a baby room overwhelming either initially or when they are in the sympathetic crying stage and respond to another child’s distress.

D: The noise level [can upset some children]

J: sometimes if one baby cries that sets off another child because that baby’s crying and that child might be perfectly fine but just starts to cry.

Sims & Hutchins (2003) and Balaban (2006) mention the need to ease children in to new busy situations and support their efforts to settle when

encountering new children. Thyssen (2000) also reports that his research indicates that children assisted to engage with the materials in the room were able to distract themselves and begin to enjoy the experience. Also relevant is the work of (Marcus, Chess, & Thomas, 1972) who found that their 'slow to warm' children needed an entry in to care which allowed them to adapt at a slow pace and to spend time watching and engaging with objects before engaging with other children.

Other child issues:

Level of trust / mistrust

Seven comments indicated that infants with a higher trust level settled more quickly. This was not discussed further in the focus groups but does connect with the information on the 'settled' child. A securely attached child has a higher trust level and does appear to have more of the characteristics of the settled child when they first enter.

Problems with development / health.

Within the 4 comments made here, one specifically mentioned colic as a possible factor in a child not settling well. Child health was discussed by the qualified group as one of the factors that distressed parents and was sometimes the catalyst for parents removing their infant from care.

Breastfed

Two comments referred to breast-feeding and both elaborated this to mean that if the child was breastfed and then the centre was expected to wean the child to a bottle this was a potential problem for the infants' transition. No

comments mentioned that breastfeeding where the mother came in to the centre was a problem.

When asked to elaborate on breast-feeding as an issue in the focus group, participants affirmed these comments and made several points.

a) Centres are supportive of parents continuing the breastfeeding

E: It's very much working with the parents, especially if they want to keep up their breastfeeding, and we encourage them to do that so you follow that with every way possible, bringing in the frozen breast milk and all of that sort of thing, being able to come back and breastfeed if they can, anything goes with the feeding is what I say. It's what you would like to do, we will accommodate and the parents need to know that to be happy.

b) Where parents want to wean the baby or are not close enough to come during the day centers encourage them to start the process at home.

L: Our waiting list at our center is quite large so we're not accepting children say until October, so if a parent brings that up in discussion beforehand, I encourage them to start doing the bottle before the childcare starts, like let Dad start the bottle feeding beforehand and Mum you leave the room and you know that sort of thing, so it makes it easier for when they officially do start in childcare.

c) Apparently centers are sometimes asked to wean the baby once they start care. This does not always go well immediately but as one carer said:

E: I really agree with you. Look I'm into my 20th year in the [xxx] and I really have to say that you've had some children that have been breastfed and the

parents haven't thought about the bottle or just haven't wanted to let that go, even though you've talked to them about it they still say "oh I'll just put the bottle here", even that first day even though you've told them about trying it, but I can really say that feeding has never been a long term issue... You work out ways of getting around that.

d) The carers recognize that the process of weaning can be difficult for both the parent and the baby.

L: It's a hard thing to convince parents though. I think a lot of Mums use that as an excuse for not introducing child care younger, "oh but, you know, I'm breastfeeding, so that's my excuse at the moment, that I have to stay at home."

D: yes, getting back to that point, I have found over the years that children who are breastfed sometimes are harder to settle than children who are on a bottle, because you can't give them anything that closely resembles that comfort that being breastfed gives them and I usually find that children who are breastfed, don't have a dummy so there's no other satisfying thing that you can use with them. It just seems to be how it is. So they sometimes can be more unsettled because you can't manufacture anything that closely resembles that comfort they get from being breastfed.

It appears then that centres are very flexible and their individual approach to routines means they are happy to accommodate the breast-feeding mother but also to help with a transition to a bottle or cup. While the issue was raised as one that affects the infants' ability to settle in to care, it is seen as a transition issue, relatively easily solved and not to be particularly concerned

about. Interestingly this issue is not raised in any of the research or professional literature reviewed and yet these caregivers were very engaged with the topic and saw it as very important for the few mothers and infants it affected. Consequently more information directly from them was provided here. It is an indicator also of the finer detail available from caregivers when they are consulted and they are encouraged to share their information.

Summary of 'child' issues

In conclusion, it seems that many of the issues identified by respondents as 'child' issues are not ones carers can influence before a child arrives. For example they have little control over the age the child arrives in care but they can understand the developmental issue/s, such as separation anxiety and adjust the care they provide accordingly. Once the child arrives issues of temperament can be accommodated, cultural variations can be adjusted to in order to provide continuity of care, and infants can be assisted and supported to become used to having other children around, to being cared for by more than one carer and to being weaned to a bottle or cup if necessary.

Parents could be informed when they first put their infant on a waiting list that some things will make the transition easier for their baby if where possible they provide these experiences ahead of time. Things like time with other carers and other children and decisions around what age to leave the child in care are possible for some parents to arrange, but not something every parent could do.

Transition issues

When the transition issues raised by respondents are examined four issues become apparent.

(i) Attendance pattern

Nineteen of the replies related to attendance pattern and most implied that infants who only come one session, or a few a week find it much more difficult to settle in to care. Taken in context with the other issues identified, this makes sense because it is much more difficult to adjust to change when there are gaps of time in between. The relevance of a child's attendance pattern to their ability to settle was mentioned by Elliot (2003) in her case study of Serena, but no other professional literature or research literature mentioned it as an issue. That does not mean it is not significant however. This researcher's discussion with the child care workers suggests it is an issue for them. Infants who attend more frequently settle more quickly than those who come for short periods of time over several days. Staff also appear pragmatic about this because they recognise the stresses on parents and the cost of care and while they say they would like things to be different they accommodate each child no matter what the pattern. A research study to gather more data might be useful before making any recommendation to centres about policies or to parents about what might assist their infants to settle. Other issues about specific practices are also raised by the respondents as reasons why some infants settle more quickly than others and the next most mentioned one was changes in routine for the child.

(ii) Change in routine for the child

Comments here only mentioned 'change in routine' and respondents did not provide the detail of what they meant. Current practice in Australian centres as outlined in the QIAS (NCAC Quality Practices Guide 2005) indicates that high quality care practices ensure the infant's home sleep, feeding and nappy change routine is continued in the centre.

The focus group participants had quite a lot to say about home routines under the topic of orientation visits so more will be said in that discussion when the 'other comments' from the respondents are discussed.

It appears that carers go to great lengths to discover what the infant's home routines are like and to duplicate them in care.

D: yes, when we have children coming to our centre we have them come for visits but we give the parents a form to write as much information as they can about their children's routines and we try to fit to what the child's routines are as much as we can manage in our environment and I think that helps, if you're duplicating what's happening at home as much as you can, that means the child is still getting the same, it might be a different person but the care and the routines pretty much stay the same even though it's a different environment so I think that helps too to try and follow the parents routines as much, you know as closely, as you can. But then sometimes the child doesn't, the routines they have at home are not exactly staying the same in the childcare centre because like you've got other children sleeping in the room, it's a busier noisier, environment so you've got a guide, but it doesn't always match up with what's happening in childcare.

However carers acknowledge that this is not always possible.

Researcher: So when they first come do you try to match the home routines?

E: We do, yes, we do, we like to try and do that. We always say to the parents, 'we'll really try to do what you have written down' and we get them to put a little routine sheet in their lunch boxes and we try to do that but it may vary, it may not be quite the same because the sounds might be different, the excitement will be there, the stimulation with different people, all of that sort of thing. And parents are fine with that 'oh yes, we expect that that might happen'.

Carers also comment that there are often benefits for the infants in care and for some the routines are reassuring and more consistent or beneficial.

E: They know that when they walk in that door the familiar faces will be there, they know that they are going to have a snack in those chairs, that they're going to sit on a sheet with all their chairs, that they're going to do this at a certain time, their nappy's changed in this same room, and they settle really well to that.

H: in fact often their patterns and routines are better in childcare sometimes than they are at home

E: sometimes they're more consistent, because sometimes they're only with their parents at the weekend when they might be doing a lot of different things over the weekend, like going out, staying up late and all that sort of thing, whereas sometimes they, like, really like to come to childcare where that routine is consistent.

H: we have parents who say 'how did you get them to do' something

E: And "They slept two and a half hours!"', they'll look at the sheet and say

H: And "how did you get them to sleep? Did you pat?" "No, we don't need to pat here". You know, you'll pat the ones that need it and those ones will go off on their own while you're in the room. And parents will say how do you do it, but they just seem to, once they've settled in the nursery room, they just do.

Apparently this is another issue that presents itself as varying for each infant. Adaptability to changes in routine is a temperament trait covered in the earlier items. The discussion here confirms the profile contents in that those infants who have home routines that can be carried out in care, and those infants with a temperament that allows them to adjust to slightly different routines are going to settle more quickly. Again, this is the one negative temperament trait appearing on the 'not settled' list and so the carers appear to work with the infants to help them develop the positive temperament trait of adjusting to changes in routines.

Dalli (2003) discusses the need to match the routines of the infants when they enter care. She writes of the parent's concern to give the carers the information they need to care for their child and the importance of this for assisting the parents to also make the transition to having their child in care. Wise and Sanson (2003) are also making this point when they are pointing out the importance of cultural consistency for children entering care (see discussion above). Similarly the work of Marcus, Chess et al., (1972) illustrates the positive effect for infants who are temperamentally 'slow to warm' of

having familiar routines when they enter care. The respondents' comments from the focus groups coincide with the detail in both the research and the professional literature. The professional literature points out the need to provide consistency of care in routines and the need to follow home routines as closely as possible when infants first enter care (Balaban, 2006; Bove, 1999; Elliot, 2003; Sims, Guilfoyle, & Parry, 2005). One other comment from the respondents is also consistent with the professional literature, the use of orientation visits to assist the infants to settle. These respondents add additional information about the importance of the visits for the carers and the parents.

Opportunity to visit and poor first experience

Seven comments indicated that infants settle better if they have opportunities to visit the room prior to beginning in care. This is standard practice and covered within the Quality Improvement and Accreditation System (QIAS), Principle 3 (National Childcare Accreditation Council, 2005).

One person commented that a poor first experience could delay a child's adjustment to care. While there is no research or professional literature to support or contradict this one comment, it seems a reasonable observation when interpreted in light of other knowledge about infant slow-to-warm temperament and attachment theory.

Of the transition / attendance issues it seems Centres can and in most cases already do have practices in place to support the infants. They can advise parents and set minimum attendance patterns, follow through home care routines in the Centre, require visits before a child is left in care and they can monitor staff behaviour to ensure the infants first experiences in their centre are positive and supportive. All of these strategies are likely to be more successful

where there is a clear orientation program and set of visits for the infant and a parent (see later discussion). The evidence that these practices are occurring is confirmed in the professional literature.

Parent Issues

There was only one item in this area, with 19 comments, indicating that the parent's response to their infant being in care was an important influence on how the child settled in to care. Several elaborations indicated that if the parent was not comfortable and happy about the infant entering care then the transition was more difficult for that infant.

Focus group participants were very clear on this point and it is one that has also been discussed in the section on infants being withdrawn from care. To reiterate what the carers have said:

L: Well that's what I say. Like today I did about 3 or 4 'show throughs' of the Centre to new parents and the Mums are the ones who are the most nervous and I said really orientation visits like this, to start off with, is for you, not for the baby because if you're happy and the baby can see you're happy half of our battle's already won. And so you come in as often as it takes for you to be settled and then by then, the baby will be as well.

L: and I've never had a parent come in that's positive about childcare who's child hasn't settled and they've pulled them out, it's always parents that are already unsure about child care, their child is then unsettled and then they think, "Oh this is my excuse to pull them out".

It appears that where the parents are happy, comfortable with the carers and trust them, this message is conveyed to the infant and the infant relaxes and settles more quickly in to care. One study by Rauh et al (2000) found that sensitive mothers tended to have secure infants and they provided gentler transitions for their infants. This is consistent also with Dalli's (1999) findings that both the caregiver's role and the parent's attitude assisted the infant to settle into care. More has been said about this in the discussion of infant's being withdrawn from care in Chapter 8 and so will not be discussed further here.

Carer issues

There were four carer issues raised as contributing to a child's not settling into care. Six comments related to consistency of staff. No clarifying information was provided. The issue could be the high turnover of staff in child care, staffing policies (eg rosters) or the shortage of staff and the need to use casuals. This was not elaborated on in the focus groups. These issues have been researched as indicators of quality care (see Phillips, 1987 for a review) and documented as occurring in the current Australian situation (Community Services Ministerial Advisory Council, 2006). The issues were not discussed with the focus groups so will not be covered further here.

The three other carer issues all relate to carers meeting the specific needs of the individual child and helping the child to settle. The 'child carer match' implies that where there is a poor match between the child and a particular carer it is harder for the child to settle. Similarly when carers do not meet 'the specific individual needs of a child' then they have difficulty with settling in. Finally the help given a child to settle in was commented on by 2

people. The implication here is that the better the help given the child the easier it is for them to settle in. This fits with research from Chess and Thomas (1996) about ‘goodness of fit’. So far the literature has looked at ‘goodness-of-fit’ in relation to parents and their child. With the carer spending so much time with the infant and essentially acting in the parent role, it seems logical that the same principles apply here. The better the fit the less likely there will be difficulties arising out of the relationship. A good fit could help an infant settle in to care (Dalli, 2000; Thyssen, 2000) , a poor fit aggravate the transition (Klein, 1991; Marcus, Chess, & Thomas, 1972). Within one of the videos produced for their Professional Infant Toddler training series West Ed illustrates the idea of caregiver ‘hot spots’ (Mangione, Lally, & Signer, 1990). The idea is that each carer has an issue/s that they find more difficult to deal with than others. The examples given in the video are ‘crying, difficult to settle babies’, high energy children and children taking physical risks. Perhaps there is an issue here for centre management or senior staff in an infant room, especially where a primary care situation is in place. The careful matching of carer to child could help the infant settle in (Bernhardt, 2000; Elliot, 2003).

The underlying concept of ‘goodness-of-fit’ is that the adult accepts the child as they are and the adult adjusts their expectations, responses and care practices. It does not imply that more difficult temperament traits are reinforced but rather within this goodness-of-fit relationship the adult makes efforts to assist the child to ameliorate the difficult traits that may later, if unmodified affect their relationships and development.

Looking at the additional comments in the survey and focus group comments overall it seems evident that a remarkable amount of this

accommodating goodness-of-fit behaviour is in place in most centres and what is being remarked on here is its occasional absence. More comment would have implied more absence, so this few comments coupled with the illustrations of staff accommodating behaviour implies a high level of effort to provide a 'good fit'.

It is apparent that Centre management and staff teams within the babies' room could resolve all of the issues raised in this section. Where staff are supportive of each other and the team works well together to understand and meet the individual children's needs, these issues can be resolved to support an infant's transition.

Room issues

There were two 'room issues' raised, one by 4 people and one by 3 people. Both relate to the number of children in the room (3) and the busy-ness of the room (4). The number of children in the room is essentially a management issue and the implication here is that too many children in a room makes it more difficult for an infant to settle.

This issue has already been raised in the professional literature with recommendations from the Centre for Child and Family Studies, Far West Laboratory for Educational Research and Development and illustrated in their training videos, that a ratio of 1 adult: 3 infants, with a maximum of 2 adults to six infants in a room is considered best for babies (Mangione, et al 1992). A study by Schipper et al (2006) also concluded that a ratio of 3 children to one caregiver resulted in a higher quality of child-caregiver interactions than a ratio of 5:1. These caregivers are saying the same thing. Currently in South Australia

the ratio is under review as part of the review of licensing regulations (C. Ward, personal communication, August 18th, 2007).

Recommendations to withdraw a child

Would a recommendation be made to remove a child

When asked at what point they would recommend that an infant be removed from care 41 of 100 respondents said they would never recommend that an infant be removed from care. They were not asked on the survey why not. Twenty three of this 41 are unqualified staff and so it is not surprising that they would not recommend removal given that they are in an assistants role and the qualified person would make major decisions, usually in consultation with others.

Recommendation under certain conditions

Fifty-nine of the 100 respondents indicated there were certain conditions under which they would recommend that an infant be removed from group care. Of these, as might be expected, 34 of this group were qualified and a lesser number, 25, unqualified. Respondents were not asked 'who' they would make this recommendation to. It is possible the unqualified staff would recommend this move, internally, and someone else, team leader or director would talk with the parents. Information was also gathered about the conditions that may result in a recommendation to remove a child. These are useful to look at because they illustrate the issues that assist infants to settle in to care and provide information about carers ideas of the limits of their efforts to settle infants.

Conditions under which recommendations may be made

When asked to indicate when they would recommend a child be removed from care 57 of the 59 commented.

The primary reason given (11 comments) was when the child was 'not happy, constantly crying, distressed beyond a reasonable amount. The next reason given was that the child was 'not settled after a reasonable amount of time', 9 comments. The third most offered reason was that 'all possible strategies [have been] tried', 6 comments.

Responses indicate that a recommendation to remove a child only comes where a child is distressed for a long period of time and staff believe they have tried all possible strategies. This information is consistent with the comments in the focus groups (information follows later in this chapter). The fifty-nine respondents indicating they would, under certain conditions, recommend removal provide reasons consistent with other findings in this research. They describe a 'not settled' child over an extended period of time (more than the expected 4 weeks) who has not responded to their best efforts to help them settle.

A discrepancy arises within the research in that within the focus groups no participant indicated they would recommend a child be removed. Their experience as they presented it, is that parents may remove a child. If that does not happen they are likely to adjust their expectations of the time this individual child is going to take and they search for further strategies to help them settle.

Some of these ideas are picked up for further discussion in the next section but more research in this area is needed to explore these discrepancies.

No research or professional literature was found which covered the recommendation that infants be removed from group care.

Respondents were not asked whether they would recommend other care but seven specifically said they would recommend keeping the child at home, family day care or another centre. While there is not a lot of information offered in this area the responses appear to indicate the general thinking of staff.

Summary

This section of the chapter discussed information gained from respondents about the time it takes infants to settle into care, their levels of concern if an infant has not settled by 4, 8, 12 and 16 weeks and whether they would ever recommend that an infant be withdrawn from care. A clear time frame emerged from carers' responses and this was discussed. The time frame (an average of 2 to 3 weeks) was consistent with the levels of concern respondents indicate for the earliest time presented to them, 4 weeks. The research reported here indicates that this set of carers had an expectation of a shorter settling in time than did the carers in Greta Fein's research (Fein, 1995; Fein, Gariboldi, & Boni, 1993).

The chapter also included a discussion of the respondents' replies about why some infants settle into care more quickly than others. The points raised by the carers were consistent with the issues identified from the child development literature and included in the survey questions. A consistent picture, which supports the profiles, is building through the results and discussions reported so far. This support is also apparent in the information about carers experience with infants not settling into care that is discussed in

the following section of this chapter. Before addressing that a comment is made about confirming the behaviours presented to the respondents.

Confirming the profile questions

The data presented in this chapter is not reported in the thesis write up in the same order in which it was included in the survey. The primary focus of the research reported here was to determine if a profile of the ‘settled’ and ‘not settled’ infant could be determined from the accumulated experience of a group of South Australian caregivers. Within research methodology whenever respondents are given a selection of words or behaviours to indicate their opinions, these lists act as prompts and can direct the thinking of respondents. One procedure to determine if the selected list of behaviours for the profiles covered all the relevant areas was to ask a set of questions about infants not settling into care before the lists were presented. If the accumulated responses to these open ended questions contained any areas not covered in the lists then these would need to be accounted for and would perhaps discredit the list presented.

When the results in this open-ended section are reviewed and compared with the directed responses there is a close match with the items with no outstanding areas apparent. This consistency supports the earlier selection of the attachment, temperament and adjustment behaviours. If in planning and preparing any one of the attachment, temperament or adjustment areas had been omitted that discrepancy would have been apparent here because all the items relate to one or other of these three areas.

The detail in the ‘composite profile of the infant’ and ‘behaviours particularly concerning the carers’ match the detail of the not settled list and in

reverse the 'settled' list. The composite profile of the situation reflects the issues raised again later by respondents after completing the lists and reported in the replies to why some infants didn't settle (see Appendix 1 for survey).

The specific responses to the questions will now be discussed, beginning with the information on the level of occurrence of infants not settling into care.

Experience with infants not settling in to care

Level of occurrence of infants not settling into care

Respondents were almost equally divided when asked whether they had ever cared for an infant who did not settle into care. Fifty-four said yes they had and 55 said they had not. Within that, two thirds of the qualified said they had had a child who did not settle and two thirds of the unqualified said they had not had a child who did not settle. This discrepancy is hard to account for. The respondents are all from the same centres and have encountered many of the same children, so it may be that the qualified staff recognise the profile of a child not settling more than the unqualified. Perhaps they remember when the unqualified staff do not or perhaps the unqualified staff are accounting for the fact that many of the infants identified as not settling, did eventually settle.

This raises the question of respondents' understanding of the definition of a child who does not settle into care. Is it a child who takes longer than expected, over 4 weeks perhaps, but does eventually settle? Or is it a child who is eventually removed from care?

When the qualitative data is examined, particularly the question 'what happened eventually for this child' it becomes apparent that of the 54

respondents indicating they had experience with an infant who did not settle, 26 of the infants were withdrawn, 5 were still in care and still distressed and 23 eventually settled. So half of the infants eventually settled.

Discussion in the focus groups both supports this notion that most children eventually settle and the information that occasionally infants are withdrawn. It appears however that the carers themselves are unlikely to recommend that an infant be withdrawn from care. This is consistent with responses in other sections of the survey and is apparent in the focus group discussion reported below.

Researcher: So have you ever had to recommend to a parent that they remove a child from care?

L: No I think that would be the absolute last straw. Yes, I think I would try ... I can't imagine getting to the point where I would say "childcare's just not going to work for your child".

H: I've had some parents ask for a child, you know, can you ban a child. We had a child that was a really bad biter in the nursery, he used to bite, I mean and we ended up doing one on one with this child and they're going, you know, this child should not be coming to child care they go. Not that they knew which child was the biter, but yeah, other parents – the child should be banned.

Researcher: so the children who don't settle and get removed, are more likely to be removed by their parent not coping?

L: yes, definitely

H: yeah

Researcher: so and the parent will sometimes opt out fairly early.

E: the only time we've had a child that was taken [out] and we didn't recommend it, it was the parent's choice to do that. The child was continually sick, about 8 years ago, continually, continually, continually sick and it became the parents' choice to say "I can't do this, I can't have Chelsea sick like this all the time" and I said to the parent "well look, I understand that you're feeling really worried about this and maybe you need to look for another option", I didn't say take the child away, but I did say "maybe there is another option for Chelsea at this stage" and then maybe you could come back to Childcare later if you did follow another option. I mean, I had to be honest because the parents want that. The child actually went into family daycare and I never knew what happened after, which I'd love to know.

L: and I've never had a parent come in that's positive about childcare who's child hasn't settled and they've pulled them out, it's always parents that are already unsure about child care, their child is then unsettled and then they think, "Oh this is my excuse to pull them out."

This final comment was enthusiastically agreed to by the other focus group participants and so seems worthy of further attention here. Participants were quite engaged with this discussion and talked about previous experiences

with particular children but the conclusions they came to were always similar to the following comment:

D: You asked before if we ever knew of a child leaving the centre because they were so upset. It's happened a couple of times but the parents hadn't given it enough time either, so the child may have only been with us for a week or two weeks and if he's not settling, and sometimes you can see that the mum is getting so upset that the baby's not settling so they just stop care.

This comment is interesting because it reinforces the idea that the transition takes time, that carers have an expectation of how long that will be (more than two weeks) and that it is alright for an infant to be initially upset but given time and attention the infant will settle.

When pressed, the carers' responses indicated that they had strategies in place to work the transition through with the infants and the parents. One centre resumes parent visits. Two carers talked about consulting continually with the parents in the search for a solution to the infant's unsettled behaviour. Frequently this results in very individualised responses like carrying the child in a 'harness in front of us' or wrapping them in a traditional African wrap and carrying them on their backs. Carer's report

" you've got to keep asking and keep probing and finding those little bits and pieces of information."

There was considerable discussion around letting the infant cry and two approaches appeared. Both imply carer understanding and acceptance of the time taken for transition. In one instance the crying is seen as part of the process and in the other an indication that more information is needed to help the child adjust.

“we have information from the parents, what could comfort him in times of distress, we don’t let the child cry, no, there is always a reason for why a child is crying and we try to find out. Because, it’s not nice, put yourself in their situation and you cry and there’s no one to support you, how would you feel?”

While some carers are more likely to accept a child crying when they protesting the separation and settling in, most carers go to great lengths to both prevent the crying and to assist the child to stop. The overall point that develops from the information is that carers are willing to go to considerable lengths to assist a child to settle in to care and that removal is more often instigated by the parent than the carer.

When the data is compared from privately owned and community based centres there is no difference reported in levels of experience with infants not settling. The ratio of not settling is the same as the ratio of private to community centres in the study. An implication that could be drawn from this is that the staff in private centres and community centres are equally committed to assisting the infants attending their centres to settle into care. Both groups were represented in the focus groups and there was no obvious variation in approach evident in carers’ comments.

Profile of the not settled child

Within the survey respondents were given two opportunities to provide information about the not settled child in addition to assigning the listed behaviours to ‘settled’ and ‘not settled’ categories. After being asked to indicate the shortest, longest and average time they thought an infant took to

settle in to care, they were asked to write their ideas about why some infants took longer than others.

Earlier on in the survey the respondents who said they had experience with infants who did not settle were asked a series of questions about the particular infant and situation they recalled.

When the answers to 'why some infants take longer', (see Chapter 9) answered by all respondents, are compared with the descriptions of the infant who didn't settle (answered by a portion of respondents) several things are apparent. Primarily the reasons given (see Table 9.11) for some infants taking longer are the same as the profile details of the child who did not settle. For example temperament issues are the same but with reverse descriptions. Where the child who settles more quickly is described as independent, self-confident and with a positive personality, the description of the child who didn't settle is of a strong willed, difficult, insecure infant who doesn't like change.

Experience with more than one carer is apparent in the comments about the child who didn't settle: difficult to settle to sleep, no apparent bonding with staff, and didn't calm or accept comfort.

The issue that arises as being different between the two questions relates to the infants response to being left in care. Within the profile comments are statements "cried most of the time, not eating / sleeping / drinking/, required 1 to 1 all day, highly stressed and needed to be held constantly". While these relate to 'acting out' behaviours, also expressive behaviours of a quieter nature are included, 'quiet, withdrawn, irritable, and sad'.

When these two sets of responses are combined and compared with the profiles of the 'settled' and 'not settled' infant compiled from the lists of characteristics they are generally consistent. Respondents' replies to the question about what in the situation might have contributed to the infant not settling are discussed next.

Profile of the situation

When the issues listed by the respondents are reviewed they are all issues previously raised in this research. High child to staff ratios, the busy time of the day the child attended, short visit length, low frequency of attendance and difficulty in adjusting to other carers and routines are all issues identified earlier as impacting on the infants' ability to adjust to care so no new issues are apparent here. This is true also for the list of behaviours that concerned the carers. It is apparent from the discussion so far that carers are able to 'tolerate' a range of responses from infants as they settle in to care. Some behaviours however are more distressing than others and were mentioned in the response when they were asked to identify which behaviours most concerned them.

Composite profile of behaviours which concerned the carers

Active, loud and prolonged expressions of distress, rejection of the carers efforts and lack of involvement in the room are the predominate behaviours described here by respondents. Several of the quieter withdrawn behaviours are also included but it is apparent that the behaviours most concerning carers are the high levels of distress that they are unable to ameliorate in the infants. This concern is evident in the one article found which presented a case study of the infant who took a long time to settle where the

carer was upset that Serena did not respond and quieten and continued to be distressed (Elliot, 2003). Again no new issues are raised. New information however is available in the next set of responses. Prior to this question respondents had not been asked to indicate who instigated an infant's withdrawal, the parents or the staff.

Composite responses to 'what happened eventually, for the child?'

When the replies are categorised into who instigated the child leaving the centre 22 children were removed by their parent, three at the carers instigation and one after discussion between carers and parents. This information adds to the discussion above and reflects again the issues that need further investigation. When asked to offer anything else they thought relevant, one new issue was raised.

Composite responses to 'is there anything else you consider relevant?'

All but one of the issues raised here were later confirmed with the final lists or other answers provided by the respondents. The one issue raised by one respondent, which has not so far been discussed directly, is the issue of orientation visits. This issue was mentioned again in the survey where respondents could raise any other issues they felt had not been addressed and will be discussed further in the next section of the discussion.

As mentioned in the results chapter the respondents' replies were treated separately if they had reported that they had experience of an infant not settling but later said the infant eventually settled. Only in one section were the results compared and this section is discussed further later in this thesis.

Composite responses to 'How did you feel about the eventual outcome?'

This is the only point in the survey and in the focus groups where the issue of the carers' response to an infant being withdrawn from care is covered. The responses were divided so that those who indicated the child eventually settled were separated from those where the child was withdrawn. When they were looked at it is apparent that the main response is relief that the issue is settled, disappointment when the child did not settle and was withdrawn and happiness when they had one of the infants who did eventually settle. Again as has been argued all along, no other information from a large group of carers about how they experienced dealing with an infant who took a long time, or did not settle was found in the research or professional literature, so the information here, adds to the research literature and perhaps provides a basis for further discussion when other research is undertaken.

Summary: experience with infants not settling in to care

This section of the chapter discussed the findings from the open-ended questions about respondents experience with infants not settling into care. Several issues arose. One of which was respondents understanding of infants not settling. Many answered the questions but then indicated the infant eventually settled. These replies were not reported or discussed. When focus group comments are included it becomes apparent that carers are very reluctant to either recommend or initiate having an infant removed from their care. Carers report great efforts to assist the infant to settle but acknowledge that frequently a child is withdrawn because of the parent's needs rather than the child's needs.

Another issue that arose was the practice of ‘orientation visits’. This needs to be looked at further because it also informs the discussion about why some infants settle more quickly discussed previously. It appears that the benefits for infants and parents who have extensive and individualised orientation visits are considerable. Parents gain information and develop trust in the carers. The infant sees the positive message from the parent and accepts the carers’ ministrations. The orientation visit allows the infant to enter slowly and with support into a possibly overwhelming situation. The visits also allow the carer to gather information about the cultural and routine practices parents use with their babies. Carers then use this information to support the infant through the transition. Evidence from the research and professional literature which supported these conclusions or promoted discussion was presented when it was relevant but the dearth of information is also very apparent throughout this topic discussion.

Another practice that supports infants in transition is the use of a primary care system. The results or respondents replies to questions about primary care will be discussed in the next section of this chapter.

Primary Carers and settling into care

As indicated in the literature review there is a current move in childcare centres in South Australia to introduce a primary care system for the infants (Linke, 2001). Primary care involves assigning a specific carer to each family and infant prior to his or her first visit and attendance at the centre (Bernhardt, 2000). The primary carer plans for the orientation visits, collects information from the parents about the infant and assumes the role of their ‘primary’ carer. This involves greeting the child and family, talking with the parent daily about

the infant's needs, carrying out all routine tasks (feeding, nappy changing, putting to sleep) and keeping the developmental records on the child. Carers replying to the survey were expected to be familiar with the process and no replies indicated the carers were unfamiliar with the system of primary care.

Respondents' replies about their own centres use of primary care and then about what they thought the benefits or disadvantages of primary care are, are discussed next.

Primary care arrangements in centres

Within the respondents involved in this research, over half indicate that they currently use a primary care system within their centre. A further 8.9% indicate that they are considering using primary carers. Only 8.1% of respondents indicate there has been an active decision not to use primary carers for infants with a quarter of respondents indicating they do not currently use primary carers.

It would be interesting to re-do these statistics within a couple of years. Currently the QIAS system supports the concern for continuity of care with Principle 7.3, stating "Staffing policies and practices facilitate continuity of care for each child". Also there has been a considerable move within the Department of Education and Children's Services in South Australia to promote the use of primary care. The results of the Doctoral research of Pam Winter (2003) has been widely promoted in South Australia where it was conducted and she writes that the use of primary carers in infant rooms promoted infant's overall well-being. Dalli (1999) in her New Zealand research also reports that use of a primary carer supports both the infant's and the parent's transition to care and also has benefits for the carers. It might be

reasonable to expect that the proportion of centres using primary carers will have increased as a result of these influences.

Primary care in private and community based centres

The data gathered here is inconclusive. There may be an expectation that the use of primary carers is more expensive and so less likely to be adopted in for profit centres however because this sample is not balanced for private versus community based centres the data is not informative.

Carers thinking about the benefit of using primary carers to help infants settle into care

With 63% of carers reporting that they use a primary care system it is interesting to note that 76.8%, that is 13.8% more, who say they think the use of primary carers assists infants to settle into care. This implies that, with the right support these 13.8% of carers are likely to adopt a primary care system.

When asked to indicate their level of agreement with the statement ‘The use of primary carers helps infants to settle in to care’, 72.4% indicated they thought it helped ‘a reasonable amount’ or ‘a lot’. This is consistent with the responses reported above and indicates strong support in the field for the use of primary carers to assist infants to settle into care.

How primary care assists infants to settle in to care

When asked to elaborate on how they thought primary carers assisted infants to settle into care, the replies were consistent with the earlier findings reported and this strengthens the concepts that the use of primary carers:

- supports the promotion of attachment,
- allows infants to settle more quickly because they relate first to one carer and then to others

- promotes consistency of care routines between home and centre and provides predictability and security for the infant

These ideas are apparent in the professional literature (Bernhardt, 2000; Edwards & Raikes, 2002; Gray, 2004; Sims, Guilfoyle, & Parry, 2005) but nothing was found in the research literature. Consequently the aim of the research reported here to transfer information from the professional to the research literature is achieved.

Why primary care does not help infants settle into care

Very few respondents indicated that they thought the use of primary carers did not assist infants to settle into care. Where they reported they did not think it helped, most responses (5) indicated they thought it didn't help because if that carer was away the infant would be distressed.

Comment earlier in this thesis suggests that the attachment to one carer is a preliminary step to an infant settling into care and so during that phase, that is, prior to being settled, the infant is likely to be more easily distressed and their carer being absent would be one significant factor in their level of distress. Within the profile of an infant who is settled into care, multiple attachments would allow the infant to use another carer as a source of support.

Summary: primary care

Respondents' replies to questions about the level of use of primary care in their centres were discussed. Respondents were also asked if they thought primary care assisted infants to settle into care and the majority indicated that they did. It is apparent that more carers support primary care than are able to use it in their own centres.

The final question in the profile asked respondents to indicate anything else they would like to contribute to the data on infants settling into care. As a part of the validity procedures built into the research design it was anticipated that any areas missed by the researcher may appear here. The next section discusses these results.

Other Comments from respondents

In giving respondents an opportunity to add any additional comments about their work with infants entering care it was anticipated that this would act as a check that all significant aspects of the topic were covered. An absence of comment could be interpreted that the issue had been raised elsewhere and did not need to be added here.

When the 77 comments were analysed and sorted into 20 sets of ideas it became apparent that three topics had more comments than others, orientation visits, carer-infant interactions and carer-parent interactions. Each of these will be discussed here, beginning with orientation visits.

Orientation visits

It appears that respondents consider the orientation visits set up for parents and infants as important for both of them to become familiar with the centre. Respondents mentioned the importance of building trust between parents and carers and infants and carers. Comments here were brief but in the focus groups both the qualified and unqualified staff wanted to discuss this further. Issues raised in the focus groups centred around; the number of pre-visits, the timing and structure of these and the purpose of the visits.

Number of visits

The consensus in the focus groups appeared to be that the carers prefer parents to make at least two or three pre-visits with their infant before the child is left with the staff for regular care.

E: We always encourage our parents to come for three visits and stay with the child for that time, sit with the child.

While this is the preferred arrangement the carers acknowledge that this does not always happen.

H: We try to encourage the parents but some of them just don't want to.

E: Well I sort of insist on it a little bit, but it's up to the parent but I just sort of think so I sort of, I say, " Look, I understand that you're busy and I understand that it might be difficult for you to organize but even if you can come in just for twenty minutes or even a quarter of an hour, just to sit with us". You always find that they stay longer than quarter of an hour, twenty minutes, sometimes it's amazing how they can suddenly stretch what they were going to have as twenty minutes, to be an hour, once they get there and they feel warm and comfortable.

When they are able to arrange for a sequence of visits the staff have quite clear ideas about how these need to be structured. This is consistent with the advice in the professional literature where orientation visits and the gathering of information from parents is recommended (Elliot 2003, Bove 1999, Balaban, 2006, Rowell, 2006)

Timing of visits

Timing appears to be relatively flexible and individualized for families. Because no other information on timing was found in the research

literature but it was evident in the professional literature, but without the detail offered by these respondents, time is taken to illustrate the information with quotes from the focus groups.

K: usually when the child is visiting we ask the parents to come for one or two visits in the morning or afternoon, whichever suits them.

H: Like we encourage the parents, like if the child's coming in over the full day to come at different times of the day and to see what it is like over the day not just at one time.

However if the timing is not particularly convenient for the centre there is an acceptance and even an encouragement of parents to come, but with the understanding that staff will not be as available to talk to them as they might be at another time.

D: because we find in the morning it's O.K but if it's around lunch time and after lunch, the room is very busy, like children are eating, you're getting them ready for bed and the room is just a hive of activity, whereas in the morning when they are playing it's a better time or in the afternoon after they've woken up is a better time.

Associated with the timing of the visits are two ideas, convenience for the parents and a desire on the centre's part for parents to have a realistic view of what will happen for their child throughout the day. One carer put it this way:

E: And there's another thing that I use with new parents that I find is very successful. I say "Oh, it would be a really good idea if you rang on the day that you want to visit, just in case we're doing something" I said "but you actually don't need to, as well, it's up to what you want to do, uhmm but I'm

really happy too if you just feel that you would like to turn up and see what we're doing, we're not putting on any show. You're coming in, you're seeing it's a busy lunchtime, you come in, you sit down with Rachel again and just watch what we do and if you can see what we're doing off the cuff, you've caught us as we are." That I think is a confidence thing for your parents too, that they can come in and see this really busy time, and see what you do in a busy time. They know that it's not geared "oh wacko Sylvia and Rachel are coming at 10 o'clock quick you know, we've got to make sure everyone's clean and things are off the floor and everyone's settled and we're all looking lovely and smiling when they come in". I want them to see us honestly. I think if you can tell your parents that they can front up and see you honestly that's again another settling thing another good thing that helps your children settle.

An underlying theme appears in this comment and that is the importance of the parent's response and its influence on the infant's ability to 'settle' in to care. This will be discussed further, later in this chapter. Also apparent is the desire of carers for parents to have a realistic picture of what will happen for their child. An additional point worth noting is the apparent confidence of the carers that they are providing good quality care and so they do not need to 'dress it up' for visitors.

Structure of the visits

The basic purpose of the visits, carers say, is to assist the infant's transition from home to centre care and in keeping with this carers have clear ideas about how the sequence of visits should proceed. The first comment illustrates the process of several visits.

D: First of all when they come the parent stays with the child in the room so that the child and the parent can experience the environment together then after a few visits like that then we might get the parent just to go to the kitchen to have a coffee see how the child copes for maybe half an hour, quarter of an hour just without the parent in the room. Then the next time we might get the parent to go away for a couple of hours to see how the child copes. It all depends on what the parent's time is, you know, before they're going back to work or whatever they're doing. We can't always have the number of visits we'd like but we try to encourage the parents to have it that way.

The establishing of the primary care process is apparent in this next comment.

K:There are times when it's busy and there are times when it's quiet so that's just the time when they're coming and they are coming to see the centre, so the Team Leader talks to the parents about the room and every other thing once she gets to see them. The second and the third visit is the same, they come and their child is, you know, with the primary carer, getting to know each other and so with the parents. We work with primary care giving so the parent comes and talks to the carer, the team leader only talks to them at the first time when they come, so it's just 3 or 4 visits and that's it. So when the child starts the parent might, we ask the parents to have short days to start with, the second week it's shorter days and then as the time goes the child is settling in and then they start longer days.

The sequence of visits is geared to meet the transition needs of the infants, the parents and the staff and therefore the purposes of the visits overlap

but are also different for each participant in this process. This is consistent with the advice in the professional literature where individual plans are recommended with mothers staying for varying and decreasing amounts of time over several days (Elliot 2003, Bove 1999, Balaban, 2006, Rowell, 2006).

Purpose of visits: for staff

Information from parents is the most frequently commented on reason for the visits.

D: see they're the things that you need to find out before the child starts because if you don't have that information you don't know how to help the child settle so ..

The earlier detail about carrying a child in a 'harness' is one illustration and carers provided other details about what was useful to know that related to whether a child was an only child and not used to other children, have they been cared for by people other than the parent, and whether they have been carried most of the day while at home. The visits appear to provide the more subtle and personal, individual information that carers of infants need if they are to assist the infant in their transition. Carer statements are specific about this.

E: yeah, for me to sit down with the parent while their baby's crawling around or toddling, if it's toddling, so that the more that I know about the parent it's also going to be in my caring for that child. I can't always look at the chart they've filled in and see tick, tick, tick, oh yes they need this, they need that. I need a bit more than that. I need a bit more parent contact for me to give fully of my self to understand that child.

D: It can, we had uhmm one parent who, it was really good when she came to visit, she put her child, she was sitting on the floor and she put her

child on her lap, like laying on her legs and rocked him to sleep like that so that even though we weren't actually talking to her, to be able to see how she did things with her child was really good useful information for us because we normally wouldn't put a child, or try to put a child to sleep like that but it was really good that we could see how she put her child, or calmed her child so that we could also incorporate that routine into the care that we were giving to the child, so sometimes it's not even just the verbal information that you gain, it's actually seeing the child interact with the parent that can be helpful, just little things like that, that can help that child to be settled during the day.

All of these details have been discussed before and their reoccurrence here reiterates their importance to carers in their efforts to individualise care and assist the infants to settle. The focus group comments create vivid pictures and give clear examples both of their attitudes but also of the detailed level of information they are seeking. This is not so apparent in their understanding of the value of the orientation visits for the parents or perhaps is just less clearly articulated as the following comments show.

Purpose of visits: Parents

The purpose of the visits for the parents is given less detail by the participants in the focus groups. The idea most commonly put forward focuses on the parent's ability to separate from their child. Knowledge of the centre and trust in the carers is implied but not made explicit by these respondents. Samples of the comments are as follows:

E: You're reading the parent as well, does that parent want me to hold their child alone, do they want to see that child happy with me? That sort of thing, but you've got to gauge when that level is, when it's safe to do that.

L: and if the Mum's insecure she's gonna sit there with the baby on her lap the whole time and we're constantly encouraging them, like, you know "No, put them down on the mat, let them have a play while we have a chat." And Mums constantly keeping a check and we keep saying "don't worry, they'll be fine" and "how about we wander through the centre and we leave the baby here for ten minutes with the other staff while we go and have a look around".

In talking about the infant in this next comment the carer is also providing information about the parent's response.

E: Sometimes if they're having their three visits and the child has clung often on that second visit, you get to know after you've been in the game a long time, you get to know uhmm people and you can get a sense with the parent, and if I can see that they're going to be difficult in letting that child move away or the child is just not going to move away, often with that second visit I will say to the parent "How about next time when you come, I won't cuddle Rachel today, but next time, I'll see what I can do with Rachel, have a little cuddle, I might take Rachel around with me and you can walk with me and we will go together" so that then the parent will feel that they are still there when I'm holding their child or sometimes if the child moves away from the parent I often take that cue, that might be the first visit that that happens and I will say "How do you feel about my picking up Rachel and we'll just have a little walk around together." And the parent might still stay sitting on the floor or come with me, it's up to them to do that. You get a sense about what to do with certain children and that's so important.

This close contact with the child is dependant on the parent's ability to step back and allow it, and that process takes not only time but also the development of trust. Without repeating the comments above another reason is apparent in the provision of the information by the parents. Information about the infant's routine is important for carers in assisting the baby to settle and it is the parents who provide this information.

D: yes, when we have children coming to our centre we have them come for visits but we give the parents a form to write as much information as they can about their children's routines and we try to fit to what the child's routines are as much as we can manage in our environment and I think that helps, if you're duplicating what happening at home as much as you can, that means the child is still getting the same, it might be a different person but the care and the routines pretty much stay the same.

The work of Carmen Dalli (Dalli, 1999a, 1999b, 2000) provides further information in this area not apparent here. The parents in her study talked about 'learning the ropes', meaning they wanted to learn the routines, the way the centre did things, for themselves but also to prepare their child. This preparation is a little harder to do with very young babies but is a point to take into account in discussing the purpose of the visits for the parent.

Purpose of visits: Infants

Little is said in this particular section about the purpose of the visits for the infant that does not overlap with information in other sections. Essentially the infants' transition is supported when they see their parent interacting calmly and happily with the carers. Where this doesn't happen the carers

comment on it and its effect in their statements that focus on the parents behaviour when leaving their infants (see below).

Parents' departure rituals

The focus group participants spent some time talking about the behaviour of parents when they were leaving their child. They suggest that parents, who are reluctant to separate, create rituals that allow them to leave. These include putting the baby down to sleep, finding a particular toy to leave with the child, returning several times to repeat the goodbyes or being unable to leave and staying longer than is helpful for the child.

H: We had one baby that Mum's way of coping when she left was she always put it in the cot. Every single time. You know like she's going "she needs a sleep now, she's ready for a sleep". She never was. She wanted to play with the children but Mum would pop her into the bed and then she'd leave and we'd go in and get her out. We said to Mum "you know, like, she can hear the children, when she gets there she's excited, she needs to play with them for awhile before she goes down for a sleep and we told her we were getting her up and she sort of left her for about two times and then she went back to putting her in the cot again. It's just, Mum must have felt better when she left, doing it.

E: We have a parent who always gets a doll we've got, called Michael. She always goes, (it's a little brown doll with tight curls) she always goes and gets Michael for Tara and then the Mother will go. Tara doesn't particularly play with Michael at all during the day, but Mum has to get Michael to give to

Tara and then she's fine, "well, you've got Michael, bye" and then the farewell happens, Mum has to give Michael to Tara.

H: We counted the other day, we had this child and I think we got up to 27 times they said goodbye, before they left. So then I did an article in the newsletter about saying goodbye. I thought I won't, you know we sort of said before "you know she copes very well once you've gone" but I thought I'd do a general newsletter article.

E: You know it can get worse can't it? It can get worse the longer they stay. I had to ask a new father last Wednesday, I had to very nicely suggest that he come in and go, fairly quickly. The longer he stayed, the harder it was for Lana when he left.

L: Or trying to encourage parents, not to come back, as well, is a really hard one. You know, like, they leave and the baby starts crying and they're walking down the hallway and they hear, the Mother especially, and thinks "oh I must go back in" and so they come back in and say goodbye again. And I've so many times had to say to parents, "you've said goodbye, I know it's really hard, you need to leave, once you've left the room, don't come back in, ring up as soon as you get to work or as soon as you get to your car, to check, but don't come back in, because then it's so much worse." And they do it ALL the time.

Staff comments indicate their sensitivity to the parents needs but that this is tempered by their concern for the infants and their responsiveness to

them. This sensitivity to the parents carries over for some who use follow up phone calls to reassure parents that their child has settled.

E: And sometimes I will ring a parent after about an hour because they've obviously heard the child crying when they've left and I will ring the parent and say to them "you probably heard that Lana cried a little bit when you left, and she did, but it took about 20 minutes or it might have been 3 minutes, and then she did stop" and the parents, I think that then, down the track supports parents in their leaving.

L: and it builds such a strong relationship I think too between you as the carer and them as the parents, because you've gone out of your way to give them that extra support.

Several comments appear to sum up the importance of the orientation visits for the staff, parents and the child.

R: so again, it's this idea of transitioning the parent and the staff isn't it, because you get to see the mother with the baby and then mum goes off and has coffee and so then you see the baby on their own and begin to learn about the baby. So most of the issues that make it difficult for an infant to settle, like culture, not being handled by a lot of other carers and so on are actually taken care of with these introductory visits, aren't they? And the busyness of the room, the child gets to adjust to the busyness of the room, so

R: and the babies pick that up, I think, so that if they know Mum's happy with them being there then they're more likely to relax as well.

E: Gradually the parents won't be giving that "Huuuh" big sigh as they walk in the door of the childcare centre and that, you know, that, they[the infants] feel in their parent as they're arriving. I think that's really important to try and get over all of that and there's all the little ways you can do that, that leads to the settling.

Carers appear really clear that the orientation visits are as much for the parents as they are for the children. This point is not as clear in the professional literature where the focus is generally on assisting the infant to settle (Gonzalez-Mena & Eyer, 2007; National Childcare Accreditation Council, 2006). More could be done to focus these orientation visits so that the parents are also feeling comfortable when they leave their child. We know from the literature on social referencing (Berk, 2005b) that infants look to their parent to determine their own response so when the parents are more comfortable the infant will read the message that childcare is O.K and are likely to settle more quickly.

Carer infant interactions

Carer infant interactions have not been a focus of this research. Rather the focus is on infant characteristics. It is interesting to note that eleven comments referred to the importance of the carer's role in cuddling the infants, and in helping the children to enjoy their time, to be comfortable and engaged with the people and the environment. There was one study found which, while not carried out in child care did look at 9 month old infant's separation from the mother and caregiver behaviour. When the caregivers were warm, responsive and interactive throughout the separation (rather than just when the child expressed overt distress) the infant's distress at separation from their

mothers for 30-minute intervals was significantly reduced (Gunnar et al 1992). Further research into the effect of the carer's interactions with the child in transition in actual childcare settings might be informative.

Carer parent interactions

Carer parent interactions also, were not a focus of this research but given that ten comments relate to this area it is important to note the significance this has for carers when they are asked about an infant's transition into care. Parent responses to having their child in care have come up in other areas and will not be discussed further here.

Further comment

In analysing and reflecting on the comments made when respondents were told they could add anything they felt was missed or answer any questions they were not asked but thought relevant, it was reassuring to find that no major area relating to child characteristics arose.

The issues raised were all related to practices to facilitate and adult responses to, the process of transitioning the infant and so were additional to the focus of the research and serendipitous findings in some ways.

It seems reasonable to assume that the research plan, the chosen content, was deemed applicable by the respondents and nothing related to child characteristics was overlooked or needed to be included to complete the picture of the 'settled' and 'not settled' child.

Summary: Carer's information

This chapter has discussed the additional information gathered from the respondents about their experiences of the time it takes infants to settle, why some infants take longer or do not settle, when carers might recommend removal of an infant from care and information about primary caregiving. These details are important because they support practitioners' use of the profiles. The details set the profiles in the context of the practitioners work and provide information on the time it takes infants to settle and processes and procedures to assist infants to settle into care. None of the information is currently available in the early childhood research literature. No other research was found which reports on the time it takes infants to settle into care and none that detail why some infants do not settle and what happens to them. There is information on individual children and processes for groups in the practitioner literature (Balaban, 2006; Bernhardt, 2000; Bove, 1999; Elliot, 2003a; Rowell, 2006; Szamreta, 2003) but nothing was found that was research based. The use of primary care does have extensive cover in the professional literature but within the research literature no studies were found with carers' views on the usefulness of primary care for settling infants into care. These findings make a substantial contribution to the research literature. No other studies were found which reported on an extensive group of carers' experiences of settling infants into care. The information presented in this thesis and discussed here meets the goal of the research to add information to the research literature from the extensive experience of a group of caregivers.

The final chapter in this thesis presents the conclusions and recommendations.

CHAPTER 11

CONCLUSIONS, RECOMMENDATIONS AND FINAL STATEMENT

This chapter presents the research reported in the thesis's final conclusions and recommendations. The results and discussion, which contributed to these conclusions, have all been presented in the previous chapters. It remains only to state the conclusions with brevity and to make the recommendations. Following that a comment on limitations and a summary statement concludes the thesis.

Results research Question 1: Do carers recognise the term 'settled in to care'?

Results

Respondents replies to questions regarding their knowledge and use of the term 'settled into care' support the conclusion that childcare workers are familiar with the term (89.3%) and use it in a variety of ways (83.9%). No equivalent or similar terms were apparent in the results. One of the aims of this research, to introduce the term into the research literature, from practitioner use, is therefore supported.

Implications

The term 'settled in to care' could become the preferred term to describe the early days in care and the term 'adjustment' to care could then be used to incorporate this and other features of the infants' experience of care.

Suggestions for further research

The research could be duplicated in other countries to determine its wider applicability and could be used as a basis to discriminate between aspects of settling in to care and any other adjustment features.

Results research question 2: Can information from the child development literature on attachment, temperament and adjustment to care be used to create profiles of the infant who is ‘settled’ in to care and the infant who is ‘not settled’

Results: Profile of the infant who is ‘settled into care’

Caregivers identified twenty behaviours from a list of forty-five attachment, temperament and adjustment to care items as providing a profile of an infant who is settled into care (see Table 7.18).

Table 7.18

Settled Into Care: Final Items and Categories

ACS	Plays happily
TI+	Is generally happy & smiling
FA	Happy
FA	Enjoys play with the carer
APS	Quickly calmed by carer after parent leaves
FA	Smiles a lot
FA	Playful
APS	Plays happily, calms self easily when upset
TAR+	Accepts changes to routine easily
ACS	Responds to carers invitation to play

ACS	Has preferred carer (goes to them for comfort & help)
ACS	Approaches carers to play
TR+	Has own regular routine of when hungry, need their nappy changed and need their sleep
TA+	Approaches new activities/toys in the room
TC+	Cooperates with staff when being changed or fed
APS	Smiles and approaches parent when they return
APS	Doesn't cry when parent leaves
TC+	Follows simple requests (for example, find your bear)
TA+	Approaches new people who visit
FA	Expressive

Note: Items are coded according to their origin in the attachment (A), temperament (T) or Fein's adjustment to care literature (F). Subcategories are coded as follows:

Attachment, P = parent, C = carer, S = secure, I = insecure

Temperament, A = approach, I = irritability, C = cooperation – manageability,

AR = activity – reactivity, R = rhythmicity,

and within each of these + = positive, - = negative

Fein's Adjustment, A = adjusted, N = not adjusted, DS = despair-like, DT = detachment

Further research: settled in to care

The profile could be used for further research to determine its usefulness as a 'reference' for carers who are tracking the progress towards settling, of infants entering their care.

Recommendations

No one area of attachment, temperament or adjustment to care was significantly more important as a predictor of an infant's settling into care. As a consequence it is recommended that the current focus on promoting secure attachment behaviours between infants and carers be extended. Carers need

also to more systematically support infants to develop positive temperamental responses and a positive adjustment to care.

Secure attachment to one carer is an important part of the process of an infant settling into care but it is not sufficient in and of itself. Secure attachment to one carer precedes an infant being settled into a room and can be used to assist the infant to attach to other carers and so feel secure overall in the room. The next step in the settling process is for the infant to be happily engaged with the ‘people and things’ in their environment.

Results: profile of the ‘not settled’ infant

Respondents identified eleven behaviours from a list of forty-five attachment, temperament and adjustment to care items as providing a profile of an infant who is ‘not settled’ into care (see Table 7.19).

Table 7.19

Not Settled Into Care – Final Items and Categories

API	Cries off and on all day, until parent arrives
FNDS	Unhappy
FNDS	Cries a lot, for no obvious reason
API	Needs to be held large parts of the day
FNDS	Doesn't play with toys, peers or adults or join in activities very much
ACI	Slow to calm with carers during the day
ACI	Avoids carers eye contact, touch, invitations to play
TC-	Resists being changed, difficult to feed
FNDS	Sits alone, comforts self (sucks thumb or dummy, holds blanket or bear) most of the day

FNDT Doesn't interact very much with carers or peers

ACS Has preferred carer (goes to them for comfort and help)

Note: Items are coded according to their origin in the attachment (A), temperament (T) or Fein's adjustment to care literature (F). Subcategories are coded as follows:

Attachment, P = parent, C = carer, S = secure, I = insecure

Temperament, A = approach, I = irritability, C = cooperation – manageability,

AR = activity – reactivity, R = rhythmicity,

and within each of these + = positive, - = negative

Fein's Adjustment, A = adjusted, N = not adjusted, DS = despair-like, DT = detachment

There was a lower level of agreement (65.8%) for items on the final not settled list when compared with 78.17% for items on the settled list.

The item 'has preferred carer, goes to them for comfort and help' is contained in both lists but this behaviour of the child serves different purposes for the 'settled' and the 'not settled' child. For the 'settled' child it indicates their attachment to a preferred carer and use of them for reassurance if something unusual happens. For the 'not settled' child the relationship with the preferred carer is an important part of the process of becoming settled.

Negative temperament items are not included in the 'not settled' list because:

- carers indicate they consider them more subtle and less obvious than the behaviours included and
- carers recognise that these behaviours will continue even when a child is settled because they are a part of the child's 'temperament' and 'how they cope'.

Implications

Carers could use the profile of ‘not settled’ behaviours to review the progress of infants who are not yet settled in to care. Taken in conjunction with the ‘settled’ profile behaviours carers could discern where the issues lie for each child and focus their efforts to provide ‘goodness-of-fit’ responses and care and so support the infants to develop settled behaviours.

Suggestions for research

A research study which focussed on ‘not settled’ infants, identified first by staff and then using the profile, which followed these infants and tracked the carers awareness, to determine the effect of carer education in to the role of temperament might confirm the profile, its usefulness and the value of educating staff and developing orientation programs for the individual children.

Results: Attachment and ‘settling into care’

Secure to parent, secure to carer

Secure attachment to a parent and a carer are seen to be important in the infants achieving a state of being ‘settled into care’. However three behaviours generally considered indicative of a secure attachment to a parent and/or carer (Ainsworth, Blehar, Waters, & Wall, 1978) appears to be less applicable to the childcare setting.

‘Has preferred carer (goes to them for comfort and help)’ is connected in the literature with an infant’s desire for a ‘secure base’ from which to explore their world. This item was presented in the ‘secure to parent’ and ‘secure with carer’ categories in this research. Interestingly it appeared in both the final ‘settled into care’ and ‘not settled into care’ lists. It seems then that

this behaviour is important as the infant adjusts to the new environment but also continues to be important, if less so, as the environment changes for a settled child.

‘Stays close to, follows chosen carer around during the day’ was presented as behaviour indicative of a child securely attached to a carer. The respondents’ replies suggest that this is the case but that it is not behaviour indicative of an infant ‘settled into care’ because once they are settled they are less dependent on one carer and seek comfort from carers other than the one they first attached to. It appears from respondent comments that this behaviour would, if continued over time, concern the carers and prompt action from them to assist the child to feel secure with other carers.

Insecure to parent, insecure with carer

According to respondents an insecure attachment to parents and to carers leaves an infant distressed, needing physical comfort but being reluctant to accept it from the carer. Only as the child attaches to the carer do these behaviours recede and once the infant is attached securely to one carer they are able to then develop multiple attachments and ‘settle into care’. At this point their attachment status with the parent is not relevant to their settled state in care.

A secure attachment to a parent assists a child to ‘settle into care’ because they are more likely to accept comfort from a carer whereas an insecure attachment to the parent increases their distress and the time it takes them to settle into care.

The indicator of insecure attachment to parents ‘avoids parents when they arrive’ was considered ‘not applicable’ to the settling process by

respondents who suggest that it has little to do with the infant parent attachment but is indicative of the infant being 'busy', 'happy and they're used to seeing their parent in the centre'.

Implications:

The efforts of Centres currently focussing on developing attachment relationships between carers and infants are confirmed as useful and helpful. The necessary development from this is to promote a secondary attachment to another carer to support the infant reaching a settled state in care. There are implications for staffing assignments to children (primary care), staff rosters and staff change over that managers of child care centres would need to consider to provide consistency of care and to support the infants' development of secondary secure attachment relationships.

Suggestions for further research

There is a need for further validation of these findings by following a set of infants entering care and documenting the effect of promoting or not promoting secondary attachments

Results: Temperament and settling into care

Positive temperament

Infants with a set of positive temperament traits settle more easily into care. They already exhibit behaviours indicative of the 'settled' child and continue these in the childcare environment. This allows for positive experiences for them in interacting with their carers, other children and the environment.

Negative temperament

Respondents indicate that infants with a set of ‘negative temperament traits’ do not arrive as predisposed to settle into care as those with positive traits but they also do not see these as a significant part of the ‘not settled’ profile of behaviours. Carers appear prepared to work with these children to help them achieve the ‘settled’ behaviours.

Implications

It is apparent from the research results that the infant’s temperament plays a significant part in their ability to adjust to care and to settle in. Currently most centres do not make a concerted effort to either gather knowledge about infant temperament in general or in particular for those entering their care. Staff in-service training on temperament and its effects and how to prepare for and support infants entering care with ‘slow-to-warm’ or ‘difficult’ temperaments would be helpful. An attention to attachment only, is not sufficient to assist infants to settle in to care.

Carers are prepared to work with the infants with slow to warm and difficult temperaments but these children will take longer to settle in to care and will need careful handling. Staff will need support in time and information to prepare and plan for these children. Orientation visits will be particularly important for these infants and their parents because carers can use them to discern how to provide continuity of routine practices and settling techniques to assist the infants to settle in to care. A determination to provide a ‘goodness of fit’ by either selecting a particular carer or a carer willing to adjust their practices for each child would be most useful.

Suggestions for further research

Research into care practices prior to and following the development of carer awareness of temperament types and 'goodness-of-fit' approaches to them could be very informative and helpful in developing carer strategies for assisting infants to settle in to care. Winter's research (2000) looked at the effects of the introduction of an infant curriculum on caregiver practice and found a substantial effect on infant's well-being and caregiver practice.

Perhaps the same benefit would ensue from temperament training.

The research undertaken here could be confirmed and advanced if further research followed infants exhibiting 'slow to warm' or 'difficult' temperament traits during orientation visits and on parent reports, to discern the effects of 'goodness of fit' on the time it takes them to settle. A comparison study with infants exhibiting positive temperament traits would provide further information on the effects of temperament on infants entering care and confirm both this study's findings and those of Marcus, Chess and Thomas undertaken in 1972.

Results: 'Adjustment to care' and settling into care

Adjusted

Respondents included all of Greta Fein's 'adjusted' to care items in the 'settled' behaviour profile, indicating that they recognise her profile of the 'adjusted child'.

Not adjusted

The overall item 'appears wary – watches others a lot' has not been supported by this research by being included in the 'not settled' list. However,

the behaviour was not considered 'not applicable' either, which suggests that these respondents consider it 'transition' behaviour.

Despair-like

All of Greta Fein's not adjusted 'despair-like' behaviours appear in the respondents 'not settled' list and so seem to indicate agreement with her for this category.

Detachment-like

The quiet, non-interactive behaviours Fein includes in this category are not included by these respondents in the 'not settled' list but are either not assigned or considered 'not relevant' indicating there is not support for this category with these respondents.

Results Overall: adjustment to care

Taken overall the results of this research support the idea that children settled in to care exhibit a certain set of behaviours. However there is little support for the idea that infants' adjust to care (as a final state) in a 'despair-like' or 'detachment-like' way. Respondents in this research do not consider those children exhibiting 'despair-like' behaviours as 'adjusted' or 'settled' but rather 'not settled' and requiring support. The 'detachment-like' behaviours are considered 'not applicable' or explainable as aspects of a child's personality (quiet, not smiling very much) or as age appropriate behaviours (plays alone with toys most of the time).

Research question 3: Do carers recognise infants who have settled in to care by becoming adjusted – detachment like?

Results

These respondents do not support the argument that a new ‘indicator of harm’ for infants entering care exists. The responses do not support a ‘cut-off’ time that categorises infants as adjusted but not successfully. Rather respondents see the behaviours as indicative of a need for further support and a longer time needed to ‘settle into care’.

There is acknowledgement that the ‘despair-like’ behaviours are not desirable but the ‘detachment-like’ behaviours are not recognised as a separate category. This does not mean that some children do not exhibit this set of behaviours but that the set of respondents do not recognise the category. Respondents acknowledge the individual behaviours in Fein’s set but not the set as a whole. Further research would need to be conducted to determine whether these respondents are ‘unaware’ and therefore not recognising either the behaviours or their significance.

Implications

It is still possible that these children are overlooked in our centres and further research could be informative. One focus group participant later reported going away and watching her group of infants to see if any met the profile of detachment-like behaviours. She was concerned that perhaps she was unaware and missing something. She reported that she did not see any infants with the group of behaviours but she found herself continuing to be watchful.

Suggestions for further research

Further research could be carried out in infant toddler rooms in child care centres to look specifically for the 'adjusted-detachment like' behaviours and then to track, over time, the progress of the individual infants. This would provide information on whether carers are simply unaware of this set of responses, or whether few children exhibit them and what happens to those children, over time.

Research question 4: Do carers agree on a time it takes infants to settle?

Results: Time taken to settle into care

Ninety one point three percent of respondents' say the shortest time taken for an infant to settle into care is a week or less. The longest time say 84% of respondents, is under 1 month and the average time, 85% suggest, is 2 to 4 weeks. It appears then that for South Australian infants entering care most settle in the first week and almost all settle within a month.

The carer's expectations that this is a realistic or usual range of time, is reflected in the levels of concern they indicate they would have if a child was not settled at 4 weeks. Seventy-eight of one hundred and seven respondents report they would be moderately, quite or very concerned if a child was not settled at four weeks. This was a marked variation from the time expected by the Italian carers in Greta Fein et al's 1993, and Fein 1995 studies that appeared to have an expectation of 6 months to settle in.

Implications

The process of settling in to care is apparently a relatively short one for most infants entering care. Carers have provided a great deal of information about what assists this process and the results will be reported below. Should centres use these supportive practices the infant is likely to receive the recognition of their individual temperament and needs that would allow most to settle in a short time. This is a positive outcome for the infant, their parents and the carer.

Suggestions for further research

A valuable research follow on and perhaps the most important one from this thesis, would be to conduct research to test the use of the settled profile as a type of 'check list' to determine both the usefulness of the profile as a tool for recognising settled behaviour and for gathering more information about the time it takes. Once further testing and confirmation of the settled profile has occurred, the profile could then be used by researchers to determine which infants to include in studies and which to defer inclusion until they were settled.

Research question 5: Do some infants not settle in to care? What happens to them and what assists infants to settle in to care?

Results: Experience with infants not settling into care

Level of occurrence

Respondents' replies indicate that there is some confusion in their understanding of what 'not settling into care' means. When asked if they had ever had experience with an infant not settling into care and what eventually happened for that child, the 54 respondents who said they had had this experience, also said that 26 of the infants were withdrawn, 5 were still in care and distressed and 23 eventually settled.

It appears then that very few infants entering South Australian childcare centres have to be withdrawn because they have not settled into care. Twenty six infants from 109 respondents each with 2 years or more experience, so with 10 infants per year giving us experience with, at a minimum, perhaps 3,380 infants, 26 is a very small number.

Recommendations to withdraw a child

Results

Both qualified and unqualified staff indicated that they are very reluctant to recommend withdrawal of an infant and would only do so after an extended period of time where a child was very distressed and had not responded to their best efforts. Forty-one of 100 respondents indicated they would never recommend that a child be withdrawn and 59 said 'only under certain conditions'.

The decision to withdraw a child

Results

Carers are very unlikely to recommend that an infant be withdrawn from care and where they do it is in consultation with the parents. The general consensus among respondents was that the decision to withdraw is the parents.

This decision is, in the opinion expressed by most respondents likely to occur because the parents either did not want the child in care in the first place and so use the distress as a reason to remove the child, or are unwilling to allow the staff enough time to support the child to 'settle in to care'.

As one carer put it "*I've never had a parent come in that's positive about childcare who's child hasn't settled and they've pulled them out. It's always parents that are already unsure about childcare, their child is then unsettled and they think, "Oh this is my excuse to pull them out"*.

Implications

Centres accepting infants in to care can support the infant's transition by working carefully with parents to provide them with information, to make them feel welcome and involved in their child's care in the centre and to reassure them about their infant's experience. A supportive relationship with clear communication which develops trust between the parent and caregiver will work to support both the infant and the mother during the settling in process.

Suggestions for further research

It would be informative, if it were possible, to conduct a series of debriefs with parents who chose to remove their infant from care. Interviews with them may shed light both on their experience of the process and their

perceptions of their particular circumstance that led to the removal of the child. The findings may provide additional information about process and parent support that centres could use to assist the parents and infants entering their care.

Why do some children take longer than others

Results

Child Issues

Infants with positive *temperament* traits settle more quickly than those with negative traits. Infants who have had *experience with carers other than their own primary caregiver* (perhaps the mother) settle more quickly than those with little or no experience with carers other than their parent. Where the carers in the centre can adopt the child's culture, as in routines and food preferences, carers say these children settle more quickly.

Age at entry is another significant factor in the infant's ability to settle quickly into care. Infants under 9 months of age are considered by these respondents to settle more easily than those who are 12 or 13 months. Infants aged 9 to 12 months take most time and they demonstrate the most distress.

Infants who have *experience with siblings or other children* are better able to cope with the busyness of the infant room and this helps them settle. Where there is health *problems*, like colic, the physical distress this causes infants can make it harder for them to feel comfortable and to settle into care. *Weaning and or breast feeding* has the potential to be a problem in assisting an infant to settle into care. The child's temperament and parent and staff attitudes are influential in whether this is an issue or not.

Implications and recommendations

Many of the issues identified by respondents as ‘child’ issues are not ones carers can influence before a child arrives. For example they have little control over the age the child arrives in care but they can understand the developmental issue/s, such as separation anxiety and adjust the care they provide accordingly. Once the child arrives issues of temperament can be accommodated, cultural variations can be adjusted to, in order to provide continuity of care, and infants can be assisted and supported to become used to having other children around, to being cared for by more than one carer and to being weaned to a bottle or cup if necessary.

Two management issues arise from this. Management can put policies and procedures in place that require parents to complete information forms and to make a series of visits before leaving the child in care. Parents can be encouraged to introduce a bottle if they cannot continue to breast-feed and to provide the child with small experiences of being cared for by others, perhaps grandparents or babysitters.

In addition management can look at policies encouraging primary care and seek to assign staff who will provide a ‘good fit’ for each infant.

Transition issues

Results

Infants who *attend care irregularly or infrequently* take longer to adjust and settle into care. *Changes in routine* have the potential to affect the infants’ ability to settle. Where centres cater for the individual routines and needs for food, sleep and nappy change for their babies, the infants settle more quickly. Where infants and parents take part in an *orientation program* that includes a

series of visits, the infants are able to adjust to care, with their parent's support and this assists them to settle into care more quickly.

Implications and recommendations

Again here, the recommendation is that centres put policies in place for minimum enrolment times so that infants are attending at least two times a week. This assists the transition process because staff get to know the children more quickly and with less time between visits the infant is able to become familiar with the environment and routines more quickly.

Parent issues

Results

The *parent's attitude* to their child being in care is an important factor in how well the infant settles. Where the parents are happy, comfortable with carers and trust them, this message is conveyed to the infant and the infants relax and settle more quickly into care.

Implications and recommendations

It is apparent from these results that parents, with the centre's support can do a great deal to ease their infant's transition into care. Not all the aspects mentioned could be taken into account by any one family, but any one or more that can be arranged will support the infant settling into care.

Orientation visits

Results

Carers indicate that while the orientation visits are important for assisting the infant to become familiar with the centre and the staff, the more important reasons for insisting on a series of pre-visits is the benefit for infants that come through the carers and the parents. Carers gather written,

conversational and observational information about the infant and infant parent interactions that they then use to care for the infant and to support their settling into care. The parents are able to transfer information to the staff but more importantly learn to trust the staff and relax about leaving their child in care. This message of trust is conveyed to the infant and assists the infant to accept the carer's attention.

Implications and recommendations

Centres can do a lot to assist infants to settle in to care where they are able to guide the transition process and support parents to undertake a series of orientation visits.

Suggestions for further research

Valuable information could be gained by following a group of infants and their parents through the orientation process. The research work of Carmen Dalli (1999) provides a case study basis that is informative but a larger scale study would provide additional information and confirm or adjust the findings from the carers in the current study.

Use of primary carers

Results

Respondents strongly support the use of primary carers for assisting infants to settle into care. In particular they report that they think the use of primary carers:

- supports the promotion of attachment,
- allows infants to settle more quickly because they relate first to one carer and then to others

- promotes consistency of care routines between home and centre and so provides predictability and security for the infant

Summary of information about what assists infants to settle in to care

The infant who settles most smoothly and quickest in to care is the infant who:

- is securely attached to a parent,
- has a set of positive temperament traits,
- is under 8 or 9 months of age,
- has previous experience with another carer besides the parent,
- has a parent who is happy to have the child enter care.
- comes from a culture which promotes independence
- to a centre which encourages an individual orientation program of visits and where
- she/he develops a secondary attachment relationship to more than one carer

Implications & recommendations

There is a lot that centres can do to assist infants to settle in to care. A careful construction of staffing practices and centre policies could incorporate some of the aspects mentioned above and be used to both support and educate parents. Where the families using the centre or the infant entering care does not have some feature which assist infants to settle, centres and staff can plan for those variations and develop individual plans to support the differing temperament, home cultures and parenting practices while assisting the infant to settle into care.

Suggestions for further research

A large-scale study which compared the experiences of infants entering care in centres which used primary care, with those who did not, would be very informative. No study was found which provides this information and confirms or discounts the reported experience of the benefits of primary care.

Additional results:

Qualifications of staff working with infants

Qualified

Results

This research adds to current information by confirming the commonly held belief that the majority of qualified staff working with infants (78.9%) are TaFE graduates from a two year program.

Implications and suggestions for further research

There are several implications that can be drawn from this for anyone wanting to systematically change practices in infant rooms or to ensure high quality pre-service training for infant carers. One is that TaFE training providers would need to be primarily involved for change to occur, with University's involved but to a lesser degree.

It has been stated before that the level of training / qualifications has a direct relationship to the quality of care provided in childcare centres (Berk, 1985; Phillips & Howes, 1987). If four-year graduates are to be employed in infant rooms as a strategy to upgrade quality then industrial issues of salary and conditions need to be addressed in order to attract and retain four-year graduates (Rosier & Lloyd-Smith, 1996).

For example recent changes to the childcare award conditions in South Australia has seen the introduction of higher pay for a 4 year degree in the two top qualified staff levels (Safe Work SA, 2007). This move is a possible 'double edged sword'. On the one hand it may encourage 2 year qualified staff to undertake further study or 4 year qualified staff may be attracted to childcare. On the other side, management may decide 2 year qualified staff are cheaper and so not offer positions to 4 year qualified, even those choosing to work at the lower level at the moment. It would seem important to monitor this change and its consequences. *Data collected for this research could provide a base line for monitoring any change.*

In South Australia, for example, 20 TaFE graduates per year are enrolled in the University of South Australia four year Bachelor of Early Childhood Education as a method of upgrading their qualifications and increasing their employment options. It could reasonably be assumed that these are motivated and ambitious staff and as a consequence will be lost to the childcare sector once they complete their degree and have the qualifications to work in Preschool and Junior Primary classes with better pay, conditions and status.

Put together with the current extreme shortage of qualified staff these two issues are a great cause for concern for the quality of care that South Australian infants will receive.

Unqualified

Thirty two percent of the unqualified staff responding to the survey indicated they were currently studying for TaFE childcare qualifications. It is likely that the flexibility TaFE offers to combine study and work allows

students to apply principles learned in courses within the infant rooms, thus enhancing the quality of care the infants receive in South Australia. This flexibility has distinct advantages and should therefore be continued.

Years of experience

Results, Implications and suggestions for further research

Other research and comment has expressed concern about the high rate of turn over of childcare staff (Community Services Ministerial Advisory Council, 2006). The research reported here adds a dimension to that with the information about the years of experience of staff working with infants. Information about years of experience in childcare in general is available from the 2006 report (Community Services Ministers' Advisory Council) but not information about experience with infants. With 38.4% of staff (qualified and unqualified) with less than two years experience serious questions need to be asked about the quality of the care they can provide as they build their experience. It is likely that many of these are young women with little experience of infants from other areas to draw on. *It would be useful to explore what support and in-service training is available for these carers, with a view to ensuring adequate provisions are in place.* This supports the conclusions from earlier Australia research into the quality of infants' experiences in care and the need to support improvement through pre-service and in-service education (Irving, Berthelsen, Brownlee, & Boulton-Lewis, 1997).

Further study into the employment patterns of childcare workers may be useful in determining whether those with less than two years experience with infants have other experience with older children in childcare that they

can draw on. Only 18% of staff in this sample indicated experience with older children in childcare.

One interpretation of the data on years of experience with infants in childcare could be that with 21.4% of staff having 6 –10 years experience and only 14.3% over 10 years, staff do not stay in childcare beyond 10 years. One respondent in the focus groups commented, “I think ten years with babies in childcare is enough for anyone”. Perhaps this comment reflects a reality, also evident in the data that most staff working with babies do not stay beyond ten years. Turnover of staff continues to be an issue that needs to be addressed. Earlier research (Berthelsen, 1997) suggests that moderate rates of turnover will continue as staff leave because of personal circumstances and to improve their career prospects but perhaps additional information on what attracts those who stay longer will be useful.

Further study into the qualities, characteristics of and reasons for staying with infants of this small cohort with more than 10 years experience, may provide useful information for promoting infant care and supporting staff to stay with babies and gain the experience required to provide a high level of quality care.

Limitations

Every effort was made in planning and executing this research to reduce limitations and to anticipate problems and plan for them. As a result, while it might have been an advantage to have a higher rate of return of surveys it was in fact a substantial response given the nature of the respondents and conditions in the Early Childhood field.

While a case was made that the sample was representative of the wider Australian childcare staff caution needs to be exercised in generalising the findings and it would be valuable to repeat the survey with other populations of caregivers. This is especially so with the conclusions that infants do not respond to childcare by becoming despair-like. Further observational research focussing particularly on this aspect of adjustment would be valuable.

Another limitation of the research is that the profiles were not further tested. The study was designed to determine whether carers had an understanding of the concept of an infant ‘settling’ in to care and if so did they share views about behaviours that indicated an infant had settled. In addition did those behaviours reflect knowledge about attachment, temperament and adjustment to care? As a consequence when the profiles did in fact emerge, the decision was taken to work with the data already at hand (respondents replies about the nature of the transition) and not to trial the profiles for their effectiveness for practitioners and/or researchers. An expansion of the research in the size necessary to do that was considered beyond the scope of this Ph.D.

Concluding statement

At a time when there is increasing concern for infants in their early years and so many are spending large parts of each week in out of home care, the research reported here has much to contribute. Infant’s do not only make transitions from home to centre based care but they also need to ‘settle in’ with new baby sitters, for days of care with grandparents or family friends, in occasional care and also in family day care homes. The profiles developed from this research could be used to understand the infant’s experience and inform the carers in these other situations. By gathering extensive data from

experienced carers the information becomes available for further corroboration and development through both practical application and additional research studies. The research presented here adds information and provides starting points for further research. It makes a substantial contribution to the early childhood and child development research information in several major ways.

The research reported here used information on attachment and temperament from home-reared infants and applied it to the care situation and in particular the vital time when infants are first entering care. The extensive experience of carers was accessed and combined with the child development and early childhood literature to develop behaviour profiles of the infant who is settled into care and the infant who is not yet settled. Important information about the role of attachment and temperament in assisting infants to settle into care is available through the profiles.

The profiles are a valuable source of information for carers wishing to support infants to settle into care. The profile of the settled infant also makes a substantial contribution to future research on infants in groups. The indicators can be used to determine which infants have settled in to care and can be successfully included in research. Infants not yet settled, whose responses to care are indicative of their not yet settled status can be excluded so that the data gathered is more truly representative of the area being studied and not contaminated by the responses of infants still in transition.

The process of the development of the profiles allowed the exploration of a possible new indicator of harm for infants entering care. Carers were asked if, in their experience some infants adjusted to care by becoming withdrawn and uninvolved or by continuing in a state of active distress (Fein, 1995; Fein,

Gariboldi, & Boni, 1993). The results achieved here indicated that these respondents did not consider infants with those behaviours as 'settled' but would continue efforts to assist them to settle into care.

The methodology employed for the research reported in this thesis resulted in a considerable amount of information held by carers becoming available for inclusion in the early childhood and child development literature. Information on the time it takes infants to settle, why some infants take longer than others, whether some infants do not settle and what happens to them and ways to assist infants to settle, including the use of orientation visits and primary caregivers is all reported and now available for further study.

In an historical time when and more and more of the western world's infants are spending these formative years in at least part time childcare (Harrison & Ungerer, 2005), the research reported here makes a substantial contribution to understanding the time of transition from home to centre care when infants are particularly vulnerable. The early years set the pattern for all adult life; it is important that all people involved with infants promote their well-being and support their healthy development.

APPENDIX A

CONFIDENTIAL SURVEY

Researcher: Valerie Aloa

Return address: de Lissa Institute of Early Childhood and Family Studies
University of South Australia
Magill campus
St Bernards Road
Magill SA 5072
Telephone: 8302 4605

Thank you for agreeing to participate in this research project.
I hope you will enjoy taking part. I assure you, I value your contribution highly.

All information is strictly confidential.

To return the survey with ease and speed, use the self-addressed stamped envelope enclosed.

**PLEASE RETURN YOUR COMPLETED SURVEY TO ME
BY**

November 30th

Thank you for taking part.

Valerie

Please take your time and answer the following questions as accurately as you can. If any question does not apply to your situation, please mark it N/A—(not applicable).

1. ABOUT YOU ...

Your current position in long day care

I am currently employed:

in a qualified position

in an unqualified position

Your experience with infants and long day care

I have:

0–2 years experience with infants

3–5 years

6–10 years

over 10 years *Please write the number of year: years*

I have:

0–2 years experience working in long day care

3–5 years experience

6–10 years experience

over 10 years *Please write the number of years. years*

About your qualifications

I have no formal qualifications.

I am currently studying for the:

_____ certificate/diploma/degree
at _____ (educational
organisation/institution)

My course is:

2 years full-time

3 years full-time

4 years full-time

I have a formal qualification(s).

Please list all your formal qualifications, including any not related to child care.

Title of qualification:

Year awarded: _____

Name of the educational organisation/institution:

Course length:

2 years full-time

3 years full-time

4 years full-time

Title of qualification:

Year awarded: _____

Name of the educational organisation/institution:

Course length:

2 years full-time

3 years full-time

4 years full-time

Title of qualification:

Year awarded: _____

Name of the educational organisation/institution:

Course length:

2 years full-time

3 years full-time

4 years full-time

Please add any more formal qualifications on a separate sheet of paper if necessary.

2. ABOUT YOUR CENTRE ...

Please tick the relevant boxes below.

I work in a:

privately owned centre

community-managed centre

other *Please say what kind.* _____

Our centre has a ratio of infants to adults that is:

3 to 1

4 to 1

5 to 1

family group

other ratio _____

We currently have a total of:

_____ girls 0–2 in care and

_____ boys 0–2 in care

Numbers attending:

_____ 1 day; _____ 2 days; _____ 3 days; _____ 4 days; _____ 5 days

3. ABOUT PRIMARY CAREGIVERS ...

Please tick the answer that best matches your centre.

- infants are assigned primary carers in our centre
- infants are not assigned primary carers
- we are considering using primary carers
- we are not considering using primary carers at this time
- we have discussed it and decided not to use primary carers
- management have decided not to use primary carers

If you know why this decision was made in your centre, please write the reasons here:

This decision was taken because

About different age groups ...

Some caregivers prefer to work with one age group rather than others. *Please rank the following from your first preference (1) to third preference (3). You can rank them all at (1), (2) or (3) if that is how you feel.*

- infants
- toddlers
- preschoolers

Please mark an X at an appropriate point on the lines below.

The degree of choice I feel I have to work with infants is:

|-----|-----|-----|-----|

no choice not much moderate reasonable amount total

Are you happy working with your current group of infants?

|-----|-----|-----|-----|

not happy at all not happy it's OK happy very happy

4. ABOUT INFANTS SETTLING INTO CARE ...

Have you heard the term 'settled into care'?

Yes No

If YES, where did/do you come across this term?

Tick any below that are applicable.

in conversation

in reading

in classes

in in-service training

in other ways *Please describe.*

Do you use the term 'settled into care' yourself?

Yes No

If YES, where do you use it?

with staff

with parents

in developmental records

in other ways *Please describe them below.*

If NO, what other equivalent or similar terms do you use?

Have you ever cared for an infant who did not settle into care?

Yes No

If YES, describe (briefly) the relevant things about:

The infant (For example: What was he/she like? What sort of temperament did she/he have? How did he/she behave?)

The situation (for example, the room, the routines, the staff, aspects of the centre)

The behaviours you noticed that particularly concerned you (for example, physical and social emotional behaviours, relationship to you, to other carers, to other infants).

What happened eventually, for the child?

Is there anything else you can tell me that you consider relevant (for example, child's parents, culture)?

How did you feel about the eventual outcome? (For example, how did it affect you: personally? professionally?)

Imagine you are talking to a parent whose infant is in your room and has settled into care. Write what you would tell them that would convince them that their child has settled into your room.

PLEASE TURN TO THE ATTACHED 'APPENDIX A' SHEET NOW.
Please: read the appendix; answer the questions; and then return here.
(To answer the appendix questions, there are 2 steps that need to be taken in sequence.)

When you think about the infants you have cared for over the years, what would you say is:

The shortest time any infant has taken to settle into care?

The longest time taken to settle in?

The average time taken to settle in?

If we assume that some infants take longer to settle into care than others, why do you think this might be?

Once an infant has begun care, at what point (if any) would you recommend that a parent withdraw their infant from group care? *You may not have encountered this, so just imagine the kind of situation or circumstances that might apply.*

At no point would I recommend this.

I would recommend this when ...

How concerned would you be if a child in your care was not settled after attending for an average of 20 or more hours per week for the following times?

4 weeks

Not at all | a little | moderately | quite concerned | very concerned

8 weeks

Not at all | a little | moderately | quite concerned | very concerned

12 weeks

Not at all | a little | moderately | quite concerned | very concerned

16 weeks

Not at all | a little | moderately | quite concerned | very concerned

5. GENERALLY SPEAKING ...

Do you think of the use of primary carers assists infants to settle into care?

Yes No

If yes: why and how?

If no: why not?

Please indicate how much you agree with the following statement:

'The use of primary carers helps infants to settle into care.'

Not at all | a little | moderately | a reasonable amount | a lot
extremely

What do you think are the best things to do for a new infant that will help them settle into care?

before they begin

during the first day

during the first week

for the rest of the first month

Please add any other comments you would like to make about your work with infants entering care and settling into your room.

Thank you for completing this survey.

APPENDIX A

DESCRIPTORS OF THE 'UNSETTLED' INFANT AND THE 'SETTLED' INFANT

Note: The following list looks quite long, but it is not as time-consuming as it looks. Please do not think hard about each item. Some items will sound much the same; don't worry about this, just answer each one as you see fit. There are no right or wrong answers; I just want to know what you think of these items.

INSTRUCTIONS

Please think about the infants you care for and focus on the time when they began in care, in your room.

STEP 1:

As you skim read the following list, please **circle** the:

- 'US' by the descriptors that you think apply to an 'unsettled' infant and
- 'S' by all the descriptors that you think apply to a 'settled' infant.
- 'N/A' by all the descriptors that you think are not applicable to either an unsettled or settled infant

When you have completed the list of descriptors, please double-check the ones with no 'S' or 'US', to make sure you have expressed what you think.

STEP 2:

For all the descriptors marked with either 'US' or 'S', please indicate on the line how important a descriptor of 'not being settled' or 'settled' they are. Some behaviours will concern you more than others; please let me know which ones are very important, which are less so, and which ones are not particularly important descriptors .

approaches carers to play

US / S / NA

_____ | _____ | _____ | _____ | _____
Hardly not very impt very extremely

needs to be held large parts of the day

US / S / NA

_____ | _____ | _____ | _____ | _____
Hardly not very impt very extremely

unhappy

US / S / NA

_____ | _____ | _____ | _____ | _____
Hardly not very impt very extremely

accepts changes to routine easily

US / S / NA

_____ | _____ | _____ | _____ | _____
Hardly not very impt very extremely

responds slowly or not at all to requests to do something

US / S / NA

_____ | _____ | _____ | _____ | _____
Hardly not very impt very extremely

watches new staff and visitors warily

US / S / NA

_____ | _____ | _____ | _____ | _____
Hardly not very impt very extremely

fusses and whines a lot of the time

US / S / NA

_____ | _____ | _____ | _____ | _____
Hardly not very impt very extremely

smiles a lot

US / S / NA

_____ | _____ | _____ | _____ | _____
Hardly not very impt very extremely

doesn't like it when routines change, reacts against any changes

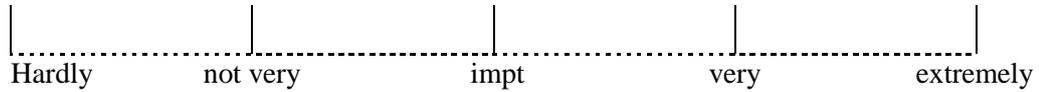
US / S / NA

_____ | _____ | _____ | _____ | _____

Hardly not very impt very extremely

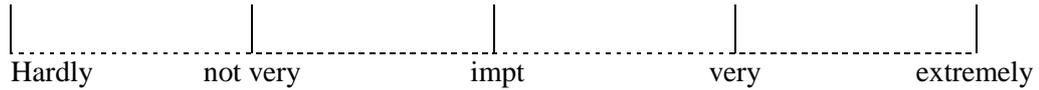
has preferred carer (goes to them for comfort and help)

US / S / NA



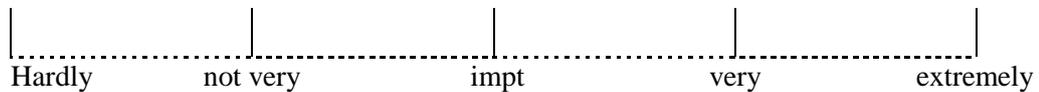
slow to calm with carers during the day

US / S / NA



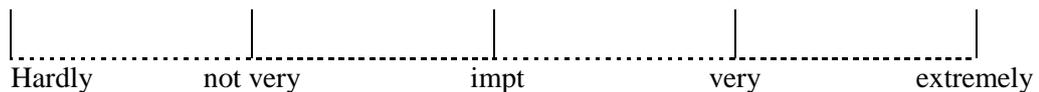
responds to carer's invitations to play

US / S / NA



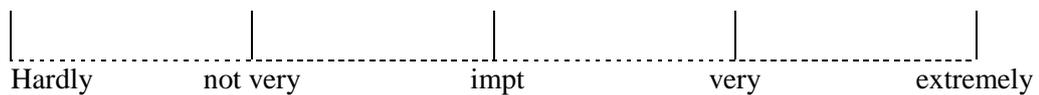
quickly calmed by carer after parent leaves

US / S / NA



doesn't interact very much with carers or peers

US / S / NA



cries a lot, for no obvious reason

US / S / NA



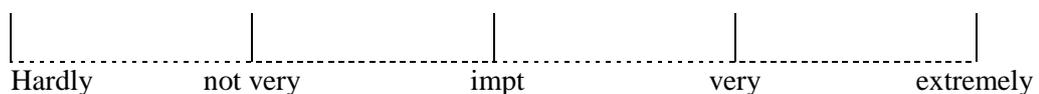
doesn't cry when parent leaves

US / S / NA



expressive

US / S / NA



appears wary—watches others a lot

US / S / NA

Hardly not very impt very extremely

resists being changed, difficult to feed US / S / NA

Hardly not very impt very extremely

looks up often when the door is opened US / S / NA

Hardly not very impt very extremely

watches door often during the day US / S / NA

Hardly not very impt very extremely

playful US / S / NA

Hardly not very impt very extremely

needs encouragement and support to try new things

US / S / NA

Hardly not very impt very extremely

approaches new people who visit US / S / NA

Hardly not very impt very extremely

is generally happy and smiling US / S / NA

Hardly not very impt very extremely

enjoys play with the carer US / S / NA

Hardly not very impt very extremely

cries off and on all day, until parent arrives US / S / NA

Hardly not very impt very extremely

plays happily, calms self easily when upset US / S / NA

Hardly not very impt very extremely

follows simple requests (for example, 'Find your bear.')

US / S / NA

Hardly not very impt very extremely

plays happily US / S / NA

Hardly not very impt very extremely

easily upset during day US / S / NA

Hardly not very impt very extremely

doesn't smile very much US / S / NA

Hardly not very impt very extremely

happy US / S / NA

Hardly not very impt very extremely

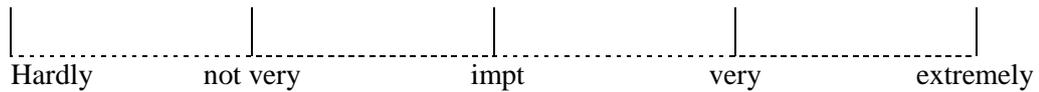
doesn't play with toys, peers or adults or join in activities very much US / S / NA

Hardly not very impt very extremely

quiet US / S / NA

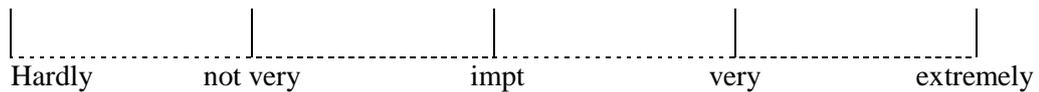
Hardly not very impt very extremely

plays alone with toys most of the time **US / S / NA**



avoids carer's eye contact, touch, invitations to play

US / S / NA

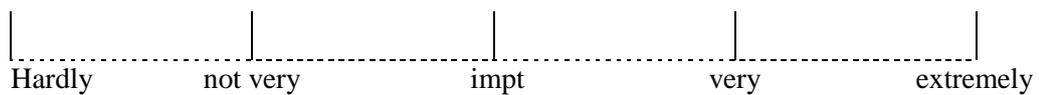


stays close to, follows chosen carer around during the day

US / S / NA



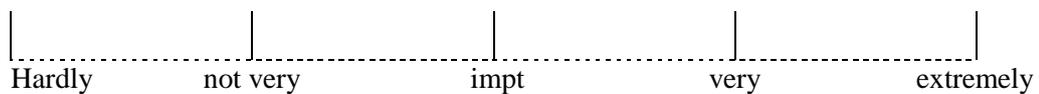
approaches new activities/toys in the room **US / S / NA**



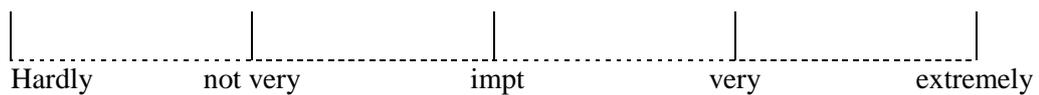
has own regular routine of when they get hungry, need their nappy changed and need their sleep **US / S / NA**



avoids parent when they arrive **US / S / NA**



no noticeable own routine for when hungry, sleepy or needing to be changed **US / S / NA**



smiles and approaches parent when they return

US / S / NA

|-----|-----|-----|-----|
Hardly not very impt very extremely

cooperates with staff when being changed or fed

US / S / NA

|-----|-----|-----|-----|
Hardly not very impt very extremely

sits alone, comforts self (sucks thumb or dummy, holds blanket or bear) most of the day

US / S / NA

|-----|-----|-----|-----|
Hardly not very impt very extremely

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