



Australian Association for  
Infant Mental Health Inc.

## Infants and overnight care – post separation and divorce

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### Guideline 1

November 2011; reviewed March 2015

The Australian Association for Infant Mental Health Inc. (AAIMHI) aims (in part) to improve professional and public recognition that infancy is a critical period in psycho-social development, and to work for the improvement of the mental health and development of all infants and families.

#### Definitions

**Infant** generally refers to a child under about three years of age, and toddler refers to a child between one and three years of age.

**Overnight care**, in this paper, refers to children spending overnights away from the child's main residence and from the child's main caregiver or primary attachment person.

**Attachment** is the bond between parent (caregiver) and infant within which the infant feels secure to explore and learn and return to the caregiver for comfort. Attachment behaviours are those that children use to maintain closeness and include smiling, reaching out, crawling after the caregiver, vocalising and crying. Caregivers promote secure attachment by responding to infants' attachment behaviours. Caregivers who are sensitive to infants' needs and signals, affectionate, enjoy their children and are available and able to comfort their children, promote secure attachment and infant well-being. This kind of care-giving is important for children to make the most of all areas of their lives (Hertzman, 2000).

#### Background to AAIMHI's concerns

AAIMHI is concerned that when separated parents are making decisions regarding overnight care of infants away from their primary caregiver and usual sleeping place, their viewpoints may come from the pain and distress of the breakdown in the parental relationship and as such, the needs of the infant may not be prioritised and the infant's mental health and well-being be at risk of being compromised.

#### Guidelines for protecting the very young child's sense of comfort and security

This is a guide for those families caring for infants and very young children and professionals who work with them where parents have separated or divorced. It may also be useful for consideration by any family where night-time care away from the infant's primary caregiver and usual place of sleeping is being thought about, particularly where other stresses such as family illness are a factor.

Conflict and strain associated with a parental relationship break-up are very stressful for all concerned and infants and young children are likely to be particularly vulnerable at this time as this impacts on the emotional and developmental needs of the child.

Australian Association for Infant Mental Health

PO Box 39, Double Bay NSW 1360, Australia | ABN 93 045 030 281 | [info@aaimhi.org](mailto:info@aaimhi.org)

Affiliated with the



WORLD ASSOCIATION FOR  
INFANT MENTAL HEALTH

*Adults interpret the actions, words, and expressions of children through the distorting filter of their own beliefs ... these misinterpretations can be destructive. The most dramatic example occurs when the impact of traumatic events on infants and young children is minimized ... at the time when the human is most vulnerable to the effects of trauma – during infancy and childhood – adults generally presume the most resilience. (Perry et al. 1995)*

In developing these guidelines, AAIMHI has endeavoured to assess current research in this field from the perspective of the needs and rights of the infant, as informed by an understanding and knowledge of infant mental health. The guidelines are informed by research summarised in the accompanying background paper *Overnight care for young children in separated families* and should be read in conjunction with the background paper. Other research and professional knowledge is referenced at the end of this paper.

## **Introduction**

The first three years of a child's life are significantly different from later development due to the infant's rapid brain growth and subsequent development during these years. This early development sets the foundations for all later development. During these early years the brain increases in size threefold with rapid development occurring across physical, cognitive, language, social and emotional domains. Development across these domains is largely dependent on the quality of care and experience the child receives (Pollack, 2005; Schore, 2000; Siegel, 2001). These years of infancy also represent a period in young children's lives when there is a high level of dependence on parents for regulating their emotions and for the development of attachment relationships (Bowlby 1982). During these early years, infants and young children are particularly vulnerable to stress, family conflict and violence (Fox & Shonkoff, 2012; Lieberman, Van Horn & Ippen, 2005), and within the context of family separation they are unable to understand at a cognitive level what is happening within their family (Grych & Fincham, 1993).

Significant developmental aspects that may make overnight care away from a primary caregiver difficult for infants and young children include:

- i. despite the best of intentions, the absence of a primary caregiver when support is needed during the night is experienced by the infant and young child as frightening and inexplicable, because they don't yet have the skills including language to understand it,
- ii. an infant or young child does not have an understanding of time and hence absence or waiting may be experienced as a major loss,
- iii. the care that is available, while thoughtful and well-intentioned, may be experienced by the infant or young child as unpredictable simply because it is different and therefore leads to anxiety,
- iv. the significance of an infant or young child's distress cues may be difficult to recognise by another carer, and if recognised, may need to be responded to by returning the infant to the care of the primary caregiver, which may not be possible if not thought about prior to the arrangement.

When considering separating an infant or young child from their main caregiver overnight, some important factors that impact on infant development need to be considered. These factors include secure attachment, breastfeeding and stress.

## Secure attachment

**Secure attachment** is a protective and supportive relationship which infants form with a specific caregiver, usually the person who has primary responsibility for their care. A secure attachment helps children to feel safe to explore and learn and manage their feelings and forms a basis for relationships throughout life. Secure attachment is fundamental to the infant's ability to learn to cope with fear in a healthy way. Secure attachment comes from positive, warm, predictable and responsive care. Predictable means responding to the infant in more or less the same way each time so he or she knows what to expect and comes to understand that the world is a safe place to be in. Access to an available, responsive, continuous primary attachment relationship is central to the development of healthy infant mental health.

Infants and young children can and usually do form more than one attachment and this is important and valuable, even while there is usually one particular person they turn to for safety and comfort when they are afraid or troubled (Van IZendoorn, 2005), especially in the first three years or so.

Furthermore it needs to be emphasised that night time care is not necessary for infants to form strong bonds with adults as is seen in many families where one or other parent is not available for this kind of care, or in the case of grandparents and primary caregivers in child care. Supported, enjoyable day time care can provide the context for strong bonds to be formed that can lead to successful and non-stressful overnight care when the child is older.

Children have been found to do best when they have a secure attachment to at least one parent and they are at greatest risk of emotional and behavioural difficulties when they have an insecure relationship with both parents (Kochanska & Kim, 2013). Separation or divorce may impact on children's attachment relationships, at least in the short term (Kelly & Lamb, 2000; Woodward et al 2000; Carlson, Sroufe & Engeland, 2004). However, the limited research findings in this area have provided mixed result. Some researchers found that overnights away from the main caregiver and home have a negative effect on the development of secure attachment while others did not. The analyses of the research findings provided in the background paper provide possible explanations for this disparity. Although it is difficult to make general implications from the available research, AAIMHI, in keeping the well-being of the infant at the fore, recommends a conservative approach to ensure adequate protection of the infant's ongoing well-being and development.

## Breastfeeding

Child care arrangements post separation also need to consider the infant and young child's routines, particularly in relation to breastfeeding. Breastfeeding conveys health benefits for both mother and child. The Australian Government's Infant Feeding Guidelines (2013; Australian Government, Department of Health and Ageing) recommend that infants are exclusively breastfed to around six months of age. Additionally, these guidelines recommend that an infant continues breastfeeding until 12 months of age and beyond while appropriate solid food is introduced (NHMRC, 2013). A review by the National Health and Medical Research Council (NHMRC, 2012) found that the more exclusively breastfed the infant was, the greater the benefits that were conferred. Benefits were found for children regardless of whether the country where they were born was wealthy or poor. The NHRMC guidelines state that exclusive breastfeeding confers protection against infection, some chronic diseases including type 1 and type 2 diabetes, coeliac disease and inflammatory bowel disease, is associated with lower cardiovascular disease risk factors including high blood pressure and elevated total and LDL cholesterol and obesity. The NHRMC guidelines also

state that *any* amount of breastfeeding is beneficial. These recommendations indicate that any care arrangements for infants at least up to age 12 months (and beyond where the child is breastfeeding) need to ensure that they do not interfere with breastfeeding.

## **Stress**

Stress is part of living and coping with normal life stresses with appropriate support helps develop resilience. However, excessive or ongoing stress can be damaging to health and well-being. Parents who have undergone a relationship break up are likely to be stressed and this can negatively impact on infants' and young children's health and well-being (National Scientific Council for the Developing Child, 2005; Waters, 2014). Hormones associated with stress are protective in the immediate sense but can cause health problems if levels are excessive or constant. Stress in infants and young children whose parents have separated can be related to the changes they experience to their familiar routines, unavailability of their primary caregiver at night time, and/or parent conflict and/or family violence.

### *(i) Change*

Change in our daily lives can be stressful for all of us and the younger the child the more likely that change is to be stressful. Very young infants can experience even small changes in their day as stressful such as a nappy change or bath (Perry et al, 1998). Similarly, parents and caregivers are aware of the stress experienced by even two-year-olds as a result of changes such as moving a young child from a cot to a bed or a parent returning to work. Young children in long day care and family day care have shown persistent stress reactions even when the group is small (family day care) and the carers are warm and responsive. Negative reactions are more prevalent when the care is controlling. Where possible the infant or young child's primary caregiver supports the child through changes, ensures as far as possible that the change takes place at the child's pace and not too many changes occur at once. This helps the child to build the resilience that will be needed to cope with change throughout life.

### *(ii) Night time fears*

Night times are more stressful than daytimes for infants and children and for many adults as well (Dewar, 2014). When night time sleep problems occur, fears related to separation can arise in older infants and young children who are most likely to need the support of their primary caregiver in their familiar environment.

Ideally if the primary caregiver has to be away overnight the change-over most helpfully occurs when supported by the primary caregiver until the infant or young child has become accustomed to both carers being there and the other carer gradually taking over night time care. Again, ideally, care would take place in the infant or young child's familiar surroundings with the carers moving out for the period, rather than the child. This is often very difficult in practice although some parents manage it for the benefit of their children.

### *(iii) Parent conflict and family violence*

While family separation can reduce the level of conflict that children are exposed to, it can also continue particularly in relation to the care arrangements for the children. The level of conflict has been generally found to reduce in two to three years after separation, however, for around 10 per cent of families the conflict remains high (Kelly, 2012). Therefore the majority of children whose parents separated when they are young will be exposed to inter parental conflict for much of their early developmental period. Transitions between highly conflictual or stressed parents are extremely stressful for children especially infants and

young children who do not have the cognitive capacity to understand what is happening. It is important to note that children in this age group are highly sensitive to non-verbal cues and therefore are acutely aware of body tension, facial expressions and voice tone. It is important to remember that a child will equally experience a silent tense interaction between parents as stressful and unsafe as one where there is overt conflict.

Children are at a greater risk of developing emotional, social, cognitive and behavioural problems in families where there is a high level of conflict and animosity between parents, (Kelly, 2012), and exposure to family violence has a negative impact over and above exposure to parental conflict without violence (Kelly & Johnson, 2008). While many of the studies into the impact of parent conflict on children have assessed older children and adolescents, infants and young children are more likely to be exposed to greater levels of conflict (Fantuzzo et. al. 1997) and family violence (Ybarra, Wilkens, & Lieberman, 2007; Fox & Shonkoff 2011) than older children which has been shown to have significant impact on the child's rapidly developing brain and stress systems (Schore, 2000; Siegel, 2001; Pollack 2005). In addition, research has found that these emotionally challenging environments are more demanding to children when the conflict is about the child (Pendry & Adam, 2013). Further, infancy is thought to be a critical period for the foundation of self-regulation and the development of attentional behaviours with ongoing stress negatively impacting on the development of these crucial regulatory systems. For example, a child who is stressed or anxious is unable to focus adequately on achieving developmental tasks (Fox 1994; Rothbart & Bates, 1998).

### **Separated families or where parents have never lived together**

Over the past decade there has been a significant increase in research into the importance of the father's involvement in their infant or young child's healthy development. This research has found, across different family structures and living circumstances, that a father's positive engagement with their child is associated with a range of cognitive, social and emotional benefits in terms of resilience (Pruett, et al 2012; Lamb 2010). Father involvement is especially vulnerable in families where the parents have never lived together or in separating families where children are very young and the father has left the home before establishing a firm relationship with the child. It is important that each parent acknowledges the other's importance in their child's life and fosters behaviour that results in cooperation and low conflict between the parents. However, where there is family violence and high levels of parent distrust and acrimony this may not always be possible (Hardesty, Haselschwerdt, & Johnson, 2012; Lamb, 2012).

### **Overnight care away from the primary caregiver and child's usual sleeping place**

Because the care of infants is so important to their future development as well as present well-being, and because they are unable to advocate for themselves, it is essential that the best available evidence and knowledge is used to inform the care they need. It must be emphasised that it is crucial to provide the best possible care conditions for very young children because the younger the child, and especially infants and pre-verbal children, the greater the impact of positive or negative experiences on their future development. The available research findings, although limited, indicate some worrying concerns about overnight care for infants. Regular or recurring overnight shared time parenting scheduled during the first years, while well intentioned, may severely disrupt important developmental gains for young children (see background paper). Hence, AAIMHI recommends that until or unless there is clear and unarguable assurance that there is no risk for the infant, a conservative position should be taken.

## AAIMHI recommendations

1. If parental separation occurs before birth or in the first years of a child's life, special consideration is needed to ensure the continuity of a healthy primary attachment with the main care caregiver and minimising stress on the infant, together, where possible, with the safe building or maintenance of a warm, available relationship with the other parent. This can be done without overnight care.
2. Under the age of two years, overnight separations from the primary caregiver create unique stresses for the infant. In the majority of circumstances, non-essential overnight separations during these critical months of development are not advisable. Thus, in general, but always guided by the unique needs of each infant, prior to the age of two years, overnight time away from the primary caregiver is not recommended, unless unavoidable. Day times away from the primary caregiver should be kept to manageable periods of time, which can gradually increase as the infant matures and shows that he or she feels comfortable with this separation. Decisions need to take into account the ability of caregivers to recognise and respond to an infant or young child's discomfort or stress.
3. After the age of two years, important developmental indices will help to predict the extent to which a young child can manage regular overnight time away from the primary carer. ***Most children would not be expected to have the developmental capacity to do all of these things adequately until at least three years.*** AAIMHI considers these interdependent indices (below) to be centrally important.
  - 4.1 The young child should be able to:
    - a) at least in part, calm him/herself when stressed and/or upset, and to use the other parent or caregiver to become soothed;
    - b) imagine the main caregiver even when that person is not present;
    - c) understand what is being said to him/her;
    - d) anticipate events beyond the here and now, that is, to understand what 'tomorrow' means;
    - e) communicate about past and future events, and verbally express his/her basic needs and feelings;
    - f) receive an understanding response if a trial sleepover does not turn out to be as expected and future sleepovers to be postponed for a period of time.  
(Note: two-year-olds do not generally have the ability to foresee how they will feel in a new situation that they think they will enjoy).
  - 4.2 Furthermore, the young child's parents should be able to:
    - a) have civil conversations together about the child;
    - b) adequately trust that each will care for the child responsibly;
    - c) contain any interpersonal conflict, especially on handover of the child;
    - d) talk to the child positively about the other parent.
  - 4.3 The less 'cooperation equipment' parents bring to the task of effectively sharing the care of their young child, the more 'developmental equipment' the young child needs to independently manage the situation. In families that access family law services, including mediation, when conflict is high and parents do not cooperate over the care of their children, regular overnight stays should not commence until the young child's ability to communicate and tolerate separation is consolidated and if this is disputed between the parents an independent assessment would be recommended. This developmental stage would usually be from the age of three years depending on the young child's previous life experience and ability to cope.

4.4 In **Child protection populations**, when a parent experiences serious, chronic mental health and parenting difficulties that disorganise the infant's attachment, regular respite including overnight time in the care of a reliable other caregiver may be important. In these circumstances overnight separation from a primary caregiver may be protective but needs to be determined on a case-by-case basis. Where possible the respite should be in the infant's familiar environment.

5. Whenever undertaken, overnight time away from the primary caregiver is best with a caregiver who is *already a source of security and comfort* to the infant or young child. In separated families, this level of security is optimally established and maintained over the first few years via regular, 2 to 3 times per week daytime caregiving-based contact that supports the baby's routines. By the time the child is at least in part able to self-soothe, *consistently* turns to the other parent for comfort, and is less reliant on the primary attachment relationship to co-regulate his or her stress states, then the child is more likely to manage a gradual introduction to a well-supported overnight arrangement between cooperative parents.

6. Care should be taken not to fragment an infant's schedule, for example, with long day care plus frequent visits with the other parent. When practical, and when the other parent is *already* a source of comfort and security to the infant, day-time care by the other parent should be prioritised above time spent in group day care.

7. Generally, in the third to fourth year, when developmental, emotional, parenting and practical conditions are supportive, regular overnight care with the other parent may be gradually phased in, at low frequencies, and always with monitoring of the child's response.

8. Finally, in all scenarios, priority should be given to the child's emotional security which should be carefully monitored and responded to sensitively and thoughtfully.

When an infant under three *has* to be away from his or her primary caregiver overnight, regardless of whether the parents are separated or not, and assuming that parents are able to work cooperatively, the following strategies are recommended:

- The overnights away from the primary caregiver take place in the child's familiar sleeping environment.
- The other caregiver spends time prior to the overnights in the day-to-day care of the infant including bathing, bedtimes, mealtimes, etc. – using familiar routines and with the support and presence of the primary caregiver until the child shows complete comfort with either caregiver in this situation.
- The primary caregiver hands the child to the other carer and tells the child that this person, parent, grandparent or whomever will keep them safe. Primary caregiver stays until the child is settled.
- The child is reassured when needed that "Mummy (or Daddy) is coming back soon/after sleep" even if child is not using words yet themselves.
- An infant can be given a rug or piece of parent's clothing that smells of the primary caregiver to hold at bedtime if appropriate and the child should have any object she or he uses for comfort with them.
- If the child becomes distressed in the night and the other carer is unable to comfort her or him, the primary carer returns (if possible).

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