

Chapter 3

Caregiving as Curriculum

After reading chapter 3 in your text, you may come to the conclusion that working with infants and toddlers is different from working with, say, four year olds. Just because caregivers are good at working with preschool children, doesn't mean they can automatically take what they know and apply it to infants. In this article, Kovach and Da Ros consider some of the differences between the two age groups. This article is compatible with the philosophy of Magda Gerber, which, along with Emmi Pikler's approach, is the core of *Infants, Toddlers, and Caregivers*. As you read this article, notice the number of examples and illustrations of the 10 principles in action. We learn best when we can see examples, both in real life, and by reading about them.

Reading 3

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Respectful, Individual, and Responsive Caregiving for Infants

The Key to Successful Care in Group Settings

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Group care often fails to meet the needs of babies and frequently compromises healthy infant development. Alarming, the landmark Cost, Quality, and Child Outcomes study (1995) found that most infant

group care settings probably harm children's development and learning. Group care also is costly and in short supply.

Expert practice, theory, and research on what constitutes best practice in child care and what fosters optimal physical, cognitive, and socioemotional development of infants have been slow to transform everyday caregiving practice (Pikler 1978), often because caregivers have insufficient training opportunities.

Studies on intimacy and self-efficiency (for example, Curry & Johnson 1990) show that to support an infant's sense of well-being and personal power, it is crucial for her to get her need met as soon as she indicates a need (Bell & Ainsworth 1972). Caregivers must be attuned and sensitive to the individual infant. This sensitive—that is, responsive—caregiving is the most important factor in determining the quality of infant care (Lozoff et al. 1977).

Leavitt says responsive caregiving “goes beyond physical caretaking. It includes a sense of personal and emotional involvement that is mutual” (1994, 70). Respectful and responsive caregiving is the core of fostering and maintaining trust between the infant and caregiver.

Good caregivers provide interactions that fully support individual care and include the babies themselves in the caregiving and decisionmaking process (Bower 1976; Honig 1981). Babies tend to thrive when they are consistently included in their own care (Beckwith 1971). This approach affords the baby continuity of care, sensitive, and attuned interactions, and responsive care.

To provide a more complete picture of what sensitive and competent infant care is, we offer the following seven principles. We also give inappropriate and appropriate caregiving situations to highlight each principle.

Inappropriate: A six- and a four-month-old infant sit next to each other in musical mechanical swings with the tunes clashing. As the caregiver feeds a three-month-old, she vigorously rocks her chair with one foot and with the other taps a bouncer that holds a crying baby. “Ssshhh,” she keeps repeating.

Appropriate: Soft music plays. Two babies are on separate blankets, each with a few objects within easy reach. Sometimes the infants grasp the toys; sometimes they gaze out the low, nearby window. The caregiver, who is feeding Matthew on her lap, smiles at the babies and returns her attention to Matthew.

Rationale: Sensitive caregiving includes creating a calm and peaceful environment for infants while they are being fed or diapered. The caregiver needs to be aware of how unhurried focused care—her “fully there time” (Gerber 1979)—influences physical care times. Her ability to stay focused on an individual infant is in part reliant on her trust that the other babies are content to play quietly once their physical needs have been met.

Inappropriate: Mary notices a smelly diaper. She asks her companion caregiver, “Did you change Chelsea before putting her down?” When her coworker responds no, Mary goes to the crib, picks up Chelsea, and wordlessly proceeds to change her diaper. “Who else in the room needs to be changed?” she asks as she lays Chelsea down and walks away.

Appropriate: When Mary notices an odor, she stops at the crib and says, “Chelsea, I need to check your diaper.” She extends her hands and waits for the baby's response before picking her up. At the changing table, she tells Chelsea exactly what she is going to do before she does it, and she gives her enough time to respond to her caregiving. Before putting Chelsea down, Mary again tells her what she is going to do.

Rationale: Caregivers often talk *about* infants rather than *to* infants. When adults ignore an infant during caregiving times, the message given is that the baby does not rate personal and undivided attention. When staff are better trained and talk with the infants, the children also tend to do better in language development (Tizard et al. 1972).

Inappropriate: Five babies, ranging in age from five months to a year old, are at a table, their feet dangling in midair. Three slumped to the side and the other two sit upright. Two are crying. None of the babies can reach her bowl or spoon. A caregiver methodically pushes a spoon into the mouth of the first baby, then the second, and so on.

Appropriate: Nine-month-old Emily is sitting at a weaning table; her chair sized so she can get up and down by herself and her feet touch the floor. In front of her is a bowl and two spoons. The caregiver, who sits opposite Emily, lets the baby attempt to feed herself, occasionally giving her a bit with a spoon. She uses normal language in telling Emily what she is doing before she does it, and she waits and observes the baby's reaction before acting.

Rationale: Many adults operate on the assumption that infants are helpless. This assumption motivates caregivers to put or place infants in positions that they are not ready for or are not able to support by themselves. Self-induced, independent movements create favorable, emotional, and intellectual development (Pikler 1969). Magda Gerber, renowned infant specialist, advises caregivers, "Allow infants to do what it is they are ready and willing to do. . . . Self-initiated activities need to be reinforced by being quietly available and enjoying what the infants actually do" (1984, 2).

Inappropriate: A caregiver sits on the floor to feed James, who is confined in a bouncer. Sulee, curious, crawls over. After repeated attempts to ignore the intruding child, the frustrated caregiver stops feeding, picks up Sulee, puts her in another part of the room, and returns to the task of feeding James.

Appropriate: James, a five-month-old, is being held while being bottle fed. The caregiver's actions are unhurried, and her attention is focused on James. Because the feeding area is separate from the exploratory play area, nothing interrupts her time with James.

Rationale: Infants deserve uninterrupted, individual caregiving. Their well-being requires caregivers to invest in quality time while providing physical care.

Inappropriate: Eight-month-old Kisha, who has crawled under a rocking chair, begins to cry. Her caregiver, noting her distress, bends down and lifts her up, saying, "You're all right. You're all right."

Appropriate: Kisha crawls under a child's table and begins to cry. Her caregiver drops to her hands and knees and calmly talks to Kisha, encouraging her to crawl out. She waits for the baby's reaction. Kisha, who appears afraid to move forward with her head, cries louder. The caregiver slowly reaches forward and gently places her hand on Kisha's head, while telling the baby what she is doing with her. By providing just enough help to move out from under the table, the caregiver is reinforcing the infant's involvement in helping to solve this problem.

Rationale: As adults, we do not like to see infants struggle. But by not allowing babies to use their natural competencies, we teach them to become victims. Caregivers need to provide just enough help for the baby to problem-solve his own dilemma (Honig 1981). The baby then becomes a valued participant in his own care and develops positive self-esteem.

Inappropriate: A caregiver, looking over the daily activity sheet, notes that Reed is supposed to have her bottle by 4 o'clock. But Reed is still sleeping, and it's 4:05 now. Knowing that Reed's mom will be coming at 4:30, the caregiver wakes up the infant, hurriedly changes her diaper, and begins to feed her a bottle.

Appropriate: The caregiver goes over to Reed, who is resting peacefully, and she makes a mental note to check the sleeping infant in 15 to 20 minutes. She records her observations on Reed's daily activity sheet.

Rationale: A caregiver is better able to meet a baby's individual needs if she observes the behaviors and responses of the child and includes these in the baby's care. Caregivers also may have to help parents understand that a baby's individual schedule is what is best for her.

Inappropriate: Two-month-old Brent begins to cry. The caregiver goes to the crib and puts a pacifier in his mouth.

Appropriate: The caregiver goes to Brent and says softly, "I hear you, but I don't know why you are crying. Let me pick you up and see about your diaper and check when you had your last feeding."

Rationale: Because it is hard for adults to listen to a baby cry, our immediate response is to stop the crying. But crying is a form of infant communication, and our role as caregivers is to try to understand what the baby is communicating. Is he hungry, tired, wet, thirsty, or startled? By reacting instead of interacting, we exclude the baby from the process of his care.

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Society in general does not appreciate babies as separate and valued persons. Indeed, children's stature correlates with teacher status; the younger the children he teaches, the lower the teacher's wages, education, and prestige. Because a lack of individualized care can cause serious damage to the psychosocial well-being of the young, caregivers must be nurturing and give responsive infant care (Kagan, Kearsley, & Zelazo 1976).

We need to focus on the importance of learning in the first year of life. Although difficult, individualized care can be provided in group settings. Care needs to be based on a consistent philosophy that includes the infant as an active participant.

Providing sensitive caregiving to infants in group care requires administrators who understand and support infant needs; a program that is affordable and accessible to families; a staff-parent partnership on behalf of the baby; and most important, a staff that is well trained. According to the National Day Care Study, staff training is what determines the quality of the program (Ruopp et al. 1979). There is a critical need and an emerging national interest to provide and procure specialized training for caregivers of children under three.

Educators (Gerber 1979) need to work with others to revamp societal norms so that responsive and respectful caregiving includes the infant while he or she is in group care. Resources must be allocated to initiate and carry out a plan of care that speaks to the individual needs of infant autonomy while in group care. Individualizing infant care and incorporating respectful and responsive caregiving allow each infant to maintain her own preferences and sense of self. What better way of demonstrating this than to give undivided attention during infant caregiving?

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Questions about Reading 3

1. Think about what you know or imagine about four-year-olds. How are the examples and illustrations in this article different from what they would be if the children were older? Write three differences below.

2. Honoring diversity is important. Pick two examples of inappropriate situations that don't seem inappropriate to you. Give your perspective on those situations and explain how a family might feel if their practice was labeled inappropriate by the staff or provider.
3. How can caregivers honor diversity, honor a particular philosophy, and also honor their own perspective?