

# Childcare

## and Children's Health

A national program developed by the Centre for Community Child Health at the Royal Children's Hospital in Melbourne with support from Johnson & Johnson. This publication promotes current expert advice on child health and wellbeing and current policies and practices for those who work with young children and their families.

### Celebrating Ten Years of 'Childcare and Children's Health'

This special, new look edition of *Childcare and Children's Health* celebrates the program's 10th anniversary. The original publication was launched at a conference at the Centre for Community Child Health (CCCH) in 1997. The growth of the program is supported via the partnership between CCCH and Johnson & Johnson, with support from FaCSIA since 2004. Ongoing support and an educational grant from Johnson & Johnson has allowed the development and distribution of a range of resource materials that support child care services and other early childhood professionals in their work with young children and their families. The continuing success of the program is demonstrated in the increase in distribution numbers since 1997, the expanded size of the publication, and the increasing popularity of Parent Fact Sheets. Currently, approximately 6,000 copies of *Childcare and Children's Health* are distributed through NCAC: recipients include all childcare centres, and family day care coordination units. Topics covered reflect the wide understanding of health, well-being and development and range from 'Allergies' to 'Transition to school'. An Index of topics from 2002 to the current issue is included in this issue. We are privileged to have J. Ron Lally, who was a key note speaker from the original conference, write a special, full length article for this anniversary edition. Ron is an internationally recognised expert on early childhood development. His article addresses the vulnerability and competence of infants and toddlers, and outlines the principles and practices of 'responsive care' in which carers, acting as 'loving facilitators of emotional, cognitive, language, physical and social competence', respond to the multiple needs of very young children. We gratefully acknowledge the support of Johnson & Johnson, FaCSIA, NCAC, all board members and the editorial board.

### Teaching and Caring: Responding to both the Vulnerability and Competence of Infants and Toddlers

J. Ronald Lally, Ed. D. WestEd San Francisco

We now have evidence that adverse experiences can compromise a young child's brain development placing him or her at greater risk for a variety of cognitive, behavioral and physical difficulties, some of which may be irreversible. Therefore caring for infants is serious work with significant consequences.

Fortunately, the knowledge that inadequate care can cause serious, long-term harm to infants and toddlers is buffered by the fact that it is known how to avoid causing harm (Shonkoff & Phillips 2000). Studies of family and center-based child care clearly indicate that infants and toddlers flourish in care settings that meet



their fundamental needs for close, caring relationships; health and safety, connection to family and culture, and knowledgeable, responsive caregivers. What has become clear from the study of infant development is the important role carers play in the successful development of every child they serve. Infants depend on their carers for both emotional support and help with construction of knowledge. Carers of infants influence how children come to view and participate in the learning process and even have a hand in how children feel about themselves and others. So if infants are to prosper, the work of the infant carer must be treated as the critical work it is, a unique type of specialized care.

There is now emerging a dramatic new view of the infant carer – neither baby sitter nor trainer – but rather a loving facilitator of emotional, cognitive, language, physical, and social competence. With infants, good teaching and good caring occur with emotional support and facilitation of learning and development happening simultaneously (Hauser-Cram, Warfield, Shonkoff, & Krauss (2001).

Research has shown that the very young exhibit both vulnerability and competence. For example they are dependent on adults for:

- Physical survival
- Emotional security
- Safe base for learning
- Regulating, modeling, and mentoring social behavior
- Information and exchange about the workings of the world and rules for living.

Yet infants and young children are also extremely skilled as:

- Inventors
- Communication initiators
- Imitators, interpreters, integrators
- Meaning seekers
- Relationship builders
- Curious, motivated, self-starting learners.

As Gopnick *et al* states “What we see in the crib is the greatest mind that has ever existed, the most powerful learning machine in the universe.” (Gopnick, Meltzoff, & Kuhl, 1999, p.1).

This new knowledge about the development of infants and toddlers leads to the conclusion that care provided to these youngest children must be different than that provided to older children. Watch infants as they learn. Often language development, self-esteem and problem solving, all happen at the same time. They are often draped over their teacher’s body, or in her lap. Observe what happens when infants master skills. They look to those who care for them as if to say, “Did you just see what I did? Wasn’t that great?” Teaching and caring are deeply intertwined.

Therefore, infant carers need to give simultaneous attention to the vulnerable and competent sides of the young child. Infants learn the rhythms of speech, gestures, social rules, and the meaning of facial expressions from adults even during the first months of life. Every moment in which an adult provides care to a young infant is a moment rich with learning. Above all, young infants learn about how people respond to their communication and behavior. For example, when an adult responds to a young infant who is crying because of hunger, the infant experiences not only the satisfaction of being fed but also learns that his crying will bring a response from an adult. For this age,

relationships with trusted infant care teachers are the base for all social, emotional and intellectual learning.

## **Six Ways to Simultaneously Attend to the Vulnerability and Competence of Infants**

### **1. Help Infants Form And Prolong Secure Attachments**

We have known for many years that infants form emotional bonds – attachments – with their parents. We now know that they also form these bonds with caregivers outside the home. The bonds – attachments – can be secure or insecure. A secure infant has a reliable expectation that the attachment figure or figures will be available and responsive to his needs. In contrast, an insecurely attached infant has no consistent expectation that his needs will be responded to. Studies have shown (Bowlby 1969) that mothers who are responsive and sensitive – that is, they respond consistently and appropriately to their child – are most likely to have children with secure attachments.

As increasing numbers of mothers work outside the home (Oser & Cohen, 2003), child development experts, parents and non-parents alike have been concerned about whether children enrolled in out-of-home care as infants can form secure attachments with caregivers. Evidence now suggests that infants and toddlers can and do form secure attachments with infant care teachers, and that those who do so function better in care. Secure attachments with caregivers not only benefit those babies who have them, but the lack thereof may well make child care a lonely, stress-filled, and learning limited experience. Experts in child development believe that the security of a child's attachments is strongly related to his development of a positive sense of self-worth and the ability to have positive social relationships later in life. Infant-toddler care must be structured to support these attachments between parents and child and caregivers and child.

### **2. Help Infants With Positive Identity Formation**

In a child's first year, identity unfolds day by day in the context of the infant's relationships with the adults who care for him. In recent years, the circumstances under which very young children are cared for in group care settings outside the home have increased dramatically,

with the result that many infants and toddlers are forging much of their definition of self in the presence of professional caregivers. Infant carers need to understand how infants and toddlers define themselves. These youngest children do not yet have a "working definition" of self, with likes and dislikes, attitudes and inclinations as do older children. Infants and toddler are in the process of forming this preliminary sense of self.

Good infant carers get "in tune" with the baby's rhythms, and learn to respond to the infant's cues: various cries, eating and sleeping patterns, smiles and movements. As a carer follows the infant's lead, letting him know that his messages are understood, the child learns that someone outside himself understands his emotions and feelings. The carer and infant become linked with one another, the infant begins to believe that he is someone who will have his needs met.

The trust fostered by responsive, close relationships enables infants to reach out and explore, intellectually, emotionally and physically. With a base of security, infants will naturally venture out to explore the environment around him, first visually, and then physically. An infant with a secure base is freed to learn; she knows that she can always return to the security and understanding of her carer. The child comes to see herself as a competent and skilled explorer.

Soon he is "taking in" other people, things and objects, using the trusted carer as a safe base for this exploration. At this point he begins to recognize himself as somewhat separate from his primary caregiver. As he becomes more mobile he ventures away to explore other people, but he remains in visual contact, and physically returns for emotional refueling. In order for the child to venture out without becoming anxious, he needs to know that his carer is mostly available to comfort and soothe.

### **3. Include Family Practices as Part of Care**

The responses of a mother and father to their infant in

*The Parent Fact Sheet accompanying this article is available in different community languages and can be downloaded from the Early Childhood Connections website [www.econnections.com.au](http://www.econnections.com.au)*

large part reflect the values, and child-rearing beliefs of their larger family, community and culture. The most basic acts of caring – feeding, comforting, toileting, playing – reflect the carer’s values. By the time an infant enters child care, she has learned to expect a certain pattern of response in her daily routines. That familiar pattern provides her a feeling of belonging, a sense of personal history, and security in knowing who she is and where she comes from. An infant’s family, her culture and her language are the fundamental building blocks of her identity.

When the carer outside the home continues a pattern of family care, the infant feels secure. But if a carer does not understand or value the cultural practices of the child’s home or is not able to incorporate them into the child care setting, the child may become torn between the pulls of family and the practices of the care setting. At a time when a child is in the initial stages of forming a sense of self, he is particularly vulnerable to negatives messages about family and cultural identity. He can become confused, to the point that he rejects the home culture or resists the socialization efforts within his own family.

However, a carer who is committed to incorporating the family’s culture into her own patterns of care can reinforce the infant’s cultural identity. Open and ongoing communication with family members about their values and expectations can keep cultural connections alive and help a child feel good about himself. Policies and practices that increase cultural continuity in care make it easier for the child to merge the lessons of home and child care setting.

#### **4. Understand That Infants Imitate and Incorporate the Behaviors and Attitudes of Carers**

What exactly is a good infant carer giving the child in care? In addition to giving the infant a sense of trust, a secure base from which to explore, a caregiver provides the infant with a model for future relationships. An important part of what infants and toddlers learn from those who care for them – parents and teachers alike – are



perceptions of how people act at various times and in various situations; how people act toward them and others; and how emotions are expressed. Infants and toddlers interpret these actions as how they, too, should act and behave. Consequently, a carer is doing much more than simply providing loving care; significant aspects of the way they act are being perceived, interpreted and incorporated into the actual definition of self the child is forming.

Researchers (Bornstein, & Bornstein 1995) now believe that “little things mean a lot.” Day-to-day early interactions between a carer and an infant or toddler affect that child’s behavior, shaping the way she relates to people later in life. Some of the lessons that may become incorporated into the child’s sense of self are what to fear; which of one’s behavior’s are seen as appropriate; how one’s messages are received and acted upon; how successful one is at getting one’s needs met by others; what emotions and intensity level of emotions one can display safely; and how interesting one is.

## 5. Encourage Responsive Care

What does responsive care look like? It is subtle, yet carefully orchestrated to meet each individual child's needs and relate to that child's unique thoughts and feelings.

- Responsive care means looking for cues and adapting. Infants have an inborn motivation to learn and explore; they are on a constant quest for knowledge, learning from what they see, hear, feel, taste and touch, often all at once. In fact, they experience life more holistically during this age period than at any other; social, emotional, intellectual, language and physical lessons are not differentiated by the infant. What a carer thinks he or she is "teaching" may not at all be what the infant is learning. The carer must let the child's interests be the guide. She must understand how to read and respond to infant behavior and to delight in the types of learning in which the infant is engaged.
- Responsive care requires a carer to have respect for the infant. By "respect" we mean an appreciation for what children are doing, at the time they are doing it. It means not superimposing the carer's interests and agenda on to the child, avoiding the temptation to teach children specific lessons.
- Responsive care requires acute powers of observation. A responsive carer observes the infant to see what kind of discovery they are engaged in. Through watching infants in the discovery process, caregivers find the best ways to relate to their play.
- Responsive care means slowing down. A responsive carer lets the child set the pace for learning. A responsive carer follows the child's lead, not offering guidance or assistance too early, lest an opportunity for a learning experience be eliminated. Carers should keep in mind that a little help is often the most effective kind of help they can give a child.
- Responsive care means considering culture. In culturally responsive care, things are done in a manner that follows the form and style of

what the child is familiar with at home. The child experiences similar patterns of care, senses the connection between child care and home, and, as a result feels secure.

## 6. De-emphasize Teaching and Emphasize Learning

Experts in the field of early development have increasingly come to recognize the importance of infants and toddlers having the freedom to make learning choices and to experience the world on their own terms. Rather than teaching specific lessons, the focus should be on facilitating natural interests and urges to learn by providing close and responsive relationships with caregivers; designing safe, interesting and appropriate environments; giving infants uninterrupted time to explore; and interacting with infants in ways that emotionally and intellectually support their discovery and learning. A positive sense of self has much to do with how one experiences learning. "Are my interests important?" "Do I have power and potency to pick my lessons?"

If your program is required to provide a "curriculum" for infants and toddlers, design it with the infant's developing sense of self as a learner in mind. In a responsive curriculum, the most critical components are not lessons, but the planning of settings that allow learning to take place. The curriculum should maximize the child's sense of security in care and connection with the caregiver through environment, materials and group size, maximize connection with family, and provide a safe and interesting place to learn. Without these, very little positive learning will take place. If lesson plans are used they should first explore ways to help teachers get "in tune" with each infant they care for, and learn from the infant what he or she needs, thinks and feels. Second, lesson plans should include strategies to broaden teachers' relationships with the children they care for. Third, they should include a number of approaches for helping carers relate to a child's unique thoughts and feelings, meeting his or her needs and matching interest with activities.

## 7. Use of Daily Routines to Strengthen Bonds & Support Learning

The daily routines of caring for infants and toddlers – greeting, departing, eating, diapering, napping, setting up, cleaning up, and record keeping – provide an example of day-to-day interactions that offer times to enhance intimacy between the carer and infant, strengthen bonds, and yet provide opportunities for learning.

Routines are more than just care taking. They should not be rushed through. Routines are opportunities for one-to-one contact and a time when many different types of learning take place. For example, part of the feeding routine is the carer being able to recognize and respond to infants' message of hunger. As the caregiver finds out what the child needs, the child learns that someone is there for him. The child learns basic trust.

Each daily routine offers a different opportunity for learning. Mealtimes are important social events, in addition to providing opportunities to explore new tastes, sights and sensations. They offer opportunities for a child to learn to feed herself and learn independence when they are allowed to decide what to eat and when. Even spills can be positive experiences when a child can share in the responsibility to clean up and feel good about helping. Nap time offers opportunities for comforting infants

and toddlers. Even nappy changing provides a chance for a child to have individual contact with a carer, including moments for playfulness.

### References

- Bornstein, M., & Bornstein, H. (1999). Caregiver's Responsiveness and Cognitive Development. In *Infants and Toddlers: Theory and Research, Infant Toddler Caregiving: A Guide to Cognitive Development and Learning*, Sacramento: California Department of Education.
- Bowlby, J. (1969). Attachment, Vol. 1 of *Attachment and Loss*. London: Hogarth Press. New York: Basic Books.
- Gopnick, A., Meltzoff, A., & Kuhl, P. *The Scientist In the Crib* (1999) New York: William Morrow & Co.
- Hauser-Cram, P., Warfield, M.E., Shonkoff, J.P., & Krauss, M.W. (2001). Children with disabilities. A longitudinal study of child development and parent well-being. *Monographs of the Society for Research in Child Development*, 66 (3), Serial No. 266.
- Oser, C & Cohen, J. *America's Babies* (2003) Washington D.C.: Zero to Three Press Shonkoff, J.A., & Phillips, D. (eds.). (2000). *From neurons to neighborhoods. The science of early childhood development*. Washington, DC: National Academies Press.

AN INITIATIVE OF



SUPPORTED BY AN EDUCATIONAL GRANT FROM



SUPPORTED BY THE NATIONAL CHILDCARE ACCREDITATION COUNCIL



SUPPORTED BY



Australian Government  
Department of Families,  
Community Services and  
Indigenous Affairs

#### National Editorial Panel

Chair: Ms Marie Lewis  
Ms Denise Taylor  
Ms Linda Latham  
Professor Frank Oberklaid  
Ms Tonia Godhard AM

#### Editor

Dr Estelle Irving

#### Production Editor

Ms Cathy Archer

#### Contact Details

Tel: (03) 9345 6337  
Fax: (03) 9345 5900  
Email: catherine.archer@rch.org.au

#### Websites:

[www.econnections.com.au](http://www.econnections.com.au)  
[www.rch.org.au/ccch](http://www.rch.org.au/ccch)  
[www.raisingchildren.net.au](http://www.raisingchildren.net.au)