Relationships:

The Heart of Development and Learning

National Infant & Toddler Child Care Initiative

U.S. Department of
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Administration for Children and Families

PREFACE

Relationships: The Heart of Development and Learning is one of three infant/toddler modules created to support consultants working in child care settings, especially consultants who have not had education or training specific to infants and toddlers in group care. These modules were designed to compliment training offered to early childhood consultants through the National Training Institute at the Department of Maternal and Child Health, University of North Carolina at Chapel Hill.

The infant/toddler modules, which also include ***Infant/Toddler Development, Screening and Assessment*** and ***Infant/Toddler Curriculum and Individualization***, provide content on early development and quality child care policies and practices for consultants working in child care settings serving children ages birth to 3. The modules do not include a focus on the development of consultation skills. As such, they are not intended to be used as stand-alone trainings but should be incorporated into training that also addresses the critical skills and process of consultation.

Information about the National Training Institute for Child Care Health Consultants can be found at *http://nti.unc.edu/* or by contacting the program at the following address:

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Relationships at the Heart of Development and Learning

LEARNING OBJECTIVES

The purpose of this module is to strengthen the content base on infants and toddlers for consultants working in child care settings.

Upon completing this module, child care consultants will be able to:

- Discuss the centrality of relationships in infant/toddler development.
- Describe the impact of relationships on a child's social/emotional development and learning.
    - Describe how interactions form the foundation of infant development.
    - Describe the importance of caregiver/child relationships to child development and learning.
    - Describe the impact of positive caregiver/parent relationships on healthy child development.
- Describe key concepts of relationship-based practices in child care settings that impact the social/emotional development of infants and toddlers.
    - Describe caregiver/child interactions that promote healthy development.
    - Demonstrate ability to coach a director or caregiver on the concept of responsive caregiving.
    - Describe the concepts of continuity of care and primary caregiving as they apply to social/emotional development and infant/toddler child care.
    - Describe what is meant by the parallel process, including the child care consultant's relationship with the director or caregiver.
- Identify resources for programs or caregivers working with infants and toddlers.

Relationships As The Context For Development

INTRODUCTION

The purpose of this module is to provide consultants with an understanding of how relationships contribute and support development and learning in infants and toddlers. The module includes information on:

- The role of positive relationships
- Theories of psychosocial development
- An overview of attachment relationships
- Key relationships that support development

"All learning takes place in the context of relationships and is critically affected by the quality of those relationships." (Norman-Murch, 1999, p. 2)

WHAT THE CHILD CARE CONSULTANT SHOULD KNOW

The Centrality of Relationships in Infant/Toddler Development

The first 3 years of life are a time of amazing developmental progress. During this period, infants evolve from dependent newborns to toddlers capable of climbing on cabinets, using language to assert their wants and needs, and controlling impulses when they use "soft touches" with a new puppy. The learning that leads to this remarkable development occurs as babies gaze, roll, crawl, and toddle through their environments, enveloped in supportive, nurturing relationships. For example:

- A very young infant learns that crying communicates her hunger when her mother responds by nestling her into her breast.
- A toddler learns to say "Book!" when he crawls into the comfortable lap of a trusted caregiver and hears, "You have a *book*! You want me to read to you. Let's see what Pooh is up to today…"
- A timid 2-year-old learns that an unfamiliar adult can be trusted when a look at her father's smiling face tells her *he* knows and likes this person.

As these scenarios suggest, interactions between infants and caregivers are the basis of children's learning and development across developmental domains. From the earliest moments when infants experience the warmth and closeness of being held while being fed, the interplay of relationships and development begins. Over time, and with repetition, the relationship evolves through ongoing

interactions between the child and his caregiver. The relationships formed with significant primary caregivers become the core context for the child's development—the "nurture" part of the nature/nurture balance that ultimately defines whom the child is to become. Siegel (1999) states that "human connections shape the neural connections from which the mind emerges" (p. 2).

Early Development Occurs Through Relationships

Infant development has been described as transactional (Sameroff, 1993; Sameroff & Fiese, 2000) or as a "serve and return" process. That is, the interactions between infant and caregiver are recognized to have a significant influence on the developmental course of the child. An infant who smiles and gets snuggled in return has received positive reinforcement and will smile again, inviting additional nurturing responses from her caregiver. In such interactions, both the child and caregiver are seen as active partners in the exchange, with this "dance of intimacy" viewed as mutually reinforcing to both the infant and the caregiver. Over time, these interactions offer comfort and predictability for both caregiver and child, forming the basis of a nurturing, reciprocal relationship.

An important factor in these interactions is that the infant and the caregiver are active partners in and contribute to the transaction. Both the child's and the adult's personal characteristics play a role in the quality of the interactions. Research has found that infants have "preprogrammed" social and emotional

TABLE 1

A Temperament Primer		
Thomas & Chess[a]	**Program for Infant/ Toddler Caregivers (PITC)[b]**	**Description**
Easy	Flexible	Child is regular in biological rhythms, adaptable, approachable, generally positive in mood of mild intensity
Difficult	Feisty	Child is irregular in feeding and sleep schedules, not easily adaptable, withdrawing, negative, intense
Slow to warm-up	Fearful	Child is low in activity, withdrawing in new situations, slow to adapt, mild in intensity, shy

[a] (Chess, 1990)
[b] (Lally, 1993)

abilities that invite and engage adult interaction (Kalmanson & Seligman, 1992), such as a preference for human faces and the ability to recognize and turn to the familiar voices of their parents.

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A child's unique personal characteristics also affect interactions and the development of relationships. For example, the child's temperament (see Table 1) may affect how she engages with her caregiver. A child with an easy temperament may engage quickly and invite positive interaction on the part of her caregiver, whereas a child with a difficult or feisty temperament may invite less positive engagement. The effect of temperament on development, however, is dependent on the characteristics of *both* child and adult, and is largely defined by the "goodness of fit" (Thomas & Chess, 1977) between the two. A good match supports the relationship and optimal development.

In addition to temperament, the presence of a developmental disability or special need can affect adult/child interactions. For example, an infant with Down's syndrome may have a flat affect, resulting in behavioral cues that are quite subtle and therefore more difficult for the caregiver to read. From a transactional perspective, this can lead to reduced engagement from his parent[1] or caregiver—a circumstance that can result in fewer interactions for a child who actually needs more responsive attention to make developmental gains. In a similar manner, the motor delays often found in cerebral palsy may limit a child's ability to initiate an exchange with or respond to his caregiver. This also has the potential to lead to an overall reduction in caregiver/child interactions.

Just as infants bring characteristics to the relationship that may enhance or hinder the quality of the interactions, adults also bring their own unique traits to the exchange. Adult factors that have the potential to negatively affect transactions between parent and infant include such issues as mental health status (especially depression in the primary caregiver), substance abuse, domestic violence, a lack of resources and support, and the adult's own attachment model.

The family's culture also plays a significant role in parent/child interactions. The intimate work of raising babies is largely influenced by culture. Many aspects of infant/toddler care and interaction vary significantly between different cultures. Examples of practices closely tied to a family's culture include many that are related to infant/toddler development and learning, such as:

- Feeding and nutrition,

[1] In this document, the term "parent" is inclusive of all who fill the primary role of parenting, including biological parents, grandparents or other family members, foster, step, or legal guardians.

- Sleep patterns and arrangements,
- Positioning of the infant or toddler,
- Use of language and the parent and child role in communication,
- Values, goals, and priorities related to child development, and
- The role of extended family networks.

The Development of Positive Relationships

Relationships are a critical component of a young child's social/emotional development. The following sections provide an overview of critical aspects of development that emerge in infancy, and are dependent on relationships.

Psychosocial Development in the First 3 Years: A Look at Theories

An infant learns to trust others through the growing predictability of caregiver/child interactions and the emerging relationship between them. According to Erikson (1965), the development of trust is an essential step in healthy development. Erikson viewed psychosocial development as a series of crises or conflicts that a person resolves in response to interpersonal experiences at each stage. Erikson believed that the resolution of these conflicts have significant impact on the child's sense of self. Two of these stages occur in the years from birth to 3 (see Table 2), laying the foundation for the resolution of the conflicts that occur later.

TABLE 2

Age	Erikson's Psychosocial Stages 1 and 2
Birth to 1 year	***Trust vs. Mistrust*** When a child experiences warm, responsive care, he will learn that the world is dependable and good. He learns to *trust* his significant caregiver(s). If a child experiences harsh interactions, or receives care that is not responsive to his needs he learns to *mistrust* his caregiver(s).
1 to 3 years	***Autonomy vs. Shame and Doubt*** As motor, cognitive, and language skills develop, the child gains the capacity to make choices and act with increasing independence. *Autonomy* is nurtured when caregivers respect a child's emerging independence and exploration (within reasonable limits) and provide opportunities for this important aspect of growth during a period of incredible change. A child who is forced or shamed in her attempts to exercise new skills may emerge from this conflict with a sense of *shame or doubt*, rather than autonomy.

Erikson describes the first psychosocial conflict as the development of trust or mistrust. A child who experiences warm, responsive interactions attuned to his own actions or needs will begin to trust his caregiver and will subsequently apply his expectation of predictability and trust to later relationships.

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The reverse scenario is also possible. A child who smiles but is ignored does not experience a response to his behavior and subsequently does not learn that smiling (or cooing, or other communicative bids) will bring a comforting exchange. This child may eventually stop smiling to invite interactions and may learn to mistrust his caregiver as a source of comfort. A child who experiences unpredictable responses or caregiver actions unrelated to his needs or his own communicative bids—a relationship in which the "dance of intimacy" is harsh or out of sync—learns to mistrust others in relationships.

Erikson's second stage is one in which the resolution of the conflict is the emergence of either a sense of autonomy or feelings of shame and doubt. The resolution at this stage is dependent on the development of the child's capacities and skills across domains, in the context of his relationship(s) with key caregivers. A child whose physical development allows exploration of his environment or objects, and whose cognitive development allows success, stimulation, or discovery in the process will gain autonomy from these experiences. If a child is restricted in his activities or learns that exploration of space or objects is not allowed or is "wrong," his resolution of this conflict can result in a sense of shame and doubt. Culture is an important consideration in this stage of development, as different cultures may place different values on the development of autonomy.

For each of Erikson's psychosocial stages, the resolution of the conflict is dependent on the significant primary relationships in which the child is engaged. A key aspect of Erikson's theory is that the resolution that occurs in one stage of development is carried forward to the conflict that is met in the next stage. As children emerge from these stages with positive resolution to the conflicts, they are better prepared to address the conflict of the next stage or to interact with others and their environment in ways that support and promote healthy development.

Part 1 – Individual or Small Group

For each brief scenario, describe a potential barrier to the development of trust. Then, describe a response the caregiver could give that would promote positive relationships and the development of trust between the infant and the caregiver.

Action Scenario	Potential Barrier to Developing Trust	Trust-Promoting Caregiver Response
Sarah, a 3-month-old, wakes from her nap, gazes around the room for a few minutes, then cries.	***Example:*** In a 1:4 ratio, the caregiver may be engaged with multiple other infants or toddlers, and not able to reach the awakening infant to provide assurance before she begins to cry.	***Example:*** Caregiver (rocking a second infant) scans room to check sleep/wake status of infants in cribs. Goes to crib of waking infant while holding other infant, watches her become alert, talks gently to her to assure infant that she is present, transitions second infant to floor play area, picks up now-awake infant, talking to her quietly about her actions.
18-month-old Juan is new to the program. He cries when his mother leaves after dropping him at the center.		
Andrea is intently engaged in the sandbox. It is time for the group to go inside to begin preparing for lunch.		
In an infant/toddler room, Ms. Sally is leaving to attend a class. Ms. Tara enters to cover for her, and has brought a new book she is excited about sharing with the children. Ms. Tara loudly asks the children to come to the reading area so she can read them the new book. The children are not interested.		

Part 2 – Large Group Discussion

Ask participants to share examples of barriers and trust-promoting responses. Engage participants in discussion of strategies a consultant might use to support trust-promoting responses among caregivers.

Attachment Relationships

The emergence of attachments between infants and primary caregivers is also considered fundamental to a child's development (Bowlby, 1969). A central premise of attachment is that "virtually all infants develop close emotional bonds, or attachments, to those who regularly care for them in the early years of life" (National Research Council, 2000, p. 230), and that these attachments have a significant impact on development. Attachment relationships are described as "secure" or "insecure" depending on the nature and consistency of interactions between the child and his primary caregiver(s). A secure attachment occurs when the child perceives "the attachment figure as available and responsive when needed" (Cassidy, 1999, p.7) and provides a base from which the child is able to explore his environment and manage stress.

A secure attachment occurs when the child perceives *"the attachment figure as available and responsive when needed"* (Cassidy, 1999, p.7)

Awareness of the importance of attachment relationships is critical for parents and caregivers of infants and toddlers. According to attachment theory, the attachment model established with primary caregivers during the earliest years becomes the child's "working model" for the formation of future relationships (Thompson, 1999). Thus, the nature of a child's early relationships has long-lasting implications for relationships, learning, and development over time.

There is evidence that infants develop multiple attachments, typically with those who are most responsive and interactive with the infant (Cassidy, 1999), and that attachment relationships are specific to the caregiver (National Research Council, 2000, p. 235). Criteria for the development of attachment relationships include: "1.) the provision of physical and emotional care; 2.) continuity or consistency in a child's life; and 3.) emotional investment in the child" (Howes, 1999, p. 673). These criteria indicate that infants may form attachment relationships with caregivers in child care settings.

The awareness that child care providers may be identified as attachment figures heightens the importance of the relationship between the child and the caregiver. Kalmanson & Seligman (1992) state that "relationships are the organizing focus of all early development" (p. 47). If the relationship is nurturing and positive, the child will seek out and respond to the caregiver in ways that further her experience and contribute positively to her development. If the relationship is consistently harsh and unpredictable, the child may seek to avoid interactions with her caregiver, thus restricting opportunities to interact and learn from and through the relationship.

"*Virtually all infants develop close emotional bonds, or attachments, to those who regularly care for them in the early years of life.*"
(National Research Council, 2000, p. 230).

"First and foremost, attachment theory emphasize[s] the importance of both continuity and sensitive responsivity in caregiving relationships…"
(Rutter & O'Connor, 1999, p. 823).

"Infants and toddlers in child care form attachment relationships with their nonparental caregivers."
(Howes, 1998, p.7).

"… relationships are the organizing focus of all early development"
(Kalmanson & Seligman, 1992, p. 47).

"Human relationships, and the effects of relationships on relationships, are the building blocks of healthy development."
(National Research Council, 2000, p. 4).

Individual Reflection: What responses might these points "stir up" in caregivers? How might child care consultants be prepared to help caregivers build secure attachments with infants and toddlers?

Group Discussion: First allow 5-10 minutes for individual participants to reflect on the quotations and questions provided. Then open a group discussion focusing on the child care consultant's role in helping caregivers engage in the type of care that builds attachment relationships.

Additional Theories Highlighting the Influence of Relationships on Development and Learning

Both Erikson's psychosocial theory of development and Bowlby's attachment theory focus primarily on the importance of relationships in social and emotional development, with implications for learning in other domains. In contrast, other theorists discuss interactions and relationships as the *context* for development and learning across domains.

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Bronfenbrenner's ecological theory identifies "interpersonal relations" (1979, p. 22) as a key element in the context for human development. He also identifies the interrelations among the child's primary environments (such as home and child care) as having an important influence on development. The idea that interrelations across settings affect child development supports the importance of maintaining effective relationships between the child care setting and the family.

In sociocultural theory, Vygotsky (1978) proposes that development is the result of dynamic interaction with the child's social and cultural context. He believed that learning is embedded within social interactions. A child is guided through everyday experiences by those who are more experienced, such as parents, caregivers, siblings and peers. Vygotsky emphasized that the learning that occurs through social interaction is transmitted and constructed through the context of culture.

Greenspan views "emotional experience as the foundation of intelligence" (1997, p. 38). He describes six developmental levels of the mind that show the primacy of interactions and relationships in both emotional and cognitive development. In Greenspan's theory, interactions with significant adults (parents or other primary caregivers) lay the foundation for the development of relationships, intentionality, purpose and interactions. This progression is foundational to the development of the child's symbolic and emotional self. In short, Greenspan views interactions and relationships as the basis of emotional and cognitive development.

While these descriptions are not intended to lead to a full understanding of the theories, they are included as points of reference for consultants, and to highlight the scope of developmental theories including relationships and interactions as the context of child development.

The Direct and Indirect Effects of Relationships

Relationships are central to the development and learning of infants and toddlers both directly and indirectly. At the level of direct transmission, children learn

from their interactions with parents and caregivers. For example, cognitive and language development occur when a child hears the word "book" from a trusted caregiver providing appropriate language modeling. Social learning occurs when a child references her parent's affect in an unknown situation. A preverbal child watches, practices, and internalizes the conversational skill of turn-taking through the responsive interaction of an engaged adult playing Peek-a-Boo.

However, not all learning occurs through the direct engagement of parents and caregivers with children. Young children learn much about their world through exploration of their environment. This critical aspect of a child's experience is grounded in relationships through the avenue of attachment security. The security of a child's attachment influences his approach to the world. He may feel safe and secure and approach his world with curiosity and engagement, or he may remain anxious, fearful, or withdrawn from the opportunities his environment presents. At this fundamental level a young child's attachment model—formed through his relationships with primary caregivers—becomes a key element in his exploration of his environment.

In children with secure attachments, exploration of their world stimulates physical, cognitive, and social/emotional development, providing an experience base that supports learning and development. Children with insecure attachments are more likely to experience a reduced sense of security in their environments, with less exploration and engagement with people and objects. According to the National Research Council and Institute of Medicine,

> Young children's relationships with their primary caregivers have a major impact on their cognitive, linguistic, emotional, social, and moral development. These relationships are most growth-promoting when they are warm, nurturing, individualized, responsive in a contingent and reciprocal manner, and characterized by a high level of 'goodness of fit.'
> (National Research Council, 2000, p.341)

Regardless of the theoretical lens used to view infant/toddler development and learning, the relationships through which the infant or toddler interacts with the world and the people in it play a central role in setting the course of the child's development across the lifespan.

ACTIVITY III: Developing Through Relationships

Complete the following table as a small group activity (10-15 minutes). Bring the large group together, and have the small groups share their ideas about strategies and techniques the child care consultant could implement to support children's development through effective relationships with caregivers.

Developmental Task	How Supported Through Relationships	Consultant Strategies to Support Relationships as the Context for Learning
Learning Language – 3 months	***Example:*** Caregiver talks with infant throughout daily activities (e.g., diapering), describing routine actions and surroundings.	***Example:*** A child care consultant observes caregivers providing routine care in a distracted manner, with little verbal interaction. In a follow-up session with the center director, she describes her observation and asks the director to reflect on how language might be supported in the room.
Learning Language – 18 months		
Emerging Literacy – 24 months		
Learning to Walk		
Toilet Training		
Learning to Dress Self		
Cognitive and Fine Motor Development (Block Area)		
Learning to Share		

Because of the critical impact of relationships on development across domains, the status of an infant's relationships with primary caregivers becomes an imperative interest for all concerned with the healthy development of children. Whether learning occurs directly from an adult model or through curious exploration, relationships are fundamental to the process. Indeed, "human relationships, and the effects of relationships on relationships, are the building blocks of healthy development" (National Research Council, 2000, p. 27). Advancements in research technology now demonstrate "the remarkable extent to which nurturing environments and positive interactions build healthy brain architecture" (Friedman, 2006). In other words, relationships don't just *support* development; they actively shape the architecture of the brain.

Interpersonal experiences directly influence how we mentally construct reality. This shaping process occurs throughout life, but is most crucial during the early years of childhood. Patterns of relationships and emotional communication affect the development of the brain.
(Siegel, 1999)

For these reasons, relationships *are* the heart of development and learning. This makes the role of caregivers especially critical to the development of infants and toddlers in out-of-home care.

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The primary relationship for infants and toddlers is the mother/child relationship. "The security of attachment between a mother and her child is more influential on early psychosocial growth than are the relationships a child has with other caregivers at home or outside the home" (National Research Council, 2000, p. 235). However, when an infant or toddler spends time with one or more caregivers other than a parent, these relationships also have an impact on the child's development. Outside the home, the most obvious of these is the relationship that develops between the child care provider and the child. Less obvious, but also critical, is the caregiver/parent relationship. The following sections address each of these important relationships.

Parent/Child Relationships

The parent/child relationship is the core relationship supporting a child's development. "Even when young children spend most of their waking hours in child care, parents remain the most influential adults in their lives" (National Research Council, 2000, p. 226). Both mothers and fathers play a critical role, with the emotional quality of each relationship having a distinct impact on development. It is through the parent/child relationship that infants begin to understand their world across all developmental domains (Parlakian & Seibel, 2002). Effective caregivers are aware of and observe the quality of each child's primary relationships.

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Although it is clear that nurturing, responsive relationships are the pathway for healthy child development, it is worthwhile to take a look at the many factors that can affect the parent/child relationship. As mentioned previously, child characteristics (such as temperament and level of engagement) contribute to the "dance" between parent and child. In addition to child characteristics, a number of parental factors have an impact on the nature of the parent/child relationship. For example, the relative economic stress or security of the family, parental mental health or depression, and marital conflict can all affect a parent's ability to be attuned and responsive to a baby.

In addition, research has shown that the parent's own attachment classification has a strong association with the security of the infant's attachment (George, Kaplan, & Main, 1996; Hesse, 1999). This suggests that the parent's attachment model (primarily established during his or her own early childhood) has a significant influence on his or her interactions with the infant. Another deeply embedded influence on the parent/child relationship can occur when unresolved conflicts in the parent's own early history play out in his or her current relationship with the child. Described as "ghosts in the nursery" (Fraiberg, Adelson, & Shapiro, 1975),

these influences can have a significant effect on the parent's understanding of and interactions with the child.

Caregiver/Child Relationships

According to the U.S. Department of Education (Iruka & Carver, 2006) approximately 6 million children under the age of 3 spend part or all of their day in care with someone other than their parents. The U.S. Census Bureau reports that 65% of all mothers return to work within the first year of their child's life (2005). These statistics imply that many infants and toddlers are cared for by someone other than their mothers at a critical period of development. Although the parent/child relationship will remain the primary influence on the child's sense of self and security (National Research Council, 2000, p. 235), it is also true that "infants and toddlers in child care form attachment relationships…with their child care providers" (Howes, 1998).

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This information presents a strong argument for the importance of the relationships that caregivers form with the children in their care. Social/emotional development occurring during this period lays the foundation for much of the later development the child will experience, and care providers are in a key position to affect these psychosocial milestones. It may be important for caregivers to reflect on their own attachment history and interaction style because it is possible for adults to inadvertently repeat patterns of caregiving from their own childhoods—even those they did not enjoy at the time. Reflection can lead to awareness of what caregivers bring from their own history to their current relationships, supporting the ability to consciously choose positive, responsive interactions as the basis of their relationships with infants and toddlers in their care.

Because child care providers lack the familial connection with the infant that is inherent in a parent/child relationship, it is particularly important for caregivers to remain aware of the child's contribution to the bidirectional, or "serve and return," nature of early relationships. This means that the relationship is built on a series of interactions in which the infant "serves" an interactive bid to the caregiver, and the responsive caregiver "returns" in kind.

In a child care setting with caregivers responsible for multiple children, infants and toddlers whose temperament or initial model of attachment leads them to seek engagement and interaction (or who offer more "serves") may command more attention from caregivers than those who are less inclined to seek interaction. Children whose temperaments or previous relationship experiences have led them to expect less from interactions with others may, by their quiet, undemanding nature, "serve" less and therefore receive less attention. Caregivers should be aware of this possibility and seek to balance their attention among all children,

to assure that all infants and toddlers receive the responsive interactions that will nurture healthy development.

Parent/Caregiver Relationships

In his seminal work on the ecology of human development, Bronfenbrenner (1979) identified the "interrelations between two or more settings" (p. 209) in which an infant participates as a critical influence on the child's development. This means that, in addition to the adult/child relationships, the relationship *between the child care provider and the parent* is also important to the developmental outcomes of the child.

A positive caregiver/parent relationship can enable several important processes:

Continuity across settings for the child. A natural outcome of a positive caregiver/parent relationship is open and ongoing communication. Caregivers can openly share information about the child's day with the parent, and the parent can share preferences, new milestones, "what works at home" tips, and so on with caregivers. This level of functional communication supports continuity across settings for the child, which makes her world more predictable and consistent. Discontinuities may also be revealed, for example, if the parent mentions spanking a toddler as a discipline strategy. In an effective parent/caregiver relationship, such comments may open the door for additional conversations with parents on discipline strategies that are used in the care setting—thus promoting continuity of effective practices.

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Caregiver entrée to the parent/child relationship. A positive caregiver/parent relationship allows access to the parent/child relationship in a way that would not be available if relations between the caregiver and parent were strained or distant. Caregivers with concerns about the development of infants and toddlers in their care are open to and respond to parent questions about their child's development. Caregivers can also observe the parent/child relationship when the parent is on-site and may take the opportunity of the "teachable moments" that occur when observations reveal parent/child interactions that need support. If the caregiver/parent relationship is positive and effective, the parent will be more likely to be open to informal parent education such as this.

The parallel process. Although not a simple concept, the idea of the parallel process is captured in Pawl's lightly tweaked version of the Golden Rule: "Do unto others as you would have others do unto others" (Pawl & St. John, 1998, p. 7). This statement implies that feelings and interactions from one relationship can be carried forward to another relationship. As it applies

to work in early childhood, this concept of parallel process means that the relationship between caregiver and parent has bearing on the parent/child relationship. If the goal of early childhood professionals is for infants and toddlers to be nurtured through effective, healthy parent/child relationships, one contributor to that outcome would be for parents to also be "held" in nurturing, effective relationships with the providers caring for their children. Through effective support of parents in their role as nurturers and caregivers, providers—through the parallel process—contribute to the well-being of young children.

Strengthening families. As described by the Center for the Study of Social Policy (CSSP) (2007), child care programs implementing strategies that strengthen families have been shown to reduce child abuse and neglect among the families participating in their programs. In the CSSP Strengthening Families through Early Care and Education approach, many of the strategies are grounded in effective relationships between parents and child care providers. For example, research has shown that strengthening parenting through parent education, or demonstrating value and support for families results in a reduction in child abuse and neglect. These strategies are effective only within the context of a positive parent/caregiver relationship.

Child care consultants should be aware that it is possible for parent/caregiver relationships to err in the direction of extending beyond professional interactions and becoming inappropriately personal. The National Association for the Education of Young Children's (NAEYC) Code of Ethical Conduct, available at *http://www.naeyc.org/about/positions/ethical_conduct.asp*, provides a professional framework for establishing close and supportive relationships while maintaining appropriate boundaries. Front-line caregivers with little training or experience may lack awareness of the distinction between being a "friend" to parents and maintaining a relationship that is built around supporting the child's development.

Caregiver/Caregiver Relationships

Infants and toddlers are sensitive to the relationships of those around them. This means that the relationships between caregivers and other adults in the child care setting have an effect on the context of care and the children in that environment. An easy, responsive relationship between caregivers in a center supports a relaxed, emotionally safe environment. On the other hand, tension between caregivers in a room has a negative effect on the context of care and can affect a child's sense of security and engagement. Child care consultants observing tension in a care room should work with center directors to implement practices that support healthy relationships among caregivers.

Other Key Relationships

It is likely that additional important relationships will exist for a child, depending on family arrangements, values, and priorities. This constellation of relationships contributes to the context of the child's development. Such relationships may include:

- Sibling relationships;
- Extended family relationships, depending on proximity and frequency of interaction;
- Grandparents, especially those playing a substantial role in raising grandchildren;
- Other service providers (e.g., if the infant or toddler has special needs and is enrolled in the Part C system, key relationships may exist among the child, family, and Individualized Family Service Plan team); and
- Peer relationships within the child care setting.

A related consideration is the number of care arrangements in which the child participates. Many infants and toddlers experience multiple caregivers to accommodate the schedules of working parents. In this situation, each setting involves a unique and significant relationship for the child. Caregivers working with infants and toddlers should be aware of all key relationships in the child/family network, and of how those relationships support the child's development and learning.

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As a final note on the many configurations of relationships surrounding an infant or toddler, it is important to also recognize the consultant/caregiver relationship. The parallel process described above also applies to this relationship. "As the consultant respects, values, and understands the consultee, the caregiver in turn becomes better able to respect, value and empathize with the experiences of the children for whom she cares" (Johnston & Brinamen, 2006). Reflective self-assessment on the part of the consultant may contribute to self-understanding of this process (Parlakian & Seibel, 2007). The effectiveness of the consultation process is largely dependent on the consultant/consultee relationship.

ACTIVITY IV: The Child Care Consultant Role and the Parallel Process

Consider the parallel process described on pg. 22-23. *What are the implications of this concept for the role of the consultant working with a program?* Discuss this question in a large group, including examples of how, through the parallel process, the presence of the child care consultant can affect the well-being of the children and families.

THE ROLE OF THE CHILD CARE CONSULTANT

The child care consultant should:

- Observe relationships and interactions among all present at a child care facility.
  - Look for signs indicating the "health" of the interactions. Are caregivers responding to an infant's signal, or imposing an adult schedule or agenda on a young child?
  - Share your caregiver/child observations with caregivers to stimulate their consideration of the possible meaning or intent of the infant's behavior.
  - Encourage responsive caregiving among all infant/toddler caregivers.
  - Provide guidance to support caregivers in building positive relationships.
  - Provide guidance to support strategies for caregiver support of parent/child relationships.
  - Be familiar with ethical and cultural considerations in parent/caregiver relationships and provide guidance to caregivers on appropriate boundaries and practices.
  - Observe the quality of interactions between caregivers. Provide guidance and ongoing support for directors on using the process of reflective supervision to support healthy interactions at all levels in the center.
- Encourage caregivers to learn about the key relationships that contribute to each child's growth and development. Facilitate connections to external systems (such as Part C) for children enrolled in other programs.
- Encourage program staff and leaders to learn about the cultures and cultural preferences of children and families enrolled in their programs.
- Serve as a supportive link between the program and external systems sustaining other aspects of their work with young children (such as Part C providers, and mental health consultants).

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Relationship-Based Practices

WHAT THE CHILD CARE CONSULTANT SHOULD KNOW

Relationship-Based practices are those methods and approaches used by early childhood professionals that support healthy child development through the context of nurturing relationships. A fundamental consideration in such practices is for all parties in the relationship to be open to getting to know each other as individuals, rather than beginning a relationship built on assumptions and stereotypes. Labels such as "parent," "teacher," "caregiver," and others in this field come laden with stereotypes that can stand as barriers to the development of effective relationships. Seven principles define relationship-based work (Bertacchi, 1996):

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Respect for the person. This includes acceptance of both the strengths and vulnerabilities of others. Across the program (e.g., caregivers to parents, supervisors to staff) getting to *know* those with whom one works is critical, as respect can only be sincere through knowing and accepting what is known of the other.

Sensitivity to context. Relationship-Based work is built on the principle that the environments in which an infant, parent, or coworker lives and acts have an influence on, and are influenced by, each person. This concept encourages consideration of such influences in interactions with others.

Commitment to evolving growth and change. This principle recognizes that developing a relationship-based approach within an organization will require change and adaptation on the part of all within the organization.

Mutuality of shared goals. At the level of the caregiver/parent relationship, this principle highlights the positive outcomes that can occur when both partners in the relationship are mutually invested in shared goals. For example, if the parent is focused on potty training, but the caregiver does not feel the child is ready, the relationship between the parent and caregiver will be affected by this discrepancy. However, if parent and caregiver discuss and come to a mutual compromise on goals for the child, their shared purpose will positively support the child's development.

Open communication. The process for open communication works at both the parent/caregiver level and throughout the organization. Paths of communication are open and accessible among staff, supervisors, and center administration.

Commitment to reflecting on the work. This commitment involves setting aside adequate supervisory or reflection time so that the front-line staff have the opportunity to reflect on their relationships with parents and peers either individually or with their supervisor.

Setting standards for staff. In a relationship-based organization, the values and ethics of the organization are known, openly defined, and modeled by all within the organization.

In addition to these principles, child care programs can further support relationship-based practices by explicitly articulating important program values and policies. Routines and practices that allow caregiver flexibility to attend to the individual needs of children and those that welcome and strengthen partnerships with families will support important relationships. Policies that affect the relationship between the caregiver and the child or family are also critical to this effort. Child care programs should have well-defined policies about these aspects of care:

- Responsive caregiving,
- Continuity of care, and
- Assignment of a primary caregiver.

The following sections will discuss examples of good policies related to these concepts:

Responsive Caregiving

Responsive caregiving occurs when the caregiver observes the infant carefully and bases his or her interactions or responses to the infant on that child's cues. The three steps to the responsive process identified in the Program for Infant/Toddler Caregivers (Lally, 1993) are:

Watch – observe the child for verbal and nonverbal cues.

Ask – after observing the child, ask yourself what the child's cues mean. Does the child want something at this point?

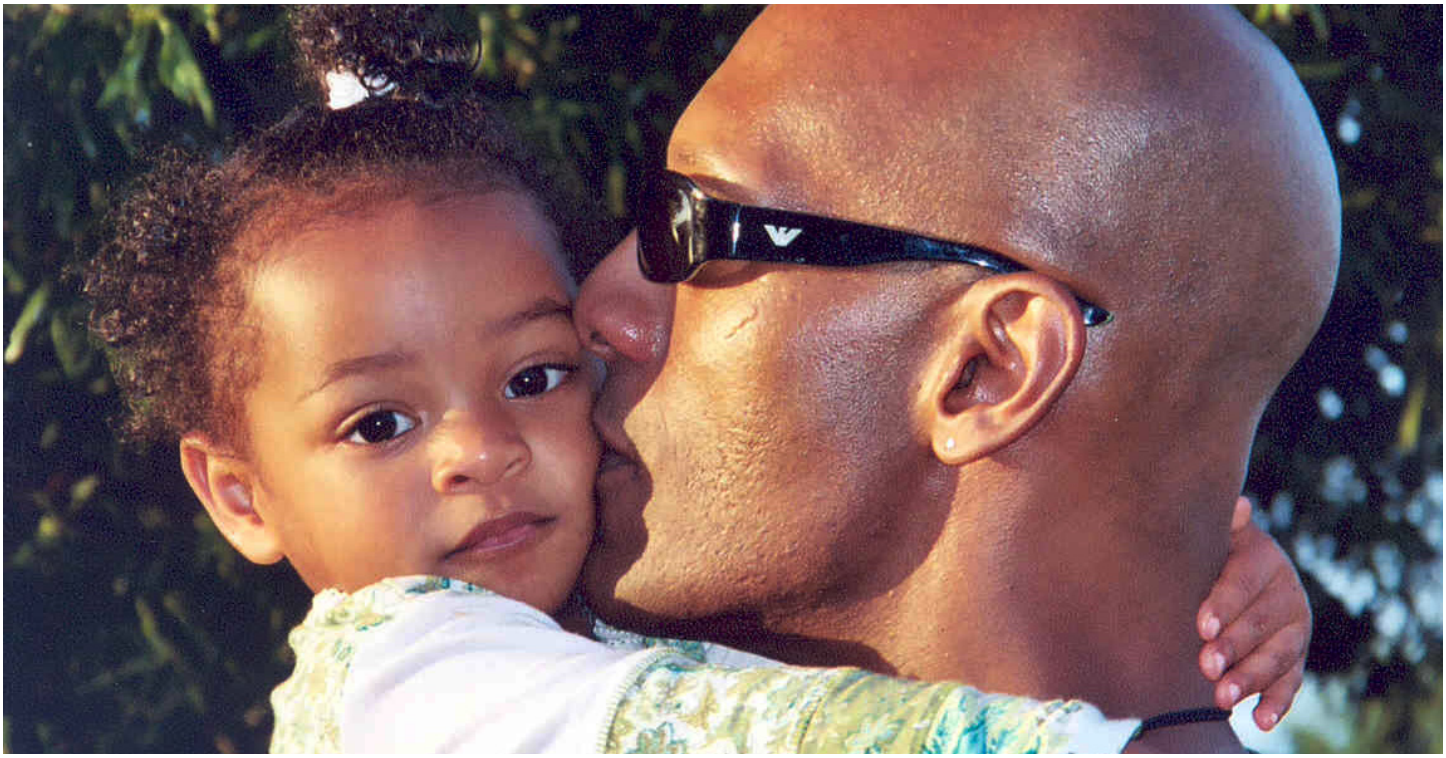
Adapt – base your response to the child on your observation and interpretation of the child's message.

In responsive caregiving, caregiver interactions are contingent on the child's actions or interactive bids and are therefore individualized. Responsive care for infants and toddlers "involves knowing each child and taking cues from the child and the group about when to expand on the child's initiative, when to guide, when to teach, when to intervene—and when to watch, wait, and applaud a child's efforts and eventual success" (Lally et al., 2003, p. 35). Responsive caregivers follow the child's lead, rather than impose their actions on the child without consideration of the child's focus. In the words of Pawl & St. John (1998), the principle is "Don't just do something—stand there and pay attention" (p. 7).

The National Research Council's *Eager to Learn* (2001), a book examining school readiness and research on early childhood learning and development, identifies the quality of early childhood experiences as a key component of later school readiness. The authors conclude:

> If there is a single critical component to quality, it rests in the relationship between the child and the teacher/caregiver, and in the ability of the adult to be responsive to the child. (pp. 20-21.)

Although difficult to implement as a policy, the practice of responsive caregiving can be embedded as a value of the organization and supported through staff observation and reflection, defining responsive caregiving as a job responsibility on job descriptions, and subsequent evaluation on performance reviews.



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- Participants should choose a partner and work in pairs. Your task is to create a brief role play (or scenario, if you choose not to be actors) in which a caregiver interacts with an infant or toddler in a manner that is *not* responsive to the child. (You will have 3-5 minutes to come up with a scenario.)

  Example: A toddler is intently engaged with a shape sorter, trying multiple ways to insert the shapes. He has been working at this for several minutes, and is concentrating on the task. It is time to wash hands for lunch, and it is his turn. The caregiver crosses the room and carries him in to wash his hands without regard for his interest in his task.

- When the trainer signals, join another pair. Each pair will either act out or describe their scenario for the other pair. The second pair will "direct" a revised scenario in which the caregiver behaves or interacts responsively to the child. (You will have 5-10 minutes to share scenarios and complete your revisions.)

- When signaled, return to the large group for discussion. The primary focus of discussion will be on the consultant's role in observing the responsivity of caregiving, and strategies for helping programs and caregivers improve their practice to be more responsive to children in their care. (This discussion is the main point of the activity, and should be allowed 10-20 minutes.)

Continuity of Care and Assignment of a Primary Caregiver: Policies That Promote and Affect Infant/Caregiver Relationships

Although responsive caregiving is a relationship-based practice that lies within the skill set of the individual caregiver, there are additional practices that can be supported administratively through program policies. Two such practices include the implementation of policies that promote continuity of care and primary caregiver assignments.

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Establishing a system of continuity of care means operating a program so that infants and toddlers experience as few transitions in caregivers as possible during their time with the program. The purpose of a continuity of care policy is for the infant or toddler to experience continuity over time in a child care setting, thus allowing the development of a longer-term relationship with the care provider. One practice that supports continuity of care is mixed-age grouping. In this practice, children ages birth to 3 are served in the same care room (at the most stringent staff-child ratio). In this situation, each child remains with the same caregiver throughout her first 3 years. Alternatively, programs can maintain same-age grouping but keep the caregivers with the same group of children as they age from the infant room to the toddler setting, and after. Because infants and toddlers form attachment relationships with care providers (Howes, 1998), their healthy development is best served by minimizing the number of relationship disruptions they must experience.

Primary caregiving is a relationship-based practice that falls within the concept of continuity of care. Implementation of primary caregiving as a program policy requires that when an infant or toddler enters care, one caregiver is designated as primary for the child. This caregiver will, to the extent possible and practical in a group care setting, be the one to care for and respond to the child's needs. But primary caregiving "does not mean that one person cares for an infant or toddler exclusively…" (Lally et al., 2003, p. 33); rather it means that parents will know who has primary responsibility for their child. Primary caregiving assignments support the development of the parent/caregiver relationship, as well as providing an optimal vehicle for communication between home and the child care setting.

Program Challenges Related to Relationship-Based Policies

Although there is little argument that program values and policies supporting a relationship-based approach are best practice for infants and toddlers, the reality is that these policies may be difficult to implement in infant/toddler child care. Barriers to successful implementation range from concrete to attitudinal.

The principal challenge in the implementation of relationship-based policies is the very real issue of staff turnover in child care. Frequent staff turnover

is a reality in the field and presents a challenge to programs implementing a continuity of care policy. Some aspects of controllable turnover may be addressed by an organization's taking a relationship-based approach, because through this approach staff members are likely to feel valued and welcomed, and may develop relationships that contribute to a positive work environment and job satisfaction. For some staff, these intangibles may serve as the reason to stay in the field. For many, however, the realities of long hours, demanding work, and low wages often tip the balance in favor of leaving. Given the reality of high turnover, policies that support continuity of care become even more critical, as they can serve to reduce unnecessary transitions for young infants and toddlers.

Although not as tangible as staff turnover, attitudinal barriers can also offer a significant challenge to programs implementing continuity of care policies. Responses such as "But, I only work with the 2's!" or "We've never worked that way before, why should we start now?" can ultimately offer a more significant a challenge than staff turnover.

Finally, the fiscal implications of some relationship-based practices may lead to very real challenges in implementation. A primary example of this is mixed-age grouping in which 2-year-olds, who can typically be served in a higher ratio than infants, are kept at the lower infant/caregiver ratio to maintain continuity for the child. The availability of infant care offers a related challenge. In most areas, the need for infant/toddler care exceeds availability. Programs may be forced to face a decision between maintaining continuity for the children in care and moving older toddlers into larger groups to free up the much needed infant slots.

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ACTIVITY VI: Continuity of Care – The Debate Behind Classroom Walls

Divide participants into two groups. Group 1 will take the "pro continuity" position, and Group 2 will take the "con" position. (Do not let them know the activity until the groups are assigned.) Give the groups 5 minutes to list key points for their side of the argument.

Have Group 1 open the debate with, "Continuity of care is a good policy in infant/toddler programs because…" Group 2 may rebut or state their key points. Allow the "debate" to continue for several minutes, or until major points have been stated.

- The point of this activity is not to have a formal, structured debate. The point is to set up a "safe" atmosphere for participants to voice some of the strong opinions related to continuity policies.

The facilitator should record pros and cons on a flip chart.

Once the pros and cons are listed, the facilitator will lead a discussion on the child care consultants' role in responding to resistance on the part of programs, and how they might assist a program in exploring policies that will support continuity of care.

THE ROLE OF THE CHILD CARE CONSULTANT

The child care consultant should:

- Be knowledgeable about program policies and practices and how they affect or influence relationships among caregivers, parents, and children.
- Be prepared to evaluate program policies that may affect or influence relationships, such as:
  - Primary caregiving assignments
  - Continuity of care
  - Transitions into and within the program
- Be prepared to support caregivers and programs to overcome concern or resistance to implementation of policies that will promote healthy relationships.

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APPENDICES

TRAINER'S NOTES:

ACTIVITY I: Supporting Interactions that Promote Trust

The purpose of this activity is to encourage consultant-trainees to reflect on the following:

a.) The importance of trust-building interactions

b.) The barriers to trust-building interactions that caregivers might face in a child care setting

c.) Strategies for embedding trust-building interactions into daily routines in the child care setting

d.) Strategies consultants might use to help caregivers overcome barriers and increase the frequency of trust-building interactions

Part 1 – Individual or Small Group.

Part 1 is aimed at objectives a.-d. above.

Additional examples are included below, although there are abundant examples that may be contributed by participants. These are provided in the event the group gets "off track" with their discussion, or similar examples are not elicited during the large group report.

For each brief scenario, describe a potential barrier to the development of trust. Then, describe a response the caregiver could give that would promote positive relationships and the development of trust between the infant and the caregiver.

NOTE: *Please see chart on page 40.*

Part 2 – Large Group Discussion.

Ask participants to share examples of barriers and trust-promoting responses. Engage participants in discussion of strategies a consultant might use to support trust-promoting responses among caregivers.

Part 2 is designed to bring the discussion to the main point of how consultants can work with caregivers and programs to develop more trust-promoting interactions with infants and toddlers.

- *Facilitate the discussion to ensure that the primary attention is on trust-promoting responses rather than barriers.*
- *When participants offer an example of a trust-promoting response, elicit from the group how that response promotes trust.*
- *Allow time for discussion of their role as consultants in encouraging trust-promoting interactions in infant/toddler classrooms.*

Action Scenario	Potential Barrier to Developing Trust	Trust-Promoting Caregiver Response
Sarah, a 3-month-old, wakes from her nap, gazes around the room for a few minutes, then cries.	***Example:*** In a 1:4 ratio, the caregiver may be engaged with multiple other infants or toddlers, and not able to reach the awakening infant to provide assurance before she begins to cry.	***Example:*** Caregiver (rocking a second infant) scans room to check sleep/wake status of infants in cribs. Goes to crib of waking infant while holding other infant, watches her become alert, talks gently to her to assure infant that she is present, transitions second infant to floor play area, picks up now-awake infant, talking to her quietly about her actions.
18-month-old Juan is new to the program. He cries when his mother leaves after dropping him at the center.	*• Some programs prioritize a family and child orientation process that helps children become comfortable with the center before their first day. Some programs do **not** have this transition process in place.* *• Arrival and departure can be very busy times in child care settings.* *• Caregiver may be involved with other children or activities.*	***Programmatic strategies:*** *• Implement a transition policy for children entering care.* *• Assign additional staff to the room for arrival times to assist with other children so Juan's caregiver is able to help him become comfortable in the first days of his enrollment.* ***Caregiver strategies:*** *• Be prepared by knowing and anticipating when Juan will arrive.* *• Ask Juan's mother to bring a security object from home to help him through the transition.* *• Remain calmly supportive of Juan, gently introducing toys, peers, or activities to engage him in play.*
Andrea is intently engaged in the sandbox. It is time for the group to go inside to begin preparing for lunch.	*• In group care, food doesn't wait (food temperature must be maintained for safety).* *• The challenge of corralling a group of infants and toddlers and getting them from the playground back in to the classroom.* *• Caregiver may be more attentive to the daily schedule than to the individual children.*	***Caregiver goal:*** *a smooth transition that is respectful of Andrea's interest and engagement.* *• Gradually prepare Andrea for the upcoming transition. Tell her when it's "almost" time, and remind her again before it is time to go in.* *• Begin a conversation with Andrea that might shift her focus from the sandbox to the caregiver. Ask her to talk about what she is doing.*
In an infant/toddler room, Ms. Sally is leaving to attend a class. Ms. Tara enters to cover for her, and has brought a new book she is excited about sharing with the children. Ms. Tara loudly asks the children to come to the reading area so she can read them the new book. The children are not interested.	*• Abrupt transitions can be challenging for infants and toddlers.* *• Sometimes substitutes or part-time staff do not have the same level of training that is available to primary (or full-time) caregivers.* *• Ms. Tara is intent on her own interest, and has not attended to what the children were engaged in when she entered.*	*Ms. Tara enters the room quietly, observing what the children are currently engaged in. When one toddler shows signs of needing attention, she moves to her side and asks if she'd like to hear a new book.*

TRAINER'S NOTES:
ACTIVITY II: Reflecting on Attachment

The purpose of this activity is for consultant-trainees to reflect on the magnitude of caregiver/infant attachments. Additional objectives include:

- *How knowledge of the importance of caregiver/infant attachments may affect caregivers*
- *How consultants can help caregivers build secure attachments with the children in their care*

"*Virtually all infants develop close emotional bonds, or attachments, to those who regularly care for them in the early years of life.*"
(National Research Council, 2000, p. 230).

"First and foremost, attachment theory emphasize[s] the importance of both continuity and sensitive responsivity in caregiving relationships…"
(Rutter & O'Connor, 1999, p. 823).

"Infants and toddlers in child care form attachment relationships with their nonparental caregivers."
(Howes, 1998, p. 7).

"… relationships are the organizing focus of all early development"
(Kalmanson & Seligman, 1992).

"Human relationships, and the effects of relationships on relationships, are the building blocks of healthy development."
(National Research Council, 2000, p. 4).

Individual Reflection: What responses might these points "stir up" in caregivers? How might child care consultants be prepared to help caregivers build secure attachments with infants and toddlers?

Group Discussion: First allow 5-10 minutes for individual participants to reflect on the quotations and questions provided. Then open a group discussion focusing on the child care consultant's role in helping caregivers engage in the type of care that builds attachment relationships.

TRAINER'S NOTES:
ACTIVITY III: Developing Through Relationships

The purpose of this activity is twofold:

- *For consultant-trainees to understand how varying developmental tasks are supported through relationships with caregivers*
- *For consultant-trainees to identify strategies through which they can help caregivers understand the impact of relationships on development.*

NOTE: *Although examples of how the specific developmental tasks can be supported through relationships will vary by task, it is likely that the consultant strategies will be more general and applicable to a variety of situations.*

The training facilitator should encourage more than one strategy, perhaps using examples of varying levels of consultation. How might it work if the consultant can only manage one visit per month to each center? How might it look different if the consultant can offer weekly visits to one room? etc.

Complete the following table as a small group activity (10-15 minutes). Bring the large group together and have the small groups share their ideas about strategies and techniques the child care consultant could implement to support children's development through effective relationships with caregivers.

Developmental Task	How Supported Through Relationships	Consultant Strategies to Support Relationships as the Context for Learning
Learning Language – 3 months	***Example:*** Caregiver talks with infant throughout daily activities (e.g., diapering), describing routine actions and surroundings.	***Example:*** A child care consultant observes caregivers providing routine care in a distracted manner, with little verbal interaction. In a follow-up session with the center director, she describes her observation and asks the director to reflect on how language might be supported in the room.
Learning Language – 18 months		
Emerging Literacy – 24 months		
Learning to Walk		
Toilet Training		
Learning to Dress Self		
Cognitive and Fine Motor Development		
Learning to Share		

TRAINER'S NOTES:

ACTIVITY IV: The Child Care Consultant Role and the Parallel Process

The purpose of this activity is to help consultant-trainees understand that the process of child care consultation becomes a link in the parallel process that extends to the children and their families.

- *In particular, ensure that the topic of how child care consultants can support a healthy approach to caregiver/parent relationships is a part of the discussion.*
- *Through facilitation, ensure that any examples of consultant work with programs include appropriate strategies. It may be necessary to reframe discussions that offer inappropriate examples.*

Consider the parallel process described above. *What are the implications of this concept for the role of the consultant working with a program?* Discuss this question in a large group, including examples of how, through the parallel process, the presence of the child care consultant can affect the well-being of the children and families.

TRAINER'S NOTES:
ACTIVITY V: "Unpacking" Responsive Caregiving

The purpose of this activity is for consultant-trainees to become actively engaged in exploring examples of responsive caregiving, and strategies for how it can be supported through consultation.

- Have each participant choose a partner. The task of the pairs will be to create a brief role play (or scenario, if they choose not to be actors) in which a caregiver interacts with an infant or toddler in a manner that is not responsive to the child. (Allow 3-5 minutes.)

  Example: A toddler is intently engaged with a shape sorter, trying multiple ways to insert the shapes. He has been working at this for several minutes, and is concentrating on the task. It is time to wash hands for lunch and it is his turn. The caregiver crosses the room and carries him in to wash his hands without regard for his interest in his task.

- Once the pair has described the scenario/role play, have them join another pair. Each pair will either act out or describe their scenario for the other pair. The second pair will "direct" a revised scenario in which the caregiver behaves or interacts responsively to the child.
  - Have the pairs switch roles, playing out and revising the second pair's scenario
  - Allow 5-10 minutes for both pairs to share their scenario and complete revision

- Bring participants back into a large group. Focus discussion on the consultant's role in observing the responsivity of caregiving, and on strategies for helping programs and caregivers improve their practice to be more responsive. (This discussion is the main point of the activity, and should be allowed 10-20 minutes.)

In particular, include the following questions in your discussion:

- *What does it mean to be "responsive"?*
- *What does responsive caregiving look like in an infant/toddler group?*
- *Can a caregiver be too responsive? What might this look like?*
- *What strategies do you use to help programs become more responsive?*

TRAINER'S NOTES:
ACTIVITY VI: Continuity of Care – The Debate Behind Classroom Walls

The purpose of this activity is to familiarize consultant-trainees with perspectives held by early childhood providers on this "hot" topic, and to explore strategies for moving programs that are resistant toward increased continuity.

Divide participants into two groups. Group 1 will take the "pro continuity" position, and Group 2 will take the "con" position. (Do not let them know the activity until the groups are assigned.) Give the groups 5 minutes to list key points for their side of the argument.

Have Group 1 open the debate with, "Continuity of care is a good policy in infant/toddler programs because…" Group 2 may rebut or state their key points. Allow the "debate" to continue for several minutes, or until major points have been stated.

- The point of this activity is not to have a formal, structured debate. The point is to set up a "safe" atmosphere for participants to voice some of the strong opinions related to continuity policies.

The facilitator should record pros and cons on a flip chart.

Once the pros and cons are listed, the facilitator will lead a discussion on the child care consultants' role in responding to resistance on the part of programs, and how they might assist a program in exploring policies that will support continuity of care.

In addition to the comments of the group, ensure that the following "typical" arguments are explored:

PRO

- *Mixed-age groups are more like families*
- *Younger children learn from older, more skilled, toddlers*
- *Older children have the opportunity to learn empathy in interactions with younger peers*
- *Older toddlers experience a natural "leadership" opportunity*

CON *(ensure that strategies to address these and other comments are covered in the discussion)*

- *The toddlers will run over the infants*
- *We've never done it this way!*
- *It is too challenging to make the environment appropriate for all ages*

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