

# Respectful, Individual, and Responsive Caregiving for Infants

## The Key to Successful Care in Group Settings

Beverly A. Kovach and Denise A. Da Ros

Group care often fails to meet the needs of babies and frequently compromises healthy infant development. Alarming, the landmark Cost, Quality, and Child Outcomes study (1995) found that most infant group care settings probably harm children's development and learning. Group care also is costly and in short supply.

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

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

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

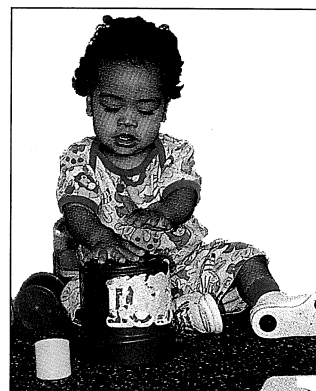
Good caregivers provide interactions that fully support individual care and include the babies themselves in the caregiving and decisionmaking process (Bower 1976; Honig 1981). Babies tend to thrive when they are

*Beverly A. Kovach, M.N., founder of a private Montessori school in Charleston, South Carolina, for infants through six years, is a family therapist, Montessori infant-toddler specialist, and RIE (Resources for Infant Educators) fellow of Magda Gerber. Her workshops and publications focus on respectful interactions with infants and toddlers that support self-confidence.*

*Denise A. Da Ros, Ph.D., is an assistant professor of early childhood education at Youngstown State University in Ohio. She has had extensive experience directing early childhood programs.*

consistently included in their own care (Beckwith 1971). This approach affords the baby continuity of care, sensitive, and attuned interactions, and responsive care.

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



© Subjects & Predicates



© The Growth Program

**Babies in group care need opportunities for peaceful alone time; they should not be overstimulated.**

***Babies need time to entertain themselves without being interrupted.***

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

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

## Thinking about Infants and Toddlers

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

**Babies in group care need to be included in the process of caregiving; they need to be acted *with*, not *upon*.**

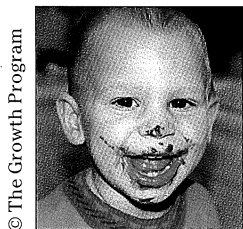


**When staff talk with infants, the children's language development is better.**

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

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

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



**Babies in group care need opportunities to move freely.**

**Allow babies to do what they are ready and willing to do.**

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

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

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



**Babies in group care are cared for (diapered, fed, changed) with sensitive, attuned caregiving rather than in automatic ways.**

**Babies need uninterrupted one-on-one caregiving.**

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

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

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



**Babies in group care need opportunities to solve their own problems; they often are rescued too quickly from the struggles of life.**

*This baby can't pull off the hat. Her caregiver should help her only after she has been given time to try.*

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

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

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

**Adults should meet infants' physical care needs according to babies' own biological rhythms, not through a rigid schedule.**



*We respond to an infant's needs rather than force a schedule on him.*

*Inappropriate:* A caregiver, looking over the daily activity sheet, notes that Reed is supposed to have her bottle by 4 o'clock. But Reed is still sleeping, and it's 4:05 now. Knowing that Reed's mom will be coming at

4:30, the caregiver wakes up the infant, hurriedly changes her diaper, and begins to feed her a bottle.

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

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

© South Carolina ETV



**Adults should interact *with*—not react *to*—babies; we should not assume what is best for them at a given time.**

*Society in general does not appreciate babies as separate and valued persons. Indeed, children's stature correlates with teacher status; the younger the children he teaches, the lower the teacher's wages, education, and prestige.*

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

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

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

\* \* \*

Society in general does not appreciate babies as separate and valued persons. Indeed, children's stature correlates with teacher status; the younger the children he teaches, the lower the teacher's wages, education, and prestige. Because a lack of in-

## Thinking about Infants and Toddlers

dividualized care can cause serious damage to the psychosocial well-being of the young, caregivers must be nurturing and give responsive infant care (Kagan, Kearsley, & Zelazo 1976).

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

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

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

### References

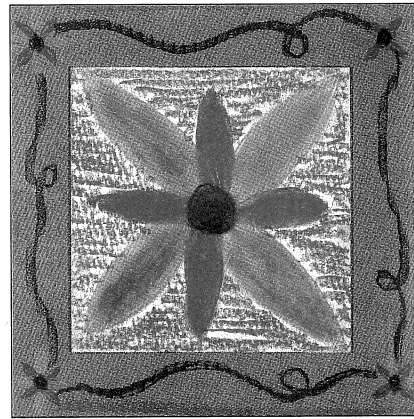
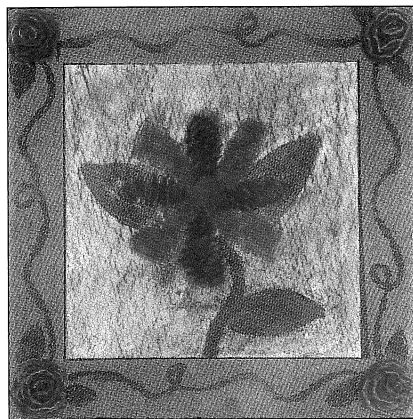
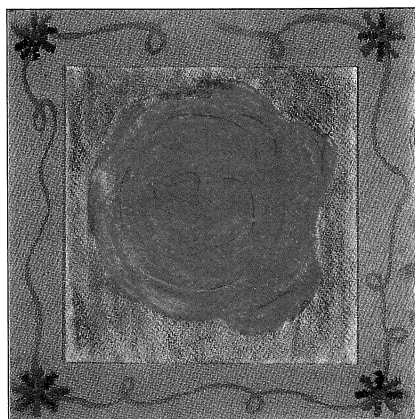
- Beckwith, L. 1971. Relationships between attributes of mothers and their infants' IQ scores. *Child Development* 42 (4): 1083-97.
- Bell, S., & M.D.S. Ainsworth. 1972. Infant crying and maternal responsiveness. *Child Development* 43: 1171-90.
- Bower, T.G.R. 1976. *Development in infancy*. San Francisco: W.H. Freeman.
- Child Care Action Campaign. 1988. *Child care: The bottom line*. *Child Care Action News* 5 (5): 1.
- Cost, Quality, & Outcomes Study Team. 1995. Cost, quality, and child outcomes in child care centers: Key findings and recommendations. *Young Children* 50 (4): 40-44.

- Curry, N.E., & C.N. Johnson. 1990. *Beyond self-esteem: Developing a genuine sense of human value*. Research Monograph of the National Association of Young Children, vol. 4. Washington, DC: NAEYC.
- Gerber, M.A., ed. 1979. *Resources for infant educators*. Los Angeles: Resources for Infant Educators.
- Gerber, M.A. 1984. Caring for infants with respect: The RIE approach. *Zero to Three* 4 (3): 1-3.
- Honig, A. 1981. Recent infant research. In *Infants and their social environments*, eds. B. Weissbourd & J. Musick, 5-46. Washington, DC: NAEYC.
- Kagan, J., R.B. Kearsley, & P. Zelazo. 1976. The effects of infant day care on psychological development. *ERIC Newsletter* 10 (2).
- Leavitt, R.L. 1994. *Power and emotion in infant-toddler day care*. Albany: State University of New York Press.
- Lozoff, B., G. Brillenham, M.A. Trause, J.H. Kennell, & M.H. Klaus. 1977. The mother-newborn relationship: Limits of adaptability. *Journal of Pediatrics* 91 (July).
- Pikler, E. 1969. *Data on gross-motor development of the infant*. Budapest, Hungary: Publishing House of the Hungarian Academy of Science.
- Pikler, E. 1978. The competence of the infant. *Acte Paediatrica Academiae Scientiarum Hungaricae* 20: 185-92.
- Ruopp, R., J. Travers, F. Glantz, & C. Coelen. 1979. *Children at the center, final report of the National Day Care Study, vol. 1*. Washington, DC: Office of Human Development, U.S. Department of Health, Education, and Welfare.
- Tizard, B., O. Cooperman, A. Joseph, & J. Tizard. 1972. Environmental effects on language development: A study of young children in long-stay residential nurseries. *Child Development* 4: 337-58.

### For further reading

- Balaban, N. 1992. The role of the child care professional in caring for infants, toddlers, and their families. *Young Children* 47 (5): 66-71.
- Gonzalez-Mena, J., & D. Ever. 1995. *Infants, toddlers, and caregivers*. 4th ed. Mountain View, CA: Mayfield.
- Honig, A. 1989. Quality infant-toddler caregiving: Are there magic recipes? *Young Children* 44 (4): 4-10.
- Honig, A. 1993. Mental health for babies: What do theory and research teach us? *Young Children* 48 (3): 69-76.
- Lally, R.J. 1995. The impact of child care policies and practices on infant-toddler identity formation. *Young Children* 51 (1): 59-67.
- Weissbourd, B., & J. Musick, eds. 1981. *Infants and their social environments*. Washington: NAEYC.

Copyright © 1998 by Beverly A. Kovach and Denise A. Da Ros, c/o Little Learners Lodge, 208 Church St., Mount Pleasant, SC 29464. See inside front cover for information on rights and permissions. [Volume 53, Number 3]



**Give children fresh flowers to look at and chalk. Mount the results on cardboard.**