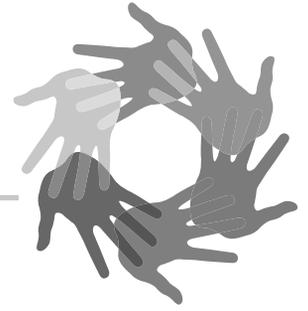


Preface



This new edition of a comprehensive, applied text not only covers, but *celebrates*, infant and toddler development from prebirth through age 36 months, curriculum and program planning, and guidance using a relationship-based model. In addition, it focuses on the importance of families' and teachers' relationships and responsiveness in interactions with children; the latest developmental research; an emphasis on child-centered planning; a particularly strong coverage of infants and toddlers with special needs; and an emphasis on the effects of culture, families, and quality programs on infant-toddler development and interactions. It is research based *and* written so that the information is accessible and highly motivating to a wide range of readers.

What Is a Relationship-Based Approach?

Infants and toddlers have emotional and social needs to feel safe, valued, loved, and appreciated for their individuality and to be deeply connected with their family, culture, important adults, and peers. Supportive and positive relationships meet these needs and create the environment in which development proceeds.

Infant and Toddler Development and Responsive Program Planning uses a relationship-based model as a framework for understanding how infants and toddlers grow and learn with the support of their families and teachers. A relationship-based model respects the effects of an individual child's characteristics and the child's environment on the quality of the child's relationships. These relationships then become the filter and the catalyst for children's sense of well-being and development. As you use the relationship-based model to discover the importance of the infant and toddler years, we hope that you will gain a sense of enthusiasm and excitement about the influence that infant and toddler professionals can have on the quality of experiences and programs for young children and their families.

What This Book Provides for Our Readers

Our text provides a foundation in how infants and toddlers develop, in typical and atypical ways, and in program planning.

Why and How of Developmental Practice

We present all aspects of development within the context of brain development and the foundational structure of emotional development and early relationships. We want students to understand *why*, according to the science of child development, certain practices support or hinder an infant's or toddler's optimal development—and *how* to provide responsive, high-quality care. This book integrates theory, research, and practice in usable language for teachers.

Program Planning

In addition to including developmental content, it also uniquely includes program planning, which highlights the following components:

1. developing the foundation of a program
2. the teacher's roles
3. the importance of relationships with families and how to provide culturally sensitive care
4. a responsive planning process
5. conducting sensitive transitions and routines
6. creating responsive and relationship-based environments
7. providing responsive experiences and opportunities for children
8. a relationship-based approach to guidance

An Emphasis on Culture and Children with Disabilities

To fully respect the impact of culture on early development, information on this and on the importance of inclusion of children with disabilities in early education and development programs is included throughout the book. These topics are presented as they relate to the major content of each chapter, such as how disabilities may affect learning or how people from different cultures approach learning. Many of the scenarios in italic type are about children who develop atypically as well as on a more typical trajectory.

New to This Edition



1. **Video links have been embedded in this new edition's Pearson eText.** Several videos relevant to the chapter content have been embedded in each chapter of this edition's Pearson eText. Look for the "Play" icon button and click to observe infants, toddlers, teachers, and family members to learn about development, program planning, and professionalism.
2. Readers who care about infants and toddlers will experience close-up experiences with cultural and family beliefs and goals concerning how infants and toddlers are cared for and educated. This edition includes *Culture Close Up* features that identify a real-life cultural opportunity that infant and toddler professionals encountered in their work with coworkers, families, and communities. The Culture Close Up includes creative thinking that contributes to relationship building and culturally sensitive practice and usually includes an inquiry that leads to group problem solving.
3. **Learning Outcomes** are added to each chapter to identify the primary objectives for learning in the chapter. These assist the reader in reflecting, self-assessing, and assimilating the knowledge base in each chapter. In the Pearson eText, they aid in navigation by linking the Learning Outcome to the relevant section heading in the text.
4. **More information on ethical dilemmas** has been added to encourage readers to identify ethical situations and develop ethical solutions to

challenges that infant-toddler professionals face each day in their work with children, families, and communities.

5. **All new color photos and *Observation Invitations*** in the Pearson eText clearly represent the content of each chapter, reinforce important concepts, contribute to the readers' understanding of the importance of relationships, and add to an enriched learning experience of the reader.
6. **The research information has been updated and new concepts are discussed.** Each year, exciting, innovative research on brain development, infants, toddlers, families, and culture contributes to our understanding of young children's growth, development, and learning as well as family dynamics and teacher practices.
7. **The new color design** in the Pearson eText makes it easier for readers to access the important information and to comprehend the material.

SPECIAL PEDAGOGICAL FEATURES

The special features of this text include the following:

Observation Invitations

Observation Invitations in the development chapters (Chapters 6 through 10) invite readers to enter the world of a child to reflect on what a photo or written observation reveals about the child's development and goals.

OBSERVATION INVITATION **6.2**



What attachment behavior are you seeing in this picture?
Which attachment category do you think Emma would have?

STRATEGIES TO SUPPORT EMOTIONAL DEVELOPMENT AND LEARNING



1. Comfort young babies who are stressed or unhappy by swaddling, holding them close to you, rocking them, and speaking or singing quietly.
2. Help young babies learn to regulate themselves by letting them suck on their hands, feeding them on demand, and helping them fall asleep and awaken calmly.
3. Be available for interaction when babies are awake and alert; talk quietly and gaze into their eyes when they are interested; allow them to turn away and collect themselves when they need a break.
4. Mirror a baby's facial expressions, adding words that describe the feeling with a congruent tone of voice.
5. Express your own feelings honestly and clearly.
6. Allow infants and toddlers to express the full range of emotions. There are no "bad" feelings. Babies need to learn socially acceptable ways to express their feelings.
7. Use your facial expressions and language to let infants and toddlers know whether or not a situation is safe from a small distance.
8. Be responsive and reassuring when infants and toddlers are fearful about exploring. Let them know you are watching them and will keep them safe.
9. Encourage infants and toddlers to explore and play, while you remain available when they return to you for moments of contact.

Strategies to Support

At the end of each development chapter, a **Strategies to Support** box summarizes specific strategies for teachers and other adults that facilitate the child's development in that domain.

- **Observation and planning forms** for individuals and groups in Chapter 13 and Appendix D.
- Each development chapter presents a comprehensive chart, **Developmental Trends and Responsive Interactions**, which describes the capacities of the child as well as developmental milestones. It includes examples of development to help students connect theory

with practice; lists teacher or parent interaction strategies to support development and learning; and provides a list of toys, materials, equipment, and other environmental supports that enhance development. These tables also appear in Spanish in Appendix C.

Culture Close Up

Culture Close Up a feature that identifies a real-life opportunity that infant and toddler professionals encountered in their work with coworkers, families, and communities.

Other Learning Features

- **Reflections and Resources for the Reader** at the end of each chapter provide follow-up questions and reinforcing material to correspond with the chapter's content. Relevant Web links are provided as well.
- **Vignettes** are woven throughout the chapters to illustrate how theories and concepts look in real settings where infants and toddlers are cared for and educated.
- **Glossary terms** are defined in the margin of the page where the term is used. Glossary definitions also appear when glossary terms are clicked on in the Pearson eText.
- **Quotes** from a variety of early childhood education and child development authors are highlighted throughout the text to illuminate specific points of interest.
- A complete **Summary** at the end of each chapter highlights the major points of that chapter.

Organization

Chapters 1 through 3 set the stage by focusing on early experiences, family relationships, and theoretical perspectives. Chapter 1 describes the current status of the infant and toddler field. Powerful research informs us that the early years matter. Science is establishing that the child's attitudes, knowledge, and skills developed during the first 3 years provide a foundation for a lifetime of learning and loving. Families, as the primary influence on their child's development, build this foundation, and the factors that influence how families function are explored in Chapter 2. Infant and toddler professionals also have a strong influence on whether babies thrive, and it is important that professionals build their practice on knowledge of theoretical perspectives. In Chapter 3, the theories that guide teachers to become purposeful about their work, understand how infants and toddlers develop, know what they need, and appreciate how they learn are described. The observation and documentation strategies highlighted in Chapter 4, provide methods for teachers to learn about children—how they develop and think and what they need to thrive.

The second section of this book describes the remarkable development of children in the prenatal period (Chapter 5), and in the emotional (Chapter 6), social (Chapter 7), cognitive (Chapter 8), language (Chapter 9), and physical

CULTURE CLOSE UP

A Japanese family moved to Minneapolis for the father to spend a semester as a visiting professor at the university. After several weeks in an apartment, alone all day with her 2- and 4-year-old daughters, the mother enrolled them in a neighborhood child care program. Although the girls spoke no English, they enjoyed playing when they visited with their mother. After a few visits, the mother decided to leave them. They had never been away from her before. Together, they ran to the big glass door of the church, sobbing and looking down the sidewalk where their mother had disappeared. The 4-year-old kept repeating some words in Japanese. The director looked them up in a phonetic dictionary: "My mother is dead! My mother is dead!"

or motor (Chapter 10) domains. Each domain of development is explored on several levels that relate to the relationship-based model presented in the first chapter. We describe the capacities that each child brings to that domain and then explore individual attributes such as gender or temperament. Early disabling conditions and intervention strategies are included in “Children with Special Needs.” The development of the child within his or her family, culture, and an infant and toddler program is emphasized, along with strategies for supporting that aspect of development. At the end of these chapters, we describe components of programs that support and enhance the development of infants, toddlers, and their families.

The third section of the book (Chapters 11 through 16) takes you, the infant and toddler professional, into the world of responsive program planning that happens day to day, the relationship way. Equipped with the knowledge of the importance of the early years, theoretical perspectives, and the amazing development of infants and toddlers, you will learn how to plan a program that meets their needs and supports them as they learn. This process includes *respecting* the child’s experience, *reflecting* on his or her intentions and your own reactions, and *relating* to the child through your response.

Nurturing and responsiveness are key elements of being an infant and toddler professional, and you will learn ways to promote the emotional development of young children within a program setting. With an emphasis on responsive interactions and relationships, you will discover how to set up an enriched environment full of learning opportunities (Chapter 13). The guidance strategies recommended (Chapter 14) respect the child’s culture and individuality, require reflection on the part of the professional, and build infants’ and toddlers’ capacity to be in constructive relationships with others. Because programs include children with disabilities as well as children with diverse interests, needs, and abilities, Chapter 15 discusses how to individualize programs for children with special needs and how to work with the early intervention system.

The quest for quality experiences for very young children leads us to focus on what it means to be a professional who works with infants, toddlers, and their families. Chapter 16 describes the professional’s journey toward developing an identity as an infant and toddler professional; becoming reflective; creating and nurturing relationships for professional development; and advocating for teachers, children, families, programs, and the community to move the profession forward.

We hope this book inspires you to promote the well-being, competence, and quality of life for infants and toddlers and their families. We also hope that it is the beginning of a new or renewed journey to develop a community of caring that recognizes the importance of the infant and toddler years. Infants and toddlers are depending on it.

Instructor Resources

The following ancillaries can be downloaded from www.pearsonhighered.com by instructors who adopt this text. Click on “Educators” and then “Download Instructor Resources.”

Instructor’s Resource Manual. An extensive *Online Instructor’s Resource Manual* includes discussion points, a multitude of active learning strategies, and an annotated bibliography of resources such as videos, DVDs, manuals, articles, and books to accompany each chapter of the text.

Online Test Bank. The Test Bank contains multiple-choice and essay items for every chapter.

Online PowerPoint Slides. These slides cover the major points and strategies of each chapter.

Online Test Generator Software. Known as TestGen, this test-generator software permits instructors to create and customize exams.

Course Management. The assessment items in the Test Bank are available in a variety of learning management system formats.

Acknowledgments

No book is written without affecting the lives of the friends and families of the authors. We especially want to thank our husbands, children, and sons-in-law for their never-ending support and encouragement. They, and our grandchildren, provide a secure and joyous base from which to explore this field. We thank Deanna, Donna's daughter, for an excellent first edit of the first edition of this book.

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To our friend Jo Koehn, we offer deep respect, affection, and gratitude. Her wisdom and fortitude have provided us with endless opportunities to deepen and refine our understanding of infant and toddler care through the Colorado Department of Education's statewide infant and toddler training, Expanding Quality for Infants and Toddlers. We offer our heartfelt appreciation to the faculty, community teachers, and participants across the state who are endlessly supporting quality care.

Special thanks to Julie Peters, our editor at Pearson, who strives for quality in all she does. She is insightful, knowledgeable, and wise. We definitely could not have completed this book without her positive regard and constant encouragement. We sincerely and gratefully thank Carrie Mollete for her production work. They are key to the ongoing and finished project. Their humor, excellence, and guidance are indispensable.

We would also like to thank Carla Mestas, who took most of the excellent new photos in the book that represent relationship-based care and education; Janelle, a wonderful family child care provider; and all of the parents who provided the photographs of loving and skilled teachers and beautiful children throughout this text.

We would like to say a special thank you to Dr. Alice Honig, professor emerita at Syracuse University, and a mentor and friend of Donna's since graduate school, for her continuous warm support and her infinite wisdom about infants and toddlers. For their influence on our visions of quality for infants, toddlers, and families, we also offer our gratitude and affection to Rose Bromwich, Jeree Pawl, Judith Pekarsky, Lillian Sugarman, Judie Jerrald, and Tammy Mann.

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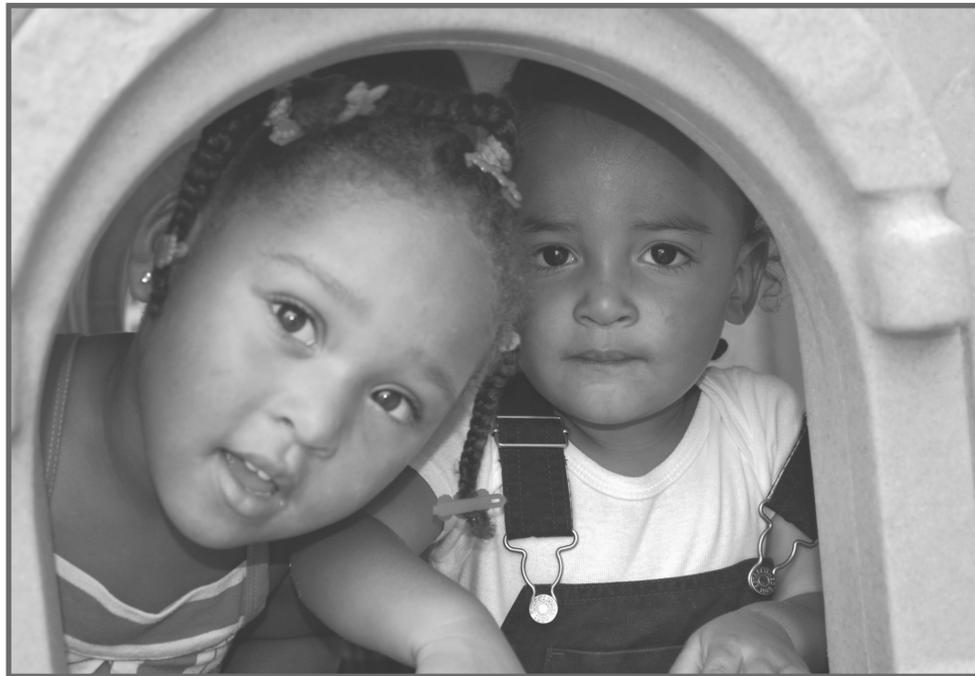
1

A Relationship-Based Model and the Importance of the Infant and Toddler Years

LEARNING OUTCOMES

After reading this chapter, you will be able to:

- Promote the well-being, competence, good developmental outcomes, and quality of life of infants and toddlers and their families
- Define a relationship-based model
- Describe the importance of the infancy period (prenatal to 3 years of age)
- Discuss the core concepts of prenatal, infant, and toddler development
- Explain the changes in demographics that affect infants and toddlers and their families
- List and describe programs that serve infants, toddlers, and families



Infants and toddlers are remarkable, delightful, and engaging human beings who require sensitive and responsive families and teachers in order to develop into capable and caring adults. Connections with others—family, care teachers, and peers—support infants and toddlers as they figure out who they are, sustain meaningful relationships, and gain knowledge about their world. As you walk through the incredible developmental journey taken by infants and toddlers, you will appreciate how children influence their families and teachers—and in turn how families, cultural perspectives, and the larger world influence whom these infants and toddlers become.

In this book, our goal is that you gain an appreciation for how vitally important the prenatal period and the first 3 years of life are. Our hope is that you will become knowledgeable about and gain a passion for promoting the (1) well-being, (2) competence, (3) good developmental outcomes, and (4) quality of life of infants and toddlers and their families. To better understand these goals for infants and toddlers, we will define each one.

Well-being refers to “how a child feels and thinks about him- or herself and the joy and satisfaction that the child experiences in regard to his or her relationships and accomplishments” (Erickson & Kurz-Riemer, 1999, p. 26). *Competence* refers to how effectively the child adjusts to day-to-day changes, how adaptable and flexible a child is. This is the outward manifestation of “*good developmental outcomes*” (p. 26, italics added). *Developmental outcomes* include the increasing abilities in learning, language, motor, emotional, and social skills. *Quality of life* refers to the child’s feelings about the value, worth, living conditions, and relationships that he or she experiences. We hope that your enthusiasm and excitement about these four goals will grow and guide you in your interactions with, beliefs about, and support for infants and toddlers.

The theoretical basis for this book is a relationship-based model that promotes infants’ and toddlers’ optimal *mental health* in the context of the children’s family, culture, community, and world. When toddlers reach age 3, they will be mentally healthy if they (1) feel competent and confident, (2) enjoy intimate and caring relationships, (3) feel safe, (4) have basic trust in others, (5) regulate and express emotions in healthy ways, (6) communicate and are understood, (7) feel valued for their unique personalities, (8) have the energy and curiosity to learn, and (9) enjoy excellent health and nutrition. The term **mental health** describes infants’ and toddlers’ social and emotional well-being.

mental health

The emotional and social well-being of a person.

A Relationship-Based Model

This book focuses on a relationship-based model for understanding infant and toddler development and responsive program planning.

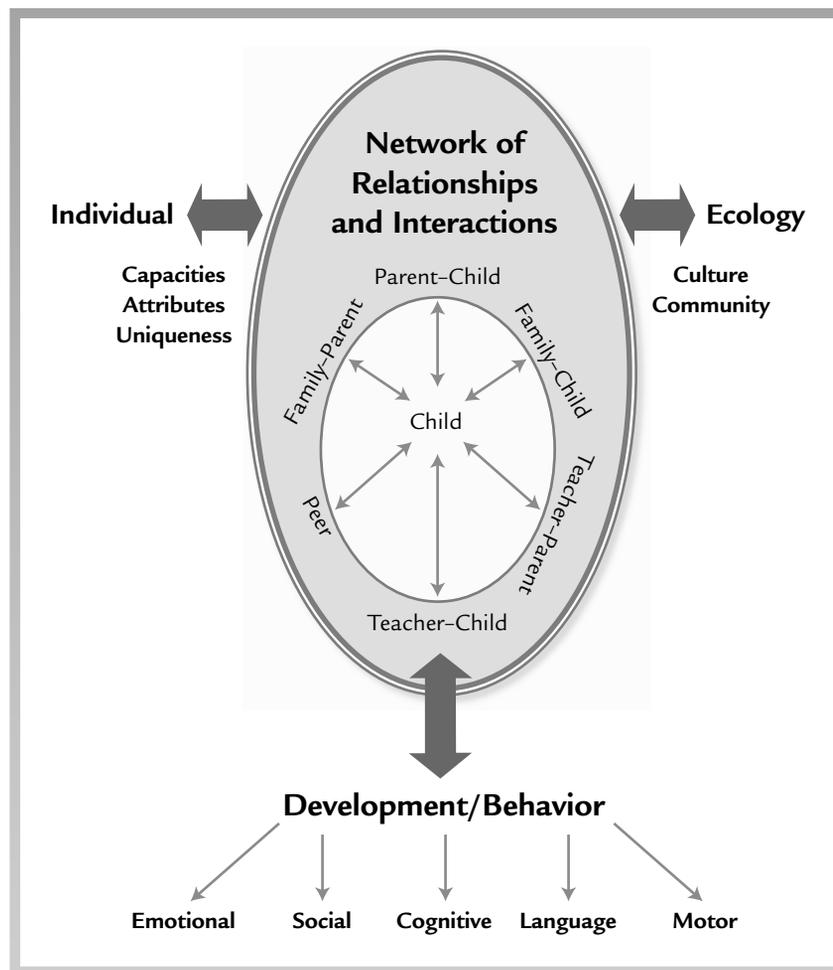
A **relationship-based model** (see Figure 1.1) recognizes that constructive, caring relationships are fundamental to the human experience. As adults we know that intimate relationships and worthwhile friendships are a source of joy. Relationship-building skills such as initiating interactions, maintaining congenial associations with others, and social problem solving are often the key to success at home, as well as in the workplace. Positive relationships are vital for infants and toddlers as well. They need loving adults to protect them, nurture them, and help them learn. When adults respond to children respectfully, they promote the child’s strengths. In fact, respectful responses from others are *essential* to infants’ and toddlers’ sense of security, self-worth, self-confidence, and motivation to learn. Infants’ and toddlers’ experience of healthy relationships is the foundation for their ability to love and learn.

Infants and toddlers exist within a network of relationships: mother–child, father–child, mother–father, mother–grandmother, father–neighbor, mother–employer, and

relationship-based model

A model whereby constructive, caring relationships are fundamental to infant and toddler development.

FIGURE 1.1 Relationship-based model for infant and toddler development and program planning



many more that are influenced by and in turn influence infants' well-being (see Figure 1.1). A relationship-based model predicts that the quality of the relationship in one dyad (two people who interact with each other) affects the quality of relationships in other dyads (Hinde & Stevenson-Hinde, 1987). For example, a parent's positive relationship with the infant can affect the expectations that the infant has for a relationship with an infant teacher. Both of these relationships can then have an impact on the nature of the child's peer interactions. The array and quality of children's relationships exist within and throughout a web of interconnected circles, with each relationship influencing the other.

Both the *ecology* (environment), including culture, and the child's individual characteristics influence the features of the relationships that a child experiences. We discuss the theories supporting this in detail in Chapter 3; however, here we briefly discuss how first the ecology and then a child's individual attributes and capacities influence the child's relationships with parents, families, and teachers.

How the Ecology Affects Relationships

When infants and toddlers are physically, emotionally, and cognitively healthy and experiencing positive relationships, it is because of a support system that involves family, culture, the neighborhood, community, and a society that knows and cares deeply about the importance of the first 3 years of life. According to **bioecological systems theory** (Bronfenbrenner, 1979, 1986, 2004), the ecology—the personal and physical environment—influences the nature of the relationships that the child experiences. These relationships are most influenced by the immediate settings: namely, family, community, and the early care and education program that the child is experiencing.

Families are also influenced by their **culture**—the values and beliefs about what is important in life, including traditions, celebrations, languages, and styles of interacting with others (Gonzalez-Mena, 2008). According to Haviland, culture includes “the abstract values, beliefs, and perceptions of the world that lie behind people’s behavior, and which are reflected in their behavior” (Barrera, Corso, & Macpherson, 2003). For example, a family’s culture may value a child who is quiet, whereas other parents might encourage their child to be assertive and vocal. These values and beliefs guide the decisions about how to respond to the child’s behavior. The importance of cultural perspectives, as a key part of the ecological model, is highlighted in this book.

National and international laws and policies are a part of the ecology that influences the quality of a child’s relationships with parents, family, and teachers. For example, how a nation’s citizens view families in poverty, welfare reform, or the importance of quality child care intensely affects life’s possibilities for infants and toddlers.

In addition to being influenced by the environment, infants and toddlers influence the relationships they have with their parents and families. Infants and toddlers are born with unique characteristics, attributes, and capacities that have an effect on how we, as adults, interact and relate to them.

How Children’s Attributes and Capacities Affect Relationships

Transactional theory highlights how the feelings and reactions of families and teachers are affected by their children’s *attributes*—age, biological makeup, gender, temperament, appearance, and actions (Sameroff & Feise, 2000) (see Figure 1.1). These attributes influence how the family or teacher treats the infant or toddler. Not all babies within the same family or program are treated the same. For example, a toddler who reminds the family of a favorite uncle has a different impact than a child who resembles a relative who isn’t liked by the family.

How much a child’s characteristics influence a family, however, may depend on the ecology of the particular family and how the ecology affects the relationships within the family. A family under stress that has outside support from relatives, friends, or a community program may do well with a fussy baby. A family that is isolated from relatives or friends may have a difficult time with the same type of baby, who cries often and requires sensitive adult responses. When families perceive that they have social support from a shared community, the family and the children in that family are more likely to thrive (Child Welfare Information Gateway, 2008; Runyan et al., 1996).

bioecological systems theory

How the settings in which a developing child lives interact with the child’s biological characteristics to influence development.

culture

The beliefs, way of life, abilities, and arts of a particular group of people that are held and/or passed along to future generations.

transactional theory

Emphasizes the ongoing reciprocal nature of the effects of the child’s and the environments characteristics and behavior on each other.



Beginning in infancy, create the capacity to love and nurture.

domains

The specific areas of development that include emotional, social, cognitive, language, and motor development.

In the video, Infant Feeding, observe how the care teacher is sensitive and responsive to the infant's needs and communication cues. What are the infant's communication cues? How does the care teacher understand what the infant is communicating?

self-regulation

The process of adapting reactions to sensory experiences, feelings, the environment, and people.

responsiveness

Adult sensitivity and reaction to a child's facial expression, body postures, gestures, and words.

Infants and toddlers come into this world with many capacities. They have the ability to be social, express emotions, learn, communicate, and move. These capacities blossom throughout the infant and toddler years within loving relationships with family members and other caring adults and peers.

In a relationship-based model of infant and toddler development, there is a constant interplay between children's attributes and capacities and the ecology, and all of these—together and separately—influence the quality of children's relationships. The quality of the relationships then affects the experiences and development of the children—their development in the emotional, social, cognitive, language, and motor **domains** (see Figure 1.1).

Research on the Importance of Relationships for Children, Families, and Infant-Toddler Professionals

The research on the importance of infants' and toddlers' positive, caring relationships with family members, teachers in centers and child care homes, and early interventionists (who work with children with special needs) is clear. Research conducted in the United States found that young infants and toddlers who feel safe and secure with their mother, father, and other family members feel less stressed (Gunnar & Cheatham, 2003) and can express and control emotions in healthy ways (**self-regulation**) (Feldman, Greenbaum, & Yirmiya, 1999; Gunnar & Quevedo, 2007) compared to young children who experience fearful or anxious relationships. The quality of the parent-child relationship also influences the quality of children's peer relationships. For example, children with secure attachments to their fathers at age 2 had more reciprocal and diverse friendships in preschool (Verissimo et al., 2011).

How do parents help young children feel secure? Children feel secure when parents are responsive and affectionate (de Wolff & van IJzendoorn, 1997; Harel & Scher, 2003), and also when adults support the children's self-directed activities and autonomy (NICHD Early Child Care Research Network, 2004). Parents' sensitivity to their children's needs and distress is important. Parents' sensitivity to infant distress at 6 months relates to infants feeling secure (McElwain & Booth-LaForce, 2006). Ziv, Aviezer, Gini, Sagi, and Koren-Karie (2000), researchers in Israel, reported that among 687 Israeli mother-infant dyads, higher mother *emotional availability* scores predicted young children's feelings of security. Also, support for families to help them become responsive influences children's sense of security. When mothers of adopted 6-month-old children were given video feedback to become more sensitively responsive, their children were more likely to be secure at 12 months than were children of mothers who did not receive the intervention (Jeffer, Bakermans-Kranenburg, & van IJzendoorn, 2005).

Responsiveness is a key term that is used frequently in this book. Babies communicate through their facial expressions, body postures, gestures, and words. **Responsiveness**

refers to both how well the adult understands what the infant or toddler is trying to communicate (the child's cues) and how effectively (promptly, contingently, and appropriately) the adult acts in response to the child (Eshel, Daelman, de Mello, Cabral, & Martines, 2006). Responsiveness occurs moment to moment in an interaction with the child and over time as the adult plans future interactions, an environment, and experiences that meet the child's needs and interests. Adult responsiveness influences how infants and toddlers expect others to treat them. For example, in one study mothers' warm and contingent (based on the child's cues) responsiveness influenced infants' expectations for positive social interactions and a sense of self-efficacy (a belief in their ability to interact effectively; Mcquaid, Bibok, & Carpendale, 2009). In another study the authors found that toddlers' social-emotional competence was related to the contingent responsiveness of the mother (Brophy-Herb, et al., 2011).

Infants' and toddlers' secure relationships with care teachers in child care and education programs also are vital for the children's development. When children feel secure within caring relationships with teachers, they are more socially competent (Howes, Phillips, & Whitebook, 1992), have better language development, can regulate their emotions, and participate more in problem-solving activities (Howes & Smith, 1995). What do care teachers do that helps infants and toddlers feel secure?

Classic research found that young children feel secure to love and learn when care teachers are highly involved with the children—hold them, hug them for comfort, and engage them in conversations (Howes & Hamilton, 1992). The more sensitive (warm, attentive, and engaged) the teacher is with children as compared to harsh (critical, threatening, and punitive) or detached (low levels of interaction), the more secure the child feels with the teacher (Howes & Hamilton, 1992).

Recent research shows that not only the quality of the teacher-child interactions is important, but also the quantity: "In center day care, children not only need sensitive caregivers but, more importantly, they need sensitive caregivers who find the time to display their sensitivity frequently enough to create a sense of confidence in their availability as a safe haven and a secure base" (De Schipper, Tavecchio, Van IJzendoorn, 2008, p. 648). It is critical, then, to consider how the young child is experiencing the sensitivity and responsiveness of the teacher.

Teachers can also promote security by providing many opportunities for the infants and toddlers to make choices in an interesting environment (NICHD Early Child Care Research Network, 2004).

Continuity of care in child care and education programs is important for infants' and toddlers' feelings of security. Helen Raikes (1993) observed infants and toddlers in child care centers and found that 91% of the children who stayed with a teacher more than 1 year felt secure, whereas only about 50% of those children who were with a teacher for a shorter period of time felt secure. A more recent study of more than 1,000 toddlers found that when at least one care teacher "moves up" with the group or all care teachers stay with the group as they age, the following occurs:

- Children and teachers develop close trusting affectionate relationships.
- At child care, children are more positive with peers.
- At home, children are less negative and less aggressive.
- Children have increased cognitive and language skills. (NICHD, 2001b)

Continuity of care

providing children in programs with one or more care teachers who stay with the children throughout their first three years



Children can live in a state of fear and sadness.

When care teachers do not move with the children and the children experience the loss, the results are not as positive. The more caregiver losses infants and toddlers have experienced by the time they are preschoolers, the more likely they are to be socially withdrawn and aggressive with peers (Howes & Hamilton, 1993). Infants and toddlers learn to trust adults and learn *how* to be in quality relationships with continuous care.

In this book, stories of children, families, and communities are shared to bring to life the attributes and capacities, the relationships, and the ecology of infants and toddlers in the first 3 years of life. Our intention is to share these stories; the results of research; information on development and responsive care; ideas about relationship-based programs; and how to help infants love, laugh, and learn in such a way that you, too, will become an advocate for the importance of the early years.

The Importance of the Infancy Period (Prenatal to 3 Years of Age)

While you have been reading this, a newborn baby has opened her eyes for the first time and sensed the closeness of her mother gazing lovingly into her eyes, and a toddler, seeking nurturing, has reached up for his father's hand. In this moment, a mobile infant is learning to walk, falling down every 5 seconds but quickly getting up to master the task. Who are we talking about when we use terms like *infants*, *mobile infants*, and *toddlers*?

The word infant derives from Latin words meaning “not yet speaking.” It emphasizes what the child cannot do and reflects the baby’s total dependence on adults. The word toddler, however, demonstrates our change in perspective, for it focuses on the child’s increasing mobility and burgeoning independence. (Kutner)

infants

Birth to approximately 18 months of age.

toddlers

18 months to 36 months of age.

prenatal

The time period (usually 9 months) prior to birth or during pregnancy.

infant and toddler professional

The broad range of specialists who teach in or administer child development and education programs.

care teacher

A professional who has received specialized training to work with young children.

The general term *infants and toddlers* refers to children from birth to 36 months of age. An **infant** is a baby from birth to approximately 18 months of age. At 8 months, the baby is crawling and some babies are even beginning to walk; it is then that infants are often referred to as mobile infants. From age 18 to 36 months, infants become **toddlers**, walking and even running in a straight-legged manner that causes them to toddle—sometimes wobble, weave, and bobble—as their physical and mental abilities develop at lightning speed. The infancy period refers to development from birth to age 3. In this textbook, the terms *babies*, *infants and toddlers*, and *infancy* are used to refer to children from birth to age 3. **Prenatal** development occurs prior to birth. From the prenatal period to age 3, babies grow from helpless dependency to children with a rich collection of relationships, skills, attitudes, and behaviors.

Who are the professionals who work with infants, toddlers, and their families? We use the term **infant and toddler professional** to refer to the broad range of specialists who teach or administer child development and education programs, which include *center child care* and *family (home) child care* programs. *Infant and toddler professionals* also refers to professionals who support families in the care and education of their children through home visits, early intervention, and family support programs. (These types of programs are defined and discussed later in the chapter and book.) The term **care teacher** refers to a professional who has received specialized training to work with young children individually and/or in groups and/or is in a position of responsibility with infants and toddlers in a classroom or home setting. We have chosen to use the word *care teacher* rather than the more commonly used term *caregiver*

because of the mistaken notion that caregivers give care but do not teach. The reality is that with infants and toddlers, *teaching* is (1) taking care of infants' and toddlers' physical needs, (2) interacting with them in ways that meet their emotional and social needs and facilitate their development, (3) setting up an environment that promotes learning in all domains, and (4) working closely with the families of the children to build trusting relationships with them. In this book when the term **caregiver** is used, it is in the context of any adult who takes care of and cares about young children. Caregivers include parents, teachers, grandparents and others.

caregiver

Any adult who takes care of and cares about young children; includes parents, teachers, grandparents and others.

Recent Understanding of the Importance of the Infant and Toddler Years

It is easier to build a child than to rebuild an adult. (Author unknown)

No other stage of human development requires as much learning and results in as many changes as the first 3 years of life. Some infants and toddlers are healthy, have enough to eat, feel safe and loved, are talked to in responsive ways, and feel like valued members of their families and cultures. Sadly, other infants and toddlers are hungry, fearful, surrounded by violence, or abused and neglected. Do these early experiences make a difference? Yes, without a doubt. What happens during this time period may largely determine the well-being of not only children and their families but also their communities and the world in which they live. Educators and parents now know, definitely, that what happens during the first 3 years of a child's life has a long-lasting effect on who that person is and will become. It is worth repeating that infants' and toddlers' early experiences will influence their ability to learn, feelings of self-worth, sense of competence, and capacity to love and care for others. The infancy years do matter—and you can make a difference in promoting the health, wellness, quality of life, and happiness of children and families in these important years of development. The work of parenting, caring for, and educating young children from birth to age 3, during this time of rapid growth and development, is among the most important work that exists.

Early childhood is both the most critical and the most vulnerable time in any child's development. (Brazelton & Greenspan)

Parents and professionals are learning more each day about how the kind of environment in which an infant or toddler lives has a strong and lasting influence on that baby's development. Sammy, age 2, opens his eyes after a nap and cries out for his mother. As she comes to the side of the crib, she says soothingly, "Hello, you're awake? How are you feeling?" He wiggles around and then turns over and gradually stands up to see her better. His face relaxes and he smiles as she asks, "Are you ready to get out of your crib?" He answers by reaching up with his hands, getting ready for her to reach in the crib and pick him up. In this short but important interaction, Sammy is learning that he is important enough to be responded to quickly, that he can make things happen in this world, and that adults can be trusted to meet his needs most of the time. He is learning about who he is, how to be a generous partner in a relationship, and important concepts about the world in which he was born. These are the most important things for him to be learning at this time in his life, and these lessons will serve him well in years to come. If Sammy consistently receives this kind of responsive care, he will continue to thrive.

risk factors

Personal, environmental, and relationship features that are threats or a danger to the optimal development of a child.

The latest scientific discoveries concerning prenatal, infant, and toddler development have significantly influenced the renewed interest concerning how babies think and what they need not only to survive, but also to thrive. The landmark publication *From Neurons to Neighborhoods: The Science of Early Childhood Development* (Shonkoff & Phillips, 2000) highlights important research and practice that illustrates the significance of these early life experiences. This book focuses on the central role of positive and loving relationships in a child's life and the powerful capabilities of young children. On the other hand, the authors express concern about the features of modern life that contribute to the stress of families: The potential damage to developmental outcomes from **risk factors** such as poor quality of child care, poverty, stresses, trauma, and violence is emphasized. The authors, following rigorous scientific scrutiny of the research and writings of infant and toddler specialists, strongly and with certainty recommend that families, teachers, communities, advocates, policy makers, businesses, government officials, and scientists come together to ensure an environment that facilitates "a rewarding childhood and a promising future for all children" (p. 15). As we move into the 21st century, research results, particularly the astounding new knowledge of brain development, have changed the way parents and professionals view the importance of the early years.

Research on Brain Development

Brain development is covered in detail in Chapter 5 of this book. Here we highlight how research on brain development has influenced parents' and professionals' beliefs about the importance of the early years.

A ray of sunlight dances across 6-month-old Tamara's line of vision. Her dad talks warmly to her about the bright light, her eyes, and what she is seeing. We can't see inside of Tamara's head as new signals race along neural pathways in her brain. If we look closely, though, we can see it in her eyes, as they show curiosity, wonder, and joy.

In another home, the stresses of life have caused Jo's parents to reach the end of their coping skills. As Jo, barely 1 year old, reaches for a forbidden cookie, her hands are slapped hard, as they are frequently. We can't see how hormones of

fear surge in her brain, and how development is hindered by the constant fear and vigilance that Jo must maintain to protect herself, but if we look closely, we can see it in her eyes, as they show sadness, panic, anger, and pain.

The discoveries about the brain development of Tamara, Jo, and other infants and toddlers have been remarkable. For Tamara everyday experiences evoke a healthy bath of hormones in her brain, helping build strong circuitry and creating a platform for learning. For Jo a bath of harmful, stress-induced hormones bathe her brain, which is being built to be vigilant to danger rather than other information around her. As a mom, dad, or teacher talks to a baby, a song is sung, or the baby is positioned



The importance of the first 3 years of life cannot be disputed.

on the parent's body where he can see the playing dog, the baby reacts to these events, taking in information, processing it, and storing it. The synapses and the pathways formed actively create a web of learning in the brain. This is why early responsive experiences are so crucial: Those synapses that have been activated many times by virtue of repeated early experience tend to become permanent to ensure optimal emotional, social, language, and thinking development.

Let's examine how the study of sensitive periods of development and windows of opportunity has made a remarkable difference in how we view the importance of the early years.

Sensitive Periods and Windows of Opportunity

There is always one moment in childhood when the door opens and lets the future in. (Graham Greene)

There are windows of opportunity for learning that nature seems to fling open. These **windows of opportunity** are periods in the development of the brain when specific types of learning take place. Later, like windows stuck with age, they are more difficult to open and use. For example, the learning window for language is from birth to 10 years. However, circuits in the auditory section of the brain are wired by age 1, and the more words used in meaningful ways that a child hears by age 2, the larger her vocabulary will grow. Early-life windows of opportunity have been discovered for vision, hearing, math and logic, cognition, problem solving, and emotional development.

Sensitive periods also occur early in a child's life. **Sensitive periods**, also known as *prime times* (Shore, 1997; Thomas & Johnson, 2008), are periods of development when positive or negative experiences are more likely to have serious and sustained effects.

We must remember, however, that all is not lost if the infant, toddler, or preschooler has a less than optimal start. Many competent adults have overcome difficult and challenging starts in life. The human brain has a remarkable capacity to change, but timing is essential. Time and effort are often required to help older children or adults compensate for negative and damaging experiences in their lives. For example, a child whose world has been mostly silent during the first 2 years of life because of a hearing loss or lack of responsive language talk with an adult will likely be delayed in language development. This child will need intensive support to learn how to use language to communicate in a variety of ways. In the future, brain-imaging techniques may help unravel the mysteries of when sensitive periods occur and how intervention can remediate losses (Spelke, 2002; Stanford University Medical Center, 2007).

The brain power developed during the first 3 years is a foundation for the child to build on for learning and loving, just as a house must have a strong foundation to continue standing. Will the foundation be strong and sturdy, upon which one can build solidly, or will the foundation crumble easily under the weight of future challenging times—the emotional windstorms, sleet, hail, and drought that may occur in a person's life? The exciting research on the early years, brain development, windows of opportunity, and sensitive periods has led to a better understanding of human development and the importance of the first 3 years of life. Ten core concepts of development during the infancy period summarize the findings of all of the latest and best research.

windows of opportunity

Periods in the development of the brain when specific types of learning take place.

sensitive periods

Periods of development when positive or negative experiences are more likely to have serious and sustained effects.

Core Concepts of Prenatal, Infant, and Toddler Development

After analyzing what is known about the brain, early experiences, and child development, the Committee on Integrating the Science of Early Childhood Development from the National Research Council Institute of Medicine (Shonkoff & Phillips, 2000) proposed that 10 core concepts frame our current understanding of early development. These core concepts of human development are based on clinical and research findings from 1925 to 2000 and “help to organize what is known about infants and families and to suggest what is yet to be discovered or understood” (p. 13). These concepts provide a framework for thinking about what is important for infants and toddlers to develop optimally, how and when infants and toddlers best learn, and how problems in development can be prevented. Parents and professionals can use these core concepts as guides for interacting with very young children; for developing quality programs that support infant development and families; and for creating systems, laws, and public policies that value the amazing early years. These concepts are briefly introduced here and will be revisited numerous times throughout the text. We have rewritten the titles of the core concepts to capture the primary meaning expressed in the concept (see Figure 1.2), followed by information that supports the concept.

nature

Genetic influences on the growth and development of a child.

nurture

The influences of the environment, experiences, and education on the growth and development of the child.

epigenetics

changes resulting from external influences.

1. Both Nature and Nurture Affect Children’s Development

It has often been asked which has more effect on a child’s development: **nature** (genetic influences on growth and development) or **nurture** (environment, experiences, and educational influences on growth and development). This is no longer a controversy in the early childhood field. There is a complex interplay between these two in the development of an infant (Gottlieb, 1992). Both play their parts in shaping whom the infant will become. The impact of the child’s experiences is dramatic and specific; experience actually affects whether some genes will be activated, as we know from the new science of **epigenetics** (National Scientific Council on the Developing Child, 2010).

FIGURE 1.2 Ten core concepts of human development

1. Both nature and nurture affect children’s development.
2. Culture influences development and child-rearing beliefs and practices.
3. Self-regulation is an important indicator of development.
4. Children contribute to their own development through active exploration.
5. Human relationships, and the effects of relationships on relationships, are the building blocks of healthy development.
6. There is a broad range of individual differences.
7. The development of children is both continuous and discontinuous.
8. Infants and toddlers are both vulnerable and resilient.
9. The timing of early experiences can matter and children are open to change.
10. Early intervention can make a difference.

Source: Shonkoff and Phillips (2000), pp. 23–32.

2. Culture Influences Development and Child-Rearing Beliefs and Practices

All families and cultures have different backgrounds, experiences, and dreams for their children, as well as habits and customs that guide their thinking about raising children (Coll & Magnuson, 2000; Gonzalez-Mena, 2008). All people see the world through the lens of their own culture (Small, 1998), and these beliefs about development, child-rearing practices, and family and community customs and routines continually influence the child's and the family's thinking and feeling. A rich and valuable array of beliefs and practices define who children and families are, how they interact with and care for others, their traditions, and their ways of life.

 This video helps us think about the meaning of the term culture. How would you define “culture”?

3. Self-Regulation Is an Important Indicator of Development

When infants begin to recognize when they are hungry or sleepy, focus on what is important, and tune out extraneous noise, they are regulating their reactions to the world. When toddlers begin to express sadness or happiness without falling apart, attend without often becoming distracted, wait a few minutes for lunch, touch a flower gently, and process information without becoming overwhelmed, they are demonstrating **self-regulation**. One can see how these behaviors provide the foundation for all further learning. The ability to self-regulate is the backdrop of capabilities that allow the child to concentrate on a task, focus on another person's feedback in a social situation, and control emotions in positive ways (Boyer, 2009; Bronson, 2000a, 2000b; Kopp, 2000).

4. Children Contribute to Their Own Development Through Active Exploration

Infants don't need lessons to learn to walk, or drill practice to learn to talk. Rather, babies desire to walk and talk; they practice on their own and with responsive peers and adults. They act on their environment; they put objects in containers to figure out where they go. They shake, bang, roll, and stack objects to see what will happen. They make all kinds of funny sounds to get a response from a laughing sibling. They have goals, such as getting a favorite adult to look at them or opening a door, and they experiment with different strategies to make these events happen. When all is going well, infants and toddlers are curious, energetic, and motivated to figure things out. They are communication partners who need to take a turn in a conversation, even if the communication turn is a sneeze or a soft cooing sound. When given the opportunity (and this is how they learn best), they pursue their interests with adults who keep them safe, talk to them, nurture them, and support their learning. They are *motivated* to learn about themselves, others, and the world in which they live.

5. Human Relationships, and the Effects of Relationships, Are the Building Blocks of Healthy Development

Relationships have an effect on relationships (Hinde & Stevenson-Hinde, 1987). This concept means that what infants learn in their first relationships is how to *be* in relationships. If the initial relationships are satisfying and enjoyable, then young children learn to trust, communicate, negotiate, show empathy, and cooperate with parents, peers, and others they meet—the building blocks of satisfying relationships.

When relationships are comfortable, stable, and constant rather than anxiety producing, confusing, or frightening, then babies have the emotional energy and feelings of safety to focus on exploring and investigating—important aspects of learning.

6. There Is a Broad Range of Individual Differences

There are many normal variations in motor, language, and adaptive development. However, whereas some children who aren't saying clear words by 2 years of age may eventually start to talk, others may have a hearing impairment or auditory disorder that must be diagnosed early in the infant's life so that appropriate intervention can occur. Because of the broad range of individual differences, it is sometimes difficult to distinguish between an *individual difference* in development and what might be a *developmental delay* that requires intervention. When there are questions about a child's development, adults can review developmental sequences as found in this book at the end of Chapters 6 through 10.

7. The Development of Children Is Both Continuous and Discontinuous

As an infant goes from reflexively holding a rattle, to sucking on it, to banging it, throwing it, and looking at it closely, she is demonstrating a *continuous* trajectory of development. She seems to progress forward in her acquisition of skills that help her learn about objects such as rattles. Each skill seems to build on the previous one. Discontinuity occurs at significant points of development when the child's behavior seems very different from the age before. For example, 7-month-olds (as opposed to 2-month-olds) have a cluster of skills that propel them to be social partners who "act as if they understand that their thoughts, feelings, and actions can be understood by another person" (Zeanah, Boris, & Larrieu, 1997, p. 166). Toddlers also seem worlds apart from infants because they have developed a whole constellation of skills that contribute to their emerging independence, a marked contrast to only a year before. These points of rapidly increasing skills in development are considered transition points, as they have an effect on both how the baby views the world and how the teachers and caregivers interact with the infant or toddler. For example, when a baby begins to walk, she views the world differently and the caregiver views her as more capable.

8. Infants and Toddlers Are Both Vulnerable and Resilient

Every person has sources of vulnerability and sources of resilience. Shana, a 1-year-old, has experienced much anguish in her short life: excessive hunger, hours of crying for someone to come to her crib to take her out, and bouts of severe diarrhea. She feels **vulnerable** (helpless and defenseless) and open to further trauma. What are her sources of vulnerability? They may be parent alcoholism, mental illness, criminality, or poverty that contributes to overwhelming stress in the family, or maternal/paternal abuse. These are just a few of the risk factors that increase the likelihood that something negative will happen to Shana's well-being in the future—her own drug abuse, dropping out of school, or social problems. Yet, there are sources of **resilience** (ability to thrive despite risk factors) in Shana's and in many children's lives that contribute to **positive turnarounds** (Werner, 2000). The source of resilience may be within the child—an easygoing, engaging temperament, for example, or a curious mind. Resilience may come from the child's

vulnerable

The state of being helpless, defenseless, or open to criticism or danger.

positive turnarounds

The resilience of a person to recover from challenging life experiences.

family—a loving grandfather or a mother who is at first neglectful of her child but then goes to school or gains support for new, positive ways of interacting with her baby. The source of competence for Shana could come later in life in the form of a caring circle of friends, counseling, or an adult mentor. Every person has sources of vulnerability and sources of resilience (Werner, 1993, 2000).

Let's explore the topic further. "Risks to development can come both from direct threats and from the absence of normal, expectable opportunities" (Garbarino & Ganzel, 2000, p. 77). Risk conditions (see Figure 1.3) can influence current and later outcomes for children in learning, language, social, and emotional development. The most serious detrimental effects occur when multiple **risk factors** are present in a child's life (Appleyard, Egeland, Manfred, van Dulment, & Sroufe, 2005; Garbarino & Ganzel, 2000; Sameroff, 1998). There are, however, personal and environmental characteristics that contribute to resilience in children who are experiencing risk factors.

"Resilience is the ability to thrive, mature, and increase competence in the face of adverse circumstances" (Rouse, 1998, p. 47). Resilient children have aspects within themselves or their environment that help them withstand more stress and cope better than many other children. Breslin (2005) notes that it is not helpful to label a child "at risk," but rather to focus on the strengths and competencies in each child that can help him thrive—the resiliency factors. Resiliency factors (see Figure 1.4), or features that contribute to the resiliency in the child, can be divided into three groups: personal, environmental, and relationship based.

Just as many threads woven tightly together hold up well against outside forces, the more threads of resiliency there are for a child, the more likely that they will create a durable tapestry that resonates strength and transformation despite risk and adversity. Werner (2000) demonstrated the importance of **protective factors** (factors that shield and protect the child) in forming resiliency in a study of 698 multiethnic children born into high-risk environments in 1955. In a follow-up report when those children were 45 years old, Werner found that primarily positive caregiving during

protective factors

Characteristics that shield the child from harmful effects of the environment or relationships and support the child's development.

FIGURE 1.3 Risk conditions

- Poor nutrition
 - The child's own biological risks—such as injury, low birth weight, or health
 - Living in poverty or near poverty
 - Parents who are addicted to drugs or alcohol
 - Negative and abusive parenting
 - Parents' use of harsh physical punishment
 - Lack of social support for the family
 - Living in a community with a high rate of violence
 - Unemployed parents
 - Low-wage jobs for parents
 - Lack of quality child care
 - Lack of access to health and medical care
 - Low parent-education levels
 - Moving frequently (transience)
 - Parent in jail or prison
- Sources: Hodgkinson (2003); Werner (2000).

FIGURE 1.4 Resiliency factors

1. *Personal factors*—characteristics of the infant or toddler
 - Energetic
 - Tolerant of frustration
 - Cooperative
 - Internal locus of control
 - Strong social skills
2. *Environmental factors*—characteristics of the environment
 - Social support for the mother
 - Social support for the family
 - Caregiver with education
 - A safe community
3. *Relationship factors*—characteristics of the child’s relationships with others
 - Strong caregiver–child bond
 - Nurturing adults in the child’s life
 - Responsive caregiver
 - Parents and teachers who allow ample exploration time within a safe environment
 - Peers
 - Adults who give positive feedback about strengths

the first years of life is a protective factor that results in better adjusted adults. Also, the emotional support of close friends, spouses, adult mentors, and parent education classes contributed to the resiliency of the adults. Werner’s work inspires us to think about the importance of personal, environmental, and relationship factors when planning policy and redesigning programs for infants, toddlers, and their families. When adults recognize risk and resiliency factors for young children and their families, then they can make important decisions in community and business practices that recognize the significance of loving, responsive adults for infants and toddlers.

9. The Timing of Early Experiences Can Matter and Children Are Open to Change

The importance of a responsive, caring environment during the first 3 years of life cannot be disputed. However, a wonderful infancy is not a magical immunization against later troubles in life. A 3-year-old may be bright, full of zip, caring, and engaging and yet face unbelievable trauma as a 4-year-old or as a teenager. A result of stress and trauma could be an erosion of the child’s trust in others and her own sense of self-worth. The developing child remains vulnerable to risks at all ages. Conversely, a child is still open to protective factors after age 3. For example, a child who has an emotionally difficult first 3 years and has challenging behaviors may respond beautifully to a loving adult who sincerely believes in the child’s positive characteristics and supports the child by providing a consistent caring environment that promotes the child’s competence (Luthar, 2006; Masten & Motti-Stefanidi, 2008; Sapienza & Masten, 2011).

10. Early Intervention Can Make a Difference

Early intervention includes services and programs for children at risk and children with disabilities and their families. We discuss these types of programs later in the chapter. Early intervention with children and support for families can reduce the

risk factors, ameliorate vulnerabilities, and increase protection factors and resiliency (Cicchetti & Curtiss, 2007).

Conclusion of the 10 Core Concepts

Clearly, the main ideas represented in these 10 core concepts are that positive, responsive, mutual, and protective adult-infant and adult-toddler relationships promote a child's development and have sustaining effects on the young child's ability to be in a relationship. Very young children need adults to help them become an important part of their community and culture, and support them in learning how to become healthy, caring, and constructive members of society.

Changes in Demographics that Affect Infants and Toddlers and Their Families

Two demographic factors (characteristics of a population) that influence the vulnerabilities, protective factors, and character of relationships for infants and toddlers—an increasingly diverse population and the increase in families and children experiencing poverty—are discussed next. Let's start with information on how the population of the United States is becoming more diverse.

A Changing Population in the United States

As illustrated in Figure 1.5, there is great diversity in the United States. Approximately 74 million children are under the age of 17 in the United States (The Annie E. Casey Foundation, 2012). Based on the 2010 census, 73.7% of children under age 17 years are White, 15.2% are Black, 5% are Asian, 2% are American Indian, Alaska Native, or Native Hawaiian and Other Pacific Islander, and 5% are two races. Of these children 23.6% are Hispanic and 76.4% are Non-Hispanic. (ChildStats, n.d.). Approximately 20% of people in the United States 5 years or older speak a language other than English at home and approximately 5% speak English less than "very well" (The Annie Casey Foundation, 2008).

FIGURE 1.5 Diversity of total census population in the United States

Race: For the 2010 census, Hispanic origins are not a separate race		
One Race		
White	75.1%	72.4%
Black or African American	12.3%	12.6%
Asian	3.6%	4.8%
American Indian and Alaska Native	.9%	.9%
Native Hawaiian and Other Pacific Islander	.1%	.2%
Some Other Race	5.5%	6.2%
Two or More Races	2.4%	2.9%
Hispanic or Latino Origin		
Not Hispanic or Latino	87.5%	83.7%
Hispanic or Latino	12.5%	16.3%

Source: Retrieved from census.gov. Overview of Race and Hispanic Origin: 2010. Table 1. Population by Hispanic or Latino Origin and by Race for the United States: 2000 and 2010.

kaleidoscope of cultures

A society with a variety of values, customs, and languages.

culturally competent

Possessing skills that enable a person to interact effectively with people from a variety of different cultures.

An increase in the numbers of children and families from diverse cultures has an impact on public policy, health systems, and education systems. Thoughtful consideration must be given to several questions posed by this change in demographics. One question involves the type of training that infant and toddler professionals should receive to help them become culturally competent, in order to respectfully create a menu of responsive services. A second question relates to how communities, child development and education centers, and family support programs can demonstrate how they appreciate and embrace people of many cultures and races (Barrera & Corso, 2003). The United States truly is a **kaleidoscope of cultures** with different values, customs, and languages (Lynch & Hanson, 1998, p. 492) that are interconnected, and when this diversity of cultures and races is respected by professionals, children benefit. Both teachers and children must become **culturally competent** in our diverse world in order to thrive.

Poverty

Another issue that affects the quality of children's relationships with their families and teachers is poverty, which affects everyone either through experience or through the effects that it has on a nation. Poverty in the United States is defined by income. According to the 2010 U.S. census figures, 25% of children under age 5 live in poverty, defined as an annual income of \$22,113 or less for a family of four (Child Trends, 2011). Furthermore, according to Children's Defense Fund (2011), almost 10% percent of U.S. children under age 5 live in extreme poverty, with household incomes less than 50% of the poverty line. For children under age 5, approximately 15% of white children, 42.7% of African American children, and 36% of Hispanic children live in poverty.

According to the U.S. Census Bureau (2010a) of children under age 5 in families with a single mother, 58.7% live in poverty and in families with a single father 32.3% live in poverty. Every 35 seconds, a baby in the United States is born into poverty (Children's Defense Fund, 2006).

Poverty is a global concern (Penn, 2005). From a basic needs approach to defining poverty, seven elements that children need have been identified: "drinking water, sanitation, nutrition, health, shelter, education, [and] information" (Delamonica & Minujin, 2007). When a child lacks one of the seven elements in his life, he is considered as living in poverty. Delamonica and Minujim report that in 46 developing countries, 1 billion children—one-half of the population—are deprived of at least one of these elements. An organization of the United Nations—the United Nations Children's Fund, or UNICEF (UNICEF, 2008) in its publication *The State of the World's Children 2008* reports that although vast improvements have been made in reducing the number of newborns who do not live to see their fifth birthday, an estimated almost 10 million children worldwide still do not as a result of the lack of one or more of the seven elements children need to survive.

CULTURE CLOSE UP

Chris is a toddler teacher in a large child care and education center that has an ethnically diverse population. Chris knew when she was hired that the staff and parents were questioning how to celebrate holidays in the classroom. One proposal under discussion was to eliminate the celebration of *all* holidays in the program. She wasn't sure what to think about not celebrating Halloween, Christmas, and Easter because she had many materials from working at a previous center that she wanted to use, and she thought it was fun to celebrate those holidays. Parents of different ethnic and religious groups had mixed feelings as well. Some parents and teachers asked if the major holidays that the children celebrated at home could also be celebrated at school, while helping each child gain self-respect and learn about cultural differences. Each year would be different for each classroom based on who was in the classroom that year. One teacher, however, thought that even if there wasn't much cultural/ethnic diversity in a classroom, the children should learn that there are many different holidays and ways to celebrate them. What do you think the program should do?

FIGURE 1.6 Reducing poverty

Reducing child poverty is one of the smartest investments that Americans can make in their nation's future. Fewer children in poverty will mean:

- More children entering school ready to learn
- More successful schools and fewer school dropouts
- Better child health and less strain on hospitals and public health systems
- Less stress on the juvenile justice system
- Less child hunger and malnutrition, and other important advances

Source: Child Poverty Fact Sheet (2001).

Living in poverty, whether defined as low income or lack of basic rights, is difficult and challenging, to say the least, for families of infants and toddlers. Families that are in or near poverty face challenges that include the need for well-paying jobs, access to high-quality affordable child care and health care, adequate nutrition, decent housing, and basic services provided by the community (e.g., see the National Center for Children in Poverty Web site (www.nccp.org)). These stresses for families in poverty can negatively affect children's academics, health, and social outcomes. The information in Figure 1.6 emphasizes how reducing child poverty is one of the smartest investments that nations can make in the future.

In summary, many parents and professionals, legislators, and policy makers are working hard toward building a nation and world that can do something about racial and ethnic injustice and poverty and eliminating risk factors, but we can do more. We each have a part to play to support infants, toddlers, and their families as they strive for a meaningful life. They deserve our best efforts.

Early Development and Education Programs

Early development and education programs are an important part of the lives of infants and toddlers and their families in the United States. Quality programs that support parents can reduce infants' and toddlers' exposure to risk factors and build resiliency and positive relationships (Wittmer & Petersen, 2009). Let's examine three types of early development and education programs available to families of infants and toddlers and a few of the issues related to these programs: (1) child care, (2) early intervention for children at risk, and (3) early intervention for children with disabilities.

early development and education programs

Programs for children from birth to age 5 that include, but are not limited to, child care, early intervention for children at risk, and early intervention for children with disabilities.

Child Care

Child care programs offer varying hours of care for infants and toddlers, usually during the day while parents are at work. The number of families utilizing child care is continually increasing. In 2011, more than 9 million mothers with children under age 3 were in the workforce, one-third of those with children under age 1 (Bureau of Labor Statistics, 2012). As the need for infant and toddler child care increases, so does the urgent need for public and private resources to improve the quantity and quality of child care. Parents often use an assortment of child care services that may change and blend with one another to create an array of experience for infants and toddlers. These choices include child care

provided in private homes (family child care) or in child care centers. Family child care homes may be of the following types:

- Small, family child care (or a few children in the home of the care provider)
- Large, family, or group child care homes (typically no more than 7 to 12 children in the home of the care provider, who has a full-time assistant)
- In-home care (by a nonrelative in the family home)
- Kith and kin care (provided by a relative, friend, or neighbor)

Center child care includes the following:

- Nonprofit (community or agency supported)
- Local for-profit (privately owned)
- National chain for-profit (centers found across a region or nationally or internationally owned by one company)
- Church supported (sponsored by and usually located in a church)
- On-site business (child care operated by a company, on-site for its employees)

National policies concerning the importance of parental care versus child care outside the home contribute significantly to parents' choices. For example, an employed mother in the United States usually must use her accumulated sick and personal days to stay home with her newborn baby for approximately 6 to 12 weeks. In the United States, the Family and Medical Leave Act provides family members with 3 months of *unpaid* leave; however, in 128 other countries mothers are provided an average of 16 weeks *paid* and job-protected leave to be used before and/or after the birth of their baby with benefits provided by a combination of sources—government, employers, and health insurance. For example, Sweden provides full parental leave at 80% of the previous salary for 18 months. Leave in some countries may be extended if the father stays home with the child for a period of time, as in Austria, where 3 years of extended leave are provided, but only if the father takes 6 months of the leave. Several countries—for example, the United Kingdom and Sweden—also provide parents with choices as to how the leave is spread out over the first 18 months after the birth of the child (“Mother’s Day,” 2002). Parents in the United States, because of work leave policies, may not have as many choices about how and when they use child care services.

Parents want a setting where their children will be safe and where teachers show they care about their children (Gable & Cole, 2000). The challenge is to find infant-toddler child care that has adequately trained teachers, low child-to-teacher ratios, and small group sizes that make nurturing, relationship-based care possible. Unfortunately, parents have difficulty locating care for their children that is both affordable and excellent.

In a classic study concerning the availability of affordable and quality care of 400 child care centers located in four states, only 8% of infant classrooms were judged to be of good or excellent quality. An astonishing 40% of the centers observed were rated poor on the Infant/Toddler Environment Rating Scale (ITERS), a widely used measure of the physical and emotional characteristics of a child care environment (Helburn, 1995). The other 52% were deemed mediocre.

The Early Child Care Research Network of the National Institute of Child Health and Human Development (NICHD) (NICHD, 1996) conducted a longitudinal study of more than 1,000 children to determine the characteristics and quality of child care for infants, toddlers, and preschoolers. Researchers conducting the study reported in 2000 that among infants and toddlers who attend child care, the ones who attend higher-quality facilities develop better language, intellectual,

and social skills (NICHD Early Child Care Research Network, 2000a, 2000b). Higher-quality care emphasizes the importance of an adult's gentle and considerate responsive interactions, well-organized learning toys and materials, language development, and friendly and reciprocal program-family relationships. And it has a positive effect on the development of infants and toddlers.

Because the quality of early development and education settings is so important, we devote five chapters (Chapters 11 through 16) to the development of programs for infants and toddlers that are responsive to babies' and families' needs, promote learning, and are relationship based.

A Web site (www.childcare.gov) has been created to bring together in one place all of the federal agency resources concerning child care. Parents, professionals, and providers will benefit from information on this site on health, safety, family child care, staff training, regulations, and funding. The results of research studies, news, and publications are also included at the site.

Early Intervention Programs for Children at Risk

Early intervention programs for children at risk comprise a second type of resource for families and children. One such program is Early Head Start (EHS), which has been said to mark "a turning point in America's commitment to our youngest children and their families" ("Shalala Calls," 1995). An example of a nationally supported intervention program that provides support to families living in poverty, EHS reduces infants' and toddlers' risk factors, builds resiliency, and provides child and family development services. As Donna Shalala, former secretary of the Department of Health and Human Services, described it, "Early Head Start is about giving our youngest and most disadvantaged children a chance to grow up healthy, to learn, and to prepare for school" (U.S. Department of Health and Human Services, 2001). The federally funded program provides services to families that are expecting a child or have a child age 3 or younger and helps parents support their children's development. The program includes child development services, family involvement and parent education, health and nutrition, and prevention and early intervention. These services may take place as a home-based option, as family child care services, as center-based programs, or in some combination. The detailed and comprehensive Head Start Program Performance Standards (HSPPS), which EHS programs must meet, are often used as a basis of comparison as individual states develop their own program standards.

Each of the 1,007 EHS programs that exists across the United States emphasizes collaboration with community agencies to provide services. Specific services that EHS provides, in collaboration with its community partners, include prenatal and postpartum education, counseling services, infant and toddler child development programs, family education and engagement, health and nutrition education, medical and dental services, and referrals and assistance to families to access comprehensive prenatal and postpartum care and in some cases child care services. These services are also provided through home visits planned collaboratively with the family, infant and toddler group socialization experiences, family support groups, and a multitude of other creative initiatives.

The results of a comprehensive national study (Early Head Start Research and Evaluation Project [EHSRE], 1996–Current) of the effectiveness of EHS that included



This center-based program offers inviting environments.

approximately 3,000 infants and toddlers from 17 sites demonstrate that EHS is making a difference for children and families. Half of the 3,000 children who participated in the study were enrolled in EHS (the experimental group) and half were not (the control group). EHS children scored higher than the control group on measures of cognition (thinking) and language (vocabulary and use of complex sentences), had better attention with play objects, were more emotionally engaged with their parents, and scored lower in aggressive behavior at age 3 (Love et al., 2005). Only 50%, though, of the EHS children moved into formal programs at age 3, and those who did had higher reading-related skills at age 5. At age 5, the EHS children had significantly fewer behavior problems and scored higher on approaches to learning.

The program is making a difference for families as well as children. When the EHS children were 3 years old, the EHS families were observed to have more supportive attitudes toward learning than the control group families; were more likely to read to their children; were more emotionally supportive of their children; and scored higher on measures of the quality of home environment, parenting behavior, and knowledge of infant-toddler development. Parents who attended EHS reported that they spanked their children less and were more likely to resolve problems by using distraction, explanation, or mild responses rather than physical punishment. EHS families reported lower levels of parenting stress and family conflict and were more likely to attend school or a job training program (EHSRE, 1996–Current; Love et al., 2005). When the EHS children were 5 years old, their parents read more to their children, provided a more enriched home environment, and were at lower risk for depression (EHSRE, 1996–Current, 2006). This longitudinal study highlights the benefits of EHS as well as the importance of the EHS children attending a formal preschool, but unfortunately, because of limited federal funding, fewer than 4% (120,433) (CLASP, 2011) of the poorest infants and toddlers in the United States attend EHS. The major Web site providing additional information and resources for families and professionals on Early Head Start is the Early Childhood Knowledge and Learning Center (ECLKC) at eclkc.ohs.acf.hhs.gov/.

Early Intervention for Children with Disabilities

Early intervention services for children with disabilities and their families are the third type of early development and education program we will discuss. All infants and toddlers in the United States are entitled to a comprehensive assessment to determine whether or not they have a disability. A disability may include a developmental delay in how the child communicates and relates with others, moves, thinks, or perceives. This comprehensive assessment is provided by the school district in which the family lives. If a child qualifies for services, then the family and the professionals involved develop a plan for the child and family that builds on the family's strengths, priorities, concerns, and resources. The early intervention program may offer home visits and family support to “enhance the ability of families to work toward their own goals and deal effectively with their own concerns” about their child and family (Blasco, 2001, p. 159). Infants and toddlers may also receive special help from professionals while attending a child development and education center or family child care home.

The Individuals with Disabilities Education Act (IDEA; www.idea.ed.gov/) provides federal funds, paired with a high proportion of state funds, for special education services for children with disabilities. Part C of IDEA provides funds and directives for providing early intervention services to infants and toddlers

with disabilities. The act specifies which intervention services must be available for children but also sets policies that ensure that parents function as active members of the team and determine the goals for their own children. A high value is placed on the full inclusion of individuals with disabilities in their communities by specifying that early intervention services must be offered in natural settings, to the extent possible—homes, parks, child care programs, and other places where very young children without disabilities would be spending time. The final regulations of the current act were published in 2011 and available at www.idea.ed.gov/.

The number of children identified with disabilities and served under Part C of IDEA has increased from a total of 165,351 in 1994 (the first year that state-reported data are considered reliable) to 342,821 in 2010 (NECTAC, 2012). Children's disabilities will be discussed in many of the following chapters and will receive special attention in Chapter 15.



Infants and toddlers have irreducible needs for good health, belonging and love.

Infants' and Toddlers' Irreducible Needs

Meeting young children's irreducible needs is the thread that ties these three types of early development and education programs together. **Irreducible needs** are the needs of children that are absolutely necessary for them to survive and thrive (see Figure 1.7). Brazelton and Greenspan (2000) emphasize that when these seven needs are met, a child will grow, learn, and flourish. We can think of these from the child's perspective and imagine what it must feel like to the infant or toddler whose irreducible needs are met compared to the infant or toddler whose irreducible needs are not met. This text contains research and descriptions of practice that will provide strategies to meet children's irreducible needs. It is our hope that all adults, including those who read this book, can work together to meet infants' and toddlers' needs so that they can thrive—feel secure, be able to relate (feel warm and close) to others, communicate, solve problems, express feelings in culturally appropriate ways, appreciate their own and others' individuality, and have a sense of self-worth.

irreducible needs

The needs of children that are absolutely necessary for them to survive and thrive.

FIGURE 1.7 Infants' and toddlers' irreducible needs

1. Ongoing nurturing relationships
2. Physical protection, safety, and regulation
3. Experiences tailored to individual differences
4. Developmentally appropriate experiences
5. Limit setting, structure, and expectations
6. Stable communities and cultural continuity
7. Adults to protect the future

Source: Brazelton and Greenspan (2000).



Summary

The goal of this text is that you will become knowledgeable about and gain a passion for promoting the well-being, competence, and good developmental outcomes of infants and toddlers and their families.

- The prenatal period and the first 3 years of life are vitally important for children and for the adults they will become.
- A relationship-based model of infant and toddler development informs and influences the content and organization of this book.
- The ecology of the child and the individual attributes and capacities of the child influence the quality of the relationships that the child experiences.
- The quality of the child's relationships influences the experiences and the development of the child.
- Research on brain development has influenced the way parents and professionals view the significance of the first 3 years of life.

- Two demographic trends that affect both infants and toddlers and those who care for them are a changing population and the number of children experiencing poverty.
- Early development and education programs are available for infants and toddlers.
- There is a strong need for quality in early development and education programs—programs that have adequately trained teachers, responsive and affectionate adult interactions with children, and mutually beneficial relationships with families.

When we see the sparkle in an infant's eyes and the curiosity of a healthy toddler, then we know that the focus on healthy relationships and ecological factors that influence these relationships is a very worthwhile endeavor.

Key Terms

bioecological systems theory
caregiver
care teacher
continuity of care
culturally competent
culture
domains
early development and education programs
epigenetics

infant and toddler professional
infants
irreducible needs
kaleidoscope of cultures
mental health
nature
nurture
positive turnarounds
prenatal
protective factors

relationship-based model
resilience
responsiveness
risk factors
self-regulation
sensitive periods
toddlers
transactional theory
vulnerable
windows of opportunity

Reflections and Resources for the Reader

REFLECTIONS

1. Why do infants and toddlers need responsive, continuous caring relationships with parents, families, and teachers?
2. Create a list of why the first 3 years of life are so important for the well-being of infants and toddlers.
3. How are children's irreducible needs met in your community?
4. How has the research on brain development influenced the way parents and teachers think about the importance of the first 3 years of life?

OBSERVATION AND APPLICATION OPPORTUNITIES

1. Choose one of the 10 core concepts and discuss how that concept plays out in your life.
2. Discuss how your individual attributes influence the relationships in your life.
3. Brianna lives in a family that is experiencing poverty. What are some of the risk and resiliency factors that may influence the quality of the relationships that she is experiencing?
4. Choose one of the irreducible needs of children and discuss what would happen to a child, from the child's perspective, if this need is or is not met.

SUPPLEMENTARY ARTICLES AND BOOKS TO READ

- Copple, C., & Bredekamp, S., with Gonzalez-Mena, J. (2011). *Basics of developmentally appropriate practice: An introduction for teachers of infants and toddlers*. Washington, DC: NAEYC.
- Gopnik, A. (2010). *The philosophical infant: What children's minds tell us about truth, love, and the meaning of life*. New York: Picador Publishing.
- Gopnik, A. (2012). Nurturing brain development from birth to 3. *Zero to Three*, 32(3), 12–17.
- Koralek, D., & Gillespie, L. G. (2011). *Spotlight on infants and toddlers*. Washington, DC: NAEYC.

INTERESTING LINKS

www.childrensdefense.org/

Children's Defense Fund The mission of the CDF is to Leave No Child Behind® and to ensure every child a healthy start, a head start, a fair start, a safe start, and a moral start in life and successful passage to adulthood with the help of caring families and communities.

www.childtrends.org/

Child Trends Child Trends is an organization that seeks to impact policy decisions and programs that affect children through conducting and disseminating research, collecting and analyzing data, and sharing this information with those who set policy and provide services.

www.csrees.usda.gov/nea/family/part/childcare_part_nccic.html

The National Child Care Information Center (NCCIC), a project of the Child Care Bureau, Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), is a national resource that

links information and people to complement, enhance, and promote the child care delivery system, working to ensure that all children and families have access to high-quality comprehensive services.

www.csrees.usda.gov/nea/family/part/childcare_part_nccic.html

The National Child Care Information Center (NCCIC), a project of the Child Care Bureau, Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), is a national resource that links information and people to complement, enhance, and promote the child care delivery system, working to ensure that all children and families have access to high-quality comprehensive services.

www.naccrra.org/

Child Care Aware of America is a leading voice for child care. This organization works with resource and referral agencies nationwide to ensure that families have access to high-quality child care. It also leads projects that support professionals, conduct research, and advocate child care policies.

www.nccp.org/

National Center for Children in Poverty NCCP highlights 25 initiatives in the United States that improve the lives of infants and toddlers.

www.parentsaction.org/

This Web site (I Am Your Child) has several articles on emotional development and some video clips, as well as a national public awareness and engagement campaign to make early childhood development a top priority for the country and show the importance of the first 3 years of life.

www.unicef.org/

UNICEF (United Nations Children's Fund) UNICEF was created by the United Nations after World War II. It works in 190 countries and focuses on children's rights to protection, education, health care, shelter, and good nutrition. Its work depends entirely on voluntary contributions of time and money. UNICEF published *The State of the World's Children 2012*, which can be accessed on its Web site.

www.zerotothree.org/

ZERO TO THREE ZERO TO THREE is an organization that develops publications dedicated to advancing the healthy development of infants and toddlers. This Web site offers cutting-edge research, demonstrated best practices, parenting tips, publications, and conference information.

2

Infants, Toddlers, and Their Families

LEARNING OUTCOMES

After reading this chapter, you will be able to:

- Describe the effects of biology and culture on the family's experience of birth
- Describe elements that may cause variations in the experience of parenting
- Reflect on parenting styles
- Consider implications for teachers in the diversity of family structures
- Relate aspects of programs that support parents
- Articulate resources available for parents of children with special needs





Looking around the room at the parent meeting, Sammie was impressed with the diversity of the group they served at the Metro Infant-Toddler Center. Some of the differences were racial. Some were cultural. Given their neighborhood, they tended to serve people of many backgrounds and religions. Nevertheless, there was more depth to the diversity. Susan was a single physician who had

adopted a baby from Cambodia. Jewel was raising her grandbabies. Mare and Ernesto were adjusting from being a young married couple to becoming parents. Brooke and Tara were a lesbian couple raising Tara's baby. Each family seemed to have a unique situation regarding parenting, unique needs for support and information, and unique—and very strongly held—beliefs about parenting!

As Sammie understands, families come in all shapes and sizes—and all kinds of families have happy, healthy, well-developing babies. All families are similar in some ways and each is unique in some ways. There are vast differences in size and composition, the roles of parents and children, the beliefs and values of their different cultures regarding infants and parents, even the rituals and processes surrounding birth itself. While we explore the basic similarities and differences, we also look beyond the immediate family to the support it receives from programs and agencies as family members utilize health care, child care, and other services. These services, in turn, are affected by policies and regulations made by state and federal legislators. Although these policies may seem far removed from any one family's daily life, they may have great effect on access to resources, services, and information, as reflected in bioecological theory (see Chapter 3).

Biological and Cultural Effects on the Family

All humans share common beginnings. The very biology of conception, birth, and early development that will be described in Chapter 5 is much the same for all human babies. However, even within this basic prototype of early development, each beginning is different. Some mothers welcome the birth of their child; some fear birth or don't want the child. Some biological fathers are present and active participants in the pregnancy and birth; some are not. Like birth, parenting is always an intensely personal experience. Each family creates its own, unique identity while responding to or incorporating its culture, current societal norms, personal history and characteristics, resources, stresses, and family structure.

Our Biology Affects Our Parenting

Biology and evolution have determined some of our parenting patterns. Because babies are born so dependent, parents around the world have developed ways to closely care for and protect their infants. Humans are born with large but not fully developed brains. The baby cannot stay in the mother's womb long enough for the brain to fully develop, as both the mother's body and the placenta can support the developing baby's needs only until the baby reaches a certain size. The baby's size is also an important factor in the birth process; the woman's pelvic structure was better suited to childbirth before humans became upright and started walking on two feet. Birth is now a long and arduous process for many mothers and babies, and in most cultures the event is planned for and helpers attend the mother, whether they are medical professionals, doulas, midwives, or family members.

Along with these biological aspects of reproduction, human mothers and fathers react to newborns similarly across the world. Upon seeing their newborn

for the first time, mothers and fathers hold the baby so that they can gaze into each other's eyes. They touch the baby's fingers, the palms, the arms and legs, and then the trunk (Goodnow, Cashmore, Cotton, & Knight, 1984). Babies, in turn, are born ready to participate in human interactions (Gopnik, Meltzoff, & Kuhl, 1999; Nash & Hay, 2003; Shonkoff, 2011).

The long gestation, difficult birth process, dependency of the infant, and predictable responses of the parents to the newborn are constant factors across humanity. Together, they promote long-term, closely attentive, highly invested parenting. However, the exact nature of that parenting varies widely across cultures.

Cultural Effects on Parenting

Our parenting decisions today may be based in part on human biology, but they are also based on cultural adaptations made by our ancestors. The following definition of *culture* can help clarify this idea:

Each member of a group lives by a set of social rules, operates within a particular spiritual belief system, and adheres to an ideology that helps the society run smoothly. Each group can be described relative to the subsistence pattern, the production of goods and their distribution, the interpersonal interactions and social rules, and the history of its society. (Small, 1998, p. 74)

So, for example, consider a spiritual belief system that “babies are godlike” versus one that believes “babies must be trained to be god-serving members of the community.” These cultural beliefs would result in very different parenting practices. The first might cause parents to quickly and responsively meet every expressed need of their children; in the latter, parents might actively teach infants patience and generosity from the beginning. Economics also affects our view of children and parenting. If a society depends on its children to watch the livestock on the farm or to care for the infants while the parents work, the expectations of the children (and the ways they are treated) will be very different from an industrialized country where we generally see the “work” life beginning in adulthood.

Differing Cultural Values

Values concerning the relationships among people differ by culture. **Individualist cultures**, such as many in the United States, emphasize the importance of each individual over the whole group. They tend to value independence, competition, production, and personal responsibility. **Collectivist cultures**, such as Latino, African, and Asian cultures, value cooperation, process (rather than production), and interdependent relationships. The individual is primarily responsible to the harmony and well-being of the group, setting aside individual interests (Keller, 2002; Keller et al., 2006).

These basic cultural belief systems about people are transmitted to babies through their earliest interactions with their caregivers as they help babies become members of their family and community. In one study of 214 families from nine cultural communities around the world, the researchers proposed that the very earliest interaction patterns used by parents with their infants contributed to the child learning the values of their culture. They described two major patterns of interaction. The *proximal* style involves ongoing body contact and body stimulation. The proximal style is most often used by “traditional subsistence societies, in which socialization goals that embody relatedness, obedience, and hierarchy are preferred” (Keller et al., 2009, p. 412). The *distal* style is characterized by face-to-face eye contact and object stimulation. The distal style is most often used by industrialized, educated societies that value “autonomy and separateness which have been demonstrated as precursors of independent agency” (Keller et al., 2009, p. 412).

individualist cultures

Emphasize the importance of the individual over the group.

collectivist cultures

Emphasize cooperation and interdependent relationships over individuality.

In fact, parents from educated, industrial societies that valued independence spent a great deal of time showing infants toys that encouraged the child's sense of himself or herself as an individual. However, parents often held the infant during these interactions so there was also body contact. Parents from societies that valued interdependence carried their babies against their bodies most of the time, presumably preparing them for a sense of closeness and shared responsibilities. Well-educated urban parents from highly interdependent cultures tended to use both styles of interaction (Keller et al., 2009).

Cultural Questions in Infant and Toddler Child Care

Cultural differences create many questions for teachers and others who study child development. Care Teachers and parents may have different opinions on how they want an infant handled in feeding, sleeping, being helped, developing language, or many other issues. When this happens, it is important to consider if the differences are grounded in each person's own invisible, cultural beliefs about babies. If so, respectful negotiations may lead to everyone agreeing on how these issues will be handled in group care. For example, consider a mother who always carried her baby son because, within her culture, carrying your baby signifies your love and protection of the baby. If the baby were allowed to play and crawl on the floor in child care, how would he know he was loved? The care teacher believed equally strongly that floor time was good for physical development, and it was impossible for her to care for four babies when she was constantly carrying one. When the mother and care teacher took time to discuss their positions, trying to respect and listen to each other, they were able to resolve their differences. The care teacher assured the mother the teacher could sit by and play with the baby on a clean surface to help him feel protected. The care teacher also agreed to more holding and carrying of the baby than she would do naturally, as a way of providing the kind of care the baby had come to expect.

Even when differences may be seen as cultural, some areas cannot be negotiated. An example that often arises is a parent who insists: "I was spanked as a child and I'm fine. I want you to spank my child if she gets out of line." Spanking, or any form of corporal punishment, may go against or be part of your cultural beliefs—but it is definitely not allowed under child care licensing regulations. No discussion of cultural differences is required with this one. A simple "our licensing does not allow us to spank children" should end that discussion. Providing information as to why licensing would have such a rule would be a useful parent education effort.

Variations in the Experience of Parenting

Teachers meeting very young infants in child care are often fascinated by the quick pace of change and development they are able to observe. Sometimes it seems as though a baby is changing before your very eyes. The



Wyatt's parents hold and carry him much of the time, but they also believe he needs time to experience his own body.

▶ In this video, Sue Bredekamp, who has done extensive work with NAEYC, NAEYC talks about why it is so important that teachers work closely with families.

CULTURE CLOSE UP

A New York City home visiting program served a growing community of Chinese immigrants, all from the same province. A home visitor had been working with a woman throughout her pregnancy. When the baby was born, the home visitor was looking forward to meeting him. She needed to see the mother within 2 weeks of birth—a protocol of her program and a rule of its funder. When the home visitor called to set a time, she was told that people from their province believe that a new mother and her baby should stay in bed and be cared for only by family for 100 days. How can the home visitor fulfill her funder's rules and respect the family's cultural beliefs?

huge changes the parents are experiencing within themselves are not always as obvious, but they are equally profound and teachers can be very helpful as people make the transition to parenthood.

Our common biological and evolutionary heritage and our cultural variations, although each a huge factor in parenting, barely begin to describe the many influences on how people act as parents. An ecological approach to parenting describes a number of factors that account for the variation we find across families and that have a significant influence on how the family forms and functions (Susman-Stillman, Appleyard, & Siebenbruner, 2003). These factors include attitudes, early experiences, and current circumstances.

The impact of childhood and attachment experience. The structure of one's own family growing up may have a significant influence on whether young men and women become parents outside of marriage. Hofferth and Goldscheider (2010) found that young women who grew up in single-parent homes are more likely to have a baby as a single parent. Young men who grew up in unstable households with many transitions in their lives are more likely to become a father early and less likely to live with the mother. However, although family structure is important, the quality of early relationships is also a significant factor on marital satisfaction. The translation of early attachment relationships into marital relationships has not been widely studied. Nonetheless, attachment theory suggests that the early parent-child relationship becomes the child's mental representation of all relationships (Bretherton, 1985). It appears that when an adult has a history of secure attachment, he or she is more likely to handle potentially upsetting disagreement supportively (Crowell, Treboux, & Brockmeyer, 2009). If both adults had secure relationships as children, they report less ambivalence about their marriage and more competence in parenting (Volling, Notaro, & Larsen, 1998). and they experience fewer divorces during their first six years of marriage, even if their parents were divorced (Crowell et al., 2009).

The influence of a single parent's other adult relationships. Single parents and their children benefit when the parents have other helpful adult relationships. Strong social networks of friends and/or family can increase the success of single parents in their ability to maintain strong, positive relationships with their children.

A research brief (Bandy, Andrews, & Moore, 2012) reports "emotional support matters, even when you take into account...family structure, income, gender, race/ ethnicity, and child age" (p. 1). Particularly in disadvantaged families, when mothers report having emotional support, the children were less likely to act out, be depressed, or be retained a grade. They were more likely to be socially competent and engaged in school than children of mothers without emotional support.

Economics as a factor affecting parent-child interactions. Economics may have more impact on children's socioemotional development than does family structure (Kesner & McKenry, 2001). Fathers in higher socioeconomic levels who are employed and have good jobs tend to be more involved with their children, but work schedules can interfere with consistent parenting opportunities (Yeung, Sandberg, Davis-Kean, & Hofferth, 2001). Flexible work arrangements are associated with increased father involvement with their children (Castillo, Welch, & Sarver, 2012) whereas "increased stability at work without increased flexibility is negatively related to involvement" (p. 120).

The relative economic opportunities of the two adults affect their relationship and their willingness to marry. If a woman sees the man as having the potential

to raise her economic state, she is more likely to marry. If her economic status seems more secure if she is single, she is more likely to want to live separately or cohabit, rather than marry (Edin, 2000).

Becoming a Mother

Nan woke up each morning feeling she could barely face the day. She had always wanted children and thought this should be the happiest time of her life. Her husband, Roy, had been increasingly distant since she announced her pregnancy and now he was out playing basketball almost every evening. Her family called and sent flowers when the baby was born but lived too far away to help. Friends from work seemed a lifetime away. She felt very much alone, and felt like a very bad mother for not just being grateful and happy that she had a baby. She was worried that she didn't know enough, or care enough, to ever be the kind of mother her baby deserved.

Becoming a mother is both “a natural progression and a major transition” as Redshaw and Martin (2011) so aptly put it. It is both a universal experience and a deeply personal, individual one. As a woman’s body changes, as she sees the growth of the fetus in sonograms, and as she begins to think about herself caring for a baby, the process of becoming a mother is taking place. It can occur joyously or in despair. So much depends on the mother’s health, her resources, her supports, and her relationship with the father and with her own mother.

In a fascinating qualitative study, a small group of pregnant women in Sweden shared their thoughts on many topics. Twelve women around the end of their first trimester talked about feeling that they had a secret only they and their partners knew, which felt good but it also felt lonely as they wanted to share this joyous news. The women talked about being happy to be able to give their parents a grandchild while also bringing up memories of their own upbringing and parental losses (Sevon, 2012). A study of conversations with pregnant women in New Zealand showed the more they felt they would be in charge of the birthing process, the better they felt about the birth itself (Howarth, Swain, & Treharne, 2011). A study of women after the birth of the child looked at the causes of marital dissatisfaction from the women’s point of view. Dew and Wilcox (2011) found that women felt worst about having less time alone with their partner and their sense of unfairness in the distribution of housework, although they also struggled with exhaustion, loss of identity as a working person, a changed social life, and no time for themselves.

The term *high-intensity mothering* is being used to describe the high standards mothers expect of themselves and the external pressures they feel for doing everything right—and believing there is a right way to do things. High-intensive mothering attitudes include the belief that mothers are the most essential parent, that mothers should provide consistent intellectual stimulation for their child, that parenting is challenging, and that parents’ lives should totally revolve around their children. These intensive mothering beliefs were found to be associated with greater depression and feelings of stress (Rizzo, Schiffrin, & Liss, 2012).

Implications for Care Teachers

Care Teachers need to understand that becoming a mother—or becoming a mother again—can have an enormous effect on a woman’s sense of herself, her satisfaction with her marriage, or her need for a social support network. Teachers can be sympathetic listeners and help mothers within the program get to know one another.

Craig grew up thinking he wanted to have children someday, but he really believed that being a parent was something special between mothers and babies. Now he is the head-over-heels-in-love dad to 6-month-old Caitlin. When he picks up Caitlin from child care every day, her care teacher always greets him saying, "Just look at how excited she is to see you. She just lights up when you enter the room!"

Becoming a Father

Care teachers also have an important role in welcoming and valuing the child's father. The National Fatherhood Initiative (2012) has collected a fascinating array of facts regarding the numbers of children living or not living with their fathers and the effects of father absence or presence. The numbers are staggering. Twenty-four million children (one out of three) live without their biological father even though there has been an increasing understanding and emphasis on the importance of fathers, not just as providers for the family but also for their unique contributions to positive development in their children (Bretherton, 2010; Lamb, 2010; Tamis-Lemonda & Cabrera, 2002).

The guys who fear becoming fathers don't understand that fathering is not something perfect men do, but something that perfects the man. The end product of child raising is not the child but the parent. (Frank Pittman)

Men struggle with the changes in their lives, dealing with the biological, cultural, and personal aspects of becoming fathers. For many men, the concept of paternity has enormous meaning, in both a biological and a cultural context. Fathers' perceptions of their role will differ based on culture and social group. Bronte-Tinkew, Carrano, and Guzman (2006), based on an Early Childhood Longitudinal Study, found that the more fathers perceived that they had important roles to play, the more they were involved in caregiving activities, nurturing activities, physical care, and cognitively stimulating activities and the more paternal warmth they provided.

Fathers play an important role in a child's life, even in prenatal health. If the father is involved, the likelihood that a woman will receive prenatal care

in her first trimester increases by 40% and reduces a pregnant woman's cigarette consumption by 36%. Expectant fathers can be influential advocates for breast-feeding by playing a critical role in encouraging a mother to breast-feed the newborn infant. Fathers who accompanied the mother on a prenatal visit were more likely to engage in father-child activities later in the child's life (Association of Maternal and Infant Health Programs, 2009).

A study that looked at whether the level of father engagement with their infants was affected by race found that African American fathers had a higher level of physical play, whereas white men used more verbal stimulation. African



This uncle and nephew clearly take great pleasure in each other's company.

American women suffering with postpartum depression reported that their children's fathers had more physical play with the child; this was not true for white women (Cabrera, Hofferth, & Chae, 2011). This may reflect the collectivist African American culture that promotes closeness, with the fathers compensating for the mother's depression. In another study, father engagement was measured by quality and quantity of fathering, attachment remaining relatively stable, and sensitivity over time. Infants had secure attachments to the more sensitive fathers and when the attachments stayed stable (Brown, Mangelsdorf, & Neff, 2012).

The mother's positive attitude toward the father and her support of the father's involvement are important factors in both married and unmarried families (Carlson & McLanahan, 2002). In a study looking at different influences on non-resident fathers' involvement with their children, the parents' positive relationship was the strongest determining factor predicting the level of the father's involvement (Sano, Smith, & Lanigan, 2011). Mothers draw fathers into involvement with their children by having child-centered conversations, encouraging fathers to take on caregiving tasks, and having a harmonious mother-father relationship (Coley & Chase-Lansdale, 1999). This has implications for care teachers.

Implications for Care teachers

Infant-toddler care teachers should be aware of their own attitudes in making fathers feel welcome and appreciated for their relationship with the baby. Including posters of fathers with babies as part of the room decor, offering pamphlets and brochures specifically for fathers, and even including a few sports magazines in the foyer can help fathers feel welcome. It is also helpful for new fathers to hear from their child's teacher that they are doing a good job as a dad, that they have a wonderful baby, and that it is clear that the baby loves them very much. Parent education for first-time fathers can be effective in teaching interaction skills if active learning strategies are used (Magill-Evans, Harrison, Benzies, Gierl, & Kimak, 2007).

The Transition from Couples to Parents

The essential acceptance of cohabitation without marriage, use of effective contraception, and women earning as much or more than their husbands in the workplace have all been game changers in how couples experience the shift to parenthood. We cannot even begin to know what effects the current economic stresses are having on couples becoming new parents.

When marriage and cohabitation are no longer tied to traditional intentions of raising a family, the union is sometimes described as *expressive*—the couple feels stronger in expressing themselves as individuals and as a couple together. (Sevón, 2012). There is value to the romantic and sexual partnership but also to the companionship, shared interests, and activities. When these couples do have a child, excitement is often shared about having a baby and about the birth itself. However, the months of the following the birth often bring a declining satisfaction for the union as both the partners miss time to be together, their roles take on more traditional gender traits, and they struggle with sleep deprivation and insecurity about handling the baby. For basically strong relationships, this dissatisfaction begins to dissipate when the baby is around 6 months old (Barnes, 2011; Dew & Wilcox, 2011; Milkie, 2011).

Implications for Care Teachers

Although care teachers are primarily responsible for the children in their care, providing opportunities for parents to meet other parents and explore both

personal and practical issues of parenting can be very valuable. Merely understanding and appreciating the huge impact that becoming a parent has on the individuals and on the couple can make the baby's teacher a great source of support for the entire family.

The Imagined Baby and the Real Baby

Long before we become parents, long before we experience pregnancy, early in our own childhoods, we play at being parents. In our play, during teen years of babysitting, watching younger siblings or cousins growing up, we form ideas about what babies are like. During pregnancy, parents wonder about their baby and imagine what she will look like and how she will be. Mental health providers who specialize in the relationships between babies and their parents believe that expectant parents use the months of pregnancy to imagine the ideal child they hope to have (attractive, smart, athletic, happy) as well as deal with their fears of who the child might be (malformed, weak, ugly—or ultimately violent, alcoholic, or mean, like some disliked member of the family). Part of the process of becoming a parent after the birth is getting to know and accept the real baby (Stern, 2000). This may involve letting go of some imagined attributes while having the time to learn who this new baby really is. Infant teachers need to be aware that new parents are vulnerable to the thoughts and comments of others during the early infancy of their child, and their comments about each baby's character should be both true and positive.

Parenting Styles

Even with considerable appreciation for the importance that nurturing, involved mothers and fathers have in the lives of children, it is important to recognize that mere presence does not ensure a positive contribution. The parent's emotional availability, mental health, and reasonableness all affect what it feels like for the child to be with the parent. Even the good effects of having an involved, nurturing father disappear if the father is also highly restrictive, authoritarian disciplinarian (Radin, 1982).

The term *parenting styles* describes the normal variation in patterns of how parents try to control their children (Baumrind, 1991). Parenting style includes both parent responsiveness and parent demands (Maccoby & Martin, 1983). Four parenting styles are commonly identified in the literature: *indulgent* (or *permissive*), *authoritarian*, *authoritative*, and *uninvolved*.

indulgent (or permissive) parents

Responsive but seldom demand mature behavior from their child, relying instead on the child's self-regulation.

authoritarian parents

Unresponsive, but demand obedience from their child.

authoritative parents

Responsive, but also demanding, holding high standards for the child while being supportive in their discipline.

uninvolved parents

Neither responsive nor demanding, although not to the point of being neglectful.

Indulgent (or permissive) parents are highly responsive but seldom demand mature behavior from their child, depending instead on the child's self-regulation.

Authoritarian parents are demanding but not responsive. They demand obedience to an extensive set of rules.

Authoritative parents are demanding and responsive. They hold high standards for their children but are supportive in their discipline.

Uninvolved parents are neither responsive nor demanding but not to the point of being neglectful (Baumrind, 1991).

In Western cultures, parenting styles are related to child outcomes, especially in adolescence. Children of indulgent parents have higher self-esteem but are more likely to have problems in school and in their behavior. Children from highly authoritarian families do well in school but tend toward poor self-esteem,

depression, and poor social skills. Children whose parents are authoritative are rated more socially and intellectually competent than those of other parents. Children of uninvolved parents do most poorly in all areas (Darling, 1999).

However, parenting style is also related to culture. In America, with a predominant emphasis on individualism and freedom, authoritarian parents seem restrictive and constraining. However, children of Chinese families with highly authoritarian styles develop very well, possibly reflecting the cultural attitude toward authority as serving the harmony of the group (Chao, 1994), and because strict and extensive rules are usually paired with great warmth and closeness, making the parenting style more of a mix between authoritative and authoritarian. The emphasis on effort and hard work over talent may seem authoritarian but really be authoritative (Dewar, 2011).

Implications for Care Teachers

Infant-toddler care teachers may find it helpful to share this information on parenting styles with the families they serve. However, this may also be useful information for self-reflection. As an infant-toddler teacher, you have a relationship with the children that is similar to that of a parent. Reflection on whether your style of relating to the children is permissive, authoritarian, authoritative, or uninvolved could be very enlightening.

Family Structure

As we continue to wrestle with the complexity of understanding families, one large task would be simply defining the word *family*. A **family** may meet the traditional image of two married, biological parents and their children—or it may mean single parents, grandparents raising children, same-sex couples raising children, adoptive parents, blended families, or foster parents. Parents may be of the same or different religions and of the same or different races or cultures. The changing composition of the family does not change what is important to the child about being a member of a family, however. A report from the American Academy of Pediatrics states, “Children’s optimal development seems to be influenced more by the nature of the relationships and interactions within the family unit than by the particular structural form it takes” (Perrin, 2002, p. 341).

In the recent past, we considered the two-biological-parent family as “normal” and regarded any other family structure as having deficits. The many changes in the structure of families have caused us to look at this differently. We currently view all families as having both risk factors and protective factors (Seifer, Sameroff, Baldwin, & Baldwin, 1992). As defined in Chapter 1, *risk factors* are those life events or personal characteristics that threaten a child’s or family’s well-being. *Protective factors* are the events and characteristics that act against risk factors (Donahoo, 2003).

family

Individuals related by birth, marriage, or choice.



Care teachers may become part of a single parent’s support network.

For example, a calm, nurturing single-parent home would provide more protection than a two-biological-parent home affected by alcohol and violence.

Children can grow up happily, healthy, and without serious problems in all kinds of families, but children in two-parent households are more likely to escape poverty, teenaged unmarried childbearing, and school and mental health issues (Child Trends, 2002; Weitoft, Hjern, Haglund, & Rosén, 2003). The majority of American children live in two-parent households; however, according to census reports, that percentage has been steadily decreasing since the 1960s. About 66% of children live with two parents (biological or stepparents), 23% live with only their mother, 3% live with only their father, and 4% live with neither parent (ChildStats, 2011). In order to work effectively with extremely diverse families and their infants and toddlers, it is helpful to understand some of the issues that may be related to family structure. There are so many variations to the American family, and the issues surrounding them are so complex, that the following discussion should be considered a brief introduction to a topic worthy of deeper study.

Divorce

Parents of infants and toddlers have particular issues to consider when they divorce. Infants and toddlers may not be able to understand the difficulties their parents are experiencing, but they are very aware of the emotional tone of their environment. The sadness, tension, and anger of divorce can be stressful to even very young infants (George & Soloman, 2011). The baby's ability to develop a sense of trust in others depends on the adults' predictability and consistent emotional availability. Custody issues concerning parenting time are quite complex when it comes to infants and toddlers. (George, Soloman, & McIntosh, 2011) suggest that overnight visitation with fathers in divorced or separating families is very stressful to young infants who are still establishing the rhythms of their days. After decades of research in this area, they conclude that overnight visits with the non-custodial parent not take place until the child is an older toddler.

Implications for Care Teachers

An infant-toddler care teacher needs to be sure that she relates fairly to both divorced parents, supporting each parent's relationship with the child. She must remain neutral in a situation that can be fraught with difficult feelings. In supporting the child's relationship with each parent, the care teacher must keep both parents well informed about the child and find ways, when necessary, to describe the effect that the parent's relationship or the custody situation is having on the child.

Single Parents

Some of the issues for infants and toddlers concerning divorce are also relevant for children raised by a single, never-married parent. The percentage of children born to women who have never married is increasing dramatically: In the early 1960s, less than 1 percent of children lived with a never-married parent. By 2000, nearly one in 10 children lived with a never-married parent. . . . In 2009, 41% of all births occurred to unmarried women (Martinez, Daniels, & Chandra, 2012).

Implications for Care Teachers

Care teachers need to be particularly sensitive to infants and toddlers who are growing up with only one parent, as these children need and long for safe,

nurturing contact with adults of both sexes. Because child care providers are predominantly female, it is easier to provide female experiences to children being raised by fathers than male experiences to children of single mothers.

Same-Sex Parents

Same-sex parents are estimated to be raising as many as 9 million of America's children, but accurate statistics are impossible to find. Gay and lesbian parents share the same concerns and worries of all parents but face additional issues unique to their situation. If the child was not originally conceived within an earlier heterosexual relationship, there are questions of adoption, artificial insemination, or surrogate mothers. Legal issues arise wherein the biological or adoptive parent may have full parental rights, but the same-sex partner may not be allowed to adopt the child as an equal parent.

A study of the well-being of adult children raised by same-sex parents showed that two factors seemed most influential in supporting their development. The adults with the best outcomes were raised in a community that had several similar families and a social climate that included voting Democratic, having more accepting religious beliefs, and school rules against bullying (Lick, Tornello, Riskind, Schmidt, & Patterson, 2012). Patterson (2006) summarized the research in this way: "More than two decades of research has failed to reveal important differences in the adjustment or development of children or adolescents reared by same-sex couples compared to those reared by other-sex couples. Results of the research suggest that qualities of family relationships are more tightly linked with child outcomes than is parental sexual orientation" (p. 241).

Implications for Care Teachers

The care teacher's primary responsibility is to support the relationship between the infant and the parents. When same-sex couples bring an infant or toddler to a program, they may share the questions anyone may bring to the experience of being a new parent. The teacher should, as always, be ready to share information on development and early parenting practices. However, same-sex parents may face more complicated questions about each person's new role. How does a baby have two mommies or two daddies? How does each person understand sharing this role? The teacher should listen to these questions with the same compassion and acceptance as she would with any other parent issues about adjusting to the role.

A bigger question for same-sex couples may be whether they and their child will be genuinely welcomed into the program or will staff or families have animosity toward the couple based on religious or personal objections. These are issues that may also arise when families of a different race or religion enter an



Many early childhood programs serve families through home visits, working with the parent and child together.

otherwise homogeneous program. As in dealing with any feelings of discomfort based on differences, the teacher should begin by examining her own feelings, perhaps in supervision or with the mental health consultant. The care teacher may also want to practice with that person how to politely, but firmly, put a stop to cruel remarks from other parents. For example, “I can see you have strong feelings about Jami having two mommies, but this is not the time or place to talk about it. Our director will be happy to have a conversation with you, but we keep this room calm for the babies.”

Although no one is free of bias toward others, each care teacher is expected to behave in a professional manner and always work to support the relationship between the child and his family. Many baby board books illustrate homes with two daddies or two mommies and will help the child from such a home feel represented.

Grandparents

Grandparents raising grandchildren is an increasing phenomenon in America (Williams, 2011). Parents may or may not live in the same household, but grandparents are increasingly providing primary care for grandchildren. According to the U.S. Census Bureau, in 2010, 7 million children were living in homes maintained by their grandparents, up from 3.9 million in 1997 (U.S. Census Bureau, 2012). The steady increases are due to a variety of factors: substance abuse by parents, teen pregnancy, family violence, illness, and incarceration. Grandparents are sometimes able to offer a stable home to their grandchildren; however, they often care for their grandchildren without any legal rights. This leaves them in precarious conditions for accessing health care or other social supports for the children (Minkler, 2002).

Implications for Care Teachers

Both the grandparents and the infant or toddler will need sensitive understanding from educators: “While the home-school connection is critical for every young child, it is especially crucial in grandparent-headed households. Education professionals need unique insight and information about custodial grandparents’ particular circumstances” (Smith, Dannison, & Vach-Hasse, 1998, p. 16). The infants and toddlers may be grieving for the loss of a parent, and grandparents may be struggling with transforming their role of doting grandparent into one of parent with multiple responsibilities for their grandchildren.

Adoptive Parents

Adoption is another subgroup of parenting with so many variables that it is tempting to say it can be understood only on a family-by-family basis. Given that in 2008, 135,813 adoptions occurred in the United States and about 1 million children live with adoptive parents, there are endless differences (Child Welfare Information Gateway, 2011). Infants may be adopted at birth from parents who relinquish their rights immediately, they may be adopted by family members, or they may be removed from their birth parents because of abuse or neglect and spend years in foster care without a permanent home. They may have been exposed to drugs or alcohol in utero. Obviously, the circumstances leading up to the adoption will have considerable effect on the child’s outcomes.

For infants and toddlers, the work of developing relationships and establishing trust is highly dependent on consistent, responsive caregiving. Achieving a balance between a secure attachment to a caregiver and a healthy ability to move out into the world to explore can be challenging for any baby. Infants and toddlers who have experienced many disruptions in early relationships may have particular difficulties in establishing trust and in feeling safe enough to explore the world (2004).

Implications for Care Teachers

Care Teachers may also need to support adoptive parents as they struggle with particular issues. In an earlier section of this chapter, we described some of the issues men and women struggle with as they become parents. Although the process of adoption is very time-consuming, many adoptive parents have only a few days between being notified that their child is available and actually receiving the child. In contrast to a 9-month pregnancy, this can leave little time for emotional preparation. In order to protect themselves from disappointment, the adoptive parents may not dream and fantasize about parenting as much as the pregnant couple. They may be afraid at first to become too attached to the baby. They may worry whether they will love the baby or whether the baby can love them, given the lack of genetic connection. They may also need help in determining whether issues that arise are typical behavioral issues for infants and toddlers or whether they are related to the adoption.

Foster Parents

When children are abused or neglected, they enter the child welfare system and often are placed in foster homes. More than 43% of all children in foster care are under age 5 (U.S. Department of Health and Human Services (2012). Thirty-one percent of the children who entered foster care in 2011 were under 3 years old (U.S. Department of Health and Human Services, 2012). These children are possibly the most vulnerable in our country. In order to be placed in foster care in the first months or years of life, they have already experienced deficient or dangerous parenting. Their mothers may not have received prenatal care, and they may have been poorly nourished and exposed to substances in utero.

Nearly 80% of these children are at risk for medical and developmental problems as a result of prenatal exposure. They may have witnessed or been victims of physical or sexual violence. More than 40% of foster children were born prematurely and/or were of low birth weight. More than half have serious health problems and developmental delays—4 to 5 times the rate of children in the general population. With all of these problems, children in foster care are also unlikely to receive basic health care such as immunizations and are highly unlikely to receive early intervention or mental health services because of fragmented systems and record keeping (Stacks & Partridge, 2011).

Implications for Care Teachers

Participation in high-quality early childhood programs is included as one of five strategies to promote the healthy development of young children in foster care proposed by the National Council on Poverty. High-quality early childhood programs provide stimulating, engaging, and nurturing environments that can be inherently supportive of development. Early childhood teachers can also provide information, strategies, ideas, and emotional support to foster parents.

 Watch the video *A Conference with Kayla's Mom*. How does Kayla's teacher prepare for the conference with Kayla's mother?

parent education

The array of government and private programs that provide informational services to young children and their families.

family support programs

Provide and coordinate a variety of services and supports for families, including prenatal care; assessment for special needs; and other medical, educational, and social services.

Care and Education Programs that Support Families

Parent Education

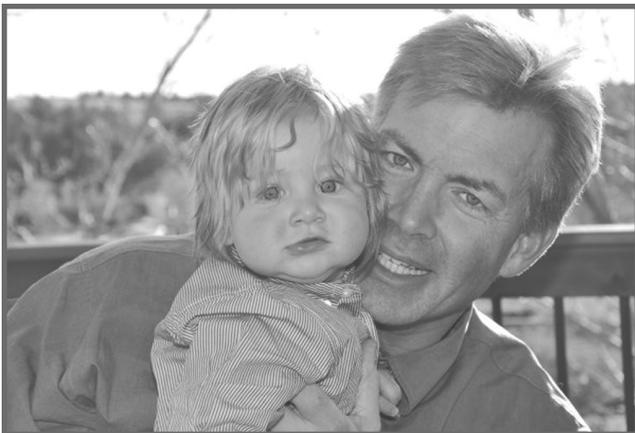
In addition to child care, many programs are available to support parents. In a broad sense, all programs that provide informational services to young children and their families might be called **parent education**. The specific purpose of the program may lie anywhere along what the National Parenting Information Network (NPIN) calls the “parenting education spectrum.” This includes an increasing intensity of services and supports, such as resources and referrals, suggestions or strategies, informal community programs or groups, formal instruction through classes, and counseling and one-on-one support for parents (Robertson, 1998). All families need support at various stages of family life and at select times. **Family support programs** provide and coordinate a variety of services and supports for families—such as prenatal care for the mother, health services for children, quality child care and child care options, assessment and services for special needs, education, and social services. Different agencies in a city, county, or state may collaborate to provide the services and supports in a coordinated way that creates a strong infrastructure to support families and children prenatally to age 5.

In 2010, the Patient Protection and Affordable Care Act established the Maternal Infant Early Childhood Home Visiting (MIECHV) program. The MIECHV program is designed to improve coordination of services for at-risk communities, to strengthen and improve the activities of the Maternal and Child Health Block Grant, and to identify and provide comprehensive services to improve outcomes for families in high-risk communities. States were invited to apply for the funding to support one of seven evidence-based home visiting models: Early Head Start, Parents as Teachers, Family Checkup, Healthy Families American, Healthy Steps, Home Instruction Program for Preschool Youngsters (HIPPI), and the Nurse Family Partnership. This is a \$1.5 billion investment in serving families through the highly effective model of home visiting—another employment opportunity for early care and education professionals. Home visitors develop close relationships with families while providing child development information, emotional support, and connections to many community resources.

Programs for Parents of Children with Special Needs

Perhaps there is no other group of parents for whom such a variety of education and support services are available as parents of children with disabilities. These parents represent every race, culture, economic status, and family structure. Assisting them are programs that provide information about legal, developmental, financial, and medical aspects of disabilities, as well as parent-to-parent connections and advocacy.

When infants or toddlers are identified with disabilities, parents may have any number of reactions, influenced by many factors including their personal history with disabilities, their religious or cultural beliefs about disability, the nature or severity of the particular disability, and their own capacity to be open to someone other than the wished-for perfect child.



Personality, culture, and the experiences of one's own childhood will influence the parenting styles each parent adopts.

Despite a prevailing societal assumption that the discovery of a disability in one's child is a tragedy for the parent, parents describe many kinds of reactions. One study reported parents as describing themselves in a constant state of tension between feelings such as “joy and sorrow,” “hope and no hope,” and “defiance and despair.” Parents also identified their own optimism and resourcefulness in meeting the ongoing challenges of their child's disability (Kearney & Griffin, 2001). Other parents have less positive experiences and describe their reactions as including fear over the child's future ability to live a satisfying life or guilt over having possibly caused the disability through a physical or spiritual act. Some parents feel confusion over the new situation, often trying to understand complex medical information at a time when anxiety and lack of sleep make understanding anything difficult. Parents may feel powerless to control their own lives, may feel disappointed by the child they have produced, and even have feelings of rejection of the child or the professionals who carry this image of the child (Smith, 2003). Many parents describe themselves as having all of these feelings at different times—sometimes even having contradictory feelings at the same time!

The only disability is having no relationships. (Judith Snow)

Each state has at least one parent training and information center (PTIC) to provide parents with training and information about disabilities; information about parents' and children's rights under the relevant laws; and resources in the community, state, and nation (Müller, 2007). These centers are funded through the Individuals with Disabilities Education Act (IDEA), which mandates special education services for children with disabilities. The parent center staff members are often parents of children with disabilities themselves. They provide information over the phone, through workshops, and through conferences, helping parents understand their own child's needs and learn about available options. They encourage parents to actively participate in making decisions about their child's services and in negotiating with providers and intervention systems to ensure that their child's legal rights to services are fulfilled.

Parent-to-Parent support programs are also available all over the country and through national clearinghouses. Parent-to-Parent is a program that matches parents of children with similar needs to provide support and information to each other. A parent whose child is newly identified as having a disability may contact a Parent-to-Parent program and be matched with an experienced parent trained to discuss the new parent's concerns. Parent-to-Parent may provide an understanding friend with whom the parent can share experiences of stress, confusion, or optimism. Strategies for utilizing resources, making decisions, and simply gaining confidence in trusting one's own feelings and understandings may be shared. Lifelong friendships sometimes begin in Parent-to-Parent matches (Santelli, 2003).

Care teachers should be considered part of the early intervention team serving an infant or toddler with disabilities and should have a good knowledge of the resources and programs in the local community. However, the role of the child care provider as a partner to the parent may be even more important in day-to-day life. Care teachers can contribute ongoing observations and information about a child's new interests and accomplishments. They can help parents sort out what new behaviors may be related to the disability and what is typical toddler behavior. Most importantly, teachers can provide a genuine welcome to and true affection for a child whose acceptance in other settings may be of great concern to parents.



Summary

Many aspects of life affect how families form and function in their parenting:

- Human families all over the world share a common biology of reproduction that determines some aspects of their parenting—attending births, caring for vulnerable young infants, and valuing the bonds between parents and their children.
- Cultural beliefs about how people relate to each other and the role of children within the culture directly, if sometimes invisibly, determine the guidance parents offer their children.
- The transition to parenthood is a powerful and significant life change for the individual and for the couple, which can be supported or undermined by factors such as personal history, support from the partner, social support, and economic stability.
- Personality, culture, and the experiences of one's own childhood will influence the parenting styles each parent adopts—indulgent (or permissive), authoritarian, authoritative, or uninvolved.
- Families created through marriage, divorce, non-married individuals, same-sex couples, grandparents raising grandchildren, adoption, and foster care may each provide different experiences for the family members. Nonetheless, the quality of caring, responsiveness, and relationship will have a greater impact on the child's mental health and overall developmental well-being than the configuration of the family.
- Finally, many early childhood programs provide information and support to help parents do the best jobs they can with their children. These programs include parent education, family support programs, and early intervention parenting programs.

Every early childhood program must respect the primacy of the family in the lives of infants and toddlers. Parents are our best partners, our best sources of information and guidance concerning their own children, and often our real reason for existence.

Key Terms

authoritarian parents
authoritative parents
collectivist cultures

family
family support programs
individualist cultures

indulgent (or permissive) parents
parent education
uninvolved parents

Reflections and Resources for the Reader

REFLECTIONS

1. In your own family, do you think your parents believed their job was basically to teach you to be independent and self-sufficient or to be interdependent? How did they communicate these messages to you?
2. In reading about different family structures, did you think that some kinds of families might be harder for you to accept than others? How would you manage that challenge, if it occurred? Discuss with a partner in class.

OBSERVATION AND APPLICATION OPPORTUNITIES

1. As you observe parents with their young children at child care, in a store, or on a bus, what do you see parents do that suggests to you that they might be authoritative, authoritarian, indulgent (permissive), or uninvolved?
2. Children are able to grow and develop well in all sorts of families. What unique strengths have you seen in families of different structures such as grandparents

raising children, single parents, divorced parents sharing custody, or others?

3. Visit a parenting class in your community. Evaluate how useful the class appears to be to the families.

SUPPLEMENTARY ARTICLES AND BOOKS TO READ

- Barrera, I., Kramer, L., & Macpherson, T. D. (2012). *Skilled dialogue* (2nd ed.). Baltimore, MD: Paul H. Brooks.
- Dozier, M., Bick, J., & Bernard, K. (2012). Intervening with foster parents to enhance biobehavioral outcomes among infants and toddlers. *ZERO TO THREE*, 31(3), 17-22.
- Parlakian, R., & Lerner, C. (2012) Practical tips and tools—sharing the caring: Considerations for co-parenting arrangements when there is a separation or divorce, *ZERO TO THREE*, 32(5), 40-42.
- Pruett, K., & Pruett, M. K. (2012). Sustaining parent-young child relationships during and after separation and divorce. Or not. *ZERO TO THREE*, 32(5), 33-40.

INTERESTING LINKS

www.childwelfare.gov

Child Welfare Information Gateway. This government Web site provides research briefs, statistics, and issue papers.

www.fatherhood.gov

The *National Responsible Fatherhood Clearinghouse* is a resource of the U.S. Department of Health and Human Services Administration for Children and Families' (ACF) Office of Family Assistance (OFA).

npen.org/

National Parenting Education Network The National Parenting Education Network is a national organization that promotes parenting education. The Web site has many articles and resources on parenting education.

www.parentcenternetwork.org/national/aboutus.html

Parent Technical Assistance Center The Web site provides an array of data about parent training and information centers (PTICs) and community parent resource centers. PTICs are funded by the federal government to support parents of children with disabilities.