



Bank Street

Occasional Paper Series

Occasional
Paper
Series


Volume 2019
Number 42 *Promise in Infant-Toddler Care and
Education*

Article 15

October 2019

Promise in Infant-Toddler Care and Education

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Recommended Citation

(2019). Promise in Infant-Toddler Care and Education. *Occasional Paper Series, 2019 (42)*. Retrieved from <https://educate.bankstreet.edu/occasional-paper-series/vol2019/iss42/15>

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Promise in Infant-Toddler Care and Education

Introduction

Sharon Ryan

Virginia Casper

Essays by

Linda M. Richter

HB Ebrahim

Joan Lombardi

Marcy Whitebook

Susan L. Recchia

Seung Eun McDevitt

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Occasional Paper Series #42

Promise in Infant-Toddler Care and Education



Infant-Toddler Care and Education: Speaking Up for Young Children and Their Caregivers

Sharon Ryan and Virginia Casper

Much of the policy-and practice-focused research on infant-toddler care and education has been concerned with the issue of program quality. That is, what elements constitute a quality program for infants and toddlers that ensures their ongoing developmental success? Researchers have sought to identify the structural and process indicators necessary for young children to receive the kinds of responsive interactions that contribute to positive developmental outcomes.

Paradoxically, while we do know a lot about what constitutes high-quality care and education for infants and toddlers, most policies ignore the research by regulating a bare minimum of requirements for programs. This situation has resulted in significant variation in what infant-toddler programming looks like, where it is located, and who gets access to high-quality programs. It's as if policymakers and the public assume that babies and toddlers don't need much attention because it is basically women's work and not an area of education warranting investment. The immense policy focus on public prekindergarten as the panacea to educational inequities and economic disadvantage has also complicated things, because infant-toddler care and education has had to take a back seat to the education of three- and four-year-old children. This not only has implications for children and families, but helps reinforce a significant salary differential for birth-to-three child care workers.

Yet the research base on the development of infants and toddlers makes clear that the first few years of life form the foundation for children's educational trajectories. A report sponsored by the federal Administration for Children and Families, after a careful review of available research, argues that birth through age three is a time of rapid development that sets the stage for children's later academic and social success (Horn, Norris, Perry, Chazan-Cohen, & Halle, 2016). Similarly, Linda Richter in this issue notes that international reviews of the empirical evidence (Black et al., 2017; Britto et al., 2017), argue that "the foundations for brain and mental development are laid down during the first few years of life, with demonstrable benefits and disadvantages over the long term for health, wellbeing, learning and earning." It is during the first three years that children become increasingly independent physically, when they learn to put words to their interactions with the environment, and when they are learning how to participate in social and cultural worlds. So it makes no sense that the care and education of infants and toddlers is marginalized in political and educational conversations.

This special themed issue of the *Occasional Paper Series* seeks to highlight and challenge assumptions about infant-toddler care and education. In the Call for Papers, we specifically asked for critical analyses of the state of the field; for contributions from practitioners, policy researchers and policymakers, teacher educators, and colleagues from international contexts to interrogate the status quo. We were not surprised, however, when the papers submitted, with one exception, came from university researchers or faculty working with students. Caregivers and teachers of the youngest children are overwhelmingly women, often with families of their own, with limited time, support, or incentives to

write about their experiences. Because of this, the focus for the issue that emerged from the submissions is more on policy and training than on the day-to-day experiences of the practitioners.

In addition to the call, we invited four internationally known researchers and thinkers in the infant-toddler-family field to express their thoughts about what they see as needed to move the agenda towards increased equity and excellence in infant-toddler education and care. The invited pieces by Hasina Ebrahim, Joan Lombardi, Linda Richter, and Marcy Whitebook are shorter essays with a policy lens that complements the more on-the-ground work of the other pieces.

All the pieces in the issue can be grouped around two main themes: 1) the centrality of relationship-based care, and 2) the tensions between local/contextual and larger-scale systems-level approaches.

The Centrality of Relationship-Based Approaches

The first three years of life not only set the stage for children's developmental trajectories in later years but also constitute a period when children are most dependent on the adults in their lives. It is young children's relationships with their caregivers that provide the foundations for their development as these adults create the social, physical, and linguistic environments in which children learn to become increasingly independent in space and time. These same adults, whether they are family members, infant-toddler practitioners, or community members, help young children to make sense of their world and support them to learn and practice the values of the cultures and communities in which they live and learn. As Susan Recchia and Seung Eun McDevitt highlight in their article, "Relationship-based Infant Care as a Framework for Authentic Practice," the practice of teaching, caring for, and developing relationships with babies is central to their education, and yet the importance of relationships is usually downplayed.

Several articles in this special issue elevate the importance of relationships between infant-toddler educators and the children and the families they serve. In the sole piece by classroom teachers, Emmanuelle Fincham and Amanda Fellner describe their work with a child with autism, observing that their efforts to help him become a member of the classroom community did not always gel with that of the early interventionist who was using behaviorist-inspired applied behavior analysis techniques. They discuss how the disability label of "autism" made them second-guess their actions and consider whether they were acting in the best interests of the child who eventually left their classroom for a more specialized setting.

In drawing on a "funds of identity" model in their case study of a Korean-Canadian infant-toddler teacher, Recchia and McDevitt illustrate that relationship-based care is a cultural practice. Educators bring their own socio-cultural experiences and values to their interactions with young children. How one is parented and educated and where that education takes place mediates how caregivers themselves respond to families, colleagues, and children. These essays, along with others in this issue, highlight the importance of relationship-based care, not only with children but between and among caregivers themselves, and among the communities in which they work.

In their articles about the Guttman Center, a professional development initiative implemented by staff

of the Bank Street College of Education in East New York, Marjorie Brickley, Robin Hancock, Virginia Casper, and Rebecca Newman illustrate the importance of relationships between adults in the work of caring for young children. Robin Hancock describes how she carefully took the time to network in the community, listening to different stakeholders to ensure that the professional development approach would support the community's needs.

In her essay on the development of a curriculum for the Guttman Center delivered on Saturdays at a local community child care center, Marjorie Brickley talks about how the curriculum drew on the developmental-interaction approach, a signature of Bank Street pedagogy. Brickley underscores how a curriculum in a community-based learning initiative needs to ebb and flow in order to adapt to the knowledge the predominantly family child care practitioner participants bring and what they want to learn.

Virginia Casper and Rebecca Newman talk about their relationship as a coach mentor and coach and how their conversations helped Newman as the coach to work through some of her expectations and assumptions about what constitutes quality care. Across all of these essays, the common message is the importance of using a strengths-based approach, of listening to caregivers, and adjusting professional development opportunities to meet their needs. In her introduction to these three different views of the initiative, Casper asks whether the customary definition of a program's "success" allows for the contradictions between the program's ability to meet a specific community's needs and its "scalability."

Turning to preservice infant-toddler preparation, Jennifer Longley and Jennifer Gilken outline a program at the Borough of Manhattan Community College that places relationship-based practices at its center. Faculty develop individual relationships with students, teaching every student multiple times over the two years of the program. Students also work with the same group of infants and toddlers over several years to learn about the importance of continuity of care. Like the Bank Street faculty who worked with the Guttman Center, Jennifer Longley and Jennifer Gilken argue that their program seeks to advocate for the important and complex work of infant-toddler professionals and to do so in a way that gives voice to their students' experiences and perspectives.

The essays in this special issue attest to the give and take necessary to support children's development when families, communities, and infant-toddler educators come together— whether it is a family child care or center-based setting. Relationship-based practices are so much a part of this work that more must be done to elevate its importance in higher education programs and professional development opportunities.

Tension Between the Local and Contextual and Larger Scale Systems Work

Throughout the world, the care and education of infants and toddlers has often grown organically as needs within a community have arisen. Program offerings and the people who have cared for infants and toddlers have varied, depending on culture, context, and nation. In her article on infant-toddler care and education in Africa, for example, Hasina Ebrahim highlights how multi-generations of men, not always fathers, have taken social responsibility for very young children, a situation very different

from the one in Western nation states. Ebrahim also troubles dominant Western narratives about who is fit to be a primary caregiver, such as child-headed families within the context of HIV-AIDS, arguing that context is inextricably tied to how infant-toddler care and education is enacted.

Writing from Jamaica, Zoyah Kinkhead-Clark and Kerry-Ann Escayg illustrate how Jamaica's history as a country with a small island development status and limited funds chose to meet the demand for infant-toddler care by investing in day nurseries often within the homes of infant-toddler educators. In some ways this investment has contributed to more women being able to work, but the access to high-quality care arrangements for children under three is limited. Kinkhead-Clark and Escayg point to promising programs in other under-resourced countries to demonstrate what attention to local solutions can bring to the conversation. Both of these international papers highlight that history, economics, and community values shape what comes to be accepted as infant-toddler care.

While the organic and community-responsive histories of infant-toddler programming has worked in some geographies, there still remains a need in most nations for families to have access to and be able to participate in high-quality programming for their infants and toddlers. One dilemma is how to do this on a larger scale while remaining supportive of the local and the contextual. This tension was present in the work of the Guttman Center described in three essays in this issue, which provided the resources of Bank Street faculty as well as regular coaching visits to help community infant-toddler caregivers. When funding for the pilot ended, the question of scale was raised. We are left with the question of how policymakers invest in infant-toddler programming in a way that is responsive to local needs and inclusive of cultural values and community priorities.

This is one of the challenges that Joan Lombardi takes on in her essay, "Overlooked Too Long: Focusing on the Potential of Infant and Toddler Child Care." She suggests several pathways for action. In addition to increased government spending on programming for children under three, Lombardi calls for development of an infant-toddler scholarship system rather than the use of vouchers, for provision of networks of support in communities for infant-toddler educators, and for adequate compensation for infant-toddler providers.

Working from an international perspective, Linda Richter echoes Lombardi's vision and suggests that the World Health Organization's (2018) Nurturing Care Framework be adopted internationally. Richter outlines this approach as a nested set of activities that begins with providing adequate health care, nutrition, shelter, early childhood programming and support services for children and their families. At the larger societal level, this framework calls for meaningful government policies and investments that ensure young children receive a high-quality educational foundation in the earliest years. This includes parental leave and the provision of accessible, affordable, and high-quality early educational programming. From Richter's perspective, it is crucial to consider the interdisciplinary nature of infant-toddler education and care that requires policymakers to invest in education, housing, and health care.

Two final essays argue that the only way to build a system of high-quality early childhood opportunities for young children is to focus on the compensation and preparation of the people who work with infants and toddlers. Jennifer Mortenson, Maryssa Kucskar Mitsch, Kalli Decker, Maria Fusaro, San-

dra Plata-Potter, Holly Brophy-Herb, Claire Vallotton, and Martha Ball succinctly present the many paradoxes that shape the current system of infant-toddler care, showing how the lack of certification requirements, limited standards, and a focus on families has resulted in an underprepared and under-compensated workforce, which in turn contributes to variable quality in the programs children attend. They outline a new initiative entitled the Collaborative for Understanding the Pedagogy of Infant and Toddler Development (CUPID), which brings a group of 57 scholars from 45 institutions of higher education to research and map out extensive programs of preparation that do not subsume infant-toddler knowledge and competencies within other age-group programs.

In her essay, “A Bizarro World for Infants and Toddlers and their Teachers,” Marcy Whitebook argues forcefully that professional development and educator preparation are not enough unless infant-toddler teachers are recognized and compensated for the complex work they do. In her words, “the early childhood field, by prioritizing professional development over improving educator compensation and working conditions, reinforces the misconception that our early educators need to improve themselves before their jobs will improve.” Without attention to the quality of the work life of infant-toddler caregivers—without paid preparation time, reasonable benefits, and compensation on par with those of colleagues in the public education system—infant-toddler care will remain fragmented and variable in quality because professionals will leave for better job opportunities.

Over the past decade there has been significant policy interest in creating systems of high-quality early education in many countries. The essays in this issue caution against assuming that a one-size-fits-all approach is possible, because communities vary considerably. Scalability itself is not the answer, nor is focusing solely on supply of child care opportunities, which in most countries cannot meet the demand for infant-toddler care and education. Instead, as Joan Lombardi suggests, the field needs “new resources, new strategies and a new orientation.” And for many authors in this volume, many of these strategies and resources must focus on the infant-toddler workforce.

The papers in this issue call to all of us in early education to advocate forcefully for infant-toddler education, for the communities in which it takes place, and for the workforce that facilitates children’s development and family members’ ability to work outside the home. They challenge the dominant narrative that the care and education of children aged zero to three has little impact on children’s futures, that it is not work worthy of a living wage, specialized preparation pathways, or major policy investments. Together, this collection offers a vision of new pathways and resources that the field might utilize to address the under-resourcing and inadequate attention given to policy and practice addressing the zero to three space. This issue of the *Occasional Paper Series* makes clear that infants and toddlers and those who educate them are gaining more of the policy and research spotlight. It behooves all of us in the field of early care and education to muster our networks and resources, including the empirical research base, to push for the reforms that have been deeply needed for a long time.

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The Nurturing Care Framework: From Policies to Parents

Linda M. Richter

When most people think of early childhood development, what comes to mind is preprimary school learning; similarly, when they think about how best to ensure a child turns out well, their thoughts turn to adolescents. The FrameWorks Institute in Washington, DC, calls this “aging up,” a phenomenon that has been demonstrated as a bias in policy and public thinking in several countries, including South Africa (Richter, Tomlinson, Watt, Hunt, & Lindland, 2019). Yet it is the earliest period of life, from conception to two to three years of age, that most strongly regulates our trajectory across the course of our lives (Shonkoff, Richter, van der Gaag, & Bhutta, 2012) and that influences how children cope with early formal learning and the challenges of adolescence.

This earliest period of life is less visible because it plays out in the privacy of homes and child care centers, and it is most directly influenced by the quality of relationships between young children and their parents and caregivers. Until quite recently it wasn't clear what the issues during this period were and how they could be addressed (Shawar & Shiffman, 2017). However, the 2017 publication of the *Lancet* series *Advancing Early Childhood Development: From Science to Scale* accelerated a growing convergence between scientific evidence and political commitment on the importance of addressing poverty, inequality, and social exclusion, starting at the beginning of life.

Across three comprehensive reviews (Black et al., 2017; Britto et al., 2017; Richter et al., 2017), the series assembled evidence to show that the foundations for brain and mental development are laid down during the first few years of life, with demonstrable benefits and disadvantages over the long term for health, well-being, learning, and earning. Very large numbers of children in low- and middle-income countries—an estimated 250,000,000, or 43% of all children under the age of five—are at risk of not reaching their human potential because they experience adverse conditions during early development: extreme poverty (living on less than USD 1.90 a day) and undernutrition, leading to stunted growth. Risk is highest in sub-Saharan Africa, where some 60% of young children are exposed to such conditions, and higher in rural regions than in urban areas. A poor start in life comes at great cost to individuals, who are predicted to earn nearly a third less than other adults in their society, as well as to societies as a whole. Some countries, such as Ethiopia, Madagascar, India, and Pakistan, will likely lose more in human potential in the future as a result of stunting than their governments currently spend on health care.

The series distilled the current knowledge of what can be done, and of how and by whom, and prompted the Nurturing Care Framework (World Health Organization, United Nations Children's Fund, & World Bank Group, 2018). The framework proposes a continuum of nested activities essential to the developmental integrity of young children (see Figure 1). All children need to receive health care and good nutrition, be kept safe and secure, have opportunities for early learning, and be cared for by

affectionate and responsive caregivers. On a day-by-day basis, nurturing care is provided by parents, families, and caregivers. In turn, they are helped by supportive services, both formal and informal. At the macro level, all families, especially the most vulnerable, need an enabling environment of supportive government policies. These include parental leave, child care, and financial support when needed. Most countries (with the exception of the United States of America), provide paid maternity leave, and an increasing number also provide paid paternity leave. In 2018, 75% of men and 48% of women worldwide were employed or looking for work. Many more women in poor countries work in the informal sector, trading, waste picking, sewing, or doing laundry at home. This work keeps them busy at, or away from, home—illustrating the need of most families for affordable, quality child care.

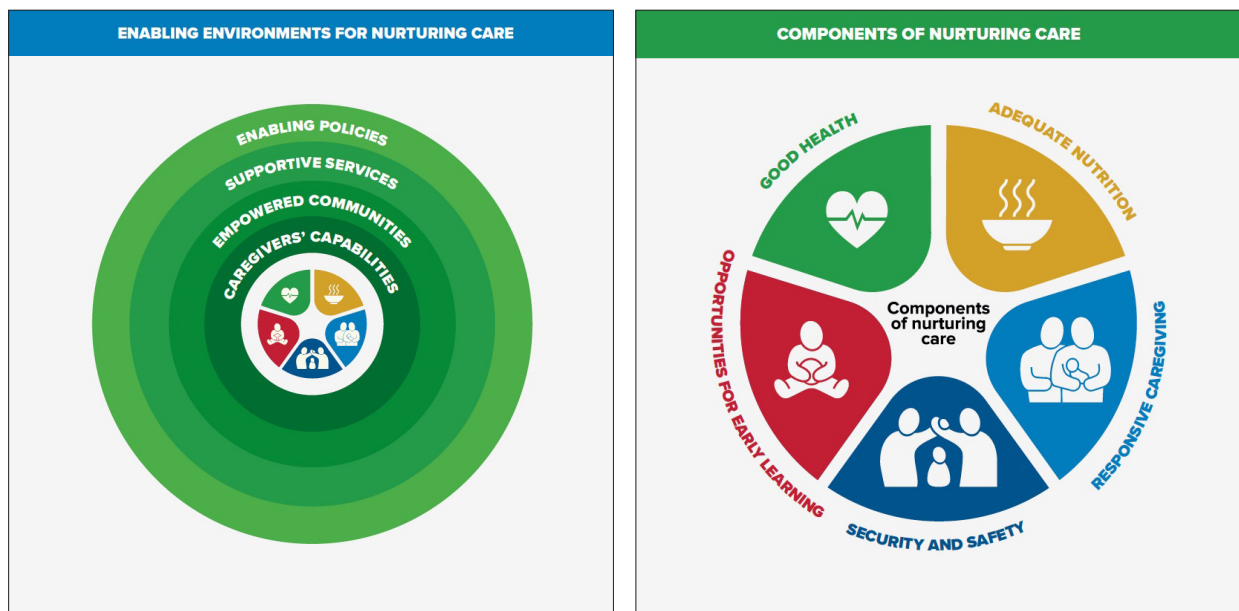


Figure 1. The Nurturing Care Framework

Source: World Health Organization, United Nations Children's Fund, and World Bank Group, 2018, *Nurturing care for early childhood development: A framework for helping children survive and thrive to transform health and human potential* (p. 17 and p. 12), Geneva, Switzerland: World Health Organization.

The health sector has an important role to play in fostering and supporting nurturing care. The most frequent contacts with pregnant women and families with young children occur in that sector, and many existing health services and child care practices—notably kangaroo care, breastfeeding, and nutritional supplementation for women and young children—have measurable benefits for childhood development (Vaivada, Gaffey, & Bhutta, 2017). In addition, there are many examples that show that interventions to promote responsive caregiving and early learning can be integrated into health services in centers and in the community, with positive effects on young children's development (Peacock-Chambers, Ivy, & Bair-Merritt, 2017; Walker et al., 2018).

Most encouraging is the fact that in several low- and middle-income countries, programs to promote early childhood development are being scaled up to the national level, paid for by governments and secured

by legislation. For example, India's Integrated Child Development Scheme (ICDS), inspired by Head Start and started in 1975, provided one or more of six services to more than 110,000,000 pregnant women and young children in 2016 (Ministry of Women and Child Development, Government of India, 2016). The Chilean program Chile Crece Contigo is almost universal, reaching more than 80% of the country's poor children and families. In 2014 Brazil launched Criança Feliz, which is currently reaching about half of all poor families with young children in that country. The Brazilian program is unique in that it has been set up to include a rigorous evaluation of its effects on children's development through a comparison of communities reached by it, in a staggered design. In all of these programs, political commitment to human development, starting early, is key.

A significant milestone was the adoption in 2018, by the 20 richest countries in the world, the G20, of the Initiative for Early Childhood Development. The opening paragraph of the Initiative's declaration states that "We [the G20] are convinced that early childhood is one of the most significant and influential phases of life - especially the first 1,000 days. It determines the basis for every child's future health, well-being, learning and earnings potential, and sets the groundwork for young children's emotional security, cultural and personal identity, and for developing competencies, resilience and adaptability" (G20, 2018). The document concludes with commitments to collaborations to fund and support multisectoral early childhood development programs, especially in low- and middle-income countries. As a benchmark, funding equal to 1% of Gross Domestic Product (GDP) has been proposed, with a recommendation that rich countries and donors assist poorer countries to achieve it (Richter et al., 2018).

The challenge ahead is to design a minimum package of services for all young children that is supported by solid scientific evidence and that is both sufficiently specific and flexible enough for diverse country conditions. In 2018, the World Bank costed out a package to address children's early development and learning needs, comprising prenatal health care, birth assistance, immunizations, micronutrients, quality preschool, birth registration, and information for (and presumably services to support) parents regarding the importance of breastfeeding and early stimulation (World Bank Group, 2019, p. 128). However, more work has to be done to design a package specific to the zero to three age group that includes affordable high-quality child care. In addition, it is important that governments and civil society increasingly accept and act on early childhood development as a critical component of investment in human health and capital.

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About the Author



Linda Richter, a developmental psychologist, is the author or co-author of more than 400 papers and chapters on basic and policy research in child and family development. She led the 2017 Lancet Series, *Advancing Early Child Development: From Science to Scale*, and is engaged in related follow-up implementation activities including the development of the Nurturing Care Framework and the Early Childhood Development Country Profiles as part of Countdown to 2030. Linda led the development of South Africa's National Integrated Early Child Development Policy and Programme, adopted by Cabinet in 2015, and is the Principal Investigator of several large-scale, long-term collaborative projects, including a birth cohort study of 3,273 South African children followed up for 28 years.

Unlocking Birth to Three: Context *Really* Matters

HB Ebrahim

It is undisputed that birth to three are foundational years during which the youngest in our society experience extraordinary growth that contributes toward their development and learning. High-quality programs direct efforts at building caring relationships, providing nurturing environments, and working in partnerships with families and communities. Developing responsive programs and equitable practices, however, is not straightforward. Contestations have been brought to the fore by dissenting voices to mainstream narratives that privilege certain ways of knowing young children, their primary caregivers, and practice with, for, and about them (Burman, 2008; Cannella, 1997; Nsamenang 2008; Okwany & Ebrahim, 2016; Viruru, 2001). In light of this, it is critical to ask: How has the dominant knowledge base for birth to three side-lined a focus on context? What does a case study of Africa suggest about contextual issues related to birth to three? How might we proceed for more affirming birth to three practices in a global and diverse world?

The conventional wisdom for programming and practice for birth to three comes from a Euro-American base that was traditionally informed by knowledge generated from the fields of biology and psychology. The scientific underpinnings of this perspective gave it the semblance of being the only authentic way to understand the socialization and care of young children as well as education practices for individual learning according to individual circumstances. The export value of the global scientific paradigm for the early years reached low- and middle-income countries through “best practice” templates attached to a variety of aid work mainly directed at the poor. This universal microlevel approach sidelined considerations of how young children’s development is affected by the historical, sociocultural, political, and economic contexts of childhood.

The African continent presents an interesting case for examining how the local context provides ideas for debate, critical thought, and expanded understanding embedded in framings of structural inequalities in broader society, specifically for children from birth to three. There is an emerging constituency of African scholars whose ideas cast child development and related practice as contextual and situated (Marfo et al., 2011; Nsamenang, 2008; Pence & Ashton, 2016). In a rare volume dedicated to birth to three in Africa, authors from 10 countries on the continent foreground the realities which not only complexify programming and practice for birth to three but also raise issues of systemic inequalities (Ebrahim, Okwany, & Barry, 2019).

Several authors discuss peripheral ideas related to who primary caregivers are and how they nurture young children’s growth, development, and learning. For example, Kamusiime (2019) brings alive the reality of teenage mothers in the urban poor locales of Kampala, Uganda who navigate an ambiguous space as child mothers within constrained social and economic circumstances. The motherhood and caregiving narratives show how the teenage mothers bond with their children and take responsibility amid the challenges they experience. A child-headed family structure is also a feature of African households affected by HIV/AIDs. This radicalizes the traditional practices of sibling caretaking in

African societies. Kakuru (2019) calls for engagement with older children's agentic capabilities of using their funds of knowledge to enact caregiving practices with young children. She is, however, quick to point out that these strengths must not deflect attention from the stark realities experienced in overburdened caregiving systems. The role of men is also an issue that has not been well understood in different cultural contexts. Nyamukapa (2019) notes that in indicators relating to participation of fathers in children's lives, attention is most often paid to biological fathers. However, older men in African societies play the role of social fathers who are part of the caregiving system. In the study of fathers in Zimbabwe, Nyamukapa uses indigenous concepts to portray the role of men in children's lives. For example, he shows how the care duties for men are guided by the concept of *kuchengeta*, which refers to the role of being a provider for the needs of children and the family. Some men use this conceptual framing to reinforce the view of the intimate work of child care as a cultural practice for women.

The use of interacting systems to shape early care and education is another important contextual issue. Because of the dominance of the single-generation carer in parenting, little attention has been paid to how collective parenting with multigenerational caregivers allows for resilient local knowledge and beliefs to inform early socialization. Zanafy (2019) shows how knowledge and practices are redistributed to uphold a communal culture in Madagascar. She therefore advocates for dialogue between generations to allow for the circulation and reinterpretation of knowledge by families for contemporary use. The issue of forced migration also continues to challenge how caregiving practices are framed and enacted. Harouna (2019) illustrates how the movement of Central African refugees to rural Cameroon creates hybrid practices that are developed from programs delivered by humanitarian workers, values from the home country, and experiences in the host country. He argues that although there is a belief that children are highly valued among the refugees, the reality says otherwise. Young children born out of wedlock are most vulnerable. Unwed mothers and children experience isolation, especially in religious communities.

So what do program developers and practitioners need to do to make context matter? A *reflective posture* is required for becoming aware of how personal bias and assumptions can lead to preconceived notions of children and families. There should be exploration of one's beliefs and a willingness to revise them in light of contextual evidence. Attempts should be made to *understand worldviews and structural issues* that influence certain ways of knowing and being in culturally diverse and poor communities. This means paying attention to their cultural hybridities, historical and current displacement, and unequal access to services and support. There should be a key focus on the *development of responsive strategies*. Access for diverse and inclusive participation must take into account whether the environment and practitioner skills are appropriate for underserved children, families, and communities. A *culture of respect for difference and equity* is essential. Organizational plans must include employing staff who reflect the diversity of the children and their families in affirming ways. Partnerships with families should be sought through genuine engagement in order to learn from them and improve programs and practices.

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Overlooked Too Long: Focusing on the Potential of Infant-Toddler Child Care

Joan Lombardi

Child care appears to be emerging as a national issue. After decades of being relegated to the minor leagues of American policy, child care for working families has become front-page news. It has been almost 50 years since the passage of comprehensive child care reform. The Comprehensive Child Development Act of 1971 would have provided for a network of child care programs, ensured federal standards, and provided funds to train caregivers, among other provisions. Unfortunately it was vetoed, setting back child care for decades.

It has been more than 15 years since I wrote *Time to Care*, a book calling for the country to redesign the child care system to promote education, support families, and build communities (Lombardi, 2003). Since then, my own children have grown up, yet the next generation faces the same issues. Parents continue to pay a substantial portion of their income for child care and the child care workforce remains grossly underpaid, affecting every aspect of quality care. In far too many American communities, the supply of care is limited, with child care deserts becoming part of the new lexicon.

For families with infants and toddlers, the challenges of finding affordable quality care can be overwhelming. About 61 percent of American families with children under three are working. The realities these families face every day have been overlooked too long. While we are taking some very important steps to address the needs of families with very young children, we still have a long way to go to put the child care issue front and center.

Bright spots; but much more attention needed

Driven by the science, and coupled with new public and philanthropic initiatives, there seems to be new energy and interest in focusing on the 12 million children under age three across the country, particularly those facing adversity. For example:

- Over the past decade, the launching of the Maternal, Infant and Early Childhood Home Visiting Program has focused new resources and strategies on supporting families with very young children.
- Early Head Start, which was launched 25 years ago, has set the standard for how to deliver high-quality comprehensive services to the most vulnerable.

Yet it is estimated that both of these important services together still serve less than 10 percent of the eligible population.

At the same time, paid family leave has only inched forward. Decades after the passage of the Family and Medical Leave Act, which provides for 12 weeks of unpaid leave, a substantial portion of families are still not eligible. While paid leave has also emerged on the national stage, it has been more rhetoric

than reality. Some progress has been made in states such as California and New Jersey.

Child care as an opportunity

There is a clear need to significantly increase resources and innovation in infant-toddler child care. While some important new resources targeted at this age group have been set aside through the Child Care and Development Block Grant, we still meet only a fraction of the demand for quality services.

Given the sensitivity of the first few years of life, and the importance of the family, there has been a long-held ambivalence about child care for very young children. However, the realities of life today demand that we move this issue to the top of the child care agenda. Very young children may be spending more than a thousand hours each year in alternative care, including with family, friends, and neighbors, family child care providers, and in centers. If children are in full time care, they may be spending many more hours. These hours and days provide a critical opportunity to support families, reducing their stress and promoting health and early education for their children. For this to happen, we need new resources, new strategies and a new orientation that moves from child care as a deficit to child care as an opportunity.

We need to *re-vision* infant-toddler child care as multi-generation support—a core support for both children and families. In 2017, the World Health Organization (WHO) and partners launched the nurturing care framework, which called for good health, adequate nutrition, safety and security, responsive caregiving, and early learning experiences (WHO, 2018). This integrated vision should be part of the future of child care, much like comprehensive services are in Early Head Start, which address all developmental needs of children, including health and education, and assures strong family engagement.

The fact that parents interact with their child care provider every workday provides an opportunity to reach and support them in new ways—from providing parent information and networks to referrals to a host of other supports such as housing, job training, financial management, mental health, and other services that enable positive parenting. Finally, part of the vision for the future of infant-toddler care has to include grandparents, who often play a significant role in the lives of their grandchildren. This means more direct support for caregiving and new ways of co-locating elder care and child care.

What needs to happen?

A new vision is not enough; it must be followed by increased resources and new ways of organizing services. Child care for infants and toddlers is one of the most under-resourced human services. It is time to make financing a priority, with a substantial proportion of any new funding at the federal, state, or local level targeted to the youngest and most vulnerable children. At the same time, we have to rethink how we develop a diverse delivery system that can provide quality and support parental choice. Our current voucher system alone cannot assure quality, supply, or affordability while it is plagued by low reimbursement rates and/or high co-payments. A combination of increased resources, new revenue streams, and new financing mechanisms are needed. At a minimum we need the following four action steps:

Increase the supply of quality comprehensive programs. Efforts should be launched at the federal and state levels to drive more resources directly into creating a better supply of infant-toddler programs. Like higher education institutions, programs serving infants, toddlers, and their families need new facilities and ongoing support to create high-quality programming. They cannot just rely on portable assistance like vouchers to finance their startup or ongoing operations.

Develop an infant-toddler scholarship system. The voucher system itself needs an overhaul. Rather than calling them *vouchers* we should call them *scholarships* to reflect more clearly that this is an education support. Moreover, reimbursement rates for infant-toddler care must reflect the true cost of providing quality care, rather than just what the market will bear.

Connect child care providers to quality support in communities. Child care providers too often have been isolated and without adequate supports. Every community should establish a network of support for providers from centers to family child care to family, friends, and neighbors. Such a quality hub could grow out of an Early Head Start program, a child care resource and referral, a school, or other community agency. In addition, family, friend and neighbor care could be supported through a system of home visiting.

Recognize and support infant-toddler child care providers with adequate compensation. There are few jobs as important in the 21st century as “caring jobs” from infant care to elder care. Caring jobs are as much a part of the future of the country as tech jobs or green jobs. We need to build higher education capacity, new career pathways, and ongoing financial incentives for people to enter and remain in the infant care field.

Signs of hope

In the past few years, the issues of child care, equity, and the importance of the first thousand days of life have all seen a resurgence of interest. At the same time, the federal government has focused some attention on the continuum of services and more and more states are planning for children under three. These and other actions are hopeful signs. Yet we still have a very long way to go to create the kind of child care supports that both children and families need. There is still *time to care*; the question is, will we take the opportunity or overlook it once again?

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About the Author



Over the past 45 years, **Joan Lombardi** has made significant contributions in the areas of child and family policy as an innovative leader and policy advisor to national and international organizations and foundations and as a public servant. She currently directs *Early Opportunities LLC*, a strategic advisement service focused on the development of young children, families, and the communities that support them.

She served in the U.S. Department of Health and Human Services as the first Deputy Assistant Secretary for Early Childhood Development (2009-2011), as the Deputy Assistant Secretary for Policy and External Affairs in Administration for Children and Families, and as the first Commissioner of the Child Care Bureau, among other positions (1993-1998).

A Bizarro World for Infants and Toddlers and Their Teachers

Marcy Whitebook

A bizarro world reverses our everyday realities. You may be familiar with the concept if you have ever read DC Comics or watched *Seinfeld*. In the bizarro world I envision for our nation's infants and toddlers, family income would not determine whether their parents could afford to take time off work in the first months of their lives or their right to high-quality early care and education. In my bizarro world, the staff in every infant-toddler program, whether offered in a center or home, would be steeped in the science of child development and early learning pedagogy and could depend on good wages and working conditions.

In this world, the most revered teachers would be those who work with infants and toddlers. It would be widely understood that “baby” teachers — as early educators were once called — require as much knowledge and skill as teachers of older children and that the quality of children's experiences depend on their teachers' ability and well-being. These coveted jobs would be sought by men and women alike. Gender and racial bias would have no role in establishing pay rates, and the infant-toddler workforce would be racially and linguistically diverse.

Alas, every day early educators working with children not yet in kindergarten—a workforce comprised almost exclusively of women, 40 percent of whom are people of color—encounter the opposite reality. In our world today, respect and raises are seldom forthcoming, and disparities in pay reflect structural race and gender biases. Although the most pronounced pay differentials for teachers are between those working with children from birth through preschool and those in kindergarten and higher grades, early educators working with infants and toddlers face a sizeable wage penalty in relation to educators who work exclusively with preschool-aged children (see Figure 1).

Analysis of the 2012 National Survey of Early Care and Education (NSECE), the most recent comprehensive national data on the early childhood education (ECE) workforce, shows that among center-based infant-toddler teachers, 86 percent earned less than \$15 an hour, compared to 67 percent of those working exclusively with preschool-aged children. More than one-half of those working with infants and toddlers earned less than \$10.10 an hour, compared to 36 percent of those working with

HOME-BASED PROVIDER EARNINGS

The 2012 National Survey of Early Care and Education (NSECE) provides information for center-based teaching staff, yet it reports only estimates of home-based provider annual household incomes and the portion of household incomes derived from their work with children. Among home-based providers listed with agencies in their state, across racial and ethnic groups, 50 percent live in households with incomes that were less than the national median income of \$50,502 in 2011; for African American providers, this figure was 75 percent (Whitebook et al., 2019, p. 35).

older children (Whitebook et al., 2018, p. 36). African American educators are disproportionately affected by this wage penalty, as they are more likely to work with this age group of children than their peers in other racial and ethnic groups. Fifty-two percent of African American educators work with infants and toddlers, compared to 43 percent of all center-based early educators (Whitebook et al., 2018, p. 36).

Some differences in compensation can be attributed to the lower qualifications required for those working with infants and toddlers, as determined by licensing or program standards. But when qualifications are equivalent, differences in educational attainment among infant-toddler and preschool teachers only partially account for wage differences. At every level of educational attainment, there is a wage penalty for teachers working exclusively with infants and toddlers, compared to those working with children aged three to five. The magnitude of the difference increases at higher levels of teacher educational attainment, as shown in Figure 1.

For educators with no degree, the average pay penalty for working with infants and toddlers is \$1.05 less per hour (or \$2,184 less annually for a full-time, full-year worker), compared with educators working with preschool-aged children, and the average pay penalty for educators holding an associate degree is \$1.26 less per hour (or \$2,621 less per year for a full-time, full-year worker). For an early educator working full-time who holds a bachelor’s or higher degree, the wage penalty rises to \$4.03 less per hour (\$8,382 less per year for a full-time, full-year worker).¹ Even when controlling for educational attainment, an early educator working with infants and toddlers still earns \$2.00 per hour less than an educator who works with children aged three to five, not yet in kindergarten (NSECE Project Team, 2010-2012 cited in Whitebook et al, 2018).

	Infant-Toddler	Pre-K	Predicted Wage Penalty by Age
Bachelor’s or graduate degree	\$13.83	\$17.86	-\$4.03 per hour
Associate degree	\$11.85	\$13.11	-\$1.26 per hour
No college degree	\$9.68	\$10.73	-\$1.05 per hour

Figure 1. Mean Hourly Wage and Predicted Wage Penalty by Age of Children and Educational Attainment, 2012

F(3,4349)=393.67, p<.001.

Source: Center for the Study of Child Care Employment calculation using NSECE (2012) data. Whitebook et al., 2018, p. 36. Reprinted with permission.

This difference in earnings is partially explained by program funding and sponsorship. Compared to services for children aged three to five, services for infants and toddlers are more likely to rely on parent fees and less likely to receive public funding (National Academies of Sciences, Engineering, and Medicine, 2018). Approximately 15 percent of centers serving infants and toddlers report public funding as their predominant revenue source, compared to 50 percent of centers that serve only preschoolers.

1 Annual wages were calculated by multiplying the hourly wage by 40 hours per week, 12 months per year.

The 2012 NSECE allows us to examine wage disparities among early educators nationally, across four categories of center-based programs based on funding source and sponsorship: school-sponsored public pre-K, community-based public pre-K, Head Start, and other early care and education (ECE centers²) (see Figure 1). Seventy percent of center-based jobs working with infants and toddlers were in other ECE centers, which on average paid the lowest wages, regardless of whether the educator had a university degree or not (Whitebook et al., 2018, p. 36).

These variations in wages by program sponsorship and funding across educational levels serve as a powerful incentive for all early educators to change jobs in order to improve their economic status and remain in the field. For infant-toddler teachers, the variations are an incentive to work with older children. Infants and toddlers, for whom stable caregivers are so essential to their well-being, suffer the consequences of poor compensation, wage disparities, and the turnover they fuel.

Additionally, economic insecurity and the stress it feeds can undermine educators' capacity to remain focused and to engage in the intentional interactions that facilitate young children's learning and development (Institute of Medicine & National Research Council, 2015). Until recently, scant attention has been paid to how living on the edge negatively impacts educators' financial security, health, and practice, but surveys show that early educators have high levels of anxiety about providing basic needs for their families, including paying for food (Whitebook, et al, 2018). A 2017 study of more than 1,200 early educators in Arkansas found that four out of ten preschool teachers (40 percent) and five out of ten infant-toddler teachers (50 percent) reported being food insecure, meaning they were skipping a meal or cutting meal portions due to lack of money (McKelvey, Forsman, & Morrison-Ward, 2018, p. 5).

The bizarre world I envision need not be an imaginary one. Such a world for babies does exist outside of the United States. I glimpsed it when visiting an infant-toddler center in the heart of Copenhagen in 2018. The right to child care in Denmark, regardless of family income, is guaranteed for all children one year and older. The four-story facility in the heart of the city I visited accommodated up to 90 infants and toddlers. Each room is carefully purposed and designed, whether it is home rooms for small groups of children, each with dedicated teachers who remain with the toddlers until they move onto preschool, or a shared room dedicated to sensory exploration, water play, and even carpentry. Teachers also enjoy dedicated spaces—one for meetings, another for office work, and a lounge connected to the kitchen—and their schedules allow them generous time for planning and professional exchange without child responsibilities. Groups of children cycle in- and out-of-doors, often in carefully designed ergonomically designed wagons for carting children along city streets. The space never felt crowded or out-of-control, despite the many children interacting with each other, their teachers, and their physical environment with obvious enthusiasm, trust, and curiosity. Most striking was the absence of the stress that is generated by poorly planned and equipped spaces, and understaffed

2 These program types correspond to NSECE program classifications based on program funding source and sponsorship. The labels for each program type have been edited for clarity as follows: "school-sponsored public pre-K" refers to NSECE's *school-sponsored*; "community-based public" refers to NSECE's *public pre-K-funded, not school-sponsored or Head Start-funded*; "Head Start" refers to NSECE's *Head Start funded, not school-sponsored*; and "other ECE centers" refers to NSECE's *all other ECE*.

and overstretched adults we commonly encounter in programs here in the U.S. In Denmark and other countries where they are getting it right by their babies and their families, they are also doing right by their teachers, and manage to finance high-quality early care and education services as a public good, a universal right rather than a privilege for some.

As a young woman, I was optimistic about the ability to reform and build an early care and education system in the United States that addressed the rights of children, families, and their teachers. A half century later, my outlook has sobered, and I am humbled by my understanding of the enormity of our challenge, both within the early childhood field and in the larger community. I remain no less committed to advancing change.

Those sitting at the tables of power where early childhood policy decisions are made see teachers as objects to be transformed rather than as actors with the critical perspective necessary for shaping effective reforms. Over the last two decades, the focus of quality improvement strategies has been on inputs into educators without a parallel investment into the conditions that allow those inputs to take hold. In essence, the early childhood field, by prioritizing professional development over improving educator compensation and working conditions, reinforces the misconception that our early educators need to improve themselves before their jobs will improve. This condones a system in which teachers subsidize the cost of quality services and sacrifice their own well-being, seemingly for the benefit of children who themselves are shortchanged by this status quo.

As I see it, a new reality requires an organized collective voice of early educators—led by those working with children each day—that demands that ECE leaders, fellow citizens, and policy makers face the urgency of our early educator teacher crisis. Only with the empowered voices of teachers and a reconceptualization of early childhood teachers' value, their needs, and their role in our systems—along with sufficient resources—can we move from the unacceptable realities of today to my bizarre world with an equitable future for children and the adults who care for and educate them.

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About the Author



Marcy Whitebook began her career as an infant-toddler teacher, which taught her the importance of improving child care jobs as key to ensuring children’s right to high- quality early care and education. Joining with teachers who shared her understanding of link between child and adult well-being, they founded the Child Care Employee Project (CCEP) in 1977. In 1989, CCEP conducted the National Child Care Staffing Study, which first brought public attention to the low wages and high turnover of child care teachers and their impact on child outcomes CCEP (later to become the Center for the Child Care Workforce), and also spearheaded the national Worthy Wage Campaign. Marcy founded and serves as the Co-Director of the Center for the Study of Child Care Employment (CSCCE) at the University of California at Berkeley. Her recent works—the *Early Childhood Workforce Index* and *Worthy Work*, and *STILL Unlivable Wages: The Early Care and Education Workforce 25 Years after the National Child Care Staffing Study*—document the current status of the workforce and analyze how workforce policies serve to support and/or undermine effective teaching, contribute to inequitable services for children and families, and often pose risks to the personal and familial well-being of the workforce itself.

Relationship-Based Infant Care as a Framework for Authentic Practice: How Eun Mi Rediscovered her Teaching Soul

Susan L. Recchia and Seung Eun McDevitt

Background

Our work with Eun Mi¹ began when she was a participant in a larger study focused on preparing culturally diverse pre-service teachers in our master's program to engage in authentic practice (Recchia & McDevitt, 2018). She stood out among the participants for several reasons. First, unlike the others who were newcomer immigrants, she had immigrated to North America from Korea as a high school student and had attended a Canadian undergraduate program in early childhood education. As a result, she was much more well-versed in Western-based thinking in the field. Although she had never worked with infants before, she had had several experiences as a student teacher with preschoolers in schools and programs that resembled her placement site. Perhaps because she had had more time to think about and process her teacher identity informed by actual teaching practice, Eun Mi seemed ready to engage in the infant practicum at a deeper level from the start. She was also able to articulate her thoughts and ideas with greater detail, making full use of the integrated structure of the infant practicum as a catalyst for new learning. Most importantly, Eun Mi had a powerful story to tell that went beyond the scope of our previous study. This paper is our attempt to more fully honor her voice.

As we reanalyzed Eun Mi's journey through the infant practicum, we relied on the framework of funds of identity (Esteban-Guitart, 2016; Esteban-Guitart & Moll, 2014a; 2014b) to explore the dynamic unfolding of her changing sense of herself as an early childhood teacher. Our growing understanding of Eun Mi's sense-making about her experience, which evolved within an ongoing process of feedback and reflective engagement, was further informed by the work of Heffron, Ivins, and Weston (2005) on use of self in authentic practice. We describe below how each of these constructs contributed to our ways of synthesizing and giving meaning to Eun Mi's shared memories, emotional experiences, and reflections as she encountered infant practice for the first time.

Funds of Identity as a Framework for Dynamic Change over Time

Esteban-Guitart and Moll (2014a) define funds of identity as "historically accumulated, culturally developed, and socially distributed resources that are essential for a person's self-definition, self-expression, and self-understanding" (p. 31). Funds of identity draw on an individual's funds of knowledge in a dynamic way, incorporating the person's historical and cultural beliefs into new understandings that emerge through continued lived experiences. As such, they are seen as resources which can be both "empowering and constraining tools" (Esteban-Guitart & Moll, 2014a, p. 34) in this process. In our study

1 All names in this article are pseudonyms.

on authentic practice (Recchia & McDevitt, 2018) we found that ultimately, each participant had to find her own way of making sense of the intersection between her own funds of knowledge and identity and the new knowledge to which she was being exposed. The synthesis looked different for each participant, but became an important component of finding their authentic practice and further developing their teacher identities for all of them. This dynamic learning process is explained by Esteban-Guitart and Moll (2014a) in the following way:

... learning takes place when participants, supported and guided by others, are involved in activities that enact connections between prior knowledge and experiences (incrusted in their identities) and new information. In that regard, funds of identity act as a lens through which we view and absorb new information and new identities. It is a dynamic composite of who we are and who we are becoming, based on what we have learned (and we are learning) from both our academic and everyday experiences. (p. 44)

Elaborating on Vygotsky's (1926/1997) ideas regarding the fallacy of separating intellectual and emotional experience and the critical importance of total human experience as an essential foundation for education, Esteban-Guitart and Moll (2014b) discuss the tangled connections between emotional and cognitive knowledge in funds of identity. They note the challenges involved in studying or analyzing the ways that funds of identity change over time as ideas from the past fold into interpretations of the present, and they call for more longitudinal studies to capture the trajectories of funds of identity. They suggest that interviews alone may not reveal the complex relationship of past and present; doing so requires methods that go deeper, such as examining focused drawings, stories, or narratives that inspire deliberate, conscious reflection. Responding to the ideas put forth by Esteban-Guitart and Moll (2014a; 2014b), Nogueira (2014) offers a role for the teacher educator as a creator of opportunities that involve students in a critical process of meaning-making through which they can reimagine their own funds of identity; this process can serve as a catalyst for uncovering historical roots and ongoing connections that can bring funds of identity to life for analysis. In studying Eun Mi's journey, we were inspired by multiple data sources that taken together give insight into her interwoven experiences as she participates fully in all aspects of the infant-toddler practicum.

Authentic Use of Self in Relationship-Based Work with Infants

The Infant and Toddler Development and Practice course that served as the context for Eun Mi's experience is uniquely designed to introduce students to a relationship-based approach to teaching and learning. The course is required for all students pursuing early childhood teacher certification in our program. Students spend a minimum of 12 hours per week in an infant or toddler room where they focus on a "key" child beginning in the second week of the semester, taking responsibility for the majority of their key children's caregiving needs, observing key children carefully for course assignments, and developing special relationships with them and their families throughout the time of

the practicum. Student caregivers present their key children in our weekly seminar as we discuss infant-toddler learning and development, often sharing their own new understandings about the children and their ways of being and learning together. Thus, the actual practice of teaching, caring for, and developing relationships with babies is central to the course and foundational to all of its other aspects. Other components of the practicum, described below, are understood as integral aspects of supporting teaching and learning through a relationship-based framework.

Reflective journals. Weekly reflective journals, which are ungraded, informal, and designed to encourage students to share their ideas freely while raising questions about their practice, have been shown in previous studies to be an organic, unfiltered data source that captures students' thoughts and feelings about their experiences (Beck, 2013; Recchia & Shin, 2010). Through the journals, students engage in a reflective dialogue with the course instructor, in which they continually share new experiences they have had with their key children and receive responses to particular questions they pose. The course instructor draws on her multiple roles in the practicum as an interactive partner in the journaling process. As the field supervisor for the students, she incorporates her insights from site visits to respond to questions about particular practices and key children. As the liaison between students and their cooperating teachers (CTs), she provides supportive feedback and raises questions for further discussion when issues arise with other adults at the students' sites. As a partner in the relationship-building process, she provides feedback to students that prioritizes the relationships she is building with them, modeling a way of teaching and learning that honors individual differences and builds on strengths.

Readings and assignments. Course readings are carefully selected to provide a foundation for learning not only about early development but also about the nature of adult-child relationships and their power and influence in young children's lives. Students read attachment-based papers such as "Angels in the Nursery: The Intergenerational Transmission of Benevolent Parental Influences" (Lieberman, Padron, Van Horn, & Harris, 2005) and "Watching, Waiting, and Wondering: Applying Psychoanalytic Principals to Mother-Infant Intervention" (Muir, 1992).

Course assignments include reflections on these readings, encouraging students to think more deeply about their own perspectives on a topic and examine more carefully the ways that their previous experiences influence their responses to children and families. About midway into the semester, students conduct a home visit with their key children's family, which provides an opportunity to make a stronger connection with the family, to learn more about the contributions of the home context to the child's life, and to gain insight into the family's perspectives on raising their children. Toward the end of the semester, students videotape their interactions with their key children to reflect on and share their practice with peers.

Encouraging self-awareness, reflective practice, and authentic relationships. Heffron et al. (2005) provide a thoughtful set of ideas around the infant-toddler practitioner's work in finding an authentic voice in her practice. They suggest that this happens for practitioners as they become more able to understand and accept the ways that their own internal experiences impact their work with infants and families. The infant-toddler practicum works toward this goal by asking students to think deeply

about their own early experiences of being cared for and about their own emotional responses to challenging or difficult situations with infants and families. Thus, their professional preparation goes “beyond explicit content and knowledge about a situation to include an awareness and exploration of reactions and deeply held beliefs. Such explorations require careful attention to the feelings, values, and beliefs that are activated in one’s self and others...” (Heffron et al., p. 323).

Caring for infants can bring out forgotten memories (Recchia & Loizou, 2002; Recchia & McDevitt, 2018) and “evoke past or present personal experiences ... on a conscious or unconscious level” (Heffron et al., p. 325). Developing skills to reflect on the connections between remembered and present experiences can serve as a tool for changing practice (Schon, 1983). Reflection on and in practice comes about through different channels; some students engage more fully in journaling reflectively, while others seem to reflect more deeply in the context of class or peer discussion or within the supervision/mentoring process. Heffron et al. (2005) discuss the mentor’s use of gentle inquiry to encourage further thinking:

For the inquiry to be truly gentle and to promote a process of mutual discovery, rather than to be a pedagogical act, the supervisor must be careful to remain open to the dialogue, must not be too certain about the desirability of any given answer, and must remain open to [the mentee’s response]. (p. 332)

In mentoring professionals new to infant/family practice, it’s important to understand that professionalism does not require that practitioners act according to one specific code or extinguish their biases, blind spots, or passions; as Heffron et al. (2005) notes, “the task is not to eliminate these feelings and beliefs, but rather to get to know and understand them in one’s self” (p. 333). The infant-toddler practicum is designed to support multiple methods of expression and ways of engaging with others that encourage self-awareness and self-understanding. For example, in addition to engaging in the interactive seminar discussions and the dialogic journaling process, students are also connected with a peer partner early in the semester. Peer partners read and respond to a portion of each other’s journal entries and videotape each other at their respective sites for the video-sharing project. Peer partners often develop their own authentic and supportive relationships as the course evolves.

Methods and Purpose

The process of following Eun Mi’s journey was both ongoing, as the first author served as her practicum instructor and supervisor, and retrospective, as the second author engaged with her in a reflective interview about a month after her practicum experience was completed. All of the data, including reflective journals, relevant course assignments, and the transcribed interview were reviewed by both authors. As coauthors, we worked together to read through Eun Mi’s reflections and interview responses, each bringing our own personal understandings to the process based on our interactions with her. Having different roles allowed us to engage with Eun Mi in different ways. As her professor, the first author served in a professional teaching and mentoring role providing formal and informal feedback; the second author, a doctoral student who is also a Korean immigrant with a similar immigration history to Eun Mi’s, acted more as a peer, engaging in an interview/conversation. Their shared backgrounds seemed to have created a congenial space for Eun Mi to share honest reflections on her life

and practicum experience. In using these methods, we hoped to be able to gain a fuller, more authentic set of responses that would allow us to explore more deeply the experiences of one student teacher as she encountered infant practice for the first time; better understand the complex forces at work as she developed meaningful relationships with babies in childcare; make connections among her multiple layers of experience—historical/remembered, current physical and emotional, and reflective/rethinking; and begin to build a theory of authentic practice through relationship-based teaching and caring.

Analysis process. Using a narrative single case study approach (Yin, 2009) seemed a good fit for the exploratory, process-oriented, and interpretive nature of our work. In our original study, we had gathered Eun Mi's data from all sources to create her individual case portfolio, which we once again accessed for further review. Our interest at this juncture was in looking more deeply at Eun Mi's story through a narrative lens, unearthing subtle connections that were not previously fully accessed. Each author independently reviewed Eun Mi's reflective journals, pertinent course assignments, and interview transcripts again, this time searching for those deeper connections as they emerged across data sources. We came together to share insights and compare and contrast our individual interpretations before synthesizing our collaborative understandings. This back and forth, careful, and comprehensive process provided trustworthiness to our analysis, which we approached as an interpretive, meaning-making process (Marshall & Rossman, 2011) that allowed us to look deeply at Eun Mi's multilayered experience.

Eun Mi's Journey through the Infant-Toddler Practicum

How does Eun Mi's culture influence her teaching and caring practice?

Scholars note that teachers need to see themselves as cultural beings in order to fully enact authentic practice (Gupta, 2006). However, during the interview conversation, Eun Mi at first acted as if her culture was a separate entity from her teaching and teacher identity. She stated, "The way I was brought up in Korea or the Korean culture that I was, you know, surrounded by when I was young, I don't think that really has a huge impact on my teaching necessarily" (interview). She further described her previous educational experience: "I learned education in Canada in English. My whole interaction with the children was based in English." Thus, although she mentioned her dual identity as Korean Canadian, Eun Mi did not seem to place her cultural identity within her teaching and caring practice. She expressed, "You know, like it's just so ... there is division still" (interview).

Esteban-Guitart and Moll (2014a) suggest that engaging in deliberate and conscious reflection following interviews may capture richer and more nuanced interpretations of one's experiences. As we dug deeper into other sources of data such as Eun Mi's journal writing, we found subtle but cognizant ways in which she made sense of her experience within her culture(s), represented in the dilemmas she had in her relationships with infants' parents and with her CT. Having lived in North America for over a decade, attending part of high school and her undergraduate college years here, Eun Mi described her experiences in the early childhood education program as being distinct from her home culture. Yet particular aspects of Eun Mi's cultural identity as Korean did emerge as she expressed her feelings about working with adults. She commented on the difficulty she had building relationships with people who are older, including her current CT, saying, "I do have [a] very difficult time connecting with the

people who are older, you know, 'cause I'm from a culture where there is a hierarchy, a social hierarchy" (interview). In addition to linguistic differences with non-Koreans, the cultural unfamiliarity of forming "a kind of intimate relationship" (interview) with people she did not know well seemed to lie beneath her initial difficulty in establishing relationships at her practicum site. Eun Mi noted that there was "a lack of communication" (journal) between her CT and herself and mentioned in her interview that it had to do with the cultural differences:

There is the language piece so the cultural familiarity ... It's hard to kind of be friends with adults, especially parents or my CT, so I kind of leave some, you know, space between my relationship with my CT or my relationship with the parents. (interview)

Having been raised with different cultural and social norms in Korea and now living in a new country, Eun Mi's funds of identity seemed to be shifting. She initially recognized her historical and cultural experiences of having difficulty in forming relationships with older adults at the practicum site as what Esteban-Guitart and Moll (2014a) describe as "constraining" (p. 34). Yet these foundational experiences, guided by her reflections, became "empowering tools" (Esteban-Guitart & Moll, 2014a, p. 34), allowing her to think more deeply about the nuances in these relationships. In her journal, Eun Mi shared how she carefully observed the differences in how teachers and parents engaged with each other at her practicum site and began to consider adopting some of the teachers' strategies in her future practice. Commenting on her involvement in a parent-teacher conference, she shared:

Today, I had an opportunity to participate in a parent-teacher conference, and it was an interesting experience. There were moments of heated and emotionally charged conversations as well as joyous and jolly exchanges between parents and teachers. I was very impressed when one of the teachers, whom I deeply respect, started the conversation by saying, "I think Annie is like a sunflower." She further described why Annie is like a sunflower through various anecdotes, and this conversation carried on like flowing music. The analogy of a sunflower did not only give the parents the image of what their child is like in the classroom, but also conveyed the amount of care and respect the teacher had for the child, which is pivotal in affirming trusting relationships with the parents. The use of effective figures of speech during the conversation, including analogy, anecdotes, and humor seemed to have a very powerful impact on the parents, and this is definitely something I should employ in my future career. (journal)

Her professor responded with encouragement:

It sounds like this was a very helpful model of a possible way to engage with a parent. Speaking from a parent's point of view, I still remember so many years later some of the nice things my children's teachers said about them in our conferences. It may seem like just one meeting out of many, but it's amazing how powerful these exchanges can be. (journal response)

This complex process of crossing cultural boundaries to reimagine possibilities for herself as a teacher spoke to Eun Mi's experience of being a "dynamic composite of who we are and who we are becoming," as described by Esteban-Guitart and Moll (2014a, p. 44).

How are Eun Mi's relationships with children and adults influenced by historical experience?

Eun Mi also articulated some powerful memories from her own childhood that she began to connect to her ways of relating to others during the practicum experience. Early in the semester, inspired by reading the article by Lieberman et al. (2005), she shared: "Reflecting back on my own personal childhood memories, I remember my mom as a very strict and emotionally vulnerable person. ... I considered my mom as a cold person ..." (foundation reading reflection). She came back to this later in the interview, stating, "I remember that my mom was, you know, on the edge and I was like careful around her. So my caregiving, like receiving caregiving experience, it wasn't warm, it wasn't, you know, responsive necessarily" (interview). In bringing this consideration of her own past experience to the forefront of her thinking about being an infant caregiver, Eun Mi began to deconstruct her ways of teaching and caring to better understand her actions and feelings:

I am very slow to anger ... in terms of caring with children, especially with children, and you know, I always smile, I always kind of remain, like maintain the calmness and that presence, and I was wondering why is it, why, why am I so hard to anger when kids do something to me or kids do something around me? And the reason could be, I think, because I've personally experienced, you know, the difficulty of dealing with the, the adults', you know, anxiety or emotional issues. I haven't really, like I don't know how that came out, like because I haven't really made sense of that in myself, but I think that could be one reason why I was so keen about, you know, maintaining my calmness and my responsibility to the children in my care. Yeah. (interview)

Eun Mi also began to think more deeply about the impact of her past experiences on the struggle she was having with her CT at her practicum site and shared a difficult interaction she had had with her:

... this week, suddenly my CT wanted to check in with me, and commented that she would like me to spend more time with the toddlers since I spent a lot of time with Liam. This was a bomb dropped in my head because I do engage with them a lot throughout the day. I read books with them, play games with them, sing songs with them, and help them with sleep and lunch. Also, when I'm there, my CT delegated Liam to me, and she either attended to other children's needs or worked on her paper in the nap room. All of a sudden, she started commenting on what I should do instead, which was from my perspective, unfairly judged and evaluated. I explained what I have been doing, and what I have been thinking, but this did not seem to be important to her. I felt like being a child once again where whatever the teacher says is the truth. I still am working on making sense of her comments, but her negative comments on my practice emerged and increased drastically this week. (journal)

Her professor's response, presented below, provides an example of the multifaceted nature of the course instructor's role as a mentor. She raises questions for consideration and further reflection, provides active support, and offers ways for Eun Mi to reconsider the value of all that she is learning:

Do you think this week was extra stressful for either of you in any way? Have you had any clues from her [CT] before this that would indicate that she wanted you to change what you were

doing? It sounds from what you are saying that this came as a total surprise. If we get a chance to debrief next week when I come to observe, is there anything you want me to bring up with her? Let me know. I am sorry to hear that you are getting such a negative feeling at this point in the semester after investing so much of yourself in the work of the classroom. If things continue to feel uncomfortable with your CT, please let me know. Also, remember that there are many good things to focus on in this practicum, like the wonderful relationship that you have built with Liam. (journal response)

Later, during the interview, Eun Mi came back to her feelings about her CT, stating: “I have some, I think, fear when I actually have to get into the relationship, and I think like I mentioned, my relationship with my mom when I was young, that really played a huge effect on me” (interview). She also likened her CT to her mother, saying, “... she was kind of similar to my mom, the way she interacted with me. She wouldn’t recognize me for what I was doing well, but she would, you know, say one thing that I can still work on” (interview).

As Eun Mi continued to explore her emotional responses to both children and adults, she showed an increased awareness of the complexity of those reactions as she tried to integrate both positive and negative feelings within her early relationship with her mother. In one of her foundation reading reports, she had articulated a very clear memory of being held and comforted by her mother when she was sick, attesting to her mother’s ability to show warmth to her under certain circumstances. She shared:

I remember one day when my mom held me so warmly in her arms to put me to sleep because I was sick. ... My mom’s vulnerable emotional state remains as a ghost in my childhood. However, the warm moment I remember with her also exists as an angel. (foundation reading reflection)

In response to these reflections on “Angels in the Nursery” (Lieberman et al., 2005), the first author commented as follows, reiterating the power of early relationships:

This is a great example of how our early experience can inform the ways we later understand emotional connections. As described in the article, when we are able to re-envision the positive components of early relationships and understand and forgive our own parents, we are better able to see and empower the ‘angels’ from our past. (foundation reading response)

As she worked to make sense of these mixed feelings, Eun Mi incorporated new knowledge recently shared with her by her father: “... mom experienced a miscarriage in my childhood, which explains her vulnerable emotional state” (foundation reading reflection). In making these connections among her multiple layers of experience—historical/remembered, current physical and emotional, and reflective/rethinking, Eun Mi seemed to gain a deeper understanding of herself and what she was bringing to her role as an infant caregiver.

What do intimate connections with babies, particularly with a key child, bring to life for Eun Mi through the caregiving process?

Developing consistent caring relationships not only benefits infants, but also allows infant caregivers to

truly experience what it feels like to be physically and emotionally available to babies. Multiple scholars have noted this capacity as an essential ingredient of quality care (Dalli, White, Rockel, & Duhn, 2011; Degotardi & Pearson, 2014; Elfer & Dearnley, 2007; Manning-Morton, 2006; Recchia, 2016; Recchia & Shin, 2010; Recchia, Shin, & Snaider, 2018). Being new to work with infants, Eun Mi was surprised at first by the emotional intensity of physically caring for them. On her first day in the infant room, she began as an observer, but after a short time, a father suddenly handed her his baby as he prepared to leave for the day. Describing this experience, Eun Mi shared:

I held him in my arms with his face facing towards my chest. He grabbed my hair with his tiny hands and smiled. He put his head down on my shoulder and rested as I supported his butt with my arms. Although this first encounter with Harry was beautiful, it was so unexpected and abrupt ... My body was soaked in sweat, and I could feel the heat that captured my whole body. (journal)

Later, and in a calmer state, Eun Mi reflected on this moment “without feeling the sweat, heat, or surprise” by taking the child’s perspective and realizing in a new way how overwhelming it must be for young children to phase into childcare. Her comments speak to one of Heffron et al.’s (2005) components of authentic practice, that of attending to physiological/somatic responses—one’s own as well as those of others:

In the past, I have said numerous times, “I know... I know it’s hard to say bye-bye to mommy” to young children who are crying after separating from their parents in the morning. However, I was just trying to empathize with them verbally to calm them down without really sharing the emotions with them. Experiencing the abrupt encounter with Harry this week, I rethink about the many empty words I told children without truly engaging my emotions and thoughts. Mustn’t true empathy come from going beyond my level of understanding and experiences and the willingness to co-experience the pain the other person is feeling? (journal)

In response, her professor validated her feelings and her insights by sharing:

It is interesting to think about the ways that we can do and say the ‘right’ things as early childhood teachers without really being in the moment with the children and seeing the world through their eyes. It sounds as though Harry was doing fine through this experience, but even when a child is not crying or acting scared, just like us they may still be holding these feelings inside. I look forward to hearing more about how the children’s transition and yours unfold in the next few weeks. (journal response)

As stated above, as an integral part of the infant practicum, each student caregiver is paired with a key infant. Eun Mi’s key infant, Liam, was 10 months old and relatively new to the infant room when she began working with him. At first Eun Mi struggled with his crying, expressing feelings of guilt over not being able to calm him. She asked, “I wonder where such sense of inadequacy or guilt comes from. ... How can I be more guilt free and focus more on the child himself/herself during the moment of stress?” (journal). In response to her question, her professor wrote:

It’s hard not to feel inadequate when you cannot console a baby in distress—this feeling is part of

being human and what some theorists attribute to what keeps our species going. It is definitely not typically a teacher's fault when a baby cries—crying is a powerful way for a baby to communicate with us—our job as caregivers is to try to figure out what they are trying to tell us and how to help them solve the problem. It takes time to get comfortable with caring for crying babies—the more time you spend with Liam, the better you will get to know him and the better able you will be to respond to his needs. However, there may still be times when he is out of sorts or having a bad day—then you just have to do your best to try to comfort him. (journal response)

As she and Liam developed a more comfortable relationship, Eun Mi became more confident in caring for him, and he in turn became more responsive to her care, as noted in her video share reflection:

When Liam turned his body and approached me, instead of grabbing his body and quickly holding him in my arm, I took time to read his bodily cues and intentions. I supported his movements by gently holding him, but waited until he demonstrated what he wanted to do, such as bouncing up and down, crawling, or climbing up on my body.

Becoming a special caregiver to Liam allowed Eun Mi to think more deeply about what really mattered in her teaching practice. Once her relationship with Liam was more solid, she began to incorporate ideas that we read about and discussed in class into her work with him, building on her own previous knowledge and experience:

... building a relationship is not the sole goal of teaching and caring for young children. Teaching and caring for young children also entails close observation, deep engagement with their development, and intentional teaching that is intended to positively guide and enhance the children's overall development. This is what I started to think more about these days with Liam as the relationship with him became more secure and stable. (journal)

Interestingly, the closeness and intimacy of caring for infants that was a little scary and overwhelming to Eun Mi at first became an integral and meaningful component of her work in the infant room. Her emotional connections, particularly with Liam, continued to be a significant aspect of her practice, as she described in her journal:

... it is also interesting how this relationship with Liam burgeoned so quickly ... I wonder if such intimacy is the nature of infant care because my relationship with Liam was or had to be intimate from the beginning. In fact, from the second time I saw Liam I was already putting my arms around his body, shushing by his ears, rubbing his back, and cleaning his naked body... This is not something to take for granted, but really appreciate and enjoy! I am loving this intimate relationship I'm forming with Liam as well as with other children in the classroom. (journal)

Her peer partner validated Eun Mi's newly emerging insights with the following response:

I wholeheartedly agree with you that caring for infants is an incredibly personal process! Compared with the relationships we build with other adults, with young children, we seem to disregard all sense

of personal boundaries. There have been some instances that I've changed diapers because of a lack of available hands, and the child would look at me with the expression of "who are you and why are you wiping my bottom?" And I've found that the caregiving activity of changing diapers accelerates the sense of intimacy, as there is a tremendous degree of trust placed in our adult hands. Thank you for sharing your journal with me. (peer response – journal)

As the semester unfolded, Eun Mi's journals took on a more joyful tone as she described her daily interactions with Liam:

To stand, he crawled towards my chest and when I held his hands to support his standing, he started bouncing his legs up and down. As he bounced his legs, I counted how many times he was bouncing. I excitedly said, "1, 2, 3, 4" as he bounced up and down. As I counted and celebrated his bouncing, he responded with a big smile. After bouncing several times, he sat down, and repeated the process of crawling on my chest, standing with my assistance, and bouncing up and down. I felt as if this also became another form of social play. In this moment, although I was the only one speaking words, Liam and I shared the will to communicate with each other and experienced the joy of exchanging meaningful interactions with each other. (journal)

Her professor's responses reflected these joyful feelings back to her:

Your description makes this sound like a lot of fun—his enthusiastic response to your initiations makes it hard not to repeat the sequence. He clearly seems to be enjoying these social moments with you—such a nice way to develop a more meaningful relationship with him. (Journal Response)

On another day, Eun Mi shared her ways of being with Liam on an outing to the park:

When we were walking to the park, Liam started smiling brightly. He seemed to really like being outside. The weather was nice and breezy, and I loved it too. This was the first time I came outside with Liam. Liam smiled at me with his two front teeth shining with the sunlight, and I responded back to him with a big smile too. We constantly communicated through smiles and short words as we walked around the park. It felt different to be outside with Liam. Different settings and activities seemed to shape the interactions I had with Liam. Although the interactions might look similar from when we were inside the classroom, it felt different. It was refreshing. (journal)

Her professor responded, validating her feelings and her actions:

Most babies do like to be outside and there is no substitute for being together sharing the sunshine on a beautiful day. A change in the surround can make everyone feel different—there are new things for Liam to see and feel, and to react to, which in turn may bring a different kind of response from you as his caregiver. (journal response)

Eun Mi continued:

After a while, I covered his stroller with a blanket so that Liam could fall asleep, and he did. He

fell asleep almost instantly. As I get to know Liam more, spending time with him becomes more enjoyable. And experiencing something new with him was definitely invaluable this week. (journal)

Her professor responded:

It sounds like a wonderful outing! It is amazing how your feelings change as you develop a deeper relationship with a baby, isn't it? (journal response)

Through the process of developing caring relationships with Liam and others, Eun Mi discovered what it means to truly care for infants (Recchia, Shin, & Snaider, 2018). As Eun Mi shared, "As I got to know each child more closely, spent time together, and exchanged many emotions with them, the sense of caring and responsibility I had for them grew abundantly" (journal).

By the end of the practicum, Eun Mi's sense of herself as an early childhood teacher had changed, deeply influenced by what seemed to be a rekindling of her passion for the field. Reflecting on this change, she shared:

Through this practicum, I didn't intend to recover that passion or the joy, the emotional piece of teaching, but it just naturally came to me. And it reminded me of, you know, this is why I started... So, that emotional piece was, you know, what really, what I got and that confirmed, reaffirmed the importance of relationships in teaching, and you know, knowing it by knowledge and really experiencing it was what this practicum offers me like a turning point for me to think about my future career and how I would—what kind of teacher I would be in the future. (interview)

Discussion

This portrait of Eun Mi illustrates her journey as she traveled through a semester-long practicum experience working with infants for the first time. Her ability to articulate her thoughts and feelings so poignantly as she reflected on all she was learning gave us access to a deeper understanding of the powerful ways that relationship-based teaching and caring can impact both babies and their caregivers. The relationship-building process that Eun Mi engaged in with her key child and other infants has been shown to be the core of the infant curriculum (Dalli et al., 2011; Recchia, 2016) and to contribute greatly to student caregivers' growing professional identities (Lee & Shin, 2009; Shin, 2015). For Eun Mi, engaging in relationship-based teaching and caring within a reflective and supportive context served as a catalyst for discovering a deeper and more authentic way of being an early childhood teacher.

Participating in the practicum, which emphasized the importance of understanding one's early experience of being cared for as an integral aspect of learning to care for others, Eun Mi began to make sense of the connections between her own early experience and her ways of being with children and families. Early on, she began to reflect on her negative feelings about her early relationship with her mother. She consistently shared anecdotes in her journal that reflected her capacity to see the world through a child's eyes, perhaps as a result of feeling misunderstood or undervalued as a child herself.

Early in the semester, Eun Mi seemed to take a self-critical stance, perhaps channeling her mother's voice, as she questioned her feelings of guilt over not being able to calm Liam. She asks what a good teacher does or should do, trying to make sense of her role. Eun Mi describes herself as having a deep respect for others' feelings, which she speculates may be a positive result of her negative early experience. Yet she can also be easily jarred by her CT's responses to her, quick to interpret them as critical and seeing her mother in her CT. Over time, however, she finds great joy in the intimacy that she develops with the infants in her care, which pushes her to think more deeply about the emotional aspects of her practice. She begins to trust her ways of being with and understanding the needs of her key child, even if/when her CT sees things differently.

Building a Theory of Authentic Practice Through Relationship-Based Teaching and Caring

Despite the importance and power that emotional connections held for Eun Mi, she struggled at first to attain them in her practice. When questions and conflicts arose, she was encouraged to “dig deep” (Goodwin, Cheruvu, & Genishi, 2008, p. 7) in her problem-solving process through a synthesis of critical reflection, interactive dialogue, and continued hands-on practice. Providing a constellation of caring relationships through the practicum by caring for the student caregivers as they cared for infants, we listened carefully to Eun Mi's voice and provided space for her to interrogate both personal and professional knowledge in line with her lived experiences. Over time, it was the intimate connections with babies that helped her find the authentic early childhood teacher in herself as her practice deepened through meaningful caring and engagement.

For Eun Mi to find authenticity, her practice had to become “real” to her as she engaged in “life experiences that provide resources that help to define [oneself]” (Esteban-Guitart, 2016, p. 48). Her daily interactions building relationships with babies, and particularly with her key child, served as a catalyst to reconnect her with some of her own buried emotions. Reflective dialogue supported by the journaling process, peer feedback, and class discussions helped to reaffirm her developing identity as an early childhood teacher. The gentle mentorship (Heffron et al., 2005) provided by her course instructor also guided her to suspend her own self-critical judgements at times, embrace the joy of being with and learning from and about babies, and integrate her past and current experiences to envision who she could be in her current and future teaching and caring practice. As illustrated in our case study of Eun Mi's journey through the practicum, practitioners' better understanding of and comfort with the ways that their own internal experience impacts their work with infants and families “allows for the development of a unique and effective ‘authentic voice’” (Heffron et al., p. 323).

Implications for Practice

Our journey with Eun Mi through the infant practicum demonstrated the power of relationship-based work with infants as a context for developing self-understanding, responsivity, the ability to negotiate emotions, and a capacity for reflection. These essential components of quality teaching and caring are also critical aspects of authentic practice (Dalli et al., 2011; Recchia, Shin, & Snaider, 2018). In order for infant educators to attain this depth of practice, the support they receive must be in attunement with relationship-based practice. This begins with professional preparation for pre-service teachers

and continues through ongoing relationship-focused professional development opportunities for in-service teachers.

Understanding the essential importance of early relationships as the primary context for teaching and learning in the first three years of life has been an integral aspect of our knowledge base in the field of infant care for decades (Lally, 2013; Shonkoff & Phillips, 2000). There is a well-established need in the field for teachers who are intellectually and emotionally prepared to respond to the unique needs of babies through relationship-based practice within the context of group-care settings (Lally, 2013). Yet opportunities for professional preparation and development that speak to relationship-based practice are limited. Teacher licensing requirements remain the lowest for infant teachers, who continue to receive low wages and less access to professional learning opportunities (Phillips, Austin, & Whitebook, 2016). Although the number of teachers in child care settings with college degrees is growing (U.S. Department of Health and Human Services, 2013), early childhood teacher education programs across the United States offer minimal course content or field experiences related specifically to infants and toddlers (Norris, 2010). Thus, a majority of infant teachers enter the field with very little preparation to do the work they are hired for (Nicholson & Reifel, 2011).

Creating supported space for student caregivers' teaching and learning as a context for becoming quality practitioners depends on having quality places of practice in which they can be mentored (Recchia, 2016). This includes both early childhood teacher preparation programs that are committed to preparing highly qualified infant teachers and sites for field experiences that provide models and opportunities for exemplary infant care and education. Establishing through a designated infant practicum a network of caring and supportive relationships with instructors and peers as well as with CTs is key in preparing reflective and authentic infant teachers. Our work with Eun Mi also demonstrates the power of infants themselves to inspire emotional and intellectual learning through relationship-based practice (Recchia, Shin, & Snaider, 2018) and the critical importance of sustained interactions with infants as a framework for preparation. Eun Mi's story inspires us to keep moving forward to advocate for relationship-based practice as an essential component in preparing infant teachers for the field.

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Including Autism: Confronting Inequitable Practices in a Toddler Classroom

Emmanuelle N. Fincham and Amanda R. Fellner

Over the last couple of decades, it seems that toddler-aged children are being identified on the autism spectrum at increasing rates. The growing accessibility of early screening and diagnostic evaluations allow for the autism diagnosis to extend to younger children (Schertz, Baker, Hurwitz, & Benner, 2011). This increase in identification at a younger age, combined with the belief that substantial gains will be made if treatment is offered at earlier ages, leads to an increased emphasis on providing early intervention (EI) services to children with autism (Stahmer & Aarona, 2009). As EI traditionally serves very young children and their families, we need to know more about how toddlers identified as autistic are experiencing interventions within the context of early childhood settings outside the home. There is little literature about what happens when the positivist, behaviorist paradigm of autism “treatment” meets up with the more fluid, child-centered, play-based setting of the early childhood classroom. This lack of literature might relate to an actual lack of inclusive settings that support autistic learners.

Since the reauthorization of the Individuals with Disabilities Education Act (IDEA) in 1997, inclusion has continuously been promoted as ideal practice for most children with disabilities (Bailey, McWilliam, Buysse, & Wesley, 1998; Recchia & Lee, 2013). Inclusive classrooms are expected to be places where children and their families can participate fully, find “a sense of belonging and membership,” develop positive social relationships, and “reach their full potential” through “access, participation, and support” from the institution (DEC & NAEYC, 2009, p. 2). Much of the literature for practitioners that promotes inclusive settings suggests teachers just need to work closely with therapists and differentiate the curriculum and instruction to meet the needs of diverse learners, often providing step-by-step strategies for teaching certain skills (Barton & Pavilanis, 2012; Whitby, Lyons, & Baxter, 2015). But what happens when these interventions aren’t working? What happens when these interventions conflict with the beliefs and practices of teachers? What happens when a child is deemed “too autistic” to succeed in an inclusive classroom?

We were confronted with these questions and many others the year we taught together in a toddler classroom, specifically working with one child who was diagnosed with autism shortly after he joined our classroom. We grappled with these questions during our time with him and continue to revisit them in our reflexive practice, which drives our continually developing practice in the classroom. Before sharing our story, we provide some background on autism spectrum disorder (ASD) and the discourses surrounding children who are identified as “on the spectrum.”

Autism and the Medical Model of Disability

Persons with ASD are characterized in the literature as having difficulty with social interactions and communication, alongside demonstrating repetitive or restrictive behaviors (APA, 2013; Barton, Reichow, Wolery, & Chen, 2011). In the classroom setting, children with ASD have been described as

having difficulty engaging with peers, forming strong attachments with teachers, and participating in group activities (Barton et al., 2011). The play of children with ASD is typically described as less varied and more repetitive than similar-aged peers (Barton et al., 2011). Much of the literature on ASD in children characterizes the limitations of having ASD, focusing on deviance from standard developmental assessments (Barton & Pavilanis, 2012; Rahn, Coogle, Hanna, & Lewellen, 2017).

Early intervention is heralded as critical to the treatment of ASD and to providing children with the opportunity to make gains in areas of perceived weakness (Stahmer & Aarona, 2009). Decisions about types of treatment are often ensconced in a medical discourse that emphasizes abnormality and points towards notions of treatments and cures (O'Reilly, Karim, & Lester, 2014). Rooted in a positivist paradigm, much of the research on autism and young children seeks to demonstrate success in behavioral treatments (Glynne-Owen, 2010) such as discrete trial training (a one-on-one teaching practice that breaks down skills into simple step-by-step instruction with the use of reinforcement) and Applied Behavior Analysis (ABA) (a therapeutic method aimed at improving or changing specific behaviors). This focus on behavioral treatments leads to mandates of these "evidence-based" practices once a child is diagnosed.

Many "evidence-based" interventions are tested on children older than three and then pushed down to younger children with little consideration of their developmental differences (Corsello, 2005; Schertz, Baker, Hurwitz, & Benner, 2011). Given the preference for quantitative measures, these behavioral practices, which are supposedly "measurable," are more widely accepted as "effective" than more individually focused, child-centered practices (Odom & Wolery, 2003).

The positivist research that supports ABA and similar interventions does not allow for much exploration of individuality or diversity; rather it promotes a behavioral, "one-size-fits-all" approach (Glynne-Owen, 2010). These discourses frame how young children diagnosed with ASD experience daily life in preschool classrooms and determine the types of educational practices and settings available to them. While other more naturalistic, child-centered approaches to working with children with autism, such as Floortime (Greenspan & Wieder, 2006) or the PLAY Project (Solomon, 2016) demonstrate potential, the scientific rhetoric around ABA maintains its position as the preferred intervention method (Broderick, 2011; Stahmer & Aarona, 2009).

Although these medical discourses are dominant in the conversation around ASD and special education in general, the field of disability studies has been producing counter-narratives to the ways disability is viewed in our society. Ferri and Bacon (2011, paraphrasing Michalko 2008) state that "disability, like other aspects of diversity, must be embraced as an essential aspect of what it means to be human and what it means to live in a community" (pp.137-138). By honoring this diversity, we can move beyond notions of normality/abnormality and think about the ways that disability is another way of being in the world. Rather than seeing children with ASD as needing to be fixed, disability theorists view "the goal of education [to be] to honor different ways of learning and being in the world in ways that ensure equal access and active participation" (p.141).

This way of thinking inherently changes the way teachers interact with and support children in the classroom. However, even when teacher education programs present a disability studies perspective, the dominant medical discourse around disability in schooling creates tensions for teachers in classrooms and continues to limit the types of inclusive practices available to children with disabilities (Broderick, Hawkins, Henze, Mirasol-Spath, Pollack-Berkovits, Clune, Skovera, & Steel, 2012).

Inclusive classrooms are deeply entrenched in the medical disability discourse as the push for early diagnosis and early intervention seeks to address developmental issues as early as possible. In our experience working with toddlers receiving early intervention services in New York City, any child diagnosed on the autism spectrum is mandated 20 to 25 hours a week of ABA therapy. Most often, we see this practiced as a one-on-one discrete trial program that excludes the child from some of the day-to-day activity of the classroom and requires them to perform tasks they otherwise show little interest in. As teachers ourselves, we have become familiar with disability studies and strive for new ways of seeing children with disabilities in the classroom. Yet, like others (Broderick, et. al, 2012), we constantly come up against the medical discourse and feel the pull to “fix” a child as a way to best include them in the classroom. Here is part of our story in our journey to include one child, Antonio.

Including Antonio

We met Antonio, a soon-to-be toddler, at our school picnic the summer before we co-taught together in the toddler classroom. We had been teaching colleagues for several years in the same small early childhood center in New York City, but most often in different classrooms. Emmanuelle had been teaching in the toddler classroom for many years while this was Amanda’s first year in the toddler room, having recently switched from the infant classroom. The toddler room serves children aged 18 months to just over three years, the middle age group of the three classrooms in our center. Antonio, a just-turned-two-year-old, joined nine other children in our classroom that fall.

Our university-based center is a private, full-day program that serves an academic community, granting us much linguistic and cultural diversity among mostly middle-income families. Each classroom is staffed by two head teachers, two graduate student assistants, and other graduate student employees or student teachers. Our center has an established reflexive culture of bringing our teaching practice into question and working to critically examine the ways taken-for-granted norms of development and early childhood education impact and potentially limit our work as teachers.

Using a play-based, emergent curriculum approach, our teaching practice is part of a dynamic, ever-changing process that works with the children’s interests and strengths that they bring to the classroom. While we pay close attention to children’s developmental gains and needs, we believe there is much more possibility in early childhood curriculum than developmental checklists allow. We are both influenced by the work of early childhood reconceptualist scholars (e.g., Bloch & Popkewitz, 2008; Cannella, 1997) and disabilities studies perspectives (e.g. Broderick, 2011; Ferri & Bacon, 2011). We are also both doctoral students and mothers, whose studies and personal experiences greatly influence our teaching.

We did not know at that first meeting with Antonio that we would be sharing a journey with him and his family through concern, evaluation, diagnosis, intervention, and eventually his (re)placement in an intervention-based special education preschool. Inclusion was on our mind more than ever that year, as we took part in a study (Recchia, McDevitt, & Perez, 2018) that asked us to reflect on how community was forming in our classroom, which prompted us to pay closer attention to our efforts at including Antonio.

Antonio came from a primarily Spanish-speaking home and this would be his first time in a group care setting. His father had stayed home to care for Antonio after he was born because his mother worked full-time as a professor, and Antonio had few experiences with other caregivers. We had concerns early on about Antonio's development because he exhibited several characteristics of ASD. However, the factors of his first language and experiences as different from the school setting encouraged us to give him some time to settle into the classroom.

A couple of months into the school year Antonio was evaluated and diagnosed on the autism spectrum. He was promptly assigned early intervention services, including several hours a week of ABA in the classroom. Two therapists worked with him. One came every day for a couple of hours that included playground and lunchtime, and another came a few afternoons a week. They had very different approaches. One tried to work more with him in the classroom setting while the other preferred to work one-on-one at a table separated from the classroom space. Although the approaches differed, the goals were very much the same. They each were required to go through a set of skills with him, using a discrete trial approach, keeping data on how many times he performed or missed performing a skill they were prompting him to do. These tasks were then reinforced with a favorite toy or iPad time if he performed well.

These practices were a far cry from our approach, in which we give the children a great deal of autonomy in the classroom and build the curriculum off their interests and abilities. The more we experienced the therapists' interventions, the more we saw Antonio as different and worked to incorporate some of these interventions into our own time with him in the classroom. We found that we were engaged in a constant internal negotiation between the competing discourses of our more critically informed, progressive approach to education and the ways of seeing and "treating" children from a special-education, early-intervention perspective.

This dilemma remained after we stopped working with Antonio, and we continued to explore our thinking about our practices with children who present as "different." Part of this reflexive work involved writing as a form of inquiry, a "method of discovery" (Richardson & St. Pierre, 2005, p. 967). We wanted to attempt to untangle and reimagine the dilemmas we had experienced working with Antonio. The following narratives, written by Emmanuelle but stemming from extensive collaborative reflection and writing, highlight a handful of pertinent moments on our journey with Antonio. We hope they shed some light on the tensions that teachers feel when they must negotiate their beliefs and practices to support interventions that reproduce inequality around disability. Narrative writing in this sense is not meant to be a "true" representation of events but rather a way to engage with meaning-making and

work towards new possibilities and understandings of children and teaching (Hendry, 2007). Unlike more traditional qualitative research that uses a singular, linear, or hierarchical approach, writing helps make connections that may not have been visible otherwise (MacLure, 2013). Starting with the home visit, an informal visit we do with each family in their home before their child enters the classroom, these narratives portray some signposts on our journey with Antonio, moments that illuminated many of the tensions we were feeling in our practice along the way.

The Home Visit

At a building on a quiet street in central Harlem, we were buzzed in and my assistant teacher and I climbed the four flights to Antonio's apartment. We were greeted warmly by mom and quickly by dad, as he went back to prepping some things in the kitchen. Recently turned two-year-old Antonio was all smiles and energy, offering a string of "Hola... como estas" when prompted by his mother. He got back to exploring the living room, clearly defined as his space, with bins of toys lining a wall and colorful foam mats creating a sea of bright colors on the floor. The living space was small, but not unusual for a family in New York City. I had been warned of Antonio's predilection for physical activity, being "big for his age and very active," so I was curious to see how he managed his desires in this space. We learned that he spent much of the day outside, going all over the city to visit various playgrounds.

As we talked to his parents, we quickly realized that there were two very different perspectives at play—mom thought he was ready for and needed some structure and socializing, while dad saw him as "just a baby, let him do what he wants." "What he wants" seemed to include drinking formula from a bottle, not always taking naps, staying up late, and getting to watch YouTube videos whenever he was upset. These issues, which were debated heavily between the parents, started to raise some red flags, as I would expect a two-year-old to have a more varied diet and a more consistent routine. My concerns grew as we saw Antonio in action. He used repetitive, decontextualized language, going back and forth from us to his mom, taking our hands in his and clapping them vigorously in front of his face.

"Yeah, he likes hands," his mom said, adding that he did this often with strangers at the park. This raised another red flag, because this desire for visual stimulation of hand waving drew him into interacting with strangers. Antonio continued to make his rounds, repeating "Hola, como estas!" but rarely directing it at anyone, before settling in with one of his parents' phones to watch a Spanish children's video on YouTube. After we left the home visit, I told my assistant teacher that I thought Antonio was autistic, and I knew that it wasn't anywhere on the family's radar.

I was looking forward to seeing Antonio in the classroom. What would his behavior in a different environment show us? How would he engage with the materials? With us? With his peers? Whenever developmental concerns arise, we are taught to tread carefully. My own practice being steeped in special education discourses of deficit and deviance from the norm, I instinctively empathize with the family and dread having to be the one to tell them that something's "wrong" with their child. Even though we had these concerns from the beginning, we were still wanting to "wait and see" how he did

in the classroom. He had been practically one-on-one with only his parents for two years and had not experienced being around other children his own age. We wondered, like his mother, how much of his development would be “fixed” simply by exposing him to the school environment and adding some structure to his life.

The Drums

Antonio had been in the classroom several days now. Ricky sat down in the music area, grabbed a mallet, and started beating the drums. A teacher joined and helped bring the drums down to the floor where they banged on them together. Hearing the noise, Antonio turned, smiled, and rushed over, finding two mallets to hit the drums with. The boys laughed together, banging away. The teacher started to sing a song and then raised her hands up, pausing before hitting the drum again. Ricky imitated her, giggling in the suspenseful pause. After several rounds, Antonio noticed the change and lifted his arms with the others, banging the drums again with a smile.

A few days later, Josh was having a picnic in the kitchen area and started to drum on the table with some utensils. Antonio, who just arrived and was sitting with his mother, tuned into the beat, and turned to see. I brought over two drums and mallets and set them up in front of Antonio, an invitation to leave his mother’s lap. He took the mallet and played one drum, then the other. Josh rushed over to join with his drumming spoon in hand, quickly exchanged it for a mallet, and joined Antonio. After knocking out several beats, Josh threw his arms up and shouted, “Yay!” I did it too. Antonio stopped drumming to look at this new action. The boys started to drum again and this time, Antonio lifted his arms shouting “Yay!” and Josh and I followed his lead.

Musical instruments were a medium for connecting, and we found opportunities to bridge the peer interactions that stemmed from a mutual interest in sound-making. Moments like these, showing Antonio’s growing interest in peers and his motivation to imitate actions in this social space, gave us the feeling that “maybe we’re wrong.” However, the medical discourse of early intervention and the need to “get help as early as you can,” produced an urgency to diagnose that never really allowed us to see Antonio as “normal.” Do children have a right to be assumed “normal”?

The ABC Puzzle

Antonio sat down by the alphabet puzzle on the floor—a big wooden board with places for the multi-colored wood-block letters. Scanning the puzzle, he purposefully picked out the X, the M, and the W. Turning away from the puzzle, he dropped the letters on the floor in front of him and got to work. Antonio placed the X, shifting its position in small increments clockwise, counter-clockwise, and clockwise again until he had it just right. He took the M and turned it 90 degrees to the left so the bottom fit up against the side of the X. He did the same with the W, fitting it to the right side of the X, mirroring the M.

When I first saw Antonio do this with the letters, I found it fascinating. What a keen visual sense! What a creative way to utilize the relationship of letter shapes! But, as it continued I could see him obsess,

struggling to get the letters aligned just right. He would adjust them over and over, try other letters, eventually shuffle them around, and then run off. I realized he had been doing this same task with other items in the classroom so I started to question the relation of symmetry and autism. A little Google-ing informed me that the use of symmetry and an obsessive approach to visual arrangements of objects were indeed common traits of autism. As soon as I entered this discourse of diagnosis, I began to see the behavior differently. My lens shifted quickly from seeing it as a work of creativity to an issue that needed to be fixed. I felt as if I should intervene, break into this play of his, and redirect it to something more “appropriate.” I tried. We tried. We would join him and start putting the letters back on the puzzle board, encouraging him to put some on. He would get frustrated and it always backfired, with him flinging the puzzle pieces aside, and running away from us. It was clear that our desires and his did not match.

Moments like these made me think about what we teachers (especially if we are trained as special education teachers) are trained to look for and capitalize on the so-called “learning opportunities” -- those “opportunities for intervention” and for “scaffolding” children’s learning. But these practices are subject to very definitive goals, predetermined ways of doing, of seeing, of experiencing. If another child did what Antonio did with the puzzle, I would probably see it as a skill, but for him, it was labeled a symptom. What counts as play when you are autistic? Why would other, “typical” kids be allowed to “play” like this but we felt the need to redirect Antonio’s play? Have we given into a hierarchy of play? If you can’t play with it the “right” way, then you aren’t given space to play with it in a more creative way? I see this so much in intervention-based classrooms, the kind of space where Antonio ultimately ended up. I have wondered for years why a more open-ended, creative, artistic curriculum only seems available to those kids who present as developmentally “normal.”

We are taught that diagnosing will help us better understand a child. I remember some of my preservice texts that basically laid it out for you: if a child is autistic, do A, B, and C; if a child is visually impaired, do X, Y, and Z; and so on. My preservice education and experience working in an ABA autism classroom came back to me and I began to confront the disconnects between my work as a critical early childhood educator and my training in special education. While I wanted these two aspects of my practice to be able to merge, they stood at odds, unable to exist in the same space within a system of competing discourses of “what’s best” for a child like Antonio.

When Antonio’s diagnosis of autism was made official and the early intervention system came into play, it limited our ability to see who Antonio was. How can we work as teachers to still “see” children beyond their diagnosis? How can we work with therapists who come into our classrooms to “treat” a child? We want to do what we can to help a child be successful, but does the child have a right to remain “undiagnosed” and just “be”?

All Done

Antonio was not interested in lunchtime. He preferred to continue his play and explore the classroom

when we expected all the toddlers to sit down to eat together. He would occasionally want a cracker, but ate mostly pureed foods when he did eat. Otherwise he had infant formula from a bottle. As his teachers, we had two goals for lunchtime—we wanted to help him participate in the routine, to be part of this experience with his peers and learn the ways of the classroom, but more importantly, we wanted him to learn how to eat different foods. A typical lunchtime for the first few months of school went something like this:

Returning from the park, I find Antonio on his knees by the shelves, putting the stacking rings on his fingers. I tell him to put the toys away and go to the bathroom to wash his hands. My verbal direction comes with physical guidance, as I take the rings to put back on the shelf and hoist him onto his feet, holding him under the armpits. Immediately his knees buckle and I pull him back up, supporting his weight as I guide him to the bathroom sink. Once there, he's happy to put his hands under the water and feel the soap on his hands. He rushes out of the bathroom and runs around the room smiling. I retrieve him once more and, in similar fashion, direct him to the table to find his seat. Amongst the plates and bowls of various foods for the other children sits Antonio's small yogurt container and a spoon—our best hope for him to eat something at lunchtime. He sits down on his chair, looking around at the other children, content for a moment. We open the yogurt and hold out a scoop, offering him some and encouraging his speech. "Yogurt?" He leans towards the spoon, touching his lips to the yogurt, sits back, licks his lips, makes a face that indicates he doesn't like it, and gets up to leave the table. I stop his body with my hands and turn him back to the table. Now he's angry but he sits down for a moment. It escalates from here, to him screaming, writhing in his chair, sliding onto the floor, trying to get away. I keep redirecting him to the chair, then give up on that and lift him onto my lap, kicking and screaming. Some days he calms and will eat the yogurt I offer while holding him on my lap, other days we end in a draw, both exhausted.

While every day didn't look like this, most days did—or at least it felt that way. My co-teacher and I agonized over our choices in these moments. Was it appropriate for us to be physically forceful with him? What were we communicating to him through these acts of bodily force? What messages were we sending to the other children as they watched us take power over his body in these moments? We saw him make strides though, which always validated our choices—maybe our intervention was working. If so, then we must be making the right choices, or at least it felt that way several months later when he sat down at the table, asked for yogurt, and fed himself an entire container.

Once Antonio received a diagnosis of autism, he was automatically mandated 20 hours a week of ABA therapy. So along with the intervention practices we were working into our time with him, he became subjected to other, more frequent, and more intense interventions—as was our classroom, the peer community, and our teaching practice. Though it was already seeping into our work with him, the language of autism intervention became a large part of the classroom once we started working with outside therapists. There is a local vernacular of ABA, a way of speaking and being that I slipped back into from my experience in an ABA classroom. The sing-songy language prompts, the forceful repetition of skills, the simplified phrasing all came back too easily once this child was deemed different from his classroom peers.

While the therapy sessions were often relegated to a corner of the room or separated from the classroom, one of the therapists worked alongside us during lunchtime. She was pleased to see what we had done with him so far. Our forceful techniques were, it seems, “ABA-approved.” The focus during lunchtime moved from getting him to eat to getting him to speak. The therapist would prompt words like “yogurt,” “open,” “spoon,” and the most-heard phrase, “all done... say, all done.” The therapist focused solely on Antonio in these moments, interrupting his fitful attempts to leave the table with incessant prompts for him to verbally indicate his “all done”-ness. While this was happening, we became acutely aware that the other children were tuning into the interactions between Antonio and his therapist, which made us realize they had been tuning into our interactions with him as well.

One day, Antonio’s refusal to say “all done” was especially strong. He cried out and tried to get away from the table, and the adults, several times. His therapist, while physically restraining him to remain on his chair, went through a seemingly endless string of requests, “are you all done? ... say all done... all done.” After a few minutes of this, two-year old Rickie, who had been watching intently, said loudly, “all done!” and clapped his hands and smiled, congratulating himself on performing this task. A few more rounds from the therapist and three-year-old Sarah called across the table to offer, “Just say, ‘all done!’”

After questioning what our actions with Antonio were communicating to the other children, seeing these obvious effects on them intensified our dilemma. How were these practices constituting their idea of who Antonio was? Of who we were? Did watching us work like this with Antonio worry them? Scare them, perhaps? I began to worry that these physical, authoritative practices might be making the other children feel unsafe, and yet I never thought about that for Antonio. We saw the intervention working, we saw him making progress, we saw him begin to speak, to eat—but it just didn’t “feel” right. We adults often do things to or for a child with the disclaimer, “I’m doing this for your own good,” most often without question. But where is the opportunity for the child to take responsibility for their own good?

The Committee on Preschool Special Education (CPSE) Meeting

Our time with Antonio ended with the school year and with a meeting as he transitioned out of early intervention services into the preschool special education system. This meeting is where we came face-to-face with the special education discourse, and I knew from the moment we sat down that his diagnosis determined the type of classroom he would be allocated to—a self-contained, intervention-based model. The connections I had seen him make with peers, his creative use of materials, his joy in free exploration were never part of the conversation. All I heard was that our “kind of school”—child centered, play-based, emergent, all those “best practices” of early childhood for “normal” kids—could never support him.

The CPSE representative offered Antonio’s mother a choice of a handful of schools, all of which were specifically for children with disabilities. I was familiar with a few of them, which had very small classrooms, materials primarily meant for skill-and-drill instruction, and little opportunity for self-directed play or learning. In these schools, children spend most of their day one-on-one at a table with an adult working on interventions, such as the worksheets I saw three-year-olds doing at one school.

I felt sad for Antonio in his remaining preschool years, knowing he might not find the joy in play that I had seen him find in our classroom, but at the same time, knowing the system of schooling that he would face in the future, I reluctantly bought into the need for him to be in a special classroom.

Broadening Discourses of Disability and Inclusion

There is of course more to this story and more ways of telling it. Our time with Antonio raised questions for our own practice and brought to light the ways we have so habitually accepted the medicalized discourses around autism and other disability diagnoses. Our practice is being unpacked and transformed as a result of what Antonio brought to our classroom, as we fought to see the individual within the diagnosis. Aiming towards equitable practices in our toddler classroom is a never-ending journey of action, reflection, and reconceptualization. Perspectives and stories from inclusive classrooms that confront dominant discourses of disability need to be made more accessible if we hope to address inequities for children diagnosed from early ages and support greater inclusivity in early childhood classrooms. Our work, and that of others (e.g. Recchia & Lee, 2013; Sapon-Shevin, 2007), strives to rewrite the discourses around special education and inclusion, moving towards an understanding of inclusivity that goes well beyond addressing the diagnosis.

Through this work we seek to start a conversation about how teachers negotiate competing discourses and practices around autism in an inclusive early childhood setting. From our experiences, we have come to form a more critical, reflexive perspective in our practice and our understandings of the early childhood field. Practices like using writing as inquiry (Richardson, 2000) can help teachers examine their beliefs around inclusive practices and take teacher reflection to more critical spaces. It is not an easy task, however, to shift perspective and confront the dominant discourses around disability. Ferr and Bacon (2011) remind us that this requires a pragmatic shift in the way teachers see children and their practice. Continuing to focus only on the child and individual differences between students will continue to reproduce the system of inequity in special education. But if we can make that shift to examine our teaching practices and bring them into question, there is great potential for change.

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Preparing Infant-Toddler Professionals: A Community College's Perspective

Jennifer M. Longley and Jennifer M. Gilken

Early childhood educators often experience inequality, earning less and having poorer working conditions and fewer professional requirements than K-12 educators. The disparity also exists among early childhood educators: those who work with infants and toddlers receive the lowest pay, have fewer professional development opportunities, need fewer preservice credentials, and are less respected by society than are K-2 teachers. These disparities impact the professionals, as well as infants, toddlers, and families.

Infant-toddler educators need to reclaim their profession. Reclaiming or reappropriating is a process of saving or recovering something that has been harmed or wronged and working to rectify the damage. Educator preservice training programs have the power to give teachers the tools to reclaim the profession because all members of a career community pass through the halls of preparation programs and are impacted by both the program's curriculum and their relationships with faculty. As Branscomb and Ethridge (2010) argue, teacher education programs are transformative because they influence how preservice educators view the profession, and they lay the foundation for teachers' identity. Consequently, the onus lies on infant-toddler teacher educators and preparation programs to begin reclaiming the profession.

Community colleges have a crucial role in preparing infant-toddler professionals and are therefore vital in the reclamation of infant-toddler education. Many infant-toddler teachers start their careers at community colleges or receive their initial credentials for the field at community colleges. Compared to preschool teachers, infant-toddler teachers are less likely to have bachelor's degrees (National Survey of Early Care and Education, 2013); consequently, community colleges serve as a gateway to the profession, specifically for infant-toddler educators.

This paper outlines the steps that one community college preservice teacher education program is taking to reclaim the profession of infant-toddler education. The Teacher Education Department at the Borough of Manhattan Community College (BMCC) is a unique program, as it provides students enrolled in the Early Childhood Education Associate's Degree Program the opportunity to specialize in working with infants and toddlers. It is the only undergraduate teacher education program in the New York City metropolitan area that offers a specialization in infant-toddler curriculum and development. The program is part of a teacher education career pathway; people who have a Child Development Associate (CDA) credential can transfer college credits toward their associate's degree at BMCC, and those who finish BMCC's program can transfer to four-year undergraduate institutions to continue pursuing New York State Teacher Certification. The efforts of BMCC's program to reclaim the profession focus on: 1) a relationship-based program, 2) fieldwork opportunities, and 3) a curriculum planned and

structured to impart to students the competencies they need to work effectively with infants-toddlers and families.

The day before, at her field placement, Yolanda had led an activity with a group of twos for the first time. "How did the activity go yesterday, Yolanda?" Professor Johnson asked.

"The activity was way too messy," Yolanda responded.

"How can it be too messy? They learn through messes," Jacinta, another student, chimed in.

"What was messy about it?" Andrea, another student who was placed at the same fieldwork site as Yolanda, but in a different classroom, interjected. Yolanda explained that the children had paint all over their clothes.

"What did the teacher do?" Jacinta asked.

"She changed them," Yolanda replied; "she acted like it was no big deal."

"Do you think this was the first time they got messy like that?" Andrea asked.

"No, it's just that one girl had on a white shirt, and it wasn't white after painting. If they just moved the table out some" Yolanda trailed off.

"Why do you think the table moves or doesn't move?" asked the professor, with whom the students had had classes in previous semesters.

Yolanda pondered for a moment, then said, "Well, the room is small. Maybe she didn't expect so many children to be interested in the activity. The light table needs a plug, too. But as a parent, I felt bad sending the clothes home."

Andrea asked, "How do you think the families felt when they opened the bag of clothes?"

Yolanda announced, "I would be mad. I want my child to wear a smock or change of clothes so their good clothes don't get dirty."

"I've never seen the families get upset when they pick up the kids and see a bag of clothes dirty from messy play," Andrea offered.

"Why do you think the families don't get upset?" the professor interjected.

Yolanda sighed, "I guess they know the kids are gonna get messy. I hear the director gives tours, and she explains to families how the children do lots of art with natural materials."

"So what I hear you saying is that families know the philosophy of the program—they chose to send their children to a program where the children will create a lot of art and get messy," Professor Johnson suggested, connecting the discussion to the program's philosophy and a family's choice of programs.

Relationship-Based Program

Those who work with infants and toddlers are often referred to as “caregivers” who provide “care” and work in a “day care.” This choice of words implies that anyone is capable of working with infants and toddlers, and that the staff do not need specific training to work with them. The opposite is true; infant-toddler educators need specialized skills that are differentiated from the competencies of those who work with children over the age of 3 (Lee, Shin, & Recchia, 2016; McMullen & Apple, 2012; Polk & Bogard, 2016). The skills educators use with infants-toddlers are specialized because they are non-verbal or acquiring language, learning how to trust (Erikson, 1980), and making sense of the world around them. Infant-toddler teachers must learn the communication styles and preferences of each child through observation, responsively meet the needs of each child through the individualized routines of daily living, and support the rapid developmental growth that occurs in the first three years of life. These behaviors also facilitate the development of attachments between infants and teachers, which comprise the foundation of future learning and relationships (Bowlby, 1969).

Due to the particular needs of infants and toddlers, relationship-based practice is considered the best method to use when working with them in group settings (McMullen & Apple, 2012), and “relationship-based care and intimate encounters are a unique part of working with infants” (Lee, Shin & Recchia, 2016, p. 347). Relationship-based practices involve developing individualized, respectful, responsive, reciprocal interactions with others that are culturally sustaining. Culturally sustaining practices involve embracing the pluralism and diversity of the cultures in a community and nurturing the growth of the heritage cultures of its members, while empowering people with tools to access the dominant culture (Paris, 2012).

Supporting future infant-toddler teachers in developing relationship-based practices is a monumental task. There is thus a need for high-quality infant-toddler preservice preparation programs (Branscomb & Ethridge, 2010) that prepare professionals to deliver high-quality, relationship-based practices. Several professional organizations that advocate for and research the quality of programming for young children—including Zero to Three (Dean, LeMoine, & Mayoral, 2016), the National Association for the Education of Young Children (NAEYC, 2019), the Collaborative for Understanding the Pedagogy of Infant/toddler Development (CUPID, 2016), and the Institute of Medicine and National Research Council (2015)—have identified relationship-based practice as a necessary competency for those who work with infant and toddlers. While 20 states certify teachers to work with children from birth to kindergarten or birth to third grade (Education Commission of the States, 2018), research has found that early childhood preservice education programs are not adequately preparing professionals to provide high-quality, relationship-based programming to infants and toddlers (Chu, 2016; Lee, Shin, & Recchia, 2016; Recchia, Lee, & Shin, 2015; Rockel, 2014).

Most early childhood preservice education programs offer limited, if any, exposure to coursework, content, or fieldwork experiences with infants and toddlers (Beck, 2013; Chu, 2016; Rockel, 2014; White, Peter, Sims, Rockel, & Kumeroa, 2016). Consequently, the faculty of BMCC’s infant-toddler

preservice preparation program believe that infant-toddler professionals need to experience the elements of high-quality, relationship-based practice while they study theory and development. The faculty seek to embed a culture of relationship-based practice into the culture of BMCC's infant-toddler preparation program in order to create a parallel process in which students experience relationship-based practices while studying relationship-based practices.

Students both experience and learn relationship-based practices through their interactions with each other, their professors, and the infants and toddlers they work with in practicum. The program's policies and procedures that make this possible include continuity of care, the key teacher model, and diverse student groupings. Continuity of care in the early childhood setting means that young children and their teachers stay together as a group for two to three years (McMullen, 2018; Polk & Bogard, 2016). Children form strong bonds with their teachers, as well as their peers, and those relationships are nurtured by the continuing connection. BMCC's infant-toddler preservice teacher program teaches its students about the importance of continuity of care while simultaneously fostering continuity of care both among the program's students and between faculty and students. The students tend to take their infant-toddler courses together, often with the same professor for multiple semesters, developing an informal cohort that is nurtured by the program. Typically, students also take their early childhood education courses together and often try to take their other courses together as well. An online chatroom is created for each cohort so that the students can communicate outside of classes and after they graduate from BMCC. The chatroom is student-led and student-moderated. Two students who share classes and a fieldwork site, such as Yolanda and Andrea in the vignette earlier, could use the chatroom to compare their experiences in their field-site classrooms and let each other know if one will be absent, especially if they commute to class together.

The faculty in BMCC's program work to develop individual relationships with students and take time to get to know each student personally. This is akin to the key teacher or primary teacher model (Beck, 2013; Lee, Shin & Recchia, 2016; Polk & Bogard, 2016) that develops in infant-toddler classrooms. As BMCC's preservice teachers are taught in a program that utilizes a key teacher model, one teacher is assigned to three to four infants. This teacher is primarily responsible for meeting the needs of those infants, getting to know the children and their families, and facilitating the formation of a close relationship between the key teacher, child, and family. In BMCC's program, relationships between students and faculty often form inside and outside of class. These relationships are based on the unique needs and interests of each student. Faculty strive to be available, responsive, and attuned to students, following the student's lead regarding the nature and depth of the relationship. Some students prefer that the relationship stays within the confines of class, while other students like to use faculty office hours or faculty-supported forums, such as the *Remind* app or discussion boards on the college's online learning platform to communicate outside of the classroom.

Fieldwork

During her regular meeting time with her cooperating teacher after she led an activity with a small group of children, Yolanda's cooperating teacher posed questions that helped Yolanda to reflect on the experience, the

children, and Yolanda's role leading the activity. The teacher began the conversation by asking, "Why do you think your focus child was initially reluctant to join in the activity?" Yolanda responded that she believed the child had a slow-to-warm up temperament style and was hesitant to engage in new activities. She explained that the child stays by Yolanda's side when new activities are introduced, but because Yolanda was facilitating the activity with a group of children, she could not support her focus child the way she normally does. Yolanda added that seeing her in the role of leading the activity may have been surprising to the focus child and that could have also contributed to her hesitancy. The conversation continued, with the cooperating teacher asking Yolanda, "What did the children learn from the activity? How do you know? What would you have done differently? Why?"

Infant-toddler professionals traditionally earn the lowest pay, have the fewest credentials, and experience the highest burnout rates in the field of education (Institute of Medicine & National Research Council, 2015). In an effort to help remedy these issues, BMCC's infant-toddler preservice program is preparing a qualified workforce that is aware of the demands and rewards of the profession. Providing intensive fieldwork experience in high-quality infant-toddler-care programs is a key element in this process. While fieldwork is crucial to the development and growth of professionals intending to work with infants, toddlers, and families, most undergraduate early childhood education programs offer few, if any, opportunities for fieldwork placements with infants and toddlers (Beck, 2013; Lee, Recchia & Shin, 2016; Recchia, Lee & Shin, 2015; White et al., 2016). At BMCC, by contrast, fieldwork or practicum involves placing students in positions to observe children, form relationships with them, and function as members of the teaching team one to two mornings a week throughout the semester at centers offering high-quality infant-toddler programming.

The quality of the programming at a field site is a crucial element for preservice infant-toddler educators (Recchia, Lee & Shin, 2015). Preservice teachers will adopt the practices of their cooperating teacher over what they have learned in college coursework (Agbenyega, 2012). Consequently, the faculty in BMCC's program has taken steps to ensure students are placed in fieldwork settings that deliver high-quality programming to infants, toddlers, and families. Faculty in BMCC's infant-toddler specialization created a rubric to review current and potential fieldwork sites. It has the following categories: 1) the site's use of relationship-based practices, 2) the mentoring offered to students by cooperating teachers, 3) the program's curriculum, 4) the center's hiring practices, and 5) the site's use of culturally sustaining practices. These elements are a lens through which to examine programs and begin the discussion among faculty about the quality of sites for fieldwork placements, with each program evaluated individually by faculty and assessed as unacceptable, acceptable, or ideal in each category. Because staff changes can influence the quality of programming offered, sites are reviewed yearly.

During the supervised practicum, students receive coaching from faculty, as well as support from a designated cooperating teacher at their field site. BMCC faculty visit students three to four times each semester, while maintaining continuous open communication with field sites and cooperating teachers to support students throughout the fieldwork experience. The cooperating teacher often serves as the main point of contact for the student during their practicum experience. Fieldwork experience with regular support and mentoring from a cooperating teacher, coupled with opportunities

to reflect on the experience in a caring environment with non-judgmental, constructive feedback facilitates the growth of preservice infant-toddler teachers (Beck 2013; Chu 2016; Lee, Shin, & Recchia 2016; Recchia, Lee, & Shin 2015).

The vignette with Yolanda and her cooperating teacher illustrates what may happen during a meeting between a student and cooperating teacher; it is a time that allows students to reflect upon and process what occurs in the classroom and to ask questions. Students complete a mid-semester self-evaluation that they review with their cooperating teacher, and the cooperating teacher completes an end-of-the-semester feedback form for students, which encourages self-reflection. Being self-reflective is a necessary competency for infant-toddler professionals, according to CUPID (2016), Zero to Three (Dean, LeMoine, & Mayoral, 2016), and other organizations researching and advocating for quality programming for infants and toddlers.

The mentorship that students receive during their field experiences influences their practice in the classroom as well as their identity as a teacher. Therefore, carefully identifying and selecting cooperating teachers who will serve as mentors for students is another important facet of the fieldwork experience (Christensen, 2016). As Murray notes (2013), mentorship and feedback that builds preservice teachers' confidence supports the development of professional identity. The sites that BMCC's program uses for fieldwork placements hire BMCC graduates or current students. Intentionally partnering with agencies that hire students and graduates provides exemplars for students and supports the students' development of their identity as teachers. The field-site staff are also intimately familiar with BMCC's program, courses, requirements, and faculty, which facilitates a deeper connection between the student and their field experience. Because preservice teachers are tremendous resources and supports for their peers (Christenson, 2016), BMCC places multiple students at one site, with each student working in a different classroom.

The relationships between teacher-education programs and students' fieldwork sites should be reciprocal partnerships (Christensen, 2016). Collaborating with the fieldwork sites offers rich opportunities for BMCC's program and field-site staff. When requested, BMCC's faculty support fieldwork programs by offering coaching to site staff, leading professional development, and/or providing consultancy services. Staff from the fieldwork agencies are invited to BMCC's teacher education program to share their knowledge during special events, such as Teacher Education Day, an annual day-long event in which students have the opportunity to learn about various career paths in education; to speak on specific topics connected to their areas of expertise for BMCC's Teacher Education Club, a student-led club for education majors that has weekly guest speakers and/or activities based on student interests; to be guest lecturers on specific topics in classes; and to become adjunct faculty.

For their first semester of fieldwork, students are asked to select a focus infant or toddler. This allows the students the opportunity to spend time observing and developing a relationship with a specific child during their field placement. Focusing on one child specifically at their field site promotes a deeper understanding among the students of infant-toddler development, relationship-based practice,

responsiveness, and the uniqueness of each child (Recchia, Lee & Shin, 2015). Students complete assignments based on their experiences with the child and the information they gather as they learn more about the child. BMCC aims for this focus child project to be the bridge between coursework and practice.

In their second semester of fieldwork, with the support of their cooperating teacher, students develop and implement differentiated, sensory-based learning activities with small groups of children that follow the children's interests, such as Yolanda did in the vignettes above. The students then have the opportunity to discuss these activities with their cooperating teachers, as Yolanda did. These experiences are video-recorded (with permission) to offer additional opportunities for reflective practice. The faculty in the BMCC program have found that infant-toddler fieldwork placements are the most effective sites to prepare preservice educators to work specifically with infants and toddlers when those sites offer opportunities to deliver high-quality, relationship-based practices with infants, toddlers, and families; develop close relationships with infants, including a focus child; mentor students; and forge reciprocal partnerships with college faculty.

Curriculum

A high-school diploma is the entry-level educational requirement credential needed to be a day care teacher, and the median salary for this position was \$23,240 in 2018, whereas an associate's degree is the entry-level educational requirement for preschool teachers, and their median salary in 2018 was \$29,780 (US Department of Labor, 2019). Teacher training and qualifications are indicators of quality practice in infant-toddler education (Rockel, 2014). Miller and Bogatova (2009) state that "having a consistent well-trained and well-compensated workforce is the cornerstone of quality care and education" for young children (p. 258).

Community colleges have an integral role in preparing infant-toddler teachers for the profession. According to the National Survey of Early Care and Education (2013), of infant-toddler teachers, 28 percent have a high-school diploma or less; 36 percent have some college, but have not obtained a degree; 17 percent have an associate's degree; and 19 percent have a bachelor's degree or higher. Compared to traditional four-year colleges, community colleges offer an entry to college for more first-generation college students, as well as more diverse, underrepresented (Cassidy, 2015), and non-traditional students. The Institute of Medicine and National Research Council (2015) noted that the professionals recruited and prepared to work with infants-toddlers by community colleges often reflect the diversity of children and families in the communities in which they work.

Just as those who work with infants and toddlers require a specialized skill set, the faculty who prepare their teachers need expertise in infant-toddler development and curriculum (Chu, 2016; Rockel, 2014). The program at BMCC hires faculty who have experience in the field, including graduates of the program. Faculty are recruited from current fieldwork placements or from among those who have held roles in the field, such as classroom teachers, home visitors, infant-toddler program directors, curriculum designers, and professional developers. The depth of faculty experience is beneficial for students, as

faculty are able to provide a direct connection between the curriculum and actual experiences from the field. In the example above, Professor Johnson was familiar with Yolanda's fieldwork program, classroom, and cooperating teachers, so she could facilitate an in-depth discussion about Yolanda's experience. Faculty's expertise and knowledge of infants and toddlers impact both the intensity of the focus (Chu, 2016; Rockel, 2014) and the quality of the course. However, in most undergraduate early childhood education programs, there is limited, if any, course content concentrated on infants and toddlers (Branscomb & Ethridge, 2010; Chu, 2016; Rockel, 2014).

BMCC faculty, by contrast, has designed and implements a curriculum for infant-toddler preservice educators. The goals of the curriculum in BMCC's infant-toddler teacher education preparation include supporting a deep understanding of development; encouraging preservice professionals to begin to develop their professional identity; fostering culturally sustaining practice; utilizing a relationship-based, developmentally appropriate model; and building on students' strengths. These goals are realized over several semesters of specialized coursework and fieldwork, in which each course is purposefully connected to the subsequent course, and key concepts of the previous course are reviewed and expanded upon in the subsequent course. During their first semester, students enrolled in the program at BMCC have the option to specialize in working with infants and toddlers or children in preschool through grade 2. The program is structured into a seven-course sequence taken over four semesters.

The first course in the sequence is on child development from birth to age 8 and includes an eight-week seminar devoted to professionalism in the field of early childhood education. The goal of the seminar is to begin to facilitate the development of a student's professional identity. In the seminar, students explore the characteristics of an early childhood professional, create a professional development plan, review the NAEYC Code of Ethics (2005), and begin a conversation about culturally sustaining practice. The seminar sets the tone for the course sequence. Faculty model the goals of the course by implementing culturally sustaining pedagogy and professional behavior, and these constructs are continually revisited along the course sequence. Professor Johnson from the opening example may have continued the discussion with Yolanda and her classmates on the cultural implications of messy play for different families and/or on a family's ability to choose a program with a particular philosophy.

In their second semester, all students take a course about the social factors that impact young children and begin the first course dedicated to their specialization. For the infant-toddler preservice professionals, this course is about infant development, curriculum, and working with families. The course addresses the developmental and cultural needs of infants and families by exploring theories, methods, and materials used in infant classrooms. Students spend the semester engaging in an in-depth observation of one infant and family. Students tend to take the course about social factors in early childhood and the infant course as a cohort; it is then that the informal cohort begins to develop.

In the third semester, students take a course focused on toddler development and curriculum and a course focused on observing development. In the toddler curriculum class, students continue to focus

on addressing the developmental and cultural needs of toddlers and families by learning more about theories, methods, and materials used in toddler classrooms. The observation course is their first fieldwork experience; it is a 60-hour supervised placement. In their final semester, students take two courses, an Introduction to Special Education course that all early childhood education students take, and a seminar combined with a more intensive 90-hour supervised fieldwork placement.

The philosophy, format, and methods used in early childhood teacher-preparation programs impact teachers and their teaching (Recchia & Beck, 2014). Over the seven-course sequence, content and skills are scaffolded and use real-life, hands-on learning opportunities to support students' understanding of infants, toddlers and families. While many of the students who are enrolled in the program are novices in the field, all of the students bring their own funds of knowledge (Moll, Amanti, Neff, & Gonzalez, 1992), or cultural heritages and experiences, which are used in the classroom to enhance learning. The students are from diverse backgrounds; consequently, there is always discussion about personal experiences of caregiving. As the discussion in the opening vignette continued, Yolanda shared that during her childhood she had to keep her clothes clean and neat, or she would be punished. She said that she has to stop herself from telling her own children and the children in her field site to keep their clothes clean, just as she was told.

Some students are currently working in the field or have extensive experience with infants and toddlers in informal settings. These students provide rich examples and bring their experience into class discussions. In the example above, Yolanda drew on her experience as a mother to analyze the curriculum, share her perspective with her peers, and empathize with families.

Reclaiming Infant-Toddler Teacher Education

Infant-toddler educators are marginalized by society and by undergraduate teacher preparation programs. Undergraduate early childhood education content and fieldwork experiences that focus on infants and toddlers are rare, despite the fact that 20 states certify or license teachers to teach children from birth to kindergarten or birth to third grade. Yet those working with infants and toddlers require a specialized skillset, which includes experience in developing relationships with infants and toddlers, the ability to use relationship-based practices, and content knowledge, as well as the skills learned from being mentored in high-quality supervised field placements. Consequently, infant-toddler preservice educators must work to change the landscape of the field and galvanize the next generation of professionals to battle the disparities in working conditions, salary, and professional requirements that infant-toddler educators endure. Infant-toddler teacher educators need to impart to their students the competencies needed for the difficult, specialized job of working with infants, toddlers, and families.

This paper describes BMCC's infant-toddler preservice program as a model of the steps one community college educator preparation program is taking to reclaim the field by focusing on the relationship-based practices, fieldwork, and curriculum. Community colleges are uniquely positioned to impact the field as many professionals receive their credentials at community colleges, often because they are financially accessible. The cost of pursuing degrees at four-year colleges, coupled with the limited

earning potential of infant-toddler teachers, prevents many educators from pursuing degrees beyond the minimal requirements for the field, which could result in accruing student loan debt. This creates a cyclical process in which the infant-toddler workforce, who are underpaid and not highly credentialed, cannot afford to pursue additional educational degrees because of the low salary standard in the field. Because community colleges are more affordable, they can help fill this accessibility gap by providing an economical path to credentialing for the infant-toddler educators.

However, more work is involved in reclaiming the profession and preparing infant-toddler professionals to meet the needs of the infants, toddlers, and families. The next steps in the process include research, faculty development, and strengthening preservice preparation. Teacher educators are in a unique position to examine and improve the quality of preservice education programs, so they must be able to conduct their own research and to develop as faculty in order to facilitate those improvements. Faculty should research the quality of coursework offered in infant-toddler preparation programs (Branscomb & Ethridge, 2010), the most effective methods to impart the necessary knowledge and build the required skills in a preservice teacher, and the ways in which community colleges serve as a vehicle for preparing infant-toddler teachers.

Research should also continue exploring how to best prepare infant-toddler teachers to use relationship-based practices (Lee, Shin & Recchia, 2016). Ensuring that undergraduate early childhood education infant-toddler course content is substantive and focused, rather than being embedded in courses where it becomes diffused, is essential (Rockel, 2014). Furthermore, identifying high-quality infant-toddler fieldwork placements (Beck, 2013; Lee, Shin & Recchia, 2016; Recchia, Lee & Shin, 2015; White et al., 2016) that offer students the opportunity to observe and use relationship-based practices, develop relationships with infants and toddlers, and provide mentorship, is also crucial. This requires recruiting, hiring, and retaining faculty with expertise in infant-toddler development and curriculum or building the capacity of existing faculty (Chu, 2016; Rockel, 2014). It is our hope that, with these principles in mind, more early childhood education programs with infant-toddler specializations will arise at the undergraduate collegiate level, including at community colleges.

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Getting It Right from the Start: A Retrospective and Current Examination of Infant-Toddler Care in Jamaica

Zoyah Kinkead-Clark and Kerry-Ann Escayg

Introduction

Despite acknowledging that early childhood spans from birth to 8 years, in Jamaica, as in many other developing countries, the predominant interest in early childhood care and education has typically been focused on the education of 3- to 6-year-olds rather than on the care of infants and toddlers. Though this attitude has been changing, largely as a result of the plethora of research surrounding the significance of the first 1,000 days of life and their importance in setting the foundation for children's future development (Cusick & Georgieff, 2016), few can deny that to date, the majority of resources, both of human capacity and of financial funds, are allotted for preschool education rather than the care of infants and toddlers.

Now that Jamaica's Ministry of Education has committed to expand the reach of child care offerings to children from diverse socioeconomic backgrounds, an examination of the issues shaping infant-toddler care that allows us to understand some of the challenges young children and their caregivers currently face is necessary. This examination is particularly timely in light of the 25th anniversary of the groundbreaking UNICEF-funded study that evaluated the status of child care services in Jamaica and that noted the tremendous deficiencies in the system (McDonald & Brown, 1993).

In this paper, we explicate the current status of infant-toddler care in Jamaica. We use the 1993 UNICEF-funded study as the springboard for our analysis. By doing this, we juxtapose the findings in the report with the current status in the sector to illuminate the developments which have occurred over the past 25 years. With this in mind, one of the primary goals of this piece is to contribute to the body of knowledge germane to infant-toddler care in developing countries. We also seek to challenge the view that few, if any, lessons about the provision of child care services can be learned from developing countries. Therefore, we elucidate how Jamaica, as a low-resource state, can address some of the issues affecting young children and their caregivers by drawing on some of the practices in economically similar countries. In this article, we focus on key issues that have implications for the sustained development of Jamaica's infant-toddler programming: funding of the sector; professional development of nursery staff; parent education; and improving child outcomes. We begin, however, with a brief discussion of the Jamaican context.

The Jamaican Context

The island of Jamaica is the largest of the English-speaking countries in the Caribbean. Classified as a Small Island Developing State (SIDS) with middle-income status, since gaining independence from Britain the island has made steady strides to improve the educational outcomes of its most vulnerable

citizens. Recent census data indicate that children under 18 years of age account for 30 percent of the population, or about 900,000 people; of that number, approximately 120,000 are children below the age of 3 (Statistical Institute of Jamaica, 2015).

As in the case of other developing countries, only a minority of Jamaica's children receive nonparental care outside the home prior to their second birthday (Engle et al., 2007; Grantham-McGregor et al., 2007). According to the Early Childhood Commission (the agency responsible for the oversight of early childhood institutions in Jamaica), from 5 percent to 12 percent of children between the ages of birth and 2 years are registered to receive center-based care. It must be noted that though there is greater demand than that for child care services, child care costs which may, on average, equate to a family's earnings at the current local minimum wage can be prohibitive (Kinkead-Clark, n. d.; McDonald & Brown, 1993). This obstacle has largely been the reason for the dependency on culturally accepted practices, such as requiring older siblings to look after children or children being left on their own.

Infant-toddler care: An overview of the journey

In this section, we provide an overview of infant-toddler care in Jamaica. This is particularly important because it allows us to situate our analysis of the developments in the sector over the last 25 years.

For many Caribbean and Latin American countries, the demand for child care services grew exponentially in the 1970s, when female participation in the workforce increased (Blau & Ferber, 1990). Fuelled by an entrepreneurial spirit and noting the business opportunities in this untapped area, many women across the region established hundreds of child care centers to meet the demands of young, expanding families.

Recognizing the need to improve standards in the region, yet aware of a woeful lack of people with the expertise to oversee the increasing number of child care facilities there, in 1972 UNICEF funded the establishment of the Regional Preschool Child Development Centre (RPCDC) at The University of the West Indies, Mona (Davies, 1997). One of the goals of the RPCDC was to provide oversight and professional development support to the scores of child care practitioners across the English-speaking Caribbean (Davies, 1997).

By 1975 the government of Jamaica, under the leadership of then Prime Minister Michael Manley, who was heavily influenced by the Cuban approach to education, established government-sponsored early care and education programs across the island as part of the National Daycare Programme (NDCP). Though these programs were very successful at the time, by the 1980s a change both in the government and in external circumstances resulted in shifted priorities. This decade was a particularly challenging period for Jamaica, largely due to the compound effects of a number of local and global events (Robinson, 1994). Among other things, with a slowdown in the global financial market, the sharp rise in gas prices, and the catastrophic effects of Hurricane Gilbert, which further devastated Jamaica's already fragile social and economic system, there were simply not enough funds to meet the demands of all the major government ministries (the Ministry of Health, the Ministry of Education, and the Ministry of Finance). Faced with these profound financial woes, the government made the

decision, with regard to education, to halt the support of NDCP and shift its focus to rebuilding the hundreds of primary and secondary schools which had been destroyed by the hurricane (McDonald & Brown, 1993).

In the late 1980s the Child Support Unit of the Ministry of Local Government was concerned with the challenges faced by mothers in low-income households who needed access to child care in order to be able to work outside the home. At that time, over 40 percent of women were classified as unemployed (Witter, Hamil, & Spencer, 2009). A number of steps were taken to attend to this challenge, one of which was to address the cost of child care services. In 1989, the Child Support Unit made the decision to buttress the development of home-based nurseries, which they believed was a more financially viable model for the care of children from lower socioeconomic backgrounds (McDonald & Brown, 1993). Prior to the rollout, however, the ministry felt it necessary to get a fuller understanding of the state and needs of the nursery sector. By 1993, with funding from UNICEF, a commissioned report on the status of child care services in Jamaica was written. Among other things, the evaluation (a) appraised the preparedness of child care centers to meet the basic requirements of infant-toddler care and education, (b) assessed the need for child care services across the island, and (c) examined government and private sector responses to child care needs.

While some strengths were noted in Jamaica's child care sector, the findings of the UNICEF report predominantly highlighted the tremendous deficiencies in child care services. Among other things, the findings noted the limited availability of resources in the centers, the low levels of parental involvement in the day-to-day happenings in the facilities, the low levels of interaction between staff and children, and practitioners' limited understanding of child development, which resulted in their heavy reliance on developmentally inappropriate practices.

During the late 1990s through the early 2000s, very little activity occurred in the child care sector. In 2003 the Early Childhood Commission Act was passed, which gave the newly established Early Childhood Commission oversight of all early childhood institutions including child care centers. The next few years were spent monitoring the sector, coordinating with key stakeholders, and facilitating curriculum reform, among other activities. In 2013 the National Strategic Plan 2 for Early Childhood Education was framed. This document made explicit reference to the need to improve care provisions for children between the ages of birth and 2.

Goals to improve infant-toddler care in Jamaica

In this section, we critically assess funding of the child care sector; professional development of nursery staff; parent education; and child outcomes. These factors were explicitly referred to in both the National Strategic Plan 2 for Early Childhood Education and in the 1993 UNICEF-commissioned report on child care services (McDonald & Brown, 1993) as key issues which needed to be addressed in Jamaica's early childhood sector. We also consider it important to examine these issues because they continue to directly impact the caregivers in the centers, which in turn affects the quality of the learning experience young children have in early childhood environments.

Funding the sector

The 1993 report on child care facilities noted that many of Jamaica's child care centers were underfunded (McDonald & Brown, 1993). The ripple effects of this were noted to have implications for the payment of staff, the access to professional development, improvement of the physical infrastructure of centers, the acquisition of resources, and more. To date, funding of the early childhood sector still remains a major challenge. Of the 350 child care centers in Jamaica, over 98 percent are privately owned. This has had significant impacts on the sector because the operating income for these centers comes predominantly from the fees charged to parents, which, in the vast majority of cases, are nowhere near sufficient to cover those operating costs.

In 2018 the Ministry of Education launched the Brain Builders Programme (BBP), an initiative aimed at improving children's developmental outcomes by increasing the number of children who have access to nursery care. Currently, one of the goals of the BBP, in the initial stage of implementation, is to ensure that children are provided with the supports which attend to their nutritional, physical, and social well-being (Morris, 2018). To support this, the government committed several million dollars to establish 126 Brain Builders Centres across the island to increase the opportunity for more children to have access to child care services.

Although this is a step in the right direction, additional efforts are needed. The BBP simply does not have the reach to ensure that all 40,000 children born in Jamaica each year will have a space in a nursery. Likewise, while some centers have been provided with resources, questions have already emerged about the sustainability of this practice because the centers need to acquire resources on an ongoing basis.

Another issue pertaining to the lack of funding of nursery care is the quality of privately-owned nurseries. Inspection reports from the Early Childhood Commission reveal that many of the nurseries that have undergone the inspection process were deemed to need improvement in a number of areas. A scoping review of these reports indicates many nurseries score poorly on physical infrastructure, basic resources, and finance practices (bookkeeping).

It is clear that the structure of Jamaica's nursery system, which is overwhelmingly dominated by privately owned centers, has implications for the viability of the sector and the quality of the services being provided. At this point, with other equally important, yet competing demands on the government's coffers, it is unreasonable to assume the government can wholly fund the sector. As Cleveland and Krashinsky (2002) indicate, a collaborative approach to child care funding must be considered. Specifically, partnerships must be interpreted broadly and must therefore be seen as a viable option whereby alliances between parents and parents, parents and the government, the government and the private sector, and private companies and parents are firmly established (Sadasivam, 2001).

For many countries, child care access is inextricably linked with workforce labor participation, requiring robust involvement on the part of both the public and private sectors. Though many companies are unwilling to become involved in providing child care services, incentives can be used. Ways to support

access to child care include incentivizing private sector companies to subsidize child care for their workers, as is done in the Dominican Republic; increasing the number of state nurseries, as in Cuba; or supporting grassroots efforts to provide child care, as in India.

We see these as necessary solutions to Jamaica's challenge because though the government's involvement in the sector is commendable, it does not address the root of the issue: how to ensure all nurseries have access to sufficient resources to enable the provision of quality care to young children. At this point, there is little indication that this goal will be achieved anytime soon. An overall assessment of the sector notes limited government intervention for all programs catering to children from birth to 3 years. According to Spencer-Ernandez and Edwards-Kerr (in press), in 2017 less than 6 percent of GDP was allotted to education (from early childhood through postsecondary). From 2014 to 2016, only 0.016 percent of GDP was allotted to education for children aged 3 to 5 years, and none was allotted to the education of children aged 2 years and under. Such wide-ranging issues point to the need for robust, concerted, ongoing discussions among diverse government ministries, including health, education, labor, finance, and social and national security. A collective approach that recognizes the importance of infant-toddler care stands to deliver the innovative solutions necessary for creating sustainable, high-quality, early learning opportunities in the Jamaican context.

Such wide-ranging issues point to the need for robust, concerted, ongoing discussions among diverse government ministries, including health, education, labor, finance, and social and national security. A collective approach that recognizes the importance of infant-toddler care stands to deliver the innovative solutions necessary for creating sustainable, high-quality, early learning opportunities in the Jamaican context.

Professional development of nursery staff

The correlation between well-trained staff and program quality has been frequently documented (Sims & Waniganayake, 2015; Sylva, 2010). It is perhaps for this reason that the authors of the 1993 report on child care facilities specifically noted the significant challenges faced by many of the nurseries that resulted from inadequately prepared staff (McDonald & Brown, 1993). The report indicated that 50 percent of nursery workers had no formal training in early childhood education, and only 22 percent had completed training lasting more than one year.

The findings of the 2015 census on staff qualifications of early childhood institutions across Jamaica indicate some improvement has been achieved: over 87 percent of teachers are qualified to teach in early childhood settings. Over 50 percent of them have vocational training, while another 34 percent have postsecondary-level training in the area. However, it is important to note that while more staff are qualified, the data suggest there are still limited opportunities for nursery workers to access ongoing professional development. Because the vast majority of nurseries are open throughout the year, closing only on national holidays and operating as long as 12 hours each day, there are few opportunities for caregivers to engage in more than a few hours of professional development training each year.

In 2018, after recognizing the state of the sector, the Early Childhood Commission launched What

You Do with Baby Matters, a program developed by the Tropical Medicine Research Institute of the University of the West Indies, Mona, that is aimed at providing caregivers with tools to stimulate babies cognitively. To further support nursery workers, professional development training sessions are also held once a month. This has resulted in a significant improvement. However, as noted above, it is virtually impossible to engage all staff in training initiatives because of the long operating hours of many of the centers. As a result, only one or two workers from each nursery are allowed to attend each training session; they are then expected to share the information they have learned when they return to their respective centers.

Though steady steps are being made to improve the competencies of nursery workers, the findings suggest this simply is not sufficient. As is also the case in many other countries, census findings highlight that practitioners in child care settings are usually the least qualified of all teachers in the education system. A lack of training results in caregivers who have little understanding of how to plan for children and limited knowledge of how to support their development. It is therefore crucial that caregivers have access to ongoing in-service training in areas of child development. If workers are unlikely to receive training outside of the center, targeted support and supervision from well-trained personnel are necessary. The Cuban program *Educa a tu Hijo* (Educate Your Child) and the Chilean program *Chile Crece Contigo* (Chile Grows with You) can provide very useful information regarding how this can be addressed within the Jamaican context.

In Jamaica, it must be noted that while the Early Childhood Commission is predominantly responsible for all training of nursery workers, professional development support is also provided by external groups. George Brown College, an institution located in Canada that has had a long-standing relationship with early years' stakeholders across the island, hosts annual seminars specifically for nursery workers. An important consideration is how to scale up these professional development initiatives to enable reaching the several hundreds of nursery practitioners across the island.

Parent education

Due to the high percentage of children who are cared for within the home, parent education is crucial to ensure that children who are not enrolled in child care centers have similar opportunities to receive quality interaction and stimulation. The 1993 evaluation report on child care services in Jamaica noted that local nurseries scored poorly on parent involvement, strengthening families, and public education. The report highlighted that parents had minimal understanding of child development and little knowledge of what constitutes quality child care; additionally, there were few opportunities for parents to access parent education programs (McDonald & Brown, 1993, p. 5).

In addition to supporting professional development, What You Do with Baby Matters provides parent education. The goal of the program is to provide caregivers and parents with strategies for “how to care, talk and play with their child in a way to improve their development” (Walker et al., 2016, p. 4). Complementing this initiative, other parent education programs and resources, such as the grassroots street theater *Pon di Corna*, *Parenting Pathways*, and *Parent Places* have also been used to inform parents about ways to better support their children’s developmental needs.

However, while there is effort on the part of the Early Childhood Commission along with other government and private sector entities to improve parent education, more needs to be done.

The ripple effects of the intentional education of parents are numerous for child care facilities. Research, including that of Ackerman (2008) and Horm et al., (2018) speaks clearly about the ways children benefit when their parents, homes, and communities are broadly embraced as an extension of the nursery. All stakeholders, including local nursery operators, need to appreciate these benefits and therefore must prioritize parent education and parent involvement as a part of their mandate as early child care professionals.

Educated parents are educated advocates (Rainey & Murova, 2004); as such, they must be informed about the benefits and purposes of child care. Accordingly, we argue that parent education programs should be oriented toward broadening understandings of infant-toddler care to include the holistic, long-lasting, and life-changing benefits derived from physical, socioemotional, cognitive, and creative interventions/support. When parents are educated, the quality of child care facilities improves. Bogenschneider and Johnson (2004) explain that educated parents are able to communicate with nursery managers and government officials about the importance of high-quality care for children and to advocate for it. Undoubtedly, this has been one of the major obstacles facing Jamaica's nursery sector; in the absence of advocacy on the part of educated parents, who are a powerful electorate, nursery care has been given minimal attention throughout the past several decades.

Despite these challenges, parent education in Jamaica has been used as a model in many developing and developed countries. Two long-standing and very successful programs—the Roving Caregivers Programme (created in 1992) and the Jamaica Home Visiting Programme (including its newer iteration, ReachUP, which was first developed in 1971)—have been replicated in many other countries in the Caribbean and Latin America. There have also been large-scale implementations of the Jamaica Home Visiting Programme in Bangladesh, China, and countries in Africa (Grantham-McGregor & Smith, 2016). Longitudinal evaluations of both programs continue to confirm the benefits to children when parents are empowered to meet their developmental needs (Janssens & Rosemberg, 2014; O'Sullivan & Minott, 2018).

Though slightly different in focus, both programs involve having trained child development specialists visit homes, both to provide cognitive stimulation for babies and to teach parents how to do that themselves. The data suggest this has been very successful. As a part of the Roving Caregivers Programme, parents are also encouraged to join support groups where they discuss issues germane to parenting. Likewise, for the Jamaica Home Visiting Programme, parents were encouraged to observe, practice, and learn from the community health worker assigned to their child.

In addition, the developers of both programs recognized the need for parent education that exposed parents to child-rearing practices that support the development of the whole child. Such education represented the additional link that was necessary in order for children to continue to receive the benefits of the intervention. Both the Roving Caregivers Programme and the Jamaica Home Visiting Programme have had much success in educating parents about the benefits of play and its value in

supporting children's physical, socioemotional, and cognitive development.

It is important to note that while both programs are currently being implemented around the world, the Roving Caregivers Programme is no longer being implemented in Jamaica, due to limited funds. On a positive note, the Jamaica Home Visiting Programme has now received funding from Jamaica's Ministry of Health and will be implemented starting in 2019.

Improving child outcomes

The overarching goal of the BBP is to improve the outcomes for children at risk of not meeting their full developmental potential. This goal is largely built on the research which indicates that children who have access to quality care have an increased chance of achieving that potential (Britto et al., 2017; Degotardi, 2010; Maggi, Irwin, Siddiqi, & Hertzman).

Children in developing countries are at greater risk for adverse outcomes. Data suggest that in Jamaica, over 25 percent of children live in poverty. In Jamaica, many homes are headed by females, with children from female-headed households more likely to live in poverty and more likely to be at risk for exposure to violence. Violence and poverty are two of the greatest factors which increase children's inability to meet their developmental potential (Smith & Green, 2007; UNICEF, 2018). Children with disabilities are also at greater risk.

The UNICEF-funded report on Jamaican child care facilities noted that almost 50 percent of centers rated poorly on providing child-oriented environments and on offering minimum opportunities for active learning and critical thinking (McDonald & Brown, 1993). Furthermore, children were not provided with developmentally appropriate activities and had little opportunity to express themselves. In essence, many of the centers, rather than minimizing the effects of poor cognitive stimulation essentially replicate those developmentally inhibitive practices.

The preliminary findings of the study by Kinkead-Clark (2019) indicate that very little has changed since 1993. Kinkead-Clark found that the vast majority of Jamaican nurseries scored poorly on all subscales of the internationally benchmarked ITERS-3 scale. Similar findings were noted in the 1993 report; they continue to have negative implications for the outcomes of children.

Addressing the issue of improving children's outcomes

In order to adequately position children on a positive developmental trajectory, a holistic approach that takes into account physical, nutritional, and cognitive needs must be taken (Engle et al., 2007). To do this, however, requires that the standards of child care facilities are improved; decisions driving practice with these settings are informed by data; and practitioners are equipped with the competencies—including the skills to identify and refer children for specialized care, if necessary—to effectively support the range of children's unique developmental needs.

While the Abecedarian and the Perry High Scope projects in the United States have served as powerful examples of the importance of high-quality, targeted interventions for infants at risk (Englund, White, Reynolds, Schweinhart, & Campbell, 2014), it is also important to note that several

examples of interventions in low-income countries have also shown great promise. These studies are especially helpful for developing countries because they address some of the commonly faced challenges. For instance, in developing countries, nutritional deficiencies in the first three years of life have been found to be especially deleterious for children's ability to reach their full developmental potential. Engle et al. (2007) draw attention to child care interventions in Vietnam, Peru, and the Philippines that demonstrate the benefits for children of receiving high-quality care beginning during the first six months of their lives. In all three of these cases, children were provided with nutritional supplementation, cognitive stimulation, and access to child care services outside the home. And in all three countries, the findings demonstrate that the positive effects of the interventions extended well into preschool and in primary years.

Lessons to be learned

As Jamaica looks toward the next 25 years, a robust effort needs to be made to ensure children reach their full developmental capabilities. While some of the issues faced by the nursery sector cannot be solved overnight, there are lessons that can be learned from our neighboring countries in the Caribbean and Latin America. These examples show that with sustained effort and the alignment of political will and social need, there are still opportunities for children to meet their full potential, despite the challenges faced.

Cuba, Jamaica's closest neighbor, has much to teach Jamaica about ways to promote quality early childhood practices. Like Jamaica, Cuba has minimum funds available for education. However, while only 5 percent to 12 percent of children in Jamaica are enrolled in nurseries, in Cuba almost 100 percent of infants and toddlers are enrolled in child care settings (UNICEF, 2016). Structured programs such as *Educa a tu Hijo* encourage families and communities to get involved in the care and education of their children. Similarly, child care facility workers understand the importance of parents in this process and make deliberate efforts to ensure parents are involved in nursery activities.

With regard to teacher education, Belize, the small, English-speaking country in Central America, serves as a model for how the government has taken steps to develop the capacities of those who oversee its early childhood sector. As previously discussed, cost is often a prohibitive factor for nursery workers in accessing training. Due to the low salaries many of them are paid, it is extremely difficult for them to consider furthering their education.

The Belizean model provides a way to address this problem. Recognizing the importance of professional development for those in the child care sector, starting in 2017 the Belizean government provided scholarships to scores of teachers and education officers to complete postgraduate studies in early childhood education. This focus on capacity building will ensure that there are trained educators (albeit not enough) to provide oversight of the sector. This model ensures that strides will be made in improving the quality of child care centers by ensuring that staff are adequately trained in the area. Admittedly, though the problem is not wholly solved, this represents a deliberate attempt to tackle the issue.

It is very clear that one of the greatest challenges facing nursery care in developing countries is funding,

which has several ripple effects. For one, children in many low-resource nations often suffer from inequitable access to child care; parents frequently lack adequate funds for it. In addition, children with special needs often do not receive appropriate education. The Chilean model serves as an example of how Jamaica can address this issue.

Chile Crece Contigo is a part of a “comprehensive support system” (Silva, n.d.) aimed at ensuring all children have a chance to meet their full developmental potential. Using a multisectoral approach to child care, all major government agencies are integrally involved in the process of providing universal access to quality care.

As is the case in Jamaica, limited socioeconomic opportunities have implications for the poorest children’s ability to access resources that have the potential to transform their lives. Unlike Jamaica’s government, however, Chile’s has recognized the importance of removing barriers to life-changing resources. Because Chile Crece Contigo is a part of Chile’s Social Protection System, funding the program is a priority in planning the government’s budget. Essentially, all children have a right to access the benefits of the program (Torres et al., 2018).

The Chilean government has done what many are asking the Jamaican government to do: wholly commit to the development and funding of early childhood education. While the 126 centers that are a part of the BBP is a start, more than 3,000 child care facilities are still operating with little, if any, support from the government. The Chilean government’s decision to make Chile Crece Contigo a central focus for major ministries indicates how much the country values the policy. This is certainly one lesson for Jamaica.

Conclusion

This conceptual piece aimed to outline the state of infant-toddler care in Jamaica. With the goal of exploring and analyzing some of the issues shaping the sector, it provides insight into some of the challenges facing infants and toddlers and their caregivers.

While Jamaica has made some progress over the two and a half decades since the 1993 UNICEF-funded evaluation of the state of its child care facilities, there is still much room for improvement. How this is achieved depends on several variables. A key step, for example, is to consider the several lessons that Jamaica can learn from of its regional neighbors.

Notwithstanding the present challenges, we envision (and encourage others to do so as well) possibilities, solutions, and institutional transformation. The journey to remove barriers requires understanding more fully the issues affecting young children as well as highlighting the progress that has been made. Indeed, as the government moves to promote universal and equitable access, we remain grounded in the steadfast hope that the state of infant-toddler care and education in Jamaica will improve, and consequently, that all children will have the opportunity to not only live, but also thrive, not only in the near future, but in the long term as well.

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Building Bridges to Overcome Widening Gaps: Challenges in Addressing the Need for Professional Preparation of Infant-Toddler Practitioners in Higher Education

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A skilled workforce is critical for the future of early care and education (ECE) and of settings that serve infants/toddlers and their families. Whatever their profession, infant-toddler practitioners must facilitate quality experiences that support child well-being and healthy families (Epstein, Halle, Moodie, Sosinsky, & Zaslow, 2016). Two- and four-year institutions of higher education (IHEs) play an important role in training those practitioners. As the result of recent efforts to improve the qualifications of the infant-toddler workforce through quality and capacity initiatives, such as Early Head Start Child Care partnerships and quality rating and improvement systems (QRIS), the higher education requirements for these professionals have increased (Chazan-Cohen et al., 2017). As such, the demand for IHEs to train infant-toddler practitioners continues to grow.

Unfortunately, many IHEs situate curricula on infant-toddler development and care within preschool (ages 3–5) and early elementary (ages 5–8) training programs (Early & Winton, 2001). In this context, content specific to infancy and toddlerhood is often left behind (Chazan-Cohen, Harwood, Vallotton, & Buell, 2017; Maxwell, Lim, & Early, 2006). In this paper, we examine professional preparation of infant-toddler practitioners in IHEs, highlighting existing trends in qualification requirements and training as well as challenges facing ECE and IHEs. Then we discuss the Collaborative for Understanding the Pedagogy of Infant/toddler Development (CUPID), a partnership of IHEs and organizations working to improve pre-service preparation. We end with recommendations for cultivating skilled infant-toddler practitioners.

Trends in Infant-Toddler Caregiver Qualification Requirements

Infant-toddler practice is a specialty without a specific profession. Expertise and knowledge about infants-toddlers are needed in a wide variety of fields, ranging from pediatrics to education. In this paper we focus on one group that works very closely with infants/toddlers on a daily basis: those working in ECE. Terms for these professionals vary across settings and over time; *caregiver*, *provider*, and *teacher* are among those used in policy documents ranging from state child care licensing regulations to college catalogs. This variation in terminology reflects the very issues we describe below regarding how the infant-toddler workforce is viewed, funded, and trained. We use the term caregiver here. The federal and state landscapes of caregiver professional development, described next, are chaotic and therefore difficult for stakeholders to navigate.

1 The authors wish to acknowledge all members of the Collaborative for Understanding of the Pedagogy of Infant/toddler Development (CUPID) for their work and support.

Federal Systems

Federally, there is variation in how infant-toddler programming, and thus caregivers, are understood. The “birth to five” movement is becoming increasingly divided; programs for children between the ages of 3 and 5 are affiliated with the early elementary system, which does not often concern itself with infants/toddlers (Early & Winton, 2001), while programs serving children between the ages of zero to 3 are conceptualized as serving parents, rather than educating children, and thus are not part of the education system (Chazan-Cohen et al., 2017).

The structure of federal systems contributes to the dual nature of ECE. According to Atchison and Diffey (2018), in almost every state, there is an “early childhood administrator” located in the education department who is charged with overseeing federally mandated education programs (e.g., pre-K and school readiness initiatives and Part B 619 programs for children with disabilities). Simultaneously, in every state, there is a “child care administrator” who oversees child care licensing as well as programs funded through the federal Department of Health and Human Services (DHHS). These include resource and referral programs and the distribution of Child Care and Development Block Grant funds to assist low-income families in paying for child care. The programs that emerge from and are governed by the US Department of Education are focused on academics and school success within a K-12 system. While the regulations and goals within this education-focused context are clear, these programs rarely extend to children younger than 36 months. Conversely, the goals of the programs that run through DHHS are focused primarily on programs that support the provision of child care needed to allow parents or caregivers, particularly those from low-income households, to work outside the home. It is within the workforce support side of the governance equation that almost all the regulations and standards that impact infant-toddler caregivers reside. Thus, the education and training requirements currently shaping the infant-toddler profession are made in the service of providing workforce support. This means that the preparation of infant-toddler caregivers focuses largely on the health and safety of young children, rather than on a comprehensive set of competencies that support children’s optimal development and learning.

State Systems

Policies within each state complicate the preparation of the infant-toddler workforce further by creating a variety of distinct state-centric systems for training caregivers. Inconsistencies in the systems described below make it challenging for the infant-toddler workforce to establish a professional identity associated with clear education and training requirements.

Child care licensing. Child care licensing regulations for the qualifications of infant-toddler caregivers vary by state, ranging from very minimal—for example, requiring no high school diploma and only four hours of annual training (as in Idaho)—to more stringent, such as requiring a high school diploma and some pre-service early childhood college coursework or state certification (as in New Jersey). While requirements for infant-toddler caregivers are generally similar to the requirements for those who work in preschool, infant-toddler caregivers are almost invariably paid much less (U.S. Department of Health and Human Services, 2016; Whitebook, McLean, Austin, & Edwards, 2018).

Ongoing professional development is a common child care licensing standard. As such, states must grapple with various ways to offer both pre-service training that will qualify people for jobs within ECE as well as in-service training for those already employed so they remain compliant with licensing regulations (Sheridan, Edwards, Marvin, & Knoche, 2009). Often these needs are met through state-level Child Care Resource and Referral programs. There are also state-based strategies to recognize the competency-based Child Development Associate (CDA) credential (Council for Professional Recognition, 2017). As of 2018, 29 states have adopted an infant/early childhood mental health “family associate” endorsement that recognizes training and work experience pertaining to promoting socio-emotional development via healthy family relationships (Alliance for the Advancement of Infant Mental Health, n. d.). The need for training in ECE is justified, but chronically low wages for those in the infant-toddler workforce and licensing regulations with minimal to no college level educational requirements, often make investing in college-level coursework an unjustifiable financial burden from the perspective of the individual caregiver. To address this issue, the federally funded Head Start system (for both Head Start preschool and Early Head Start for infants/toddlers) has employed a national assessment-based strategy for credentialing caregivers with the CDA. The assessment is done through practice-based observation and evaluating a candidate’s portfolio. CDAs are offered for infant-toddler, preschool, family child care, and home visitor settings.

Another emerging strategy is online training. This removes some of the barriers that face practitioners who need content that is foundational for pre-service candidates seeking certification within a K-12 teacher licensure framework but typically acquired by those in the undertrained infant-toddler workforce to meet in-service training requirements. A leader in this realm is the Early EdU project, which has built a library of ECE content which can be accessed by IHEs at no cost (Early EdU Alliance, 2018). The free access is offered in return for allowing practitioners in the field to count their employed work toward field work or practicum hours.

Quality rating and improvement systems (QRIS). Primarily designed to address the gap between the basic health and safety requirements found in child care licensing regulations and programmatic features and practices that support children’s development, QRIS differ from state to state, not only in state licensing standards but also in their attention to infant-toddler programming in terms of curriculum and environmental assessments (National Center on Early Childhood Quality Assurance, 2017). Policy makers see QRIS as a mechanism to address the quality of programming, including the structural aspect of training and educational requirements for infant-toddler caregivers (Mayoral, 2017). However, the unit of analysis in QRIS is the program, not the individual, and the requirements for infant-toddler caregiver training are minimal. Data from the National Survey of Early Education reveal that approximately 26 percent of infant-toddler caregivers have a CDA credential, and approximately 13 percent have only a state credential (Madill, Blasberg, Halle, Zaslow, & Epstein, 2016), which means that nearly 40 percent of caregivers meet only a basic level of specialized training. While the intention behind QRIS is positive, more could be done to ensure that individual caregivers are well prepared.

Core knowledge and competencies (CKC). The majority of states have defined their own core knowledge and competencies (CKC) that describe the knowledge, skills, and practices that early childhood practitioners are expected to have. As described in the seminal report, *Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation*, there is some overlap among the CKCs listed in various states' documents (Institute of Medicine [IOM] and National Research Council [NRC], 2015). However, as noted in the report, these documents often present a set of competencies that are somewhat vague and difficult to differentiate; in addition, they are rarely described in terms of specific practices. Further, most state documents dealing with CKCs for early childhood practitioners cover the period from birth to age 5, and only six states have documents outlining CKCs specific to infant-toddler caregivers.

Early learning guidelines (ELGs). ELGs are standards for the care and educational experiences that young children should have to support their well-being and acquisition of knowledge and skills across developmental domains. Currently, 22 states and three US territories have implemented ELGs that are specific to infants/toddlers, and 15 states and the District of Columbia have ELGs that continue to group together children from birth to age 5 (National Infant and Toddler Child Care Initiative, 2011). Moreover, since only 37 states have implemented ELGs, many infant-toddler caregivers are left without any guidance on how to best support the children and families they work with on a daily basis.

P-12 teacher licensure. Lastly, states differ in how their public school professional standards boards group ages and grades for the purpose of granting teacher licenses. Twenty-nine states offer public school teacher licensure with an age range that begins at birth (IOM/NRC, 2015). Florida offers a public school teaching license with the narrowest age range, from birth to age 4, while New York and Wisconsin offer licenses with a wide age range, from birth to grade 6. These inconsistencies in public school licensure create even greater challenges when states offer licenses for overlapping age ranges. For instance, Delaware has a birth to second-grade public school license as well as a kindergarten to fifth-grade license.

In sum, the landscape of training expectations and opportunities for the infant-toddler workforce is influenced by each state's own ways of approaching both child care licensing and quality standards for ECE. But the approaches to those two areas are not systematically coordinated with each other and are rarely used to create comprehensive curricula to ensure a well-prepared workforce. Further, although a minimum number of annual training hours are required for infant-toddler caregivers, they are not designed to systematically build toward advanced certificates or licensure, and there are few, if any, forms of compensation linked to obtaining training or higher competencies.

“Working as an infant-toddler teacher was my favorite career choice that I have made. I was able to create and maintain relationships with my children and each family. However, I recently had to make the hard decision to switch careers and move away from the ECE field due to the low wages that come along with the field.”

Figure 1. Reflection from a recent graduate at [IHE institution name removed for blind review].

Challenges in Infant-Toddler Practice and Training in Higher Education

The dual nature of the ECE field is also reflected in the academic programming within IHEs. In states where at least one public school teaching certification begins at birth, there is usually an IHE certification track within teacher education programs that covers content related to infants/toddlers. These programs are often located in departments or colleges of education, even though course content on infants/toddlers is rarely covered by education faculty. Other infant-toddler programs are often found in human development or family science departments or in other IHE programs that focus on early childhood. Some infant-toddler content is also found in courses in psychology, social work, public health, or related fields. However, the infant-toddler content available in any one discipline or degree program is typically minimal. Infancy has relevance across disciplines but is usually addressed in disparate ways in four-year IHEs. There is no single, well-compensated infant-toddler workforce that attends IHEs and demands relevant training, and future infant-toddler practitioners who attend IHE programs typically receive minimal preparation. Thus, given multiple macro-level issues that plague ECE, cultivating high-quality infant-toddler practitioners in higher education is challenging.

Macro-level Issues in Early Care and Education

Low wages in the field are a major barrier to creating a highly qualified infant-toddler workforce. Despite the high cost of child care for families and the multiple funding streams that exist in the field (e.g., the Child Care and Development Block Grant, which provides subsidies, and the national Early Head Start center-based child care programs and child care partnerships), infant-toddler programs generally lack sufficient funds to pay staff adequately. In the United States, families spend an average of 10 percent of their household income on child care (The National Academies of Science, Engineering, and Medicine [NASEM], 2018), but low pay for caregivers is the norm. Across the United States, child care is classified as “low-wage” work, with a median wage less than two-thirds of the median across all occupations (Whitebook et al., 2018). In center-based settings, only 14 percent of infant-toddler caregivers (and 33 percent of preschool teachers) earn \$15 or more per hour (Whitebook et al., 2018). Financial insecurity results in reliance on federally funded income supports among these caregivers and their families. The state-level rate of participation in public support programs among infant-toddler practitioners ranges from 30 percent in Minnesota to 59 percent in New York (NASEM, 2018).

Financial insecurity contributes to the stress of what is already emotionally demanding work, which is in turn associated with high rates of teacher turnover as well as with lower-quality child-caregiver interactions (IOM/NRC, 2015). Caregivers—especially those who provide care to children from lower-income families—often struggle with mental health issues like depressive symptoms (IOM/NRC, 2015; Whitebook & Sakai, 2004).

While turnover rates vary by program type, in 2012 an estimated 50 percent of child care centers experienced turnover in a 12-month period among staff working directly with children, with an overall average annual turnover rate of 13 percent (Whitebook, Phillips, & Howes, 2014). Turnover undermines children’s—and particularly infants/toddlers’—need for continuity of care. More needs to be done to ensure that infant-toddler caregivers are provided wages and supports that enable them to provide

continuous, high-quality care. Low wages and high turnover are directly linked to low program quality, a chronic issue for infant-toddler programs (Whitebook et al., 2018). These factors contribute to a climate in which infant-toddler caregivers are unlikely to view themselves as professionals (Madill et al., 2016); they also leave IHEs struggling to find high-quality internship placements for pre-service students (Chazan-Cohen et al., 2017).

The wage penalty for infant-toddler caregivers exists regardless of the education level of the practitioner: those with a BA or graduate degree earn a mean hourly wage of \$13.83 when they work with infants and toddlers, compared to \$17.86 when they teach 3- to 5-year-olds (Whitebook et al., 2018). This trend, coupled with the general lack of degree requirements for infant-toddler work and little professional recognition, likely contributes to potential pre-service teachers' decision to pursue alternate careers. IHEs thus risk graduating students who have already educated themselves out of the infant-toddler field because they are unwilling to pursue a career that does not adequately compensate their educational achievements.

Issues Within Higher Education

Program structure. Across universities, as noted above, the program content relevant to infant-toddler development and care may be found in several different colleges or departments, including human development, family services, education, consumer sciences, human ecology, and early childhood education, among others. Relatedly, the majors containing coursework relevant to infant-toddler care and education that move students toward certification or licensing in their given field have many different names, including child development, infant-toddler care and education, human services, family studies, family life education, early childhood education, early childhood special education, and preschool teaching. While there is much overlap among these majors, there are also substantial differences in their curriculum, pedagogy, and field experiences (Early & Winton, 2001).

For programs with no major dedicated to infant-toddler care and education, the entirety of the content on infant-toddler development as well as on building skills in basic care and on relevant educational pedagogy, is typically taught in one course. It is rare to have even two infant-toddler-focused courses as part of an early childhood degree. In addition, in many programs, infant-toddler content is blended into courses that span the years from birth to age 5 (or even from the prenatal period to age 8), with the primary focus on ages 3 to 5. Buettner, Hur, Jeon, and Andrews (2016) demonstrated that many training programs fall short on topics that are especially central to supporting the needs of infants/toddlers, such as understanding influences on behavior and motivations for learning, supporting emotional understanding, responding to social-emotional needs, and identifying community support resources.

Pedagogical approaches. IHEs vary in pedagogical approaches to infant-toddler training, but as the formal education requirements for the infant-toddler workforce continue to increase (for example, Early Head Start educators must hold four-year degrees), IHEs will face greater demands for programs to prepare infant-toddler professionals distinct from those for training preschool and elementary educators. Traditionally, most preschool and elementary teacher training programs have focused solely on curriculum and teaching methods. However, a recent survey found that over half of early childhood

education teacher preparation programs in IHEs in the United States have incorporated coursework that includes child development, family development/parenting, and observation and assessment (Buettner et al., 2016). Most programs averaged one course focused on one or more of these topics and provided minor coverage of these areas in other courses.

Although the integration of these subjects into established courses can be seen as a positive step, one course on such key competency areas is unlikely to promote mastery. Moreover, infant-toddler education practices are fundamentally different from teaching methods appropriate for preschool education. For example, in work with infants/toddlers there is a greater emphasis on child-teacher relationships and high-quality responsive interactions as the basis for development and learning (Copple & Bredekamp, 2009); on the environment and spontaneous interactions as the primary teaching tools; and on the use of continual observation for individualized curricular planning (Chazan-Cohen et al., 2017).

“I was most unfamiliar with infant-toddler development compared with the development of older children... however, the juxtaposition between these practices for infants and toddlers, the 4-year-olds I completed practicum with, and the third graders I am placed with for elementary education have contributed the most to my learning, as it has helped to highlight the needs of children at different developmental levels.”

Figure 2. Reflection from a current undergraduate student at [IHE institution name removed for blind review].

Consistency in content. There is a lack of consistency across IHEs to ensure that pre-service early childhood students receive similar training prior to graduating. To meet the expectations outlined in infant-toddler-relevant CKCs and ELGs, course topics may include, among others, infant-toddler development, understanding and working with diverse families, family systems and services, early intervention, and curriculum development (Copple & Bredekamp, 2009; Division for Early Childhood, 2014). In particular, professionals working with low-income families, infants/toddlers with disabilities, and other marginalized groups must understand how young children develop within contexts of increased vulnerability to poverty, trauma, chronic stress, and maltreatment, leading to negative impacts on overall development (Sameroff, 1993). Without a coherent national strategy, however, it is challenging for professors and instructors to know which areas to prioritize or how to provide the depth, breadth, and practical experience needed to produce sufficient mastery.

Quality field experiences. An enduring challenge for preparing pre-service infant-toddler professionals is that of providing high-quality community placements in which students can learn to apply course content (Chazan-Cohen et al., 2017). Strikingly, four-year IHEs are less likely to include practicum experiences to accompany coursework than are two-year associate programs (Hall, Peden, & Maurer, 2017), and we suggest that this is particularly true for practicum placements in infant-toddler ECE settings. Quality is a major issue; the vast majority of infant-toddler child care/educational programs are of low-to-moderate quality (Atkins-Burnett et al., 2015; Burchinal, Cryer, Clifford, & Howes, 2002). The lack of high-quality field placement settings sheds light on a larger need: providing high-quality

education to create a pipeline of infant-toddler educators who can then serve as role models to future generations of the infant-toddler workforce.

Reflective practices. Most IHE programs do not address pre-professional students' attitudes and beliefs about infants/toddlers as those perspectives relate to pre-service training (Berlin, 2012). The traits of students who are attracted to working in this field and who make successful practitioners need to be better understood (Vallotton et al., 2016). Professional work with infants/toddlers is largely based in the centrality of relationships, both in terms of infant-toddler development and of working with families (e.g., Copple & Bredekamp, 2009). To foster quality relationships, pre-professional students need opportunities to reflect on and analyze their own relational experiences throughout their training and to understand how these influence their view of young children and approaches to care and education.

"The most significant things I learned about infants and toddlers would be how competent they are and how important the first three years of life are for a child's development. Before taking this course, I was primarily interested in early childhood education because I loved working with children and thought infants and toddlers were adorable. While infants and toddlers are still adorable, I now have an entirely different reason for wanting to work in early childhood education."

Figure 3. Reflection from a current undergraduate student at [IHE institution name removed for blind review].

It is clear that the infant-toddler ECE workforce faces several systemic challenges and barriers to progress. Among the many stakeholders that have an opportunity to move the needle in this area, particularly in pre-professional training, are IHEs. We now describe a collaborative effort aimed at understanding and improving the professional competencies of infant-toddler caregivers.

Collaborations to Support Training Infant-Toddler Practitioners

In 2012, a group of researchers came together to address preparation of the infant-toddler workforce and the large gaps in research on the professionals who support children in the first three years of life. Identified as the Collaborative for Understanding the Pedagogy of Infant-toddler Development (CUPID), the group has expanded to include approximately 57 scholars within 45 IHEs and organizations. For a history of how CUPID was formed, see Vallotton, Cook et al. (in press).

CUPID's ultimate goal is to ensure that through the application of research-informed advances in higher education pedagogy, pre-service students who enter the infant-toddler workforce develop the competencies they need to provide high-quality care and education (Vallotton et al., 2016). To this end, CUPID's activities have included identifying and describing those competencies and determining multiple dimensions of the challenges to the preparation of infant-toddler professionals: the historical context; challenges within IHEs; and differences in requirements and regulations at national and state levels. CUPID is also investigating student- and course-centered barriers and facilitators to developing student competencies within IHEs (Chazan-Cohen et al., 2017; Vallotton, Brophy-Herb, Chazan-Cohen, & Roggman, in press).

To address these goals, some of CUPID's earliest efforts have focused on identifying the competencies of an effective infant-toddler workforce (Vallotton, Brophy-Herb et al., in press), as well as those for home visitors who work with infants, toddlers, and their families (Roggman et al., 2016). To better understand what contributes to enhanced student learning regarding these competencies, CUPID members collect survey data within their IHEs across the United States on students' knowledge, disposition, and skills around infant-toddler development and care as well as on their backgrounds. (For more information about the data collection process, see Vallotton, Cook et al., in press.) As of 2018, CUPID had collected data for over four years from approximately 4,000 students across 17 IHEs. These data have begun to provide the field with a better understanding of the factors that influence pre-service students who will enter the infant-toddler workforce, including how pre-service professionals' own approaches to relationships—e.g., attachment styles (see Vallotton et al., 2016) and dispositional mindfulness (see Brophy-Herb et al., 2018)—and prior caregiving experiences (see Lippard, Fusaro, Decker, & Vallotton, in press) have influenced their knowledge and beliefs about and skills for working with infants, toddlers, and their families. These data also provide a better understanding of the characteristics of the incoming infant-toddler workforce being educated within four-year IHEs, as well as the sources of stress and adversity those caregivers may face. The data may also help identify which caregiver competencies are particularly difficult to acquire and why (e.g., because of beliefs about caregiving that are resistant to change). That knowledge can inform the development of new instructional approaches. Importantly, the collaborative, responsive nature of CUPID means that its members are able to immediately use what they have learned from the data to adapt established courses and create new ones to develop a more successful infant-toddler workforce.



Photo 1: Based on findings from CUPID data regarding how mindfulness can positively influence students' knowledge, beliefs, and skills (Brophy-Herb et al., 2018), one CUPID member has incorporated mindfulness practices into her courses. Pictured here are students at [IHE institution name removed for blind review] engaging in a gratitude activity.

Challenges to CUPID's work. CUPID faces issues regarding funding; most of the group's work has been done on a volunteer basis by its members (Vallo-ton, Cook et al., in press). Recent funding from the Foundation for Child Development made possible the intense preparation of a longitudinal, multisite dataset; however, given the challenges associated with preparing such a dataset, CUPID faces ongoing struggles regarding timely reporting of results back to its members. This is problematic because these results are intended to guide pedagogy and responsive approaches to the courses and content taught within members' IHEs. The systems of rewards and promotions in higher education pose additional challenges to collaborations like CUPID. While progress has been made in recent decades in recognizing the value of the scholarship of teaching, in some IHEs it continues to lack the prestige of other forms of research (Chalmers, 2011). Likewise, as a collaborative, CUPID shares credit and authorship. This poses an issue in the reward system of higher education where single authorship and individual recognition drives the promotion and tenure process (Woods, Youn, & Johanson, 2010).

Looking Forward

As highlighted above, there are many systemic challenges to developing a skilled infant-toddler workforce. Below we provide a set of recommendations to address some of these barriers.

Unify Infant-Toddler Content

IHEs need to offer coherent infant-toddler content at their universities. A first step would be to identify where infant-toddler content is addressed in various coursework and applied field experiences in academic programs. With this information in mind, faculty can make intentional decisions about how to address gaps in content and how to ensure that content is aligned with emerging core competencies in the infant-toddler field. Universities can also create stand-alone infant-toddler majors or a specific infant-toddler strand within an existing academic program that would enable the development of an in-depth, whole-child approach to understanding infant-toddler development, care, and education (Weissman & Hendrick, 2014).

Socio-ecological approaches to understanding infant-toddler development within the context of individual families and cultures are also vital because professionals must ensure that unique child and family characteristics are considered and integrated into daily curricula and interventions (Bruder, 2010). A collaborative approach involving experts in early childhood special education would also help ensure that a program effectively prepares caregivers to work with infant-toddlers identified with or at risk for disabilities, as well as with their families. Partnerships such as these and collaborations with professionals with other relevant areas of expertise may lead to the revision or creation of conferences, workshops, professional development opportunities, field placements, shared assignments, and research opportunities.

Create a Student-Alumni Board

IHEs need to expand internship opportunities so pre-service students can gain practical experience working with infants/toddlers and their families (Norris, 2010). A student-alumni board would create

the connection between pre-service students, alumni currently working in the field, and instructors within each program. A joint board would seek to address multiple challenges, including finding high-quality field placement settings and supporting early career professionals to prevent burnout; it could also be an effective way to build a workforce pipeline of students from diverse ethnic and linguistic backgrounds. In addition, programs could update curriculum based on feedback from alumni on recent developments or trends in the field. Pre-service students need sufficient hands-on training in curriculum development, developmentally appropriate practices, partnering with families, and other areas; working alumni can assist in bridging the gap between knowledge of course content and mastery of practical skills.

In addition, a student-alumni board could improve retention of infant-toddler caregivers who report symptoms of burnout and lack of support in their work placements (e.g., Jennings 2015; Jeon, Buettner, & Grant, 2018) by connecting them with colleagues at other infant-toddler care centers. A joint board could also be expanded to include part-time instructors, community partners, and local infant-toddler leaders. There are often funding opportunities for student-led groups, such as those that could lead a student-alumni board, which can be an important resource for student-leaders as they transition into the working world and become leaders in the infant-toddler workforce. Most importantly, a student-alumni board supports communication among a pipeline of infant-toddler educators by connecting them with others in the field and focuses on the challenge of training and retaining infant-toddler professionals.

Prioritize Training in Reflective Practice

IHEs must recognize the unique relational aspects of working with infants, toddlers, and their families and integrate content on reflective practices into infant-toddler training programs. As one of our students commented, learning about reflective practices—the foundation for high-quality programming—opened new insights into “understanding self and other,” including new beliefs about infants and toddlers as individuals “that need to be seen, heard and felt.” Such integration needs to involve not only teaching students how to engage in reflective practices in their work, but also the use of reflective practices by IHE faculty in their own teaching. Examples of more reflective teaching in higher education include the use of designated time for students to reflect on their reactions to course content and/or applied experiences, either orally or in journal writing, and the use of mindfulness exercises in the college classroom (Bush, 2011).

Reflective practices also include faculty’s intentional efforts to act in empathic and compassionate ways in order to create trusting environments in which students are better able to confront their biases about infants, toddlers, and caregiving (Napoli & Bonifas, 2011). Another strategy for enhancing pre-service students’ preparation for reflective, relational work with infants/toddlers is to align IHE infant-toddler programming with professional endorsements emerging in the field, such as the infant mental health endorsement (IMH-E®) and the new early childhood mental health endorsement (ECMH-E®), both of which reflect workforce initiatives available to practitioners across the country through the Michigan Association for Infant Mental Health (Alliance for the Advancement of Infant Mental Health, n. d.).

Final Thoughts for Expanding Avenues for Advocacy

Nationally, there is growing interest in how to better professionalize the field of infant-toddler education, and we have described some of the ways that CUPID is working to move professionalization forward. IHEs have a key role to play in preparing pre-service caregivers to become advocates for the field. Hence, IHE programs must also prioritize training related to professionalism; IHE programs typically provide little coverage of topics like including self-identifying as part of the field of ECE and engaging in self-reflection about one's teaching practices (Buettner et al., 2016). Faculty engagement in conferences, national boards, national workforce initiatives, and cross-university collaboratives such as CUPID provide avenues for caregiver trainers to emphasize the need for and help create national strategies and shared visions in pedagogy, knowledge, and skills that will infuse infant-toddler caregiver training programs with shared high-quality content.

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Introduction to the Guttman Articles

Virginia Casper

The Guttman Center for Early Care & Education came about through a 2016 grant from the Guttman Foundation to provide a quality professional development and support system to child care providers and practitioners in East New York, Brooklyn. The program paired coaching with Saturday workshops delivered in the community to address local community needs. Following participants' graduation, the program initiated a learning network to promote continued peer learning (see the articles in this issue by Robin Hancock and Marjorie Brickley). Although the project has ended, the learning network—and thousands of interactions from the many relationships that were formed—remain and continue to evolve. Children, practitioners, parents, and Guttman program staff have changed for the better as a result of the work in which we all were deeply engaged.

The Guttman Center worked, first and foremost, to acknowledge that the body of infant-toddler research reverberates with a resounding and consistent message about how cultivation of relationships across the board—babies, parents, practitioners, staff developers, and community members—is the basis for positive growth and development for all involved. The center also supports continuity of care for very young children (WestEd, 2017; Recchia, 2012; Zero to Three, 2010). Doing this work takes time and care and our youngest children need highly skilled adults who have looked inward, can be present, and can communicate well with both children and adults. While all this may also be true for older children and their teachers, the youngest are in a foundational period, and foundations must be strong and true. Behavior patterns from our own education die hard and it takes time and an understanding of local needs for a high-quality and truly mutual professional development project to succeed. The kind of relationships we want practitioners to have with young children and parents must be present in a mutuality of learning between and among everyone.

The story of the Guttman Center is about its attempts to address early caregiving as a local undertaking, yet the issues it worked to address and the problems it faced tell a much larger story. How is a program deemed a success? How is success measured? Scalability, a concept borrowed from industry, is de rigueur these days. Taking a quality program to scale is a desirable goal. Understandably, funders, whether public or private, want programs to serve more families in effective ways and often build in steps of funding that depend on whether a “pilot” seems promising. What does going to scale mean? Tsing (2012) describes scale as having precision and “going to scale” as an ability to grow something “without changing its component parts and pieces.”

It may be that some parts of a program are more scalable than others, but little research has been done to learn more about the viewpoints that communities, providers, and education and training institutions have about the nature of scale. Is going to scale desirable for any given program? Do our philosophies about context and the power of the local jibe with large-scale projects? “Best practices,” a term that connotes a research-based universal designation, does not always make sense across communities and

needs. In the Casper and Newman essay, for example, a mentor coach helps a coach interrogate the meaning of “outdoor time” in an environment with poor air quality and multiple children in care who have asthma-related illnesses. As another example, after much discussion and consultation with the community, Guttman Center program designers decided to enroll family child care practitioners and center-based practitioners in the same cohorts, an uncommon practice but one that was important for bringing practitioners together in the particular community of East New York. At the end of our work, we cannot imagine how it could have been otherwise. Local differences lie at the heart of this field, and resolving or adapting visions to be responsive to conditions determine how many young children will be meaningfully served in the future.

What follows are three articles that each offer a different vantage point on the Guttman Center’s three years of practice.

The first article, by Dr. Robin Hancock, provides an overview and description of the community-based learning approach that allowed us to work so closely with the wider community of East New York as well as family child care and center-based programs. Starting with the knowledge and experience of the caregivers, Dr. Hancock describes how we, a predominantly white staff, worked with community members and caregivers in a diverse community of color with a history of colonization by institutions and individuals.

The second article, by Margie Brickley, curriculum lead for the project, describes the strengths-based philosophy of the developmental-interaction approach behind the curriculum. Brickley offers examples of *how* the curriculum developed over time with input from child care practitioners themselves. Her article emphasizes the *how* of the teaching and learning, calling up the wealth of knowledge caregivers had at the program’s outset and acknowledging the emotional nature of the work.

And finally, the last article is an outgrowth of a yearlong relationship between Guttman coach Rebecca Newman and her mentor coach, Virginia Casper. The coach’s enquiry, “I want to know why,” helped her learn to wonder and ask questions to make sense of some of the practices that she observed. The mentor maintained a non-judgmental approach and allowed time for various theories to brew while together they thought about the context of East New York. In this narrative, the coach was able to break through to examine her own biases as well as open up to new modes of thinking about practice.

The quilt pictured below was made by the first Guttman cohort and illustrates the curriculum's multi-modal approach. Each square represents the life story or wish of a participant, instructor, or coach. The squares were sewn together with a backing of the participants' choosing and was displayed at each session as a reminder of the growing learning community. The Guttman Center did not in the end go to scale, but the quilt reminds us that many early childhood—and especially infant-toddler professional development initiatives—fit the community they serve like a glove. Community-based learning models and the nature of the community and its particular needs can tell educators a lot about how to work with a given group of people to mutually determine their learning needs.



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About the Author



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The Best of Both Worlds: Partnering with the Community to Create the Guttman Center for Early Care & Education

Robin Hancock

The Guttman Center for Early Care & Education was established at Bank Street College of Education in the fall of 2016 with a gift from the Guttman Foundation. It aimed to provide quality professional development and support to mixed cohorts of family child care providers (early childhood educators running small private child care programs out of their homes) and practitioners working in early care and education center-based programs in Brooklyn, New York. Free to all participants, the Center sought to attract providers of all ages, education levels, and years of experience who were interested in deepening their understanding of early childhood development and addressing the needs of all the children in their care.

Family child care is the oldest form of child care in our society. It originated in a community-based approach to educating children in which young children were communally cared for by extended family such as grandparents and community members. In this context, a child's success in life was seen as the responsibility of the collective. However, these days, family child care providers are often among the least supported of early educators. Part of a vibrant community dominated by women but with more and more men joining the ranks, providers in New York City are dedicated to supporting children's well-being, safety, and development. There are significantly more family child care providers across the country than child care centers, and family child care programs are more likely to serve infants and toddlers (Howard, Malik, Workman, & Hamm, 2018).

Although there is sparse research on family child care programs, we looked to existing information for direction in creating a program to support adult learning. Effective professional development strategies that have proven themselves over time have been shown to be a combination of onsite coaching, professional development workshops, and peer support networks (Moreno, Green, & Koehn, 2015; Paulsell et al., 2010). Previous work with family child care providers had taught us just how difficult the work and family life circumstances are for infant-toddler practitioners working in their own homes. Apart from those supported by their unions or by individual networks, family child care providers have few opportunities for professional development.

The Guttman Center pushed forward with an ambitious plan to reach as many providers as possible. The strategies involved:

- Onsite one-on-one coaching, twice a month, with a professional trained in social work and a deep knowledge of infant-toddler development.
- A once-monthly, professional development course, set up in collaboration between faculty at Bank Street and the community of East New York, Brooklyn. The curriculum focused on infant-

toddler development, relationship-based care, family engagement, trauma and resiliency, and building responsive environments for very young children. The course was held in the community at times that were most convenient for providers. Meals and child care were provided to facilitate participation.

- Intentional and ongoing engagement with community members, community-based organizations, and leaders to ensure that the services provided were relevant to the needs of the community and stayed responsive to the needs of child care providers at all times. The goal was to develop a community of resources and a network of learning that providers in each community could cultivate and utilize to strengthen their practice.
- The facilitation of a community learning network in which providers continued to learn from and support one another through resource networking and informal get-togethers while maintaining a relationship with faculty and staff at Bank Street.

The Community Engagement Strategy

Our guiding philosophy for this work is that relationship building is the key to meaningful learning and that it takes time for relationships to develop. Bank Street's developmental-interaction approach informed our work. We knew that any intended support/program for improved quality must start with the knowledge and experience of the caregivers (Porter, 2017) and must use a strengths-based approach.

Developing a relationship with the community was a primary focus of the Guttman team's work as we built the center. A plan was designed to reach out to a wide range of community members. It involved identifying and engaging key community leaders invested in early education, along with child care providers and community members engaged in work which, while not directly related to education, affects the quality of life for very young children. We did this by:

- Creating a Community Advisory Board. This allowed us to reach out to community members, such as district council people, neighborhood counselors of infant-toddler mental health, directors of local daycare centers, senior leadership in the United Federation of Teachers, and caregivers of young children. The Board met quarterly to receive updates about the program, provide feedback, and ensure that the work of the Guttman Center continued to be relevant to the priorities of the community.
- Participating in one-on-one meetings with providers in their homes to hear about their individual needs. In the privacy of their own homes, we found many people were far more open and comfortable talking about both the challenges and the successes of their programs, as well as their life in a community that has historically undergone massive cultural and economic shifts.
- Asking for recommendations from daycare providers to build our network. Providers helped us identify who to talk to next, ranging from their colleagues in the neighborhood to community leaders.
- Providing membership and ongoing attendance at several community meetings, such as the Community Coalition of East New York and United for Brownsville.

The team noticed early on that, in addition to eagerness from some in the community, there was also a good deal of hesitancy. Many community members wanted to know who Guttman was and what the Guttman Center program was doing in East New York. The team learned over time that this was caused by these key factors:

1. Home-based care providers are inundated by agencies doing assessments of their site, sometimes with little or no notice. As a result, owners of family child care programs are on high alert to new faces who ask to see their sites. Visiting required a great deal of reassurance that we were not there to assess but to learn about their programs and offer support wherever it was needed.
2. Unbeknownst to Bank Street, a series of scams had been carried out against home-based programs in the recent past. These scams included fraudulent organizations promising services and requesting money up front only to disappear before delivery.
3. East New York is one of many neighborhoods in New York that underwent active redlining less than 50 years ago. Redlining is the denial of various services to residents of racialized neighborhoods or communities, either directly or indirectly, by raising prices. For example, redlining in East New York led to the removal of services and made home loans almost impossible for residents to come by. More recently, gentrification has taken hold of East New York with properties and businesses being seized by developers for a fraction of their worth.

A history of having their initiatives, property, and businesses undervalued made community members deeply protective of their programs. Seasoned practitioners would often call to confirm the Center's legitimacy on behalf of their colleagues. To the team's great relief, these seasoned veterans in the field became some of the center's strongest allies. A senior member of the community recommended the most effective methods for connecting and communicating with community members.

Finding these senior members was the key to building trust in the community. While they often put the team through a tough interrogation process, they became the center's trusted partners in making connections within the neighborhood and establishing strong relationships. Building these relationships was one of the most challenging, but also one of the most rewarding, aspects of a program co-constructed between Bank Street and the community.

The Curriculum

When the Guttman team set out to create a curriculum for the Guttman caregivers, two things were top priority:

1. Build in a strong sample of the infancy curricula provided to all Bank Street students.
2. Ensure that the work the team was doing to build a strong curriculum was done in conjunction with the community.

The goal was to guarantee that the material covered was both rooted in Bank Street's approach to early childhood education and responsive to the needs of caregivers. Finding this balance caused the

team to think outside of their own understanding of what is required to support educators in new and profound ways (see Brickley; Hancock & Newman; this volume).

Utilizing the intensive community engagement that was taking place, the team began to build in modules based on feedback from both the Community Advisory Board and the one-on-one meetings with potential participants. Some of the needs were clear from the beginning. There was a deep interest in how to create differentiated curricula that catered to mixed age groups. Providers from both family and center-based care programs wanted to understand more about how to support children with learning variations. The providers also expressed a near universal interest in how to care for themselves as providers in high-stress environments. All of these needs were incorporated into the curriculum and were revised based on the feedback we received from the participants. We changed the format of the meeting from 10 two-hour sessions over the course of five months to four daylong workshops, responding to participant needs in accordance with their very busy lives. The center provided lunch, child care during classes, and transportation support, considering that some providers had to travel from as far away as the north Bronx for these Saturday classes.

Coaching

The role of the coach at the Guttman Center for Early Care & Education was twofold. On the one hand, coach Rebecca Newman was charged with assisting each participant to successfully translate the content of the professional development course into his or her classroom. On the other, she was tasked with assisting participants to identify goals for their professional growth as early childhood educators and co-creating strategies for reaching those goals.

These two goals were in constant interplay. Below is an excerpt from one of Rebecca Newman's coaching logs. Coach logs are written in this format to utilize the observing and recording principles of making clear behavioral observations without judgment ("what I observed") before analyzing or taking action. The right side of the page ("what actions I took") indicates how the coach helped the practitioner follow through in a meaningful way or notes the significance of the conversations.

Sample Coach Log (edited)

Coach	Rebecca Newman	Participants	Ms. Sharika, Ms. Lucy
Program	Our Children	Date and Time of Visit	5/17/18 10:00 – 2:00
# children present	10	Other Caregivers Present	

What I observed: (General description of what coach experienced with the caregiver that sparked an action by coach. <i>Add rows for additional observations/actions</i>)	Actions I took: (see chart at end for code and possible actions. Please describe action in this section and code to right. Add additional action if necessary)	CODE
<p>Ms. Sharika shared some of her observations about Luke (2.11) and his attachment to her. She shared that the staff commonly refer to him as “your other son.” She noted that at times Luke will tantrum if she leaves the room. She also shared the ways in which he has progressed over the past few months (sitting at circle time and his longer attention span seemed notable for her).</p>	<p>I joined her in discussing the strength of their relationship and what this could possibly mean. I referenced the love memory, noting that since she was an instrumental part of Luke’s adjustment to this classroom, he may be associating her with comfort, she represents feelings of attachment and security (<i>return to this</i>).</p> <p>I also suggested that she might display a picture of herself in the classroom, so that when she is not physically available, her picture will be. I also noted that since Luke is only beginning to develop verbal abilities, pictures are particularly helpful for him and could provide comfort in her absence, whereas words might not be as effective.</p> <p>Later, during our meeting, Ms. Sharika showed me a beautiful picture of her and Luke, which she seemed to be considering hanging up in the classroom, although she noted “that’s weird”, implying the deep level of closeness between them, replicating parent/child relationship.</p> <p>Would be good to explore the meaning of “weirdness” for her... the strong attachment between teacher and child? Also can emphasize that visuals of all the teachers (suggest to add picture of Ms. Lucy as well) will support all of the children, not just Luke.</p>	<p>Integration of Course Work (Love Memory from Attachment Module)</p> <p>Providing Information</p>

The example shows that the coach supported Ms. Sharika in gentle but significant ways, first noting the power of her relationship with Luke and then referring her back to course content that reinforces and reminds a teacher why she does what she does. Even positive teacher behaviors can become rote over time if their rationale is not refreshed and renewed. As a coach, she makes a “note to self” to consider what may be behind the intense attachment and what exactly Ms. Sharika perceives as “weird.” And finally, the coach provides a suggestion to help Luke when Ms. Sharika is out of the room, along with a developmental explanation.

For educators teaching very young children in their homes, having a coach spend dedicated time with them is not just a welcome addition to their programs, but also a learning experience. Many providers’ programs are small and often they only have one additional staff member to support their children. The

presence of a coach for several hours every two weeks supports the development of strategies and goals to strengthen practice and, ultimately, children's success. The coach was tasked with building strong and trusting relationships with caregivers. Embedded in this relationship-based approach is the nuanced work of holding up a mirror to the provider's practice. This allows them to see and understand what they are already doing well and helps them move forward into new realms of practice.

What We've Learned

Across five cohorts, the Guttman Center engaged 50 family child care providers and 14 center-based staff in East New York, Brownsville, Crown Heights, and Prospect Lefferts Gardens. Of the 64 participant providers, approximately 80 percent identified as Black (this includes Caribbean American, West African, and American Black) or African American, 15 percent identified as Hispanic or Latinx, and 5 percent identified as other. Seventy percent of providers identified as homeowners; and of the family child care providers, all operated their programs out of their homes. Participants' willingness to open up their programs to the Guttman team was a result of the team's efforts in building relationships in the community, the pride that providers took in their work, and the providers' faith in Bank Street's methods and motives.

The Guttman Center impacted not only the caregivers who participated in the professional learning initiative, but also the team members who designed and carried out the program. A large part of this work involved the team's collective examination of our multiple privileges and their impact on working with people with very different experiences and socio-economic, racial, and cultural assumptions. Our team was predominantly White and middle class and not from the neighborhoods we partnered with. What beliefs did we carry about education, about who is an "expert," and about what quality teaching looks like? How much of how we saw educating young children was informed by our own experiences of educating and being educated and how much was informed by racial identity? These are not easy questions, nor are they answerable in one sitting. The inquiry was ongoing and became more nuanced with every cohort the team worked with.

For anyone who engages in this kind of work, there must be an acknowledgment that the caregivers are the experts when it comes to their children's cultural and, in many instances, their social and emotional needs. Caregivers live in the same communities as the children they serve and are therefore deeply knowledgeable about their families and their traditions, values, and aspirations. If institutions are to successfully support children's education, they must work in partnership with providers and their communities.

The lack of professional development opportunities was again brought home to us. Based on conversations both at the start of the program and throughout, we saw that for many caregivers who work with mixed-aged children, this was the first time they'd had the opportunity to spend dedicated time thinking about their youngest children. Working closely with family child care providers reaffirmed to the team just how demanding the role of caregiver is. Many providers work 12- and 14-hour days, taking children early in the morning and keeping them until well into the evening. Although there are

hundreds of family child care programs in the East New York and Brownsville neighborhoods, the opportunity to gather with other providers for an extended period of time to learn, share resources, and network simply hadn't been possible for many prior to their involvement in the Guttman Center program.

Several measurements were used to determine the Center's effectiveness in supporting caregivers' growth over time. The Family Child Care Environmental Rating Scale-Revised (FCCERS-R) (Harms, Cryer, & Clifford, 2007), a program quality assessment tool, and the Beliefs About Infant Toddler Education and Care Survey (BAITEC) (Anderson, McMullen, & Elicker, 2015), which measures caregivers' beliefs about infant-toddler education and care, were all utilized to assess data collected about participants' progress. Overall, it was found that participants showed consistent improvements in their programs through their participation in the Guttman Center programs. For instance, in the second cohort, which took place from September 2016 to January 2017, participants' skills in "listening and talking" with children and their own "personal care" showed improvement.

An interesting set of data are revealed in Cohort 4's BAITEC scores, where there is marked improvement for several providers. Dr. Jessica Charles noted, "The overall change in beliefs about infant-toddler education and care increased from 63.90 to 70.09, over 7 points on average. Of the 11 caregivers who completed both the pre- and post- assessments, only two did not maintain or increase their scores, and several individuals increased their scores by double digits" (Charles, 2019).

It was a privilege to engage with women and men so committed to the education and well-being of infants and toddlers. Over the course of 20 weeks, they committed their time to investigating their work as early childhood educators and their devotion to the children, families, and communities that they serve. They applied their skills, intuition, and knowledge to deepening their understanding of development, engaging families, building responsive environments for young children, and supporting one another. There is no doubt that they are prepared to build relationships with and educate young children in their most crucial first 3 years of life.

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About the Author



Dr. Robin Hancock joined Bank Street as Director of the Guttman Center for Early Care & Education in the Fall of 2016. She is an early education specialist committed to community organizing and strengthening the work of other educators. Robin began her career as a teacher and, after completing an MA in Social Anthropology at Brandeis University, she began to engage in social justice work with a focus on literacy programs and student-teacher professional development. In 2009, she completed a doctorate in Curriculum and Teaching with a concentration in Early Childhood Education at Teachers College, Columbia University.

Honoring Knowledge and Experience: Highlighting Caregiver Voices in a Professional Development Curriculum

Margie Brickley

Infant-toddler care, family child care, and training programs for those working with very young children and their families have much in common. The misconceptions, biases, and lack of resources they suffer from often seem insurmountable.

Professional development can address some of these issues, but too often, the approach is to offer one-off workshops on a variety of topics—art activities one month, environments the next. Each workshop is usually led by a different practitioner with their own philosophy of child care. There is rarely a through line of theory or practice that participants can grasp to build their own practice. The sessions can be lecture based or hands on, but most seem to start from the perspective that the participants are there to be “filled up” with new knowledge.

So what happens when a team of people join with a community to create a professional development program from a strength-based perspective? At Bank Street College of Education in New York City, an opportunity evolved, with funding from the Guttman Foundation, to create such a professional development experience for people working with young children and their families. Participants included family child care providers (people who care for a group of young children in a home-based setting) and child care center-based staff working with infants and toddlers. (The Guttman Center program is described in more detail in the article by Dr. Robin Hancock in this issue.) The model includes professional development course sessions as well as coaching.

Working in and with the community in the East New York neighborhood in Brooklyn, New York, Dr. Hancock, Dr. Virginia Casper, and I were able to develop a meaningful experience for people who take care of infants and toddlers,¹ the child care providers who nurture young children (and their families) while laying down a developmental foundation that we believe can last a lifetime.

The process involved community input. Dr. Hancock, who directed the project, and the curriculum development team held focus groups in the community, had discussions with individual caregivers, and spoke to experienced directors and community members to gain insight into the needs and interests of the child care providers who would attend the professional development courses.

The professional development experience was created by incorporating the community-identified needs into sessions that focus on development, observation, relationships, and context (the lived experiences and location—social, geographical, and temporal—of the children, families, and caregivers). Dr. Casper

1 I use the terms caregiver and child care provider, acknowledging that they are imperfect words to describe those that work with very young children and their families.

and Dr. Hancock contributed activities and an invaluable set of checks and balances, as we wanted to always be elevating the voices of the caregivers and honoring their knowledge and experience.

The philosophical underpinning at Bank Street, in both the children's programs and the graduate school, is the developmental-interaction approach (DIA). Nager and Shapiro (1999) describe the DIA philosophy as one that "focuses on human development, interaction with the world of people and materials, building democratic community, and humanist values" (p. 5). The DIA emphasizes the connection between a child's emotional (and social) world and their cognitive world. Teachers are "expected to be attuned to what the child [brings] to the classroom" (p. 17) and build a curriculum based on that information along with their knowledge of developmental themes. There is also an emphasis on connections and communication with families. This approach was central to building the professional development course and the coaching model.

In the Bank Street Graduate School of Education, teaching about the DIA includes modeling it in courses and in the supervision of students' fieldwork experiences. Some of the key principles include differentiating learning to meet individuals and groups where they are; using reflective practice to deepen understanding of self and others; learning collaboratively; explicitly addressing implications of race, gender, oppression, power, and equity; and using an inquiry-driven process in which questions emerge from practice (Blum-Stefano et al., 2019).

The curriculum for the course also reflected the more than 30 years of experience Bank Street has in working with graduate students in the Infant and Family Development and Early Intervention Program (the "Infancy Program"). The instructors—Virginia Casper, Allison Tom-Yunger, and Lara Seligman—were well-versed in the Bank Street approach to adult education.

In the Infancy Program at Bank Street College, the faculty's way of teaching is to engage caregivers in a process that encourages curiosity, builds resources, and increases self-awareness. The approach models a parallel process of having a respectful, nonjudgmental, compassionate mindset as we work with the caregivers that mirrors the way we would like them to work with children, families, and colleagues. At the core is a relationship between the instructor and the caregivers that allows everyone to take risks and offers the caregivers support as they grow and change.

Intellectually, caregivers are challenged to make sense of what they are learning and incorporate it into their practice, rather than to just adopt an existing model. The use of the DIA as the philosophical underpinning of our work means that the caregivers come to a deep understanding of development and also learn the importance of context. The context includes the place and time in which the approach is being used; the environment, materials, and activities the caregiver chooses; the particular group of children and families in the program; and, of equal importance, the caregivers themselves.

The constant connection between theory and practice allows caregivers to build a working theory of how children learn, what families need, and who they themselves are as caregivers of young children. In

this approach, theory informs practice, and practice is a critical source of information for the creation of theory. Practice becomes the source of understanding as participants develop the arts of observation and description of both children and practice itself.

One central tenet of this work is to trust the process. The instructors and coaches must believe that by setting the stage, offering opportunities for meaningful dialogue, and engaging in a learning relationship with participants, they create conditions under which the caregivers will get what they need when they need it. Important issues will be raised and examined, and this is where true learning and change occur. This approach creates independent and interdependent thinkers who can move forward to support each other's learning through an ongoing network.

The professional development curriculum is based on the premise that the child care providers come into the course with knowledge, experiences, beliefs, and values. The course and coaching are designed to honor those experiences and build upon them. Each session includes opportunities for participants to share what they know and to consider how they came to that way of thinking about children, families, or early childhood education. For example, in one session, a participant shared her background in science. During the coaching sessions that followed, she was encouraged to think about how she could bring that background into the environment and curriculum for the children in her family child care home (Newman, coaching notes). This echoes the DIA model where a child care provider is sensitive to what a child's interests and experiences are and incorporates them into the curriculum. By seeing this modeled with a participant and engaging in class discussions about it, the caregivers were able to experience for themselves what this practice would feel like for children and families.

Each session also includes multiple access points. A mixture of discussion, small-group work, hands-on experiences, video presentations, and activities such as observing a focus child allows the child care providers to engage with the material through their strongest mode of learning and also reinforces concepts by giving the participants many opportunities to apply what they know. The knowledge is co-constructed by the participants, the instructor, and the coach.

The curriculum is a living document, subject to change based on the needs and interests of a particular group of participants as well as the strengths and interests of the instructors. This creates a dynamic professional development experience where all members of the community are active participants in guiding the learning agenda.

While the curriculum is always evolving, there are core experiences that are cornerstones of the professional development experience. A relationship-based caregiving lens, supported by tenets of Emotionally Responsive Practice (Koplow, 2002), was used to ground our work with infants and toddlers. Developmental understanding and family engagement were identified as areas that participants wanted to continue to become more knowledgeable about during the program. Additionally, sessions and activities were designed to increase self-awareness and build on existing strategies for handling stress that allow caregivers to be available to children and families.

One of the goals of the program was to have participants bring their whole selves into the professional development experience—that is, to feel that they could be authentic and share their life experiences, knowledge, culture, and language with the group. An opening activity, given to us by Lesley Koplow and the team at the Center for Emotionally Responsive Practice at Bank Street, was to have the participants, the instructors, and the coach each create a quilt square that symbolically represented them. Each person told the group the story of their square. The squares were then combined to form a quilt that was displayed at graduation. The instructors noted: “The squares are so personal and memorable. Themes of family and faith/spirituality were present. Some participants depicted their own children and children they teach/care for on their squares” (Tom-Yunger & Seligman, class session notes).

Of equal importance is the ability to feel the depth of the relationships in relationship-based care. Later during the professional development experience, the participants engaged in a “love memory” reflection created by Dr. Casper. She invited them to

Imagine someone who means a lot to you—perhaps one of the most important people in your life, even if they are not currently alive or even if they live far away. Keep your mind open to whatever image comes. This person could be an adult or a child. Imagine someone you love(d) deeply.

The participants were asked to recall their sensory memories—the touch, smell, sound, and appearance of that special person. This activity allows participants to (re)connect to their own loved ones in the way that the children in their care love their special adults. The exercise helps them realize how babies can miss a loved one, even if they aren’t yet able to have a full picture of that person in their mind. (Sensory memory and cognitive representation begin to integrate in the second and third year of life.) The instructors and participants noticed the parallels to the work with infants and toddlers and their families:

One participant spoke about caring for her father and his hesitance this week to go to an adult day program. Once again I was struck by the ease in which some participants share such personal stories. This led into a conversation about parent support with saying goodbye. How parents don’t want their children to see them leave and they often stay at the center or home-based daycare for a while. We recognized how the child, teacher, and parent not knowing when the parent will be saying goodbye can be dysregulating for everyone. This will be an important connection to make at the beginning of Session 6 (what it was like for the participants to say goodbye to their own children) so that participants can connect their experience to what the parents they work with might be going through. (Tom-Yunger & Seligman, class session notes)

Another area that the instructors, participants, and the coaches collaborated on was observational skills. Practicing observations and paying attention to children, materials, environments, and interactions became a foundation for talking about development in a deeper and richer way than it is presented in an “ages and stages” approach. Many participants were already knowledgeable about development through experience and/or previous coursework. Shared observations provided common experiences for discussions about children and how those children moved in the world. This led to each participant choosing a focus child and learning more about who that child was at that moment. For this activity,

we used a modified version of the “Hello My Name is...” format designed by Catalano (2002). Here is an example:

One participant selected her focus child (2 years, 11 months) because she thought he would be a challenge. She identified that parents have concerns about their child’s language. She explained significant shifts in how she interacts with her focus child and how these shifts have made a significant difference in her relationship with the child, how she understands him and how he relates to her. She explained that her focus child would often cry and while she used to notice it she wouldn’t think about why he was crying. By focusing on him she started to pay attention to why. The participants also identified that since she has been paying closer attention to him and being more responsive to him that he is seeking her out more in times of distress and times of playfulness. She says that she feels connected to him and that he is more connected to her now and that she is also noticing more language. (Tom-Yunger & Seligman, class session notes.)

These examples of the process the participants engaged in highlight the emotional nature of working with infants, toddlers, and their families. For example, many times during the day a baby will cry to communicate their needs. Our brains and bodies are programmed to respond with a sense of urgency to an infant’s cry. In that moment, we need to stay calm and available to that baby—not an easy task when our brains are sending out a message to quickly find a solution. Caregivers who may become stressed may not be able to access their strategies to calm themselves. However, it is essential for the caregiver to remain composed as children in this age group are coregulating (i.e., the caregiver is a partner with the baby, helping them return to a calm and regulated state). Without those strategies, a caregiver may feel helpless and have a type of flight, fight, or freeze response. The response might include “ignoring” the baby (in reality, babies cannot be ignored), blaming the baby or other children or adults, or becoming frustrated. When these experiences occur day after day, week after week, the stress can become a health risk or cause good caregivers to leave the field. In fact, in our first cohort, several of the child care providers shared that they had been thinking of closing their family child care programs or changing careers.

During the professional development experience, caregivers were asked what their strategies were for reducing stress. The group was able to identify techniques that had been successful for them in the past. By acknowledging the stress, highlighting the strategies they already have, and having an open discussion about the reality that everyone has these feelings, participants were able to take a problem-solving stance. The instructors built on those existing resources by offering the brain-based “help now” strategies outlined in Miller-Karas’s Community Resiliency Model® (2015). Quick strategies to reset the brain and calm responses can be a lifeline for those stressful moments that are a part of the everyday life of an infant-toddler caregiver.

Through experiences that encourage reflection and deepen understanding of self and the appreciation of their importance in the lives of children, activities that build on existing skills, and the development of a systematic way to apply their knowledge to their work, a participant, in the words of one graduate, can “become a student of [their] own practice” (Sherease Alston, personal communication, June 10, 2017).

Almost all professional development programs strain within the confines of the fixed number of sessions, limited time, and the amount of content to be shared. By activating the experiences and knowledge the caregivers bring, professional development becomes an additive process whereby strategies are shared, revealed, and discovered. This process continues after the program, but requires support and ongoing interactions with caregivers. In this program, a professional learning community was created, and each new cohort became part of it. The cohorts identify topics (e.g., small-business assistance, working with children with developmental variations, and connections between play and learning) that require additional professional development, and Dr. Hancock brings speakers who can address those issues into the community.

It is fitting to end with the words of a graduate of the professional development experience. Kadeen, who is now beginning her graduate studies at Bank Street College where she will continue this process with a new community of people, spoke at the graduation of the last cohort:

During my time with the program, I learned to be more mindful of the children's emotional capacities and their coping methods as well as my own. To take care of myself so I could give of myself to the little people who counted on me. Like these children, I learned more about who I was and could be as an educator and all-around human being. (Kadeen Jones, graduation speech, 2019)

Highlighting the voices of caregivers is essential in ensuring that, if possible, participants in professional development programs are able to bring their whole selves to the experience and build upon what they already know. Coming from a secure base created from their own knowledge, child care providers are able to listen to each other and reflect upon their work. Together they weave a tapestry of old and new ideas that will enhance their interactions with children and families.

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About the Author



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I Want to Know Why

Virginia Casper and Rebecca J. Newman

I want to talk about my initial reactions to the work—my emotional reactions. I know these are framed by my past experiences—including culture and privilege. It's not that I'm a different person in different settings, but I need this space to say some things that I might not be ready to say in the larger meetings—a way to find language for competing thoughts and feelings. — Rebecca

Rebecca shared this at her first supervision session. Rebecca was an early childhood coach and Virginia was her mentor coach; they worked together as part of the Guttman Center's project designed to support early care providers (see Brickley, this issue; Hancock, this issue). At this initial meeting, Rebecca was eager to roll up her sleeves and discuss with Virginia her first visits with providers. On some level, Rebecca sensed that Virginia would understand and validate her message. Although she expressed a need for privacy, neither of us knew that these conversations would result in a collaboration that would eventually become public through this article.

Our first meeting was followed by a provocative and generative learning relationship that led to new ideas. This article chronicles the somewhat circuitous path we took—telling each other stories of practice and exchanging curiosities, emotions, and at times unanswerable questions—that helped us learn and grow as we worked together to develop Rebecca's ability to support early care providers and Virginia's ability to support Rebecca.

Mentoring Child Care Coaches

We were involved in an innovative project seeking to positively impact the lives of infants and toddlers by working with early childhood providers in historically underserved neighborhoods. Using a community-based model, the philosophy of the program was to first seek out the strengths and needs of a given community and its early childhood professionals to shape a true collaboration.

Virginia is an experienced teacher and infant-toddler-family professional. She was in her second year working as a mentor coach in this program and had served in various roles in the Graduate School at Bank Street College of Education for over 30 years. One of her strengths was her many years of early care and education work both in the U.S. and abroad, which gave her an expansive perspective and a resistance to generalizations. She was intrigued by Rebecca's candid opening in the first session and excited to work with whatever material and insight Rebecca brought.

An experienced preschool teacher, Rebecca was new to her job as a coach, the team, and the College. She immediately sensed that this institution was different from the agencies and programs where she had previously worked. Her strengths were her very deep passion for work with young children and families, her honesty about her reactions to new ways of thinking, and her ability to see the world from the child's perspective. Beyond writing formal notes for the program, Rebecca also kept a journal of her work experiences and her reactions to them.

The program where they met was designed to offer an integrated curriculum of coaching visits and coursework over a five-month period. Rebecca was one of two coaches working with the second cohort of the program. This entailed visiting them for half-day periods in their family child care home or child care center, attending bi-weekly Saturday course sessions, as well as supervision and team meetings.

The program design presented Rebecca with several tasks within a five-month time frame: build rapport and join with early care programs, assess areas of strength and areas for growth and enhancement, and partner with providers in order to improve their program's quality. While Rebecca had done early childhood consulting and home visiting work in the past, when she entered her first home-based program, she quickly realized that the intimacy and informality of a home—not often present in center-based programs—posed a special challenge.

Most of our project members were white women working in child care centers in a predominately African American, Afro-Caribbean, and Latinx neighborhood. The director organized a series of intensive in-service workshops for the staff in which readings and discussion on systemic racism were interwoven with personal experiences. The goal was to push everyone to think more deeply about the meaning of the work in its cultural context. For Rebecca, for whom this kind of professional examination was new, much of this learning was profound. One learning that stood out was the fact that most issues of race and class would not be solved immediately, despite good intentions and hard work on her part. The workshops helped her unpack the term “accepting non-closure” (Singleton & Linton, 2006). Rather than seeking resolution, as she had tended to do in the past, Rebecca began to prioritize holding key questions in her mind, with an understanding that the answers would evolve in the years to come. After one of these workshops, Rebecca wrote in her journal:

What types of feelings might my presence evoke in the community /programs I am entering into? What history am I bringing with me? How do I allay a person's fear and concern? What issues around race am I NOT thinking about enough, and why?

Rebecca used her initial supervision session with Virginia to make sense of her first impressions of the sites she was visiting. She observed numerous loving and caring interactions indicating the caregivers' emotional responsiveness, attunement, and joy in their interactions with the children. Here is one from circle time:

Ms. Jane and Ms. Ariel sing and clap with the children. The children and providers make eye contact and smile at each other as they wiggle their bodies. Ms. Jane leads the children as they stand up and hold hands in a circle. The youngest child in the group leaves her space in the circle to run over to sit in Ms. Ariel's lap. Ms. Ariel brings her closer with one arm, and turns to me to say “She's my baby. She looks for me.”

Reflection: I observed true joint attention while watching them sing together and hear each other's voices. This is not always the case in child care, as singing together can too easily become mechanical

and rote. The children and Ms. Jane were feeding off each other's cues, and in this case, holding hands seemed to symbolize their community. Ms. Ariel was tuned in, functioning as a co-regulator for the youngest child in the group. I wonder how she feels about being a source of security for this child.

Virginia took great pleasure in the way that Rebecca bubbled over with thoughts and feelings about her observations and how to make meaning out of them. Rebecca made clear to Virginia that she wanted to be able to feel free to “think out-loud.” Yet she had distinct feelings of vulnerability from being a new staff person in an environment that she was just beginning to figure out and therefore wanted full confidentiality. Rebecca had experienced different supervisory styles in the past, and right away, she found the supervision with Virginia to be less prescriptive. Virginia was not aware of Rebecca’s previous supervisory experiences at the start, but within a few sessions, Rebecca made it clear that “this is different!”

Outdoor Time and Space

By the second session, it was clear to Virginia that Rebecca felt torn between some of the caring and thoughtful practices she observed and others that she wasn’t clear about. At the forefront were Rebecca’s observations about outdoor time and space, most specifically in the home-based child care programs. Below are two of Rebecca’s observations and reflections from early on in her coaching work.

Observation of an outdoor space #1

The yard is small (about 15 ft by 15 ft) with a fence surrounding it. The fence has some decorations. There are a few small basketball hoops about two-feet high, a toddler seesaw, and a small toddler play structure with a slide. On the other side of the fence, there are neighborhood cats. Three children wave to them occasionally.

Reflection: These toys seem left over from when there were younger children in the program. This is now a mixed-age group of preschool children trying to make use of this small space with toddler toys. They jump off the play structures. They run in small circles. Do they get the release they need? I see and appreciate that the providers prioritize giving them this time, even a few minutes outside. I just wish there was more space for them.

Observation of an outdoor space #2

The play space seems like an alley. It is about the length of a driveway and roughly 15 feet wide. A covered sand table sits in the corner, and some tricycles are available.

Reflection: This is not what I expected. The size of this space makes me wonder how it is used. I also wonder how often it is used. I’m glad the children have a space to go to, though.

Overall Reflection: I am glad to see that these two programs have an outdoor space of some kind. So far, it seems as if infant, toddlers, and preschool-aged children in some of the programs I’m visiting are spending their days without going outside—either to a backyard or park, or neighborhood walk.

In our first reflective supervision sessions we worked together to unpack the issue of lack of outdoor play and the unstated expectations Rebecca might have about outdoor play spaces. Rebecca was aware that she was having some strong feelings. Why was she being triggered? Through the animated back and forth it became clear that Rebecca entered her role as a coach with years of early childhood education and practice that assumes young children need regular outdoor exploration to facilitate positive development.

It's something I feel all children should have... and I've seen the developmental benefits over time. Some of my most joyful moments in the field have been spent with young children running outside, digging our hands into the dirt, creating artwork with sidewalk chalk.

The lack of outdoor time raised the pivotal question, “I want to know why.”

Understanding Why

Rebecca was at the beginning of the coaching cycle, so it seemed too early to ask the teachers about their use of outdoor time. Virginia asked what she imagined the reasons might be and Rebecca generated two possible theories based on her first observations.

The first theory was that perhaps for some practitioners, the developmental benefits of being outdoors might not be as apparent as, for example, the benefits of worksheets. Rebecca mused that worksheets, which were plentiful in the child care programs she visited, might appear more concrete than outdoor play and more important in terms of measurable developmental gains. The use of worksheets in family child care homes must be contextualized within provider and parental concerns about their children being academically prepared for school and having a better chance in a system not designed to recognize their achievements. This idea led to a conversation about another possibility—an often-mentioned teacher worry—that children’s parents would have objections to their young children spending time outside (e.g., because of cold weather, lost mittens, the possibility of skinned knees or getting sick). Kimbo and Schachter (2011) have outlined these kinds of concerns.

A few weeks later, Rebecca followed up with one provider regarding outdoor play. The provider shared that one of the children was asthmatic and her family had requested that she not go outside. Although Rebecca knew about the prevalence of childhood asthma in areas of poverty, it was not a factor that initially came to mind. Virginia was jolted into remembering her own experiences working with children with high asthma and lead exposure. Over the years, non-white families in low-economic neighborhoods have experienced residential segregation and other social stressors related to poverty and inequality, which increase the already poor environmental conditions that impact children with asthma, such as proximity to car fumes, cockroaches, and lack of air conditioning. Here Virginia was able to provide information to Rebecca and debrief her on this urban scourge (DePriest & Butz, 2017).

Another dynamic that Virginia raised was the important difference between family child care programs and center-based programs. In family child care, the main practitioner is often also the director. In center-based programs, a separate director has the opportunity to serve as a buffer between a teacher and a family about programmatic decisions, such as different ideas about going outside. But in family

group care, if a family decides to withdraw a child because of differences in child-rearing beliefs and practices, the practitioner/director feels the economic effect on her business in an immediate and visceral way. Parental concerns and desires around activities like outdoor time and school readiness figure strongly in the practitioner/director's mind.

And finally, Virginia asked if the local parks were appropriate sites for infant-toddler exploration. This was a question to which there was as yet no answer. An article on outdoor play in the National Association for the Education of Young Children's Young Children (Spencer & Wright, 2014) states:

The goal [of outdoor play] is to increase play and physical activity for children by being intentional in the design and use of quality outdoor environments.... All the materials and equipment in the play space should be age appropriate for the children who use it, to ensure safety and maximum skill development.

Reviewing the article together, Virginia and Rebecca noted that the photographs indicated a more suburban environment in the sense that there was space and grass to explore. Only one photo appeared to show a city backyard, with pots and pans hanging creatively on a fence. In addition, the article seemed to make assumptions about the need for access to "quality outdoor environments and equipment." This generated a conversation about outdoor play in different cultures and communities around the world. Virginia wanted to broaden the scope of the dialogue and pointed out that in the Waldkindergarten in Switzerland and Germany for example, children are outdoors playing most of the day (Mills, 2009). This appears to be true regardless of social class and urban versus rural environments, although in the United States, the outdoor play movement has been more of a middle-class phenomena (Louv, 2005).

As the sessions progressed, Rebecca came to realize that she was reacting both to the lack of outdoor time and to the fact that the outdoor spaces were different from what she expected. She said to Virginia, "I had a working model of a play space, and what I saw was not it."

Having an "Experience"

For Virginia, this was a pivotal moment. She had seen from the first session that Rebecca's initial impulse as a coach was to "improve things." Here and abroad, Virginia had seen practitioners with virtually no traditional early childhood materials create exciting and creative play spaces for children across a range of ages. Virginia remembered a short but powerful moment from her work in South Africa's child care environments (crèches). She wasn't thinking deeply about why, nor did she mean to imply that the behavior she described should be practiced in other places. It just seemed to come out, as sometimes happens when you're in a supervisory role:

While approaching from a hill, I noticed the crèche I was about to visit, as well as about 50 elderly women sitting under a large tree a few hundred feet from the crèche. The crèche was housed in a long cinder block building with dusty patches of dirt around it. A young child about 2 years old suddenly appeared at the doorway. He looked both ways slowly, as if crossing a street, and proceeded to walk along the building wall. He looked down and grabbed a stick and, after making some marks with it in

the dirt, picked up some small stones in his other hand. As he rounded the first corner it dawned on me that he was simply taking a walk and his plan might be to go around the building, which was exactly what happened. He stopped by the outhouse out back, seemingly for a peek, and as a bird flew by overhead, he looked up and dropped the stick. He continued walking and looking, and after a total of about five minutes, came back to the doorway where his walk began. Before taking the big step to re-enter the building, he dropped the pebbles.

In their discussion of the story, Virginia said, “he was having an ‘experience.’”

Virginia’s use of the word “experience” annoyed Rebecca. She had heard this word a lot since coming to Bank Street. Although she was a former preschool teacher, this concept was relatively new to her. She wrote in her journal what she was soon able to say to Virginia face to face and then articulated publicly.

Why can’t I say lesson or activity?

Later she wrote:

I knew “experience” was the word I was being encouraged to use in this particular early childhood culture, but I didn’t totally grasp the significance of it. As I reflected on the beautiful simplicity of this story from my coach, however, I began to think more deeply about what an experience truly means; the child connecting to what he is doing in a simple yet developmentally enriching way.

A week or two later, Rebecca observed a group of young children playing with play-doh. She saw a toddler who simply picked up small pieces of play-doh and rolled them between his fingers. Out of her mouth came, “He is having an experience!” A week or so later, she wrote this reflection in her journal:

In retrospect, this is the moment when so much came together for me. I kept thinking that the children needed more and better materials and bigger outdoor spaces. I was concerned that they didn’t have what I thought they needed. At Bank Street, I was being exposed to a new way of thinking about development and curriculum. Concepts were building on each other. Perhaps I couldn’t fully grasp this concept of an “experience” until I had a framework through which to view it.

I think Virginia’s story was also key in another part of my development.... It showed me a different way a child can experience the outdoors. Clearly, large, safe outdoor spaces are ideal, but a lot CAN happen in a small yard or an alley. I see too, how over time, my shift in looking at development differently is having a ripple effect on the providers.

These pronouncements thrilled Virginia because the “parallel process” (where the work and ideas in one situation can be utilized in another) was quietly at work and in ways she might not have imagined, or in ways of which she was not always conscious. Rebecca always came in excited to talk about multiple ideas, so over time, Virginia made a transition in her role with Rebecca toward a quieter, more collaborative stance. Virginia found herself telling a story here, asking a question there, based on the moment, and thinking about Rebecca’s work in-between sessions. The process—like the writing of this piece—flowed, even through disagreements, which became more tolerable as the relationship deepened.

Stepping Back

On day one, Rebecca took a risk by “spitting out” some big ideas and frustrations. Virginia welcomed Rebecca’s urgent narratives and her energetic curiosity. Perhaps most important, Virginia didn’t judge Rebecca’s initial observations, some of which were quite critical of practice. There was something honest and authentic about what Rebecca brought that another supervisor might have tried to contain or harness more quickly. A sense of safety and surprising delight developed as we discovered our similar sense of humor and irony.

As they began to feel safe, Rebecca and Virginia were able to develop a trusting relationship relatively quickly, and with that, a sharing of minds and differences of opinion. For example, Virginia shared an infant-toddler light “curriculum” she loved that came out of a more privileged setting. Rebecca expressed misgivings about its relevance in the programs she served, wondering how teachers would be able to apply it in their environments. Virginia heard Rebecca’s concerns but took the opportunity to be direct about something she thought was important. She said, “It’s not really about the providers following this curriculum, it’s more about seeing an example of a big idea that can be built on over time.” And that turned out to be exactly what Rebecca became able to support teachers doing.

During the last coaching session of the cohort, the children in a group family child care had their first experience with water play. Although this program did not have a water table, Yudelka, the program director, had gone to the local grocery store and bought different-sized foil tins filled with water, which the children explored with joy. Reviewing the morning, Yudelka spoke with excitement about the “simplicity” of water. She noted, “There’s so many things you can do with water. It’s so flexible.”

Reflection: This has been another exciting, illuminating session for me. I can see key concepts building and coming together: themes of developmental experiences and making use of everyday materials in significant ways. I will hold the word “flexible” in mind as a symbol for this.

Trusting the Process

Virginia saw that Rebecca was going further in probing all the various ways that development can unfold. This and her newfound sense of simplicity and clarity of purpose transferred to the providers as they began to experiment making soap suds at the water buckets and rolling play-doh between their fingers. We have written about a few of the interactions that may have prompted some of these changes, but we will never know about all of them or how one leads to another over time. That marks the acceptance of non-closure and trusting the process.

Our narrative is not a study, but aims to provide a sense of some of the changes one coach went through during a period of intense work with a coach mentor. To date, there is not enough research that explores how early childhood coaches change their practice as a result of the mentoring they receive, and there is an even greater paucity of literature for coaches working with infant-toddler practitioners. Much of the research tends to focus on whether coaching models have the desired impact, which

is of course important. In our work, for example, we saw how certain tenets of coaching research supported the usefulness of combining coaching with coursework (Moreno, Green, & Koehn, 2014) and the dangers of an “overly prescriptive and compliance-based approach to coaching (O’Keefe, 2017).

But this story illustrates an equally crucial point. It is clear that coaching family child care providers, those who are often marginalized in the early childhood workforce, requires that coaches themselves have strong support and opportunities to process what they see and how they interpret caregivers’ talk and actions, especially when they come from different class and ethnic backgrounds and assumptions. The need for extensive time, thought, and caring is verified here in a way that we believe continues to reverberate through the relationships that these caregivers continue to have with the children, families, and other adults in their everyday lives.

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