

DOCUMENT RESUME

ED 453 940

PS 029 523

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TITLE Programme Planning for Infants and Toddlers.
PUB DATE 2000-08-00
NOTE 22p.; Paper presented at the European Conference on Quality in Early Childhood Education (10th, London, England, August 29-September 1, 2000).
PUB TYPE Guides - Non-Classroom (055) -- Information Analyses (070) -- Speeches/Meeting Papers (150)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Anthropology; Attachment Behavior; *Caregiver Child Relationship; Child Caregivers; *Day Care; Infant Care; *Infants; *Models; Parent Caregiver Relationship; Play; Preschool Education; Theories; *Toddlers
IDENTIFIERS Knowledge Bases

ABSTRACT

Caring for infants and toddlers has long been conceptualized in Western society as mothers' work, and consequently devalued. Alternative care for infants and toddlers has lacked a knowledge base like that undergirding preschool education. Factors impeding research on infant/toddler care include strong ideological opposition to nonmaternal care, the custodial tradition of child care, and the medical model used for training caregivers. The lack of a coherent knowledge base has resulted in a dearth of suitable language to describe the essential features of infant/toddler care programs. Language drawn from medical and educational models lack appropriate metaphors for the caring relationship at the heart of infant/toddler care. Anthropology provides a suitable framework for examining the work of infant and toddler caregivers which emphasizes the processes of care. When the caregiving relationship represents the core around which the curriculum is constructed, the knowledge base becomes clear--research and literature examining the importance of relationships to infant and toddler development and that relating to how infants and toddlers make sense of their place in the world. Metaphors from this research can help caregivers better understand and talk about what they do. Three curriculum frameworks for infants and toddlers may be incorporated: (1) attachment; (2) caregiving; and (3) play. Planning for infants and toddlers begins with the participant observation characteristic of anthropology, with such observations used to develop a picture of the strengths and interests of very young children. Maslow's Hierarchy of Needs (A. Maslow, 1970) may be used as a framework to identify needs. The summary of strengths, interests, and needs may be used to develop a program plan based on the relevant curriculum framework. (Contains 52 references.) (KB)

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Programme planning for infants and toddlers.

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Paper (Reference No 210) presented at the 10th European Conference on Quality in Early Childhood Education, *Complexity, diversity and multiple perspectives in early childhood Services*, European Early Childhood Education Research Association. London. August 29 - September 1, 2000.

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6039 words

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Abstract

Caring for infants and toddlers has long been conceptualised in western society as mothers' work, and consequently devalued. Alternative care for infants and toddlers has lacked a valued research base and this has led to problems in conceptualising and communicating the work done by caregivers working with very young children. The aim of this paper is to offer an alternative to traditional frameworks for thinking about infant and toddler care. This is done in the hope that a coherent knowledge base can be identified that will provide caregivers with the appropriate language to think and talk about the important, but under-valued, work they do.

Die Sorge um Kleinst- und Kleinkinder wird in der westlichen Gesellschaft bereits seit langer Zeit als Mutterpflicht betrachtet und genießt daher geringe Wertschätzung. Eine alternative Fürsorge für Kleinst- und Kleinkinder entbehrt bisher einer soliden Forschungsbasis was wiederum zu Problemen bei der Begriffserfassung und Beschreibung jenerer Arbeit führt, welche von Pflegepersonen jüngerer Kinder geleistet wird. Der Zweck dieser Abhandlung ist es, eine Alternative für die traditionellen Grundlagen des Denkens in Bezug auf Kleinst- und Kleinkinderfürsorge anzubieten. Dies geschieht in der Hoffnung, dass eine kohärente Wissensbasis identifiziert werden kann, welche Fürsorgepersonen einen entsprechenden sprachlichen Rahmen bietet, innerhalb dessen sie über ihre wichtige, aber unterbewertete Arbeit nachdenken und diskutieren können.

Le monde occidental a longtemps considéré les soins apportés aux nourissons et aux enfants comme relevant du domaine des mères, et ceci a contribué à en minimiser la valeur. Les services alternatifs de garde d'enfants manquent de solides bases de recherche, ce qui rend difficile l'analyse et la communication du travail accompli par le personnel spécialisé dans ce domaine. L'objectif de cet article est de proposer une nouvelle grille d'analyse des services de garde d'enfants et de permettre aux personnels concernés d'établir des connaissances communes et un vocabulaire approprié pour étudier et communiquer leur travail - travail qui, malgré son importance, reste sous-évalué.

En la sociedad del oeste, se ha conceptualizado el cuidado de la niñez como el trabajo de la mujer, y como tal, lo han subvalorizado. El cuidado alternativo para la niñez ha faltado una base de investigación valorizada y eso ha resultado en problemas de conceptualización y comunicación entre las personas quienes cuidan a los niños jóvenes. Esta investigación tiene como objetivo ofrecer una alternativa

al pensamiento tradicional de cuidar a la niñez. Se esta escrito en la esperanza de identificar una base de conocimiento que pueda proveer un lenguaje adecuado para que las personas reflexionen y compartan el trabajo importante, pero subvalorizado, que hacen.

Thank you to W. Frick, D. Elder and L. Hearn who provided the translations.

Caring for infants and toddlers has long been conceptualised in western society as mothers' work. The role of caring (caring for and caring about) undertaken by mothers has been devalued, and the demands of that role have been dismissed as the natural territory of women, and thus unworthy of research in the masculine dominated paradigms of university-level research. However, as post-modern feminist theorists continue to critique the taken-for-granted social world (for example (De Lair and Erwin 2000), (Cannella 1999), (Cannella 2000) the role of caring for infants and toddlers has begun to be examined from different viewpoints. With the demand for alternative care for very young children increasing, the need to adequately articulate optimum care for infants and toddlers has become a priority for practitioners and policy makers alike. Unfortunately group care for infants and toddlers has lacked the consistent knowledge base of pre-school education. Years of 'carefully crafted' research has provided preschool education with coherent and clear cut rationales for practice (Honig 1990). Preschool education has also been able to find legitimacy in the research that has linked it with long term educational benefits for many disadvantaged groups. The long term impact of group care for infants and toddlers, in contrast, is only a recently emerging field of interest in the research community.

The aim of this paper is to offer an alternative to traditional frameworks for thinking about infant and toddler care. This is done in the hope that a coherent knowledge base can be identified that will provide caregivers with the appropriate language to think and talk about the important, but under-valued, work they do.

Research in care for the Under threes

Until recently, research in the area of care for under threes has been impeded by many factors. The strong ideological opposition to non-maternal care found in many western countries structured early research around the impacts of non-maternal care on mother-child attachments (Ochiltree 1994). Whilst the controversy still arises at times, there is now much research that indicates the benefits of high quality care.

The custodial tradition of child care and the medical model of training caregivers at a paraprofessional level has also contributed to the lack of a clearly identifiable knowledge base. The training of caregivers has (in Australia and Britain at least) taken place in post-secondary rather than tertiary institutions (Abbott 1997). In post-secondary institutions the teaching staff are neither paid, nor given time, to research, write or publish in the areas in which they teach. Consequently, much of

the research has been conducted by researchers who have little understanding of how group care for very young children actually operates.

The lack of a clearly identifiable knowledge base has resulted in a dearth of suitable language to adequately describe the essential features of child care programmes for very young children. Consequently, the public perception of infant and toddler care remains a "necessary evil" (Spearrit 1979, p32). Without a language to describe the nature of their work it has been impossible for caregivers to value what they do and to claim legitimacy for doing it. In the struggle to find public recognition and value in their work, caregivers have been compelled to adopt the language and practice of medical and educational models that may not adequately reflect the real needs of infants and toddlers in group care.

Problems with existing frameworks

Evidence from practitioners suggests they experience confusion and frustration trying to document their work in the form of curriculum documents, programme plans and evaluation schedules. In Australia, this documentation is currently a required part of the Quality Improvement and Accreditation process for child care centres (National Childcare Accreditation Council 1993). This confusion and frustration is the result of attempting to fit what caregivers know to be the essential elements of caregiving into frameworks that do not easily accommodate those elements. For example, in inservice training workshops, the authors are commonly asked: 'how are we going to find time to observe children and plan for "activities" on top of all the other work we have to do?' When asked why they feel the need to plan "activities" they answer, 'what else can we put in programme plans?' What else indeed, when the curriculum frameworks are borrowed from preschool education rather than constructed to meet the special needs of very young children?

Conversely, other caregivers operating from a medical rather than educational framework ask how they are supposed to fit in all this extra work between making sure the children are changed, washed, fed and put down to sleep. In reality, there is not extra work; the routines merely provide the venue for the meaningful interactions that make up the programme. When encouraged to describe the routines of the day in their own language, caregivers can often go straight to constructing their curriculum around the needs of the children rather than around some preconceived theoretical concepts borrowed from another world.

Even so, without a clearly defined knowledge base it is difficult for caregivers to find the languages that adequately describe the most important features of infant

and toddler care. What is lacking in the language borrowed from medical and educational models are appropriate metaphors for the caring relationship. Yet it is this relationship that provides the core of child care and distinguishes it from other human sciences. Metaphors are not merely poetic devices but ways in which people make sense of phenomena that are difficult to describe (McLeod 1987). They provide a way of conceptualising actions and relationships as they are experienced as well as opportunities for new understanding. It must be remembered however, that metaphors are also capable of limiting understanding by selecting and emphasising certain key features of a phenomenon whilst ignoring others.

When the metaphor of education dominates the curriculum, it is the caregiving relationships that tend to be overlooked. As Canning and Lyon (1991, p3) point out "...attempts made to improve the status of child care by equating it with preschool/early childhood education have led to a devaluation of 'caregiving'". Canning and Lyon go on to argue that "...equating a good environment with 'education' has not been questioned nor has the kind of care which results from this equation been examined sufficiently" (Canning and Lyon 1991, p3).

The caregiving relationship is also overlooked when medical metaphors dominate the curriculum. Infection control, the spread of pathogenic organisms, a preoccupation with diagnosing possible abnormalities and advising parents on how to manage teething products provide some concrete outcomes and therefore, legitimacy for caregivers' work. In practice, the worth of the caregiver becomes measured against the correct diagnosis of measles rather than the secure attachments of the infant. Programmes are presented as educational activities rather than the caregiving routines that provide the opportunities for the unique and intently personal transactions between child and caregiver.

Some writers have tried to bridge what has been described as the false dichotomy between care and education (Petrie 1988) by referring to the infant and toddler caregiver as an 'educarer' (Weiser 1991). Unfortunately because the technical base of care has never been properly articulated, the term educarer merely reinforces the perception that care can only find legitimacy if it is aligned with education. The authors believe there can be no real resolution to the care/education dichotomy until the caring elements of group care are articulated as well as the educational elements. Until that happens, it is a nonsense to argue that the two are synonymous.

Towards a new framework: what does anthropology have to offer?

Anthropology is able to offer a way of looking at the work of infant and toddler caregivers which emphasises the processes rather than the outcomes of infant and toddler care. Anthropology, the study of people within their culture, emphasises the way in which people construct and share meaning through a network of significant person to person relationships (McLeod 1987). A similar perspective is associated with symbolic interactionism, put forward by Blumer (1969). An anthropological framework enables caregivers to view their work as the expression of important relationships formed with both the child and his or her parents. Secondly, anthropology is concerned with the way meaning is constructed and shared by people in those relationships. In other words it is concerned with the process of making meaning through relationships (the 'shared meanings' of Bruner (1990)) rather than the outcomes of those relationships.

One of the most important tools of the anthropologist is the art of participant observation. Through participant observation the anthropologist actively engages in sociocultural activities in order to better understand how various peoples of the world construct and share meaning. The anthropologist, as far as possible, tries to understand a culture from within rather than from without. Likewise, the skilled caregiver is a keen observer who endeavours to understand each child's own individual way of looking at the world through active engagement with the child. Child and caregiver work together to develop a shared understanding that is special and peculiar to each other. Initially the baby provides cues to the caregiver, the skilled caregiver understands and responds quickly and appropriately to those cues. The infant, rewarded by the response, learns to refine his or her cue, and in turn, the caregiver learns to respond more quickly and accurately. Just as the anthropologist and subject develop a sense of shared meaning, so does the child and his or her caregiver.

Much of the work of infant and toddler caregivers is concerned with understanding and contributing to how very young children construct images of themselves, their world and their place in that world (Griffin 1997). Children construct an image of themselves based on the feedback they receive from the important people in their lives (Garbarino and Abramowitz 1992). Very young children construct working models of the caregiver based on the quality of the caring relationship. If the relationship is characterised by loving, warm, responsive, challenging and stimulating interactions, this is what young children will grow to expect. Conversely, if this is not the case, the child's own self image may be damaged (Hutchins and Sims 1999). Recent advances in neurobiological research suggest that outcomes of these early interactions impact on the physical organisation of the brain which can

have significant long-term impacts on children's development (Perry 1997), (Shore 1997). An anthropological perspective endeavours to make sense of the experience of giving and receiving the love, tenderness and nurture which forms the basis of the caregiving relationship.

When the caregiving relationship represents the core around which the curriculum is constructed, the knowledge base becomes clear. There is a wealth of research and literature that examines the importance of relationships to the development of infants and toddlers. Whilst much of this literature concerns itself with the development of secure attachments to primary caregivers (Bowlby 1969), (Ainsworth, Blehar et al. 1978) there is an emerging literature that has direct relevance to child care. This is the literature which seeks to understand the importance of relationships and secondary attachments in mediating the negative effects of early separation from primary caregivers (Honig 1993; Honig 1996). Other important literature is the research and theories relating to how very young children make sense of their place in the world.

How can the literature help?

Whilst some research has concentrated on the possible harmful effects of group care (Belsky 1988), (Belsky 1991), other research emphasises the importance of the caregiving relationship and identifies the elements of those relationships that facilitate the healthy development of very young children (Howes 1992), (Howes and Hamilton 1992), (Hutchins and Sims 1999). Current literature that seeks to understand the essential features of caregiving relationships can provide us with some very rich and useful metaphors that help caregivers better understand and talk about what they do. Some of these metaphors are discussed below.

The metaphors of care

Garbarino and Abramowitz (1992) using the ecological approach to human development provided by Bronfenbrenner (1979) highlight the importance of 'reciprocity' to the healthy development of the young child. Reciprocity is used to describe the give and take interaction that occurs between adult and child when the adult respects, challenges, stimulates and responds appropriately to the child. According to Garbarino and Abramowitz (1992) "...when this essential reciprocity declines significantly, it jeopardises the child's development" (p40).

Vygotskian theory provides an abundance of metaphors from which to understand the caregiving relationship. For unlike Piaget, Vygotsky understood the importance of the interactive relationship between the child and caregiver. Vygotsky used the

term 'Zone of Proximal Development' (Vygotsky 1962) to explain the nature of the interactive processes that result in the emergence of new skills in the developing child. This process has also been described as social construction of knowledge (Fleer 1992), and as scaffolding. This is where the adult and child work together to complete the task which is culturally relevant and has social purpose (Bruner 1990). For infants and toddlers, the role of adult or older peer in guiding the young child towards the goal of the task is most important. According to Fleer (1992) this process is characterised by the adult allowing the child to complete as much of the task as he or she can and then the adult facilitates the completion of the task by providing the child with additional information and support. Thus together both child and adult construct their knowledge of the event together and develop the shared meaning of Bruner(1990) and Blumer (1969).

Just as the anthropologist works towards the achievement of intersubjectivity, that is the understanding and knowledge that both partners share of the same situational definition, so does the skilled caregiver. Caregivers undertake the anthropological task identified by Bruner and Haste (1990) when they are

... looking at how culture is manifested in the structure of behaviour, in language and in non-verbal communication. They are exploring the meaning that interactions have, and the ways by which the meaning and symbols of interaction are reinforced and reproduced. According to this approach, interactions reflect the *enactment* of shared interpretations and common symbolic representations about events, relationships and goals. Such 'social facts' *reflect* and also *generate* the framework within which individual experience is interpreted (pp 5 - 6).

Rogoff, Mistry, Goncu, and Mosier, (1993) provide the metaphor of guided participation to describe the process of collaboration between child and adult. The adult structures the child's participation and provides bridges between the child's understanding and that of the caregiver. According to Rogoff et al it is the interactions between skilled others and children which provide an explanation for children's acquisition of culturally valued and appropriate learning.

Alice Honig in her many writings on infant and toddler care (for example,(Honig 1996), (Honig and Wittmer 1996), (Honig 1993) provides more familiar metaphors for understanding the caregiving relationship. According to Honig the essential ingredients that enable young children to flourish are loving, responsive caregivers, generous committing energy, body loving and tuned in attentiveness to the child's wellbeing. Gonzalez-Mena (1993), (1993), (Gonzalez-Mena and Widmeyer 1993) also argues that meaningful relationships for infants and toddlers grow out of respectful, responsive and reciprocal interactions. She refers to these three characteristics as the 3Rs of interactions.

A host of other important and useful metaphors are provided by other writers in the area. Bowlby, one of the earliest researchers into infant attachment, provided a metaphor already used in this paper. Bowlby (1988) referred to the child's internal working model of the world: that is the way infants came to expect certain behaviour from particular adults in particular circumstances. Infants then used this as a guide to behaviour in new situations.

Mardell (1992) has provided infant and toddler caregivers with some important metaphors for thinking about attachment: one of which is *attachments in social networks*. According to Mardell this metaphor is relevant to a range of caregiving arrangements from formal child care services to informal shared care arrangements. This indeed is an important metaphor for caregivers. It repudiates the mythology that the 'normal' way for children to be cared for is by the mother in the home. Indeed, according to Meyer (1992) in many societies children are cared for by multiple caregivers from a very early age. These caregivers include in-laws, god parents, grandparents, siblings, other family and community members, and hired caregivers. The metaphor of attachment in social networks provides the caregiver the legitimacy of being an important part of the child's non-biological extended family.

Mardell (1992) also provides the metaphor of *attachment curriculum* that gives caregivers ways of talking and thinking about how the curriculum is structured so that it mediates the child's distress at being separated from his or her primary caregiver. The attachment curriculum supplies a metaphor for the work put into helping the child make positive transitions between home and centre, and centre and home each day (Sims and Hutchins 1999). This includes providing links between home and centre throughout the day and between centre and home throughout the evenings, weekends and vacation times. Attachment curriculum provides legitimacy for the holding and physical contact that is essential to the caregiving relationship and to the routines and rituals that provide the stability and predictability necessary to the child's sense of security.

Both the metaphors *attachment in social networks* and *attachment curriculum* provided by Mardell (1992), (1994) are important to understanding the relationships between parents and caregivers. Very young children need to feel that there is continuity and a shared understanding between their parents and caregivers. A lack of shared understanding can have a detrimental effect on the way infants and toddlers perceive themselves and their place in the world.

Parents of infants in care want more than a business relationship with the caregivers (Moylett 1997). They need to know their individual perspectives are

respected and understood. They need to have confidence that the child will be provided with the same kind of care that they receive at home (Miller 1993). Whilst preschool education programmes have emphasised the importance of a partnership between parents and teachers, it is the skilled caregiver who recognises the inequality in that partnership. In an equal partnership it is the parent who is primarily responsible for raising the child and the caregiver who provides the parent with the necessary support. Indeed, the professional caregiver is careful to emphasise the expertise of the parents regarding their own child whilst willingly sharing the knowledge and understanding acquired through his/her own training and experience (Miller 1993).

How can we make use of these metaphors?

The metaphors mentioned in this paper can go some way to helping caregivers put the caregiving relationship at the centre of their curriculum. The caregiving relationship responds to the very special needs of infants and toddlers through the daily routines which are in themselves, culturally relevant and have social purpose.

Hutchins and Sims (Hutchins and Sims 1999) propose a three part curriculum framework which captures the metaphors identified in this paper as essential to reflect the reality of infant and toddler care. The curriculum framework is presented in detail in Hutchins & Sims (Hutchins and Sims 1999).

The attachment curriculum

This component of the curriculum encompasses the range of strategies used by the caregiver to facilitate a secure attachment relationship between him or herself and each child (Mardell 1994). The attachment curriculum focuses on separation from primary caregivers, home-centre links, holding and physical contact and handles for secondary attachment.

Transitions between home and centre, and between centre and home are stressful for children, parents and caregivers. Children who do not settle quickly into the centre after a transition from home may well experience long lasting stress which impacts on their development. Caregivers play a crucial role in supporting very young children and their parents through these stressful times. Times need to be set aside for each individual child so that adults can both engage each child in play and provide comfort at these times of transition.

Mardell's metaphor *attachment in social networks* (Mardell 1994) identifies the important role caregivers play as a member of children's attachment networks. Children who experience continuity between their home and their centres (a strong

mesosystem - (Bronfenbrenner 1979)) are advantaged developmentally. Caregivers need to plan times with parents in order to develop a shared understanding of how parents' perceive their child's needs, and how they want those needs to be met. The attachment curriculum validates caregivers' work with parents, and the position of parents as partners in the planning process.

Touch is an important component of interactions between adults and very young children as it facilitates social, emotional and cognitive development (Hutchins and Sims 1999). For example, in an intensive care unit, preterm babies who were massaged several times a day gained more weight, and were more advanced in their cognitive development (Berk 1996). The attachment curriculum provides opportunities to plan for opportunities to maximise touch and physical contact with very young children.

Caregivers need to build trust between themselves and very young children (Erikson 1950), as it is this upon this foundation secure attachments develop. Toys, special rituals or favourite games can be used as tools to assist in the development of trust and attachment. When used in this way these are called 'handles for attachment' as they provide the context in which adult and child can engage in fun, nurturing interactions.

The caregiving curriculum

In infant and toddler programmes, much time is spent in caregiving tasks (for example, changing nappies, feeding) and it is important to maximise the opportunities provided by these routines. The way caregivers carry out these caregiving routines is documented in the caregiving curriculum.

Very young children all have their own routines. For example, children fall asleep at different times of the day, need to eat at different times of the day, and evacuate their bowels and bladder at different times of the day. Each child has his or her own routine. When adults assisting children with their individual routines are relaxed, and take time to engage in nurturing interactions, children feel loved and cared for. They begin to learn how their bodies work. Caregiving routines provide a vehicle for interactions that enable children to experience reciprocal turn-taking, and therefore they learn the basics of social rules of interaction.

Rituals act as signals which help children understand the world around them so they begin to experience some sense of control. Rituals help establish patterns to the day for very young children. For example, a cuddle and a lullaby may signal imminent sleep time to a young child. Rituals help children feel more secure as they

can predict what is happening to them and around them. A farewell ritual at transition time may help soothe the distress of parting for example.

In group care, individual children's routines and rituals are formalised into a daily schedule. For example, if the majority of children arrive at the centre between 8.30 and 9am, caregivers would normally choose to provide a range of activities that require minimal supervision at that time. This enables them to be available to welcome each child and parent on arrival, carry out specific arrival routines and rituals and to talk with parents. The daily schedule needs to be sufficiently flexible to adjust to the changing needs of individual children, and the caregiving curriculum provides a tool that accomplishes this.

The caregiving curriculum provides a framework that can be used to develop staff rosters. Staff need to be rostered in accordance with the needs of the children, and rosters need to be sufficiently flexible to change with changing needs of children. For example, when a new child is settling in to a centre, it is valuable to have the same staff member on at arrival time each day to facilitate a smooth transition. Staff need to remain consistently with one group of children to facilitate the development and maintenance of secure attachments.

The play curriculum

Very young children learn about the world through active exploration and participation, either on their own or with peers and/or adults. The play curriculum provides an opportunity for the implementation of opportunities for learning based on a range of theoretical approaches such as those of Piaget. Developmentally appropriate practice (Bredekamp and Copple 1997) principles are also used to guide caregivers in planning appropriate play opportunities for children.

Piaget (1952) introduced the concept of sensorimotor play whereby children learn through the sensory feedback they gather from active exploration of the world. Very young children need to have many opportunities to use their senses through touch, smell, taste, vision and hearing. Sensorimotor play involves mouthing, shaking, banging, pulling, throwing and dropping, and caregivers need to provide many opportunities for babies to engage in these activities.

As infants develop they engage in heuristic play (Goldschmied and Jackson 1994) (Holland 1997) where they investigate, experiment with and explore objects in their environment. Whilst engaged in heuristic play, infants are experiencing opportunities for concept acquisition, problem-solving, exploration, discovery and invention (Holland 1997)

Using the framework in the planning cycle

Planning for infants and toddlers begins with participant observation. Through skilled observation, caregivers build up a picture of the strengths and interests of very young children. Maslow's Hierarchy of needs (Maslow 1970) can be used as a framework within which to identify and present the needs of infants and toddlers.

Summary of Observations on James, 9 months.

Strengths

- Smiles at familiar people
- Reaches to be picked up
- Makes a variety of sounds
- Imitates some sounds in play
- Takes turns in simple interactive games with adults
- Sits independently
- Balances momentarily on two feet against furniture
- Props on outstretched arms whilst lying on front
- Gets up onto hands and knees and rocks
- Uses palmar grasp to hold small toys, spoon

Interests

- Enjoys simple interactive games with adults
- Banging pot lids
- Cuddles with simple stories
- Cuddles with singing - favourite songs *5 little monkeys jumping on the bed* and *Dingly dangly scarecrow*. Also likes Brittany Spears' songs.

Needs Level 1 (physiological)

- Regular nappy change and application of nappy rash cream
- Sleep approximately mid morning and another early afternoon

Needs Level 2 (safety and protection)

- Toys appropriate for mouthing
- Protection when on the floor from toddlers who are mobile and unable to avoid obstacles in their path

Needs Level 3 (belonging and love)

- Opportunities to develop attachment to caregiver (he is just starting child care)
- Opportunities to support ongoing attachment to parents

Needs Level 4 (esteem)

- Opportunities to participate in interactions which focus on his achievements (he is frustrated at not being able to move and is tending to let this frustration impact on all his play)

Needs Level 5 (self actualisation)

- Opportunities to practice moving (crawling)

This summary of strengths, interests and needs is used to develop a programme plan based on the curriculum framework.

Attachment Curriculum

- Organise for the same caregiver to be available to greet James and his parent in the morning. Talk with parent, then sit down together and all three sing *5 little monkeys jumping on the bed* and *Dingly dangly scarecrow*. Put a Brittany Spears tape on, Mum says goodbye, and caregiver cuddles James and they both wave through the window as mum gets in the car. Caregiver then sits with James and reads stories until he is settled. As he settles, encourage other children to join the story group.
- When ever possible during the day sit on the floor close to James and talk with him about what he is doing. Focus on simple turn-taking interactions (not question and answer) using low control language.
- Organise centre rosters so the same caregiver can be on at James' arrival time each morning.
- Keep a daily diary in which all caregivers record James' feeds, sleep, nappy changes and things James did during the day. Ensure that caregiver has a brief chat with parent at the end of the day about the information. Encourage parent to record things in the diary that the caregivers can talk about with James the following day. Encourage parents to talk with James at home about his day at the centre.
- Ask parents to bring in some photos from home of themselves, the family dog, and family members James is close to. They could include a photo of their home as well. Create a special book *James' book* of these photos and have the book always available in the book area.

The attachment curriculum addresses some of James' needs. The caregiving curriculum addresses James' needs in a similar manner.

Caregiving curriculum

- During nappy change talk with James focusing on turn-taking interactions. Talk about what is happening in the nappy change. Label body parts as they are touched. Occasionally play a brief tickling game. Talk about the sensations as the cream is rubbed on. Talk about temperatures. Play *peek a boo*. Play a game where he pushes hard with his feet against the caregiver's hands.
- Before putting James to sleep, cuddle and tell a favourite story, then sing a soft lullaby. Put him into the cot and stay beside him gently patting him until he goes to sleep.
- At snack and meal times ensure a caregiver sits near James' highchair. Provide encouragement as he holds finger food. Provide one-on-one scaffolding for his drinking from a cup with a lid, and for spoon feeding. Focus on providing self esteem enhancing encouragement.
- Wash toys daily to maintain hygiene
- When James is on the floor ensure that he is protected either by placement of furniture and fittings or by large soft cushions to prevent him being knocked over by mobile toddlers. Keep him away from main routes within the room but ensure he has good vision of the room so he can feel part of the group.

The play curriculum also offers opportunities for James to meet his needs.

Play curriculum

- Seek to provide James positive feedback and encouragement about his activities at least hourly. Sit beside him, provide self esteem enhancing encouragement about what he is doing, and engage in turn-taking, brief interactions using low control language.
- Make available to James at appropriate times of the day toys that can be banged and make noises: saucepan lids, cymbals, simple shakers etc. Place toys in ways that encourage James to swivel his trunk whilst sitting, to reach out at the sides and to the front and to bring arms across the midline of his body.
- Play a Brittany Spears tape and join James on the floor. Encourage him to copy your movements as you 'dance' - eg wave arms or kick legs whilst in sitting, get on all fours and rock to the beat, lie on the back and kick legs in the air. Alternate turns so you copy his movements as well.

Conclusion

For many years, services for infants and toddlers in the western world have been handicapped by the view that anyone can care for very young children, and especially so if they are women. Research in recent years indicates clearly that the early years are crucial in children's development (for example (Shore 1997)). It is important to use that information to justify and guide the development of quality services for infants and toddlers. "Caregivers of very young children are not only laying the foundation for all future learning, they are also contributing to children's future ability to learn and develop meaningful relationships with others" (Hutchins and Sims 1999, pix). In this paper, the authors discuss a framework that can be used to develop quality infant and toddler programmes for children. This framework draws upon a range of metaphors which differ from those traditionally associated with the education of young children and care for very young children. Caregivers working with very young children are encouraged to explore these metaphors as they attempt to apply them to their day to day work.

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