



AUDIOCONFERENCE

## Who Knows Best? Sharing Care of Infants and Toddlers

Audioconference: Originally aired November 19, 2013

Follow-Up Discussion: Originally aired December 3, 2013

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### Before listening to the Audioconference:

- Consider the questions on the pre-activity.
- If you are listening in a group, copy this packet for each participant.
- Review pages 1 and 2 before the conference begins.
- Schedule some time for team reflection and/or discussion after the audioconference. Check out "Put It into Practice" on page 8 for questions for reflection.

### After listening to the Follow-Up Discussion:

- Use the "Put It into Practice" Activity on page 8 to consider what you heard and try it in your work.
- Continue to use these materials to support you in your work.



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### PRE-ACTIVITY

Before listening to the audioconference, please take a few minutes to consider your own experiences with protective urges using the following questions. Examples can be from your personal or professional life. There are no right or wrong answers!

1. Provide an example of a time you felt really protective of a baby or toddler and/or competitive with another adult about that child.

Example: My child is 11 years old now, but when he was a baby, I didn't even want my mother to care for him!

\_\_\_\_\_ or \_\_\_\_\_

I worked with a baby whose dad really wanted her to take her first steps. He was sure he could teach her to walk! In my classroom/family child care home, I did everything I could to help her walk, and I saw her first steps. I was so excited to tell this dad what had happened, but as soon as I saw the sadness on his face, I felt terrible!

2. Why do you think you felt protective?



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## OBJECTIVES

In this audioconference, faculty will:

1. Define protective urges and identify them as natural to relationship-based work with infants and toddlers and their families;
2. Consider how protective urges might surface in different settings; and
3. Offer a four-step process and tips for navigating protective urges in the work they do.





# Who Knows Best? Sharing Care of Infants and Toddlers

## FACULTY



**Amanda Perez** has worked with the Early Head Start National Resource Center since 2000. She has coordinated over 30 audioconferences in that time. A writer and trainer, Amanda has a particular interest in family engagement.

*Senior Writer and Training Specialist, Early Head Start National Resource Center*

**Arlae Alston**, in her dual roles as teacher and director of the Baskin Center in Santa Cruz, CA, combines two parallel passions in early childhood education: caring for very young children and offering support and training to the teachers who do that work. Arlae has served as an infant-toddler teacher in a variety of settings, in which she developed an understanding of the importance of partnerships with parents in working with their children. She has also served as a caregiver trainer and a literacy coach and currently is an adjunct professor at Cabrillo Community College. Arlae is trained in Reggio Emilia and the Program for Infant Toddler Caregivers (PITC) and is certified by the Pikler Institute. She holds an MA in Human Development from Pacific Oaks College.



*Infant-Toddler Teacher/Director, Baskin Center, Encompass Early Head Start*



**John Hornstein** has worked in the field of early child development for over 35 years. He worked directly with children and families for the first 15 of those years before taking his experiences and expertise to roles in public policy, higher education, research, and training. Having written the initial training manual for the Touchpoints project, John continues as a faculty member of that project and frequently trains through the National Center for Parent, Family, and Community Engagement (NCPFCE). John is particularly interested in the social-emotional development of very young children, work with infants and toddlers with special needs and their families, and cross-cultural childrearing practices. He received his doctorate at Harvard University in Human Development and Psychology.

*Research Associate, Brazelton Touchpoints Center, Children's Hospital/Harvard Medical School*

**Claire Lerner** is a licensed clinical social worker, a child development specialist, and the Director of Parenting Resources at ZERO TO THREE, where she oversees the development of all parenting content. She has been providing parent education and direct consultation to families with young children for over 27 years, using those experiences to inform all of her work. A nationally known expert on work with infants and toddlers and their families, Claire trains early childhood staff and pediatricians, shares her expertise on a variety of national advisory panels and task forces, and has written for and been cited as a source in an array of publications.



*Director of Parenting Resources, ZERO TO THREE*



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### Relevant Head Start Program Performance Standards

#### **§ 1304.21 Education and early childhood development.**

(b) Child development and education approach for infants and toddlers.

(1) Grantee and delegate agencies' program of services for infants and toddlers must encourage (see 45 CFR 1304.3(a)(5) for a definition of curriculum):

(i) The development of secure relationships in out-of-home care settings for infants and toddlers by having a limited number of consistent teachers over an extended period of time. Teachers must demonstrate an understanding of the child's family culture and, whenever possible, speak the child's language (see 45 CFR 1304.52(g)(2));

(ii) Trust and emotional security so that each child can explore the environment according to his or her developmental level.

#### **§ 1304.40 Family partnerships.**

(a) Family goal setting.

(1) Grantee and delegate agencies must engage in a process of collaborative partnership-building with parents to establish mutual trust and to identify family goals, strengths, and necessary services and other supports. This process must be initiated as early after enrollment as possible and it must take into consideration each family's readiness and willingness to participate in the process.

#### **§ 1306.33 Home-based program option.**

(b) Home visits must be conducted by trained home visitors with the content of the visit jointly planned by the home visitor and the parents. Home visitors must conduct the home visit with the participation of parents. Home visits may not be conducted by the home visitor with only babysitters or other temporary caregivers in attendance.

(1) The purpose of the home visit is to help parents improve their parenting skills and to assist them in the use of the home as the child's primary learning environment. The home visitor must work with parents to help them provide learning opportunities that enhance their child's growth and development.



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### PROTECTIVE URGES AND GATEKEEPING

"The reason infants survive and the reason we have survived as a species is because parents are so extremely protective and so attuned to every source of danger that might impinge on the well-being of their children."

Dr. Alicia Lieberman  
San Francisco Infant-Parent Program

**Gatekeeping:** The competitiveness that can arise between adults who care about the same baby or toddler

**Protective Urges:** The feelings of tenderness and protectiveness that adults often feel about a baby or toddler

### What do protective urges look like?

**Vignette #1:** Emilia, a family child care provider, has been caring for 17-month-old Carlos for four months. At morning drop-off, she tells Carlos's mother, Gabi, that they will be finger painting that day. Gabi peppers Emilia with questions: "When? For how long? Will Emilia be watching? What if he gets his clothes messy?" Emilia does her best to answer the questions but feels annoyed. She's been providing care to kids since she was a kid. She knows how to finger paint with children!

**Vignette #2:** Marcus has been a home visitor for a little over a year. He goes to visit a family newly enrolled with their 2-month-old daughter. Marcus knows that the parents are young (Josef and Cheri are both 17 years old) but isn't prepared for how young they look when they open the door. They seem to have forgotten he was coming—even though he talked to Cheri yesterday. He moves some dirty laundry and a fast-food container off the couch so he can sit down. The baby, on a blanket on the floor, starts crying, and Josef and Cheri look at each other and roll their eyes. Marcus goes over to pick the baby up.



## Who Knows Best? Sharing Care of Infants and Toddlers

### Tips for Navigating Protective Urges

- A. Recognize that adults are driven to protect . . .** Except in extreme circumstances, adults are driven to protect children. Those protective feelings are deep and powerful!
- B. . . .and protective urges can cause conflict.** When different people have different ideas about how children should be cared for, protective urges can cause conflict between adults.
- C. Honor the primacy of the family role.** Families are lifelong caregivers, teachers, decision-makers, and advocates for their children. Even when you spend more hours in a single day with their children, families know their children best.
- D. Define roles early and often.** Families are not always sure what it is that you do! They may need reassurance that you understand your role to be different from theirs. What does it mean to care for their child while they are working? What does a home visitor do? How can family support workers help? Emphasize how your work supports parents in their important role.
- E. Help families feel comfortable.** In child care and socialization settings, it may be difficult for families to feel confident asserting themselves. Creating welcoming spaces and helping families take ownership of those spaces allows them the freedom to make decisions for their children, share ideas and feelings, and fully participate.

The Program for Infant/Toddler Caregivers (PITC) offers a four-step process to help staff navigate their protective urges. Steps 1 and 4 also apply to families when they are struggling with protective urges. The steps help frame the principles on the following page:



## Who Knows Best? Sharing Care of Infants and Toddlers

### Tips for Navigating Protective Urges (Cont'd)

#### Step 1: Accept Your Feelings

- F. Practice empathy.** Protective urges can come with big emotions! Consider how a family might be feeling. Be gentle with yourself and your own feelings as well.
- G. Validate feelings.** Remember that it can be difficult for families and staff to identify protective urges or understand them. Recognize that they are a natural part of sharing care of infants and toddlers.
- H. Focus on behaviors.** Talking about emotions can feel threatening. Open discussions with families by focusing on behaviors—yours and theirs. Wonder together: What do those behaviors mean?
- I. Reflect.** In your busy day, it is often difficult to slow down and attend to all of the information coming at you in a moment. Look for opportunities to slow down and think about the interactions and decisions of your day. Particularly, notice strong emotions that came up for you, and wonder about what they might mean.

#### Step 2: Check Your Feelings with Others

- J. Explore feelings with a supervisor or peer.** Relationships are complicated and emotions can sit deep within you. It can be difficult to stay objective in your work. When you notice protective urges, seek the help and feedback of a supportive colleague.

#### Step 3: Seek the Parent's Point of View

- K. Keep in mind that you and families have different information.** Consider that families may know something that you don't. Ask questions to learn more.
- L. Look to the baby.** Babies can be powerful and effective communicators. Notice what the baby is telling you about the care that you or other adults provide.

#### Step 4: Develop an Action Plan

- M. Remember that *different* doesn't necessarily mean *damaging*.** Adults raise and interact with children in many different ways. What can you learn from families about the ways that they nurture their children? What is a serious concern for you and what is merely a difference?
- N. Keep the baby as the focus!** Ultimately, any plans—or interactions with families, for that matter—must hold the well-being of the child at the center. Join with families in their drive to do their best for their child.
- O. Revisit when necessary.** Sometimes, plans don't work or get stuck. Consider how the plan is working for you, the family, and the child. Check in and ask the family what they think. If there is a need to make a different plan, take that step.



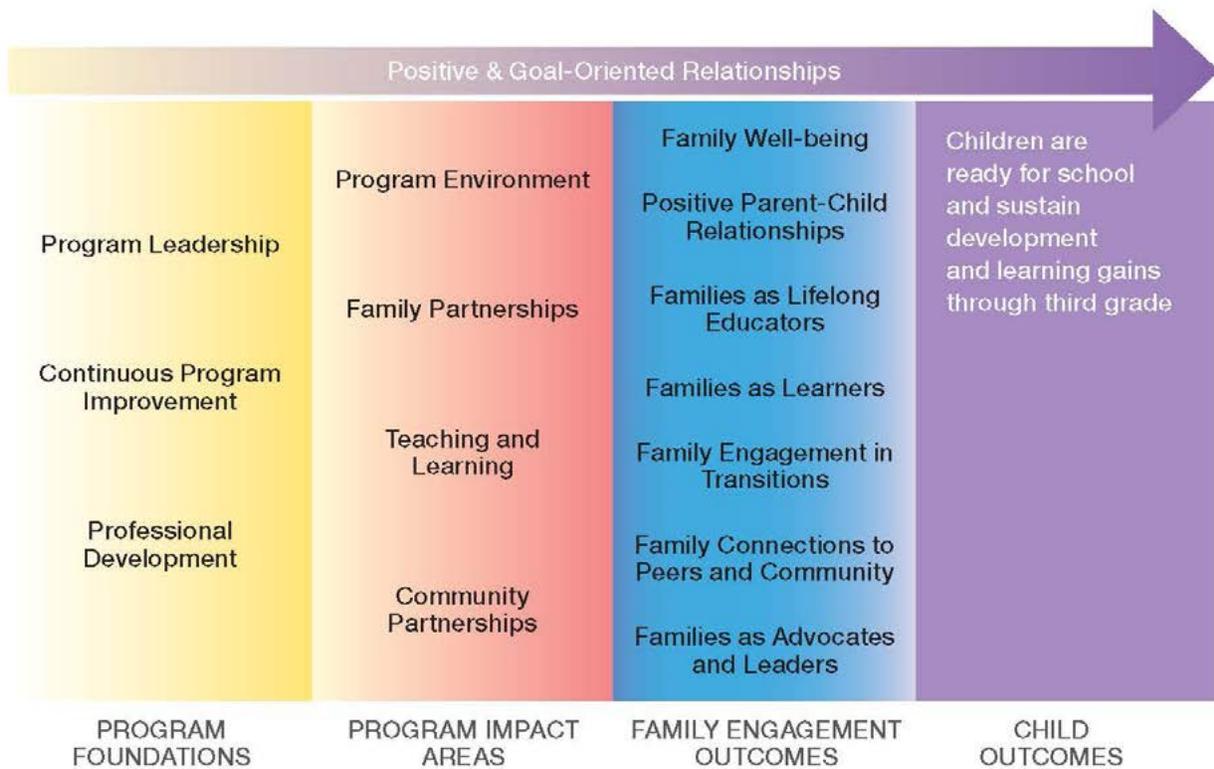
# Who Knows Best? Sharing Care of Infants and Toddlers

## PARENT, FAMILY, AND COMMUNITY ENGAGEMENT FRAMEWORK

The National Center for Parent, Family, and Community Engagement (NCPFCE) published this framework to help staff consider how they support engagement in their programs.

### PARENT, FAMILY, AND COMMUNITY ENGAGEMENT FRAMEWORK

When parent and family engagement activities are systemic and integrated across program foundations and program impact areas, family engagement outcomes are achieved, resulting in children who are healthy and ready for school. Parent and family engagement activities are grounded in positive, ongoing, and goal-oriented relationships with families.





## Put It into Practice!

### Reflecting with the Team

The questions below are meant as a guide for group reflection and discussion.

1. How does our team already address protective urges?
2. How does our team communicate with families and staff about the importance and primacy of the family role?
3. What resources are available to support staff and families in dealing with protective urges (supervision, peer support, mental health consultation, reference materials)?
4. Make a plan: What can our team do to support our staff and families in navigating protective urges?

### Practice and Reflect

Use the following questions and activity to practice negotiating protective urges.

Are/How are protective urges currently affecting my work?

If you are considering a situation in which you are feeling protective urges that are causing conflict:

Consider the four-step process described in this audioconference and on pages 5 and 6. Where are you in this process?

If you are considering a situation in which you suspect a family is feeling protective urges that are affecting your work:

Consider the information provided in this audioconference about supporting family comfort and confidence. What have you tried with the family?

Based on what you heard in this audioconference, make a plan! What will you try next?

Put your plan into practice!

Reflect! How did it go?



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### RESOURCE LIST

For more information, see the following resources:

Brazelton, T. Berry. *Touchpoints: The Essential Reference*. New York: Perseus Books, 1992.

California Department of Education and WestEd (The Program for Infant/Toddler Caregivers). *Protective Urges: Working with the Feelings of Parents and Caregivers* [DVD]. Sacramento, CA: California Department of Education, 1996.

Dombro, Amy Laura, and Claire Lerner. "Sharing the Care of Infants and Toddlers." *Young Children* 61 (January 2006): 29-33.

Early Head Start National Resource Center. *Professional Boundaries in Work with Infants, Toddlers, and Their Families* [Audioconference]. Washington, DC: HHS/ACF/OHS/EHSNRC, 2012. <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/comp/program-design/EHSNRCProfession.htm>.

Early Head Start National Resource Center. *Reflective Supervision: Putting It Into Practice* [Webcast]. Washington, DC: HHS/ACF/OHS/EHSNRC, 2011. <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/comp/program-design/ReflectiveSuperP.htm>.

Heller, Sherryl Scott, and Linda Gilkerson, eds. *A Practical Guide to Reflective Supervision*. Washington, DC: ZERO TO THREE, 2009.

Lally, J. Ronald (The Program for Infant/Toddler Caregivers). *The Protective Urges of Caregivers of Infants and Toddlers: Dealing with Feelings* [Handout]. Sacramento, CA: California Department of Education, n.d.

National Center on Parent, Family, and Community Engagement. *Boosting School Readiness through Effective Family Engagement*. Washington, DC: HHS/ACF/OHS/NCPFCE, 2013. [https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/pfce\\_simulation/assets/HEADSTART/html/course-summary.html;TINsYXVnaHRlcg==](https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/pfce_simulation/assets/HEADSTART/html/course-summary.html;TINsYXVnaHRlcg==).

Singer, Jayne, and John Hornstein. "The Touchpoints Approach for Early Childhood Care and Education Providers." In *Nurturing Children and Families: Building on the Legacy of T. Berry Brazelton*, edited by Barry M. Lester and Joshua D. Sparrow (West Sussex, United Kingdom: Wiley-Blackwell, 2010), 291.