

Chapter 5

Attachment

Chapter 5 of your text focuses on attachment as an important requirement for a sense of trust, which greatly contributes to the kind of security that makes for a healthy personality. Having a primary caregiver system helps insure that each infant has a relationship with a caregiver outside his or her family, though of course, family members still have the most influential relationships with the child. This article tells how to set up such a system and gives clear details about how to address the obstacles that can get in the way of its implementation.

Reading 5

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A Primary Caregiving System for Infants and Toddlers: Best for Everyone Involved

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The term *primary caregiver* has long been used in research to describe the most significant adult person in a child's life, usually the mother. As the care of infants and toddlers outside the home has increased over the last three decades, the term *primary caregiving* has evolved to describe a model or system of caring for children in groups.

Although primary caregiving has caught on across the country—and experts on quality care issues often imply a primary caregiving system or even mention it by name in their writing—many caregivers working in infant and toddler care settings don't understand what it is, why it is done, or how to make it work. Or worse, staff mistakenly believe they are working under the primary caregiving model when they are not. A thorough understanding of primary caregiving is important for all staff working directly or indirectly with young children in groups.

In the primary caregiving model, each caregiver or teacher within a larger group is assigned primary responsibility for a specific group of children. For example, in an infant-care room with a ratio of three to one that serves 12 babies, each caregiver is responsible for the care of the same three children every day. This does not mean the caregiver cares exclusively for the same three children; rather, that she has principal responsibility for the few children in her direct care.

Teamwork among caregivers is absolutely essential for the system to run smoothly and effectively. This differs from a group-coverage approach in which caregivers collectively care for all children by assigning tasks—one caregiver changes all diapers in the morning, another feeds all the children breakfast, and so on.

Advantages of Primary Caregiving

The main advantage of primary caregiving is the bond that forms between the child and adult through constant daily interactions. According to Eriksonian theory, the first component of a healthy personality is a sense of trust, the foundations of which develop during the first 18 months of a child's life. This sense of trusting the world is key to a child's healthy psychological development (Erikson 1963). Of course, the parent-child relationship is far and away the most influential relationship a young child has, but his relationship with his full-time child care provider is very important too.

John Bowlby's (1969) attachment theory tells us that infants internalize aspects of their self/caregiver relationships. The models they build are unconscious, yet they serve as models for other close relationships later (Honig 1993). If the relationship the child care provider builds with the young child affects how he approaches all future relationships, the provider has a responsibility to work on developing the most trustful and pleasurable relationship she can.

The child and adult learn each other's rhythms and responses through their daily interactions, and each becomes skilled at anticipating the actions of the other. Knowing what to expect contributes to the child's feeling of security. Knowing how to elicit certain responses from a caring adult gives her a sense of control over her world. These factors all help a child begin to feel a strong sense of self-worth and value.

A trusted caregiver serves as a home base for her children. An infant or toddler who is confident that her caregiver is close by and available is willing to move out and explore the world on her own. This may simply mean that a child feels safe enough to crawl a few feet away to examine a new toy because she knows she will be able to get help from her special adult if she needs it. Very young children who do not have a special, trusted caregiver may become angry or excessively clingy. But children who feel close to a special adult learn that it is safe to move away, explore for a while, then come back to "refuel," as Mahler, Pine, and Bergman (1975, 2) call it.

A sensitive caregiver observes her children's interactions and demonstrates positive interactions with others. She is aware that a young child identifies with her and with her behaviors and patterns his own behaviors after hers. The caregiver knows her children well enough to know when to intervene in a difficult situation between two or more of them. She helps her individual children learn to negotiate and cooperate with one another, as much as their developmental levels allow, and helps them learn to be sensitive to others' needs.

Forging emotional bonds

Once an infant has developed object permanence (the realization that even when something is out of reach, it still exists), he will often cry in protest when his parent leaves him in the morning. Separation can be sad and painful for both child and parent. Having a significant other there to hold him and get him involved in something that interests him eases the transition from home to group care and makes separation less traumatic and often as easy as a kiss good-bye when Mom or Dad leaves. Even for a child who always has a hard time with separations, the emotional support the primary caregiver provides is priceless.

What about a child who hasn't formed a strong emotional bond with a parent or other family member? The caregiver may be the only person the child can fully trust and depend on. This emotional bond becomes vital for the child's well-being and serves as a protective factor in his development (Wittmer 1995). It is all the more important for any child at risk of being overwhelmed by stress factors—and especially children who are separated from their parents on a regular basis—to be cared for by one loving adult.

In a primary-care group in which a child shares a primary caregiver with two or three other children, the child often forms a strong bond not just with the primary caregiver but with the other children in the group as well. Such bonds mimic sibling bonds and may be especially rewarding for children who do not have siblings at home. Two babies in my primary care, for example, formed a very strong bond early on. The girls were rarely more than a few feet from each other and often fell into the same daily pattern of eating and napping. For a time I even held both—one in my arm, the other in my lap—as they drank their morning bottles. The girls moved together through the center, supporting each other and remaining fast friends. The child-child bond is an especially important one in a program in which children do not have the same primary caregiver for the first three years of their lives—which, unfortunately, seems to be the norm in many group-care settings.

Benefits are not only for the child

The primary caregiving system does not benefit only the children; it frequently has a positive effect on the caregiver's sense of value.

Employees whose supervisors help them develop skills and gradually gain control over their work environment are happier and more productive. The staff person in a primary caregiving setting is responsible for the daily care of her children. She plans for, observes, and evaluates them on an ongoing basis, changing routines or the environment as they grow. The caregiver develops a sense of pride and achievement, as well as a sense of importance to the group as a whole. The caregiver's added responsibilities and chances to work more closely with her supervisor or mentor that may arise from primary caregiving are on-the-job training for more advanced teaching positions.

I have seen many center directors struggle to increase morale and find ways to enhance staff feelings of pride and ownership in the group. I have also noticed that implementing the primary caregiving model increases staff morale almost immediately!

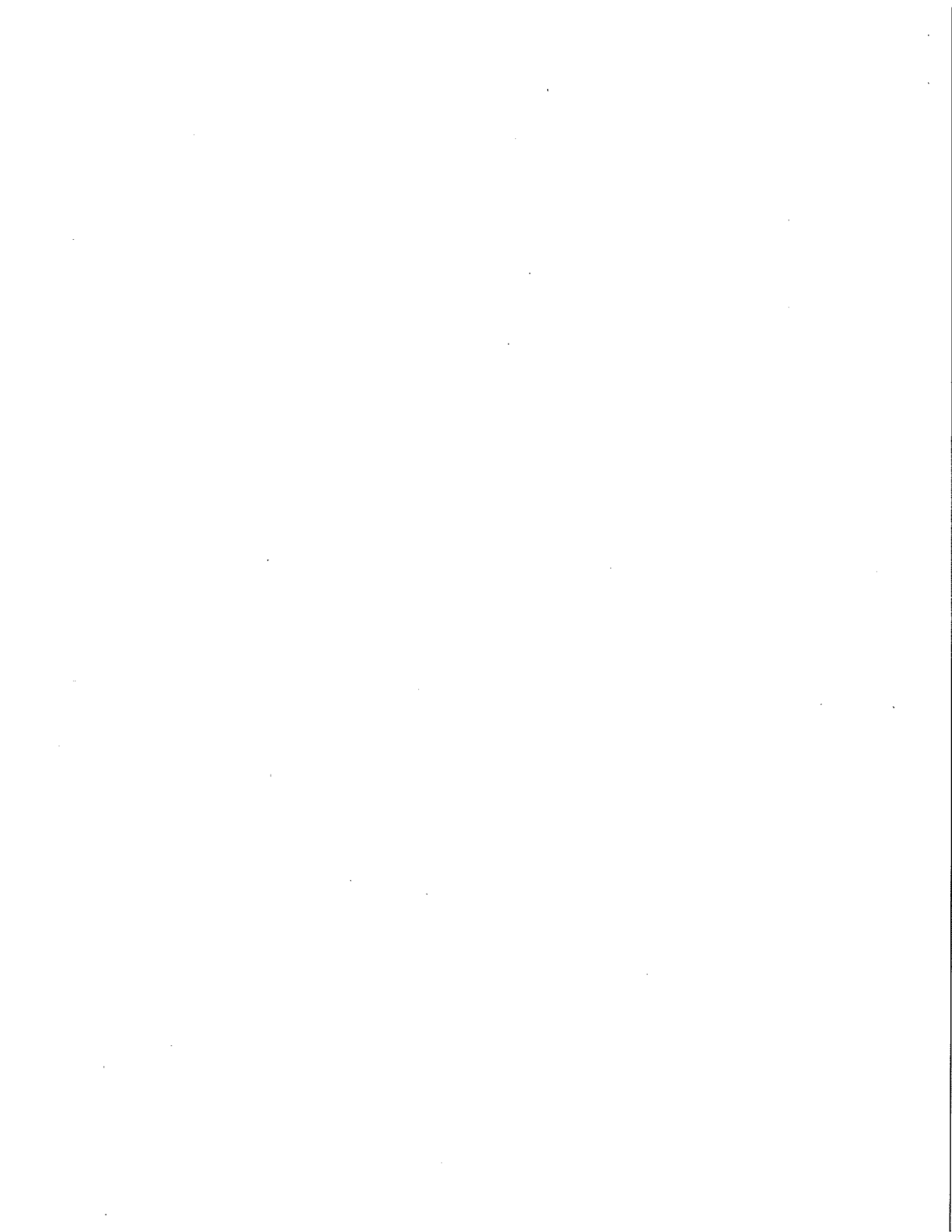
Maybe even more important to the caregiver than a sense of control in the workplace is the daily reward of seeing the positive effect she has on the lives of her primary children. She sees them grow physically, emotionally, intellectually, and socially and knows she is playing a very important role in their development. The ultimate reward is that many of the children's smiles are meant only for her!

Parents reap rewards too

Parents also reap the rewards of a trusting relationship with the caregiver. Having one adult primarily responsible for their child all day means that the parents have one primary contact with whom to communicate and share information.

Imagine a parent who calls the center during his lunch break to find out how his daughter's morning has been. A caregiver answers the phone but knows only that his daughter had a bowel movement around 9:00 A.M. That staff member asks another caregiver nearby, but she knows only that his daughter finished her morning bottle and that a third caregiver played with her outside for a while around 10:30. However, the third caregiver is on her lunch break and won't return until the parent is in an afternoon meeting. Sadly, this is a common scenario for parents whose children are in a setting that follows a task-assignment approach.

In the primary caregiving model, parents know whom to ask for when they call the center. They also know the caregiver's work schedule, so they can call before or after her breaks. The caregiver in turn



knows the parents well, having formed a bond with them as well as with their child. Together, they share information about the child's development and needs and work to make positive decisions about the child's care.

Best of all, the parents feel comfortable leaving their child in care. When I mentioned that the caregiver eases the separation anxiety that often arises during drop-off times, I meant anxiety for the parent too! Parents who are anxious and uneasy send out nonverbal—and sometimes verbal—cues to children. Even a very young infant can sense a parent's body stiffening or other physical tension in response to arriving at the care site. If a child—even a very young infant—repeatedly picks up negative cues from a parent, she will begin to feel that this is not a safe place. On the other hand, a confident, happy parent gives the child the message that her care is good and safe, adding to the child's sense of comfort and security.

A parent who develops a relationship with the primary caregiver also is more likely to share important information about the child's home life. Without the single direct contact that primary caregiving provides, the parent may not want to share such personal information for the whole staff to know—and of course there must also be confidentiality! But with one significant adult to share information with, the parent may give information or suggestions that help the caregiver understand and more appropriately respond to and nurture the child.

In turn, a primary caregiver who has a strong bond with her families can advocate for needed changes or suggest new direction for growth in staff meetings, which high-quality centers hold every week or two with caregivers and administrators. As advocate the child care professional has a wonderful opportunity to create centerwide change that can improve the relationship between the center and all the families it serves.

Many possibilities arise just by building up trust in this triad of relationships!

Overcoming Obstacles

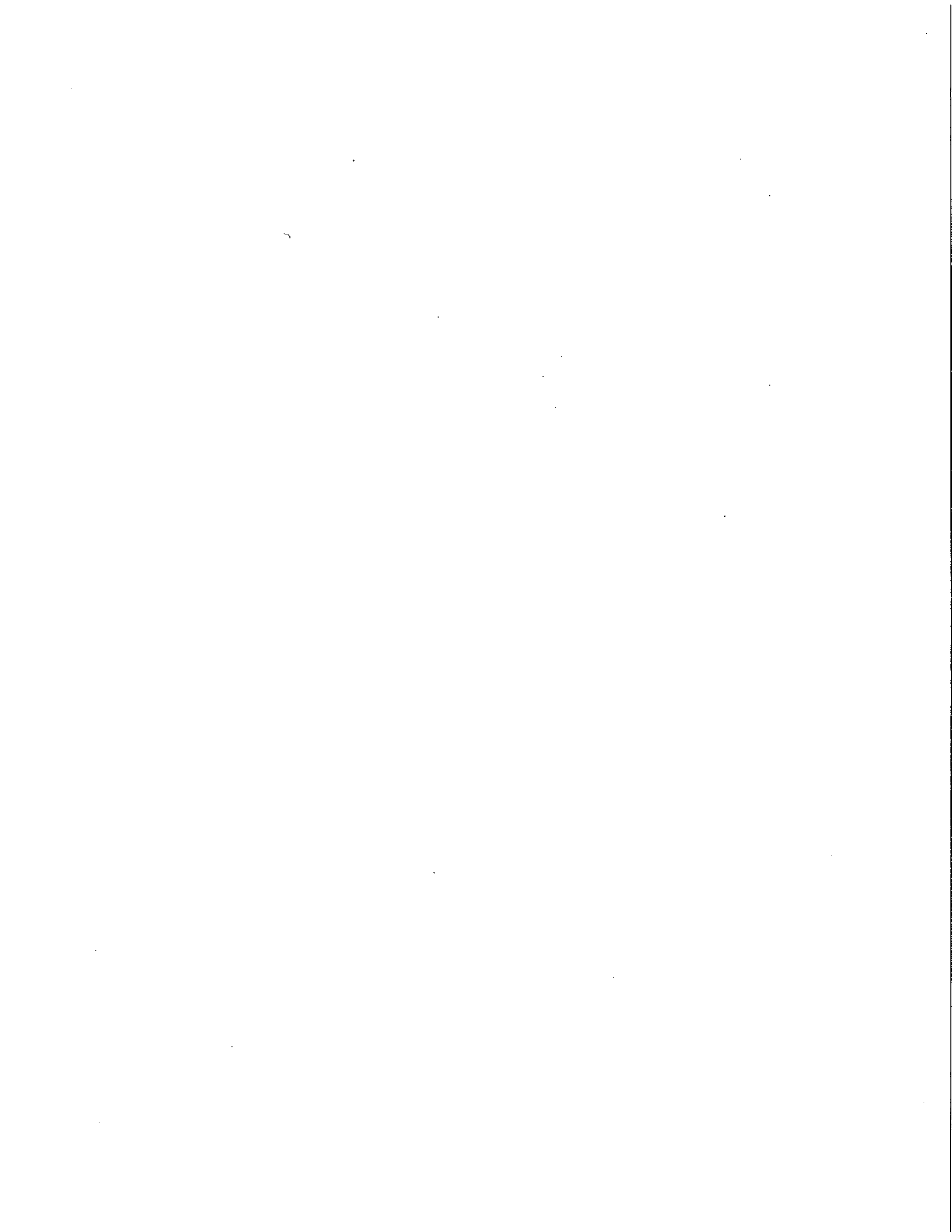
Although a child care setting is ideally limited to six children, with a ratio of three children to one adult, this is not always a reality in group care. In one of my first group-care experiences, I worked in a center that served up to 23 infants and toddlers in one large space. This was far from ideal. There were too many people "living" in this one area, and it often became overstimulating, even for me. The administration eventually limited the number of children to sixteen, with a 4:1 child-to-caregiver ratio, but it was still a difficult situation. Primary caregiving ameliorates the effects of such a large group setting.

If staff members find themselves in such undesirable circumstances, the most important thing to do is lobby for fewer sets of infants or toddlers and caregivers per room. However, giving each child a primary caregiver can help everyone. Even in a room of six children and two caregivers, all still benefit from primary caregiving. The children will most likely form bonds with both caregivers in the small group, but routine consistency and knowing what to expect from one special adult are still essential to the child's development of positive self-esteem.

In many group settings, a senior teacher or caregiver is the leader and supervisor of the other staff in the room. Primary caregiving does not interrupt this staffing hierarchy. The senior teacher can be a primary caregiver if group numbers and ratios require it. When staff members' professional preparation has not been optimal, the senior teacher should be someone who can effectively help others develop caregiving insights and skills.

Some settings have one more adult than is needed to meet the ratio in the group. If this extra adult is an assistant or intern, the senior teacher should remain a primary caregiver and the extra staff person serve as a helper to all staff, interacting with all of the children. However, if all the adults are qualified and can effectively carry out the roles of a primary caregiver, then all staff except the senior teacher should be primary caregivers, leaving the senior teacher to help, supervise, and have more flexibility to leave the care room if necessary.

In any case, one extra adult serves an important role in the group-care setting. She helps the other staff when more children need immediate attention than there are primary caregivers and is the familiar person



who fills in the primary caregiving role during a staff person's absence. Prompt responsiveness to needy babies and one- and two-year-olds is a hallmark of good care.

It should be the policy in any child care setting to limit the total number of adults who care for children under three years old. If there are no extra staff or floaters in the center with whom the children can become familiar, administrators should strive to use the same few substitutes, so the children recognize them and the substitutes get to know and understand the way the center works. It is also important to stagger staff working hours so all familiar people don't vanish at a certain hour when a new shift comes in.

Getting the Kinks Out

Some benefits to primary caregiving are not realized until the mechanics of the system work smoothly. It takes work to change to a primary caregiving system. Making it work effectively takes dedication and the belief that the change is for the best.

I've gone through this change with several centers and have found that it takes much practice and lots of communication between all parties involved to work out the kinks. But once the staff works under the primary caregiving model, it seems to become second nature. It is natural for adults who love children to want to bond with and provide quality care for them.

To start, the senior teacher or administrator assigns children to primary caregivers. In a setting in which all the adults have cared for the children, she first assigns children to the adults they have already formed a bond with. If a child has not bonded with any particular adult or has bonded with more than one adult, it makes sense to compare children's and caregiver's schedules and match them as closely as possible to maximize the time each child spends in the care of one special adult. (I have noticed that the natural bonds that form before primary caregiving is implemented often are between adults and children who have similar schedules.)

It also makes sense to match a caregiver with a family according to any special situations. If a caregiver previously formed a special bond with a child's older sibling and came to know the family well, it's usually wise to match the younger child with this caregiver. If a family is from the same culture or speaks the same language as a particular caregiver, the family may feel more comfortable with her. The senior teacher or administrator also should consider other unique circumstances.

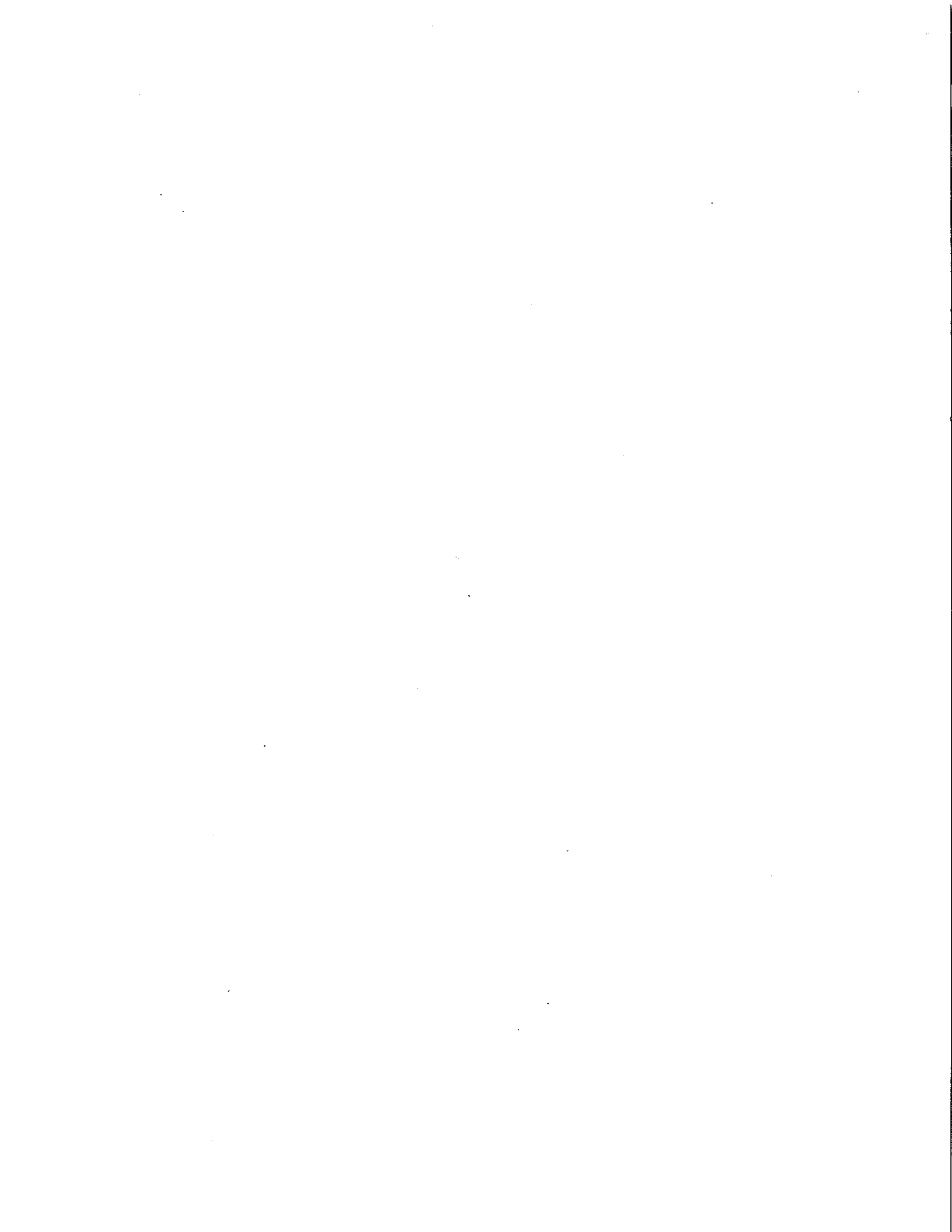
An established program sometimes has no choice in the pairing, as one caregiver will have an opening and the newest child will fill it. Only in extremely problematic situations should a child switch from one caregiver to another in the same room once he has established a primary relationship. Ideally, every child should stay with the same caregiver through the age of three. In any case, children should be moved from caregiver to caregiver as infrequently as possible. Frequent changes are traumatic and defeat some of the advantages of the primary caregiving model.

Knowing Who's Responsible

Once children are assigned, each staff person should have a good understanding of her daily duties and responsibilities. These include, but aren't limited to, greeting each of her primary care children, easing transitions to and from the group setting as her work schedule allows, preparing food (being aware of any special diets or food allergies) and feeding the children, checking and changing diapers, putting children down for naps, supervising them at all times, and providing a loving atmosphere throughout the day.

The caregiver also is responsible for documenting these activities in a written report that goes home with each child's parent at the end of the day. In addition, she talks with the children's parents at least once during each day.

The primary caregiver also observes and documents the children's growth and development, plans appropriate individual and group activities, and works with the other staff and supervisors to add to or make changes in the environment to match children's developmental needs.



As stated before, primary caregiving does not mean that one person cares exclusively for an infant or toddler; there has to be teaming (Lally, Torres, & Phelps 1994). Each staff person must remain flexible and committed to quality care for every child in the program. A caregiver may be assigned to three children, but she must interact with others in the group. The primary caregiving relationship should be viewed as primary—not exclusive. This helps create other relationships that the infant can fall back on when the primary caregiver is unavailable (Lally 1995).

Staff members also must realize what a tremendous help they can be to one another. For example, Meesha, whose three children all arrive within 15 minutes of each other, wants to individually greet each child and parent, but her first arrival will be ready for his bottle very soon. Paulina, a second caregiver, is nearby and two of her children are sleeping. She helps Meesha by warming the bottle and holding one of the children whose parents have already gone. By pitching in and helping each other, everyone's needs are met and the children benefit.

When staff need immediate assistance and there is no time to ask questions, they should consult other staff members, when possible, before presuming to help out with their children. Crucial information may have been passed by the parents to their child's primary caregiver. For example, consider Jeanne, who is holding and calming Nancy, a six-month-old who is cutting two new teeth. Another of Jeanne's assigned children, Dale, is ready for breakfast. Sharon, an unoccupied staff member, decides to help Jeanne by preparing Dale's food. She goes to his cubby, gets two baby-food containers, heats them, and begins to feed Dale. Sharon means to help, but she didn't talk to Jeanne to find out that Dale's parents mentioned that they had left yesterday's that they had left yesterday's food containers in his cubby and the new ones were in his diaper bag. Sharon should have consulted Jeanne before helping out.

Doing the Dirty Work

Very few of even the most dedicated child care professionals want to change dirty diapers! A problem that often creeps up in primary-care settings is that a child stays in a dirty diaper until his own caregiver is available to change it because another caregiver states that "He's not my child!" A primary caregiver should routinely change her own children's diapers, but no child should be left unchanged when any adult is available to change him. Teamwork not only is a necessity but also a hallmark of a professional child care provider.

To ensure consistent care during staff breaks, caregivers may want to "partner up." Each makes sure that the other's children are cared for and that all interactions are recorded on the child's daily sheet. This partnering works even if a substitute is responsible for the children. It helps the substitute and provides a backup system to ensure that all the children's routines are documented.

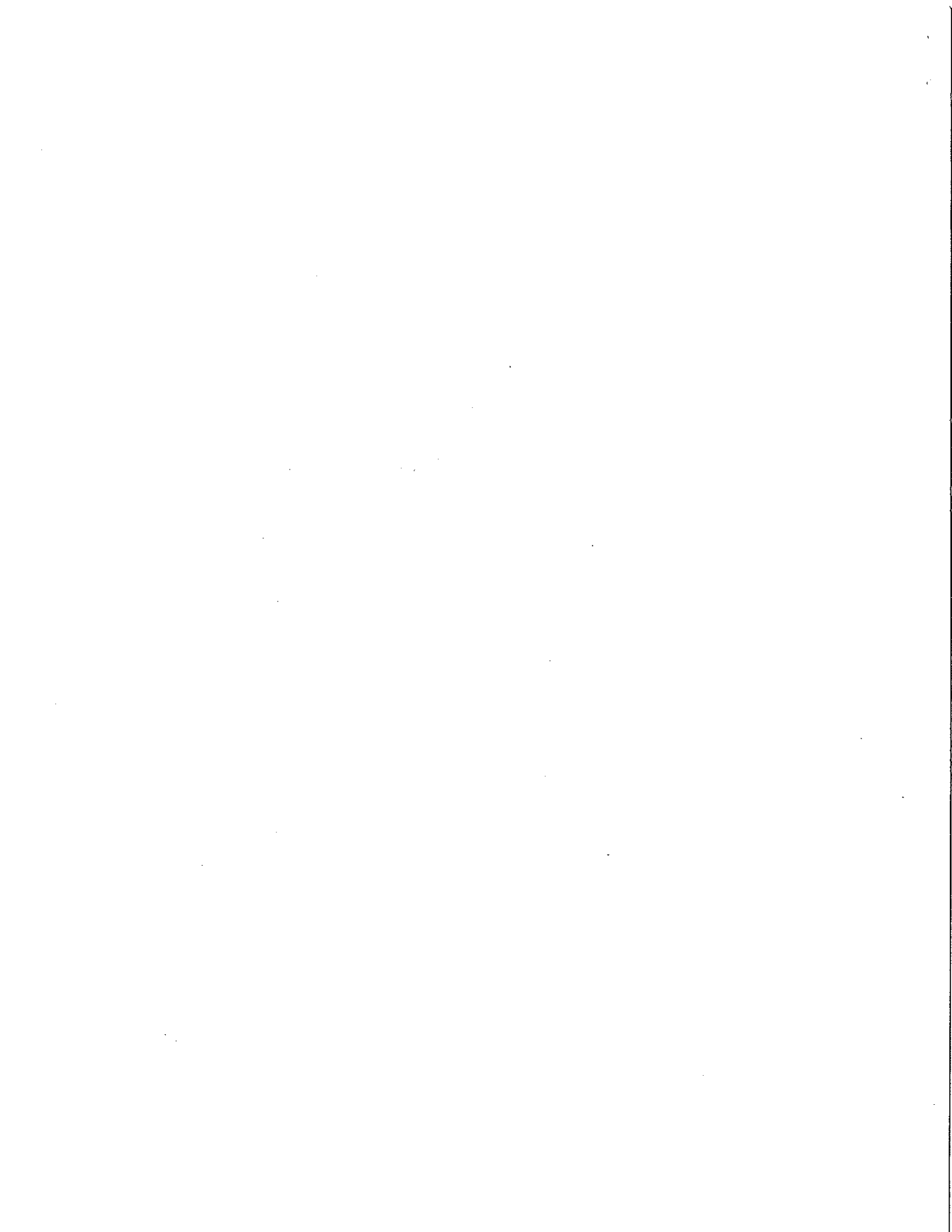
Any time a staff member other than a child's primary caregiver performs a routine-care task with a child, she should record the appropriate information on the child's sheet. Next to the information she should place her initials so that staff and parents know whom to contact if any questions arise.

Every center has its own issues to work through. For this reason, centers should hold frequent staff meetings to discuss these situations and work out solutions.

A Combination of Care

With very young children spending increasing amounts of time in care settings away from their parents, a caregiver must provide experiences and an environment that promote trust, security, and positive self-esteem. Primary caregiving is one way to do this. The many benefits of this system can ameliorate the effects of less-than-perfect care situations.

To provide maximum high-quality care, other policies should be used in conjunction with a primary care-giving system, such as limited group sizes and low staff-child ratios. In addition, child care staff and administrators should do everything possible to allow a child to stay in the care of the same primary care-



giver for the longest time possible—ideally, for the first three years. Only by implementing such policies can we begin to ensure that our youngest children grow up in an environment in which they feel safe and feel that they can trust the world.

Questions about Reading 5

1. How do you feel about having primary caregivers in an infant center? What are your thoughts on the subject?
2. Do you remember being attached as a child to someone outside the family? If yes, does your experience relate in any way to infant care? If yes, how?
3. What's wrong with creating the kind of teamwork in which the caregivers collectively care for all children by assigning tasks—one caregiver changes all diapers in the morning, and another feeds all the children breakfast, for example?

