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## FEATURE

# Infant caregiving: How to be responsive

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**R**esponsive caregiving is essential to the well-being of infants, children birth to 3 years old (Brebner, Hammond, Schaumloffle, and Lind 2015). Infants are ready from birth to form social relationships with their caregivers. They babble, smile, and wriggle with anticipation, inviting adults to interact (National Scientific Council on the Developing Child; NSCDC 2012).

The importance of responsive caregiving to infants' overall development cannot be overstated. It fosters healthy brain development. It increases the likelihood that infants will achieve cognitive-language, physical-motor, and social-emotional milestones. In contrast, an absence of responsive caregiving is linked to learning, behavior, and health problems that can last a lifetime (NSCDC 2012). But sometimes caregivers are unsure about what responsive caregiving looks like and why it's so important.

## What is responsive caregiving?

Infants are highly dependent upon the adults who care for them. In order to thrive, they need caregivers who are responsive to their needs, interests, and abilities.

Responsive care begins with an awareness of infants' ways of communicating their needs and interests. Meeting infants' physical needs according to their own rhythms plays a big part in responsive care. A responsive caregiver takes cues from each infant, accurately responding to an infant's individual pattern of sleep, hunger, and alertness (Kovach and Da Ros 1998). A responsive caregiver may be feeding one infant while observing one who is sleeping and talking to another infant having tummy time.

Responding to infants' cues fosters their trust in the caregiver. It also helps infants feel in control of what is happening with them. Trust and empowerment are both ingredients of overall healthy development.

## Examples of responsive care

There are many ways to be responsive to infants' cues. What follows are just a few examples. Some may be familiar, and some you may want to try.

**Being responsive to infants' many ways of communicating.** Familiarity with infants' early attempts at communication includes knowing each individual infant's verbal (cries, coos, goos, gurgles, babbles, chuckles) and nonverbal (smiling, frowning, pointing, waving, holding up arms to be held) cues (Brebner, Hammond, Schaumloffle, and Lind 2015; Parks 2014). For example, Jorge may indicate hunger with soft whimpering cries, whereas Daliah may announce her hunger with loud wailing. Responsive caregivers are also familiar with subtle signals from infants who tend to be more difficult to engage or who are withdrawn (Texas Workforce Commission 2015).

**Recognizing children's strong emotional reactions to changes in caregivers** (Margetts 2005). Responsive caregivers recognize infants' indi-



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vidual reactions to stressful transitions, such as when Mommy leaves, and provide individualized support to the infants. Responsive caregivers try various comfort techniques until they find those that comfort an infant. For example, walking to the window and waving “Bye-bye” may be a comforting ritual for one infant, whereas another may be soothed by soft singing.

**Talking about what the infant and caregiver are doing during routines** (Kovach and Da Ros 1998). Rather than silently and quickly changing a diaper, responsive caregivers take advantage of routine caregiving activities to provide individualized attention: “Sophia, I think you need your diaper changed; you sound like you are uncomfortable. Let’s go the diaper-changing table. Yes, you need your diaper changed. A clean diaper will feel so good. I can see by your smile that you agree!”

**Allowing infants to solve their own problems when safe and developmentally appropriate.** Responsive caregivers provide just enough help for infants to solve their own problems (Kovach and Da Ros 1998; University of Missouri Infant/Toddler Responsive Caregiving Checklist 2009). This requires that caregivers know infants’ individual developmental capabilities as well their indicators of stress and frustration.

Responsive caregivers know infants’ preferred soothing measures. For example, 2-year-old Asha responds to verbal coaching while completing a one-piece puzzle: “That’s it. Turn the piece a little more.

You did it!” But Christopher prefers the caregiver to guide his hand while narrating what he is doing: “See how this part of the bunny ear is pointy. Here’s the pointy part of the puzzle. Let’s match the pointy parts. There. You did it! Hooray for you!” Encouraging infants to solve problems within their current abilities helps them feel capable and competent (Kovach and Da Ros 1998).

## RESPONSIVE INFANT CARE IS LINKED TO INFANTS’ OVERALL WELL-BEING.

**Identifying infants’ feelings** (Petersen and Wittmer 2008; University of Missouri Infant/Toddler Responsive Caregiving Checklist 2009). Responsive caregivers tune into and label infants’ current emotions. For example, Ms. Robins moves over to Precious who is sobbing while seated at the sensory table: “You look very unhappy. Is that how you feel? What happened? Oh, I see. Your playdough fell on the floor. That frustrated you. Here, I’ll pull out the chair so you can bend down and reach it. There you go! You’re smiling now. You look happy.” Throughout this exchange, Ms. Robins remains calm, comforting, and capable. Labeling infants’ current feelings helps them build a rich vocabulary of emotions.

**Writing and implementing curriculum plans that emphasize child-initiated and individualized learning** (Lally and Mangione 2006). A set curriculum focuses primarily on adult-initiated activities rather than individualized learning. Activities that support social-emotional development, for example, would emphasize individualized opportunities for infants to interact with peers and caregivers. And, importantly, responsive lesson plans reflect each infants’ unique pattern of cues and daily rhythms.

Responsive plans are also flexible so that the caregiver can respond to infants’ changing feelings, interests, and needs. Before writing lesson plans for the next week, for example, Ms. Luna reflects about what happened during the current week. She muses, “Anya and Keith interacted while playing in the

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water table. I'll include water play several times next week, using some of the props that were most successful in supporting their play together."

The examples above illustrate some of the many ways caregivers can be responsive to the infants in their care. We know that responsive infant care is linked to infants' overall well-being. It fosters the development of a healthy brain and body and also helps infants master cognitive-language and social skills (Gowani, Yousafzai, Armstrong, and Bhutta 2013; Vazir, Engle, Balakrishna, Griffiths, Johnson, Creed-Kanashiro, Fernandez Rao, Shroff, and Bentley 2013).

Long-term nonresponsive care, in contrast, can have serious, negative impacts on infants' well-being.

## Nonresponsive care can lead to developmental delays

Misunderstandings occur in all relationships, especially at the beginning. For example, a caregiver may initially misunderstand an infant's hunger cue. With time and persistence, however, the caregiver will learn how to accurately respond to that infant's cue.

Additionally, there are missteps in long-term relationships. A caregiver could underestimate an infant's readiness to pursue a new developmental milestone. Occasional, short-lived misunderstandings and missteps are inevitable and do not represent a danger to infants' development in otherwise loving and responsive environments (NSCDC 2012).

Long-term missteps and misunderstandings

between nonresponsive caregivers and infants, however, can lead to developmental delays. Examples of nonresponsive care include young children having few opportunities for interactions with adult caregivers or situations in which infants are left in front of television for long periods (NSCDC 2012).

These long-term nonresponsive and unstimulating environments can be related to a caregiver's lack of understanding about infants' developmental needs. Successful efforts to reverse developmental delays include providing support to the caregiver as well as high-quality early care and education for the infant (NSCDC 2012).

**Important:** The chronic lack of responsive care coupled with a failure to provide for an infant's basic needs is neglect and requires more intensive and sometimes immediate intervention. Neglect is a form of child abuse and must be reported to Child Protective Services. In Texas call 1-800-252-5400.

## Infant caregivers need support

Caring for infants is highly stressful because infants are highly dependent on caregivers for meeting all their needs. Additionally, caregivers must be familiar with the developmental levels of the multiple infants in their care so that they can provide activities that appropriately challenge the infants (Margetts 2005). High stress can interfere with caregivers' ability to be responsive (Margetts 2005).

For these and other reasons, caregivers need time and space to recharge their mental and physical energy at different points during the day. This means that another familiar caregiver needs to be available to ensure the responsive caregiving continues in the absence of the primary caregiver.

Primary caregiving is beneficial for the well-being of both infants and caregivers. In primary caregiving, caregivers are responsible for the daily care of three or four infants (National Association for the Education of Young Children 2013). Infants benefit because their caregivers get to know the infants' cues. This knowledge enables caregivers to provide experiences responsive to the infants' biological rhythms, needs, interests, and abilities (Lally, Torres, and Phelps n.d.). Caregivers benefit because they feel more responsible and competent, show greater pride in their work, and are happier (Margetts 2005; Petersen and Wittmer 2008).

These feelings of competency and pride are linked

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to caregivers' knowledge of the typical developmental milestones of infants in the physical-motor, language-cognitive, and social-emotional domains. This knowledge enhances caregivers' ability to tune into even subtle cues of infants' readiness for an upcoming milestone. It also helps them identify individual differences in expected patterns of development.

With this knowledge, caregivers can be responsive to infants' learning interests. For example, a watchful, responsive caregiver, such as Mr. Moses, notices 9-month-old Isabella's fascination with the fish in the aquarium: "Isabella, you are watching the fish swim in the aquarium. I see a blue fish right there. There are one, two, three, four, five fish in the aquarium." Mr. Moses acknowledges her interest and enriches the experience with language.

## Responsive care: Essential to infant well-being

Responsive caregiving is essential to infants' well-being because it fosters healthy brain development and increases the likelihood that infants will achieve cognitive-language, physical-motor, and social-emotional milestones. In contrast, long-term nonresponsive care is related to developmental delays. Caregivers can be responsive to infants' individual rhythms and unique cues in many ways. At the same time, responsive caregiving is stressful, and caregivers need support in order to contribute to the well-being of infants in their care.

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