

Interactio

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PUBLICATION OF THE CANADIAN CHILD CARE FEDERATION

CELEBRATE
NATIONAL CHILD DAY!
NOVEMBER 20th



Care for the Caregiver

Guardians of the
Critical Years

Recipe for a
Healthy Child

Interaction

VOLUME 16 NUMBER 3 FALL 2002

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The overall mission of the Canadian Child Care Federation is to improve the quality of child care services for Canadian families.

THE FEDERATION'S GOALS INCLUDE

providing information to and facilitating "networking" among a broad range of target groups. Our services and programs are targeted to direct service providers, child care organizations, educational institutions, government policymakers and public opinion leaders.

supporting initiatives that increase the skill, expertise and awareness of the target groups in their respective roles in support of improved quality of child care services. This focus on education is built into many of its initiatives and actions.

increasing its focus on policy and research, influencing the child care policy framework and supporting research to improve the quality of child care services.

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Safe Play

Building Developmentally Appropriate and Pesticide-Free Playgrounds

by Safiya Karim

It's a beautiful day to take the children to the park. As they hop on a swing or climb to the top of the slide, a slight worry comes over you as you picture your precious child falling and scraping their knee. "Be careful!" you cry. Your worry ceases as they flash you a big smile and reach the bottom of the slide unharmed.

It is always heartwarming to see a child playing. However, there is a deeper importance in play that is connected to the way a child will grow up. When a child engages in playful activities, such as riding a swing or interacting with other children, important neurological and social developments are taking place. Movements and discovery cause sensory functions to be stimulated while interaction helps to develop a child's personality.

Because of the essential developmental aspects of play, it is of utmost importance that we ensure that a child's play area is both physically and chemically safe. One such area that has come into question over the years is the local playground.

Playgrounds across the country are being sprayed with chemicals that aim to protect children from harmful pests and insects. In doing so, however, the chemicals themselves can have serious health effects on children. Children are very vulnerable to these chemicals, as their internal organs are still developing and their immune systems may provide less natural protection than that of an adult. In addition, children's behaviours, such as putting their fingers in their mouths, increase the chances of chemicals entering internal organs.

Pesticides are not necessary for the upkeep of playgrounds, and given the potentially damaging health risks to children, the precautionary principle should be implemented. Programs such as the one advertised on p. 43 will grant awards to preschools and child care centres to build playgrounds that are developmentally appropriate and pesticide free. Children are our future and we must do our very best to ensure that they grow up to be healthy, vibrant individuals. ♦

Safiya Karim is an undergraduate student at McGill University in the faculty of Management. She is interested in the partnership between business and civil society, in order that businesses make a meaningful contribution to the societies in which they operate. This article was written while she was an intern at Troubadour Music Inc., which promotes the music and child-honouring vision of the children's troubadour, Raffi. For more information, please call Troubadour Music at (604) 682-8698 or visit www.raffineews.com.

"Babywise?" Not So Wise

by Moire Porter

This article first appeared in The Early Childhood Educator, in Winter 2001, pp. 14-16 and is reprinted with permission. On Becoming Babywise is a popular parenting book that advocates rigid feeding and sleeping schedules for infants and has caused confusion for many parents and raised serious concerns among health care professionals. The author has developed a series of workshops called Growing Families International, which offer further dubious parenting advice.

The moms and dads we meet at Healthy Beginnings parent/infant support groups are at the beginning of their parenting journey. They have a sincere desire to be the best parents they can be, but have many questions and concerns about caring for their new baby. They are inundated with contradictory advice from friends and relatives and feel overwhelmed by the dozens of parenting books that greet them at bookstores and libraries.

At Healthy Beginnings, we present information about a wide variety of parenting styles and methods and encourage parents to consider everything they read and hear, filter it through their own value system, and choose what seems best for their unique family situation. We strive to keep parents informed about current research, and the groups provide an opportunity for them to discuss ideas and share strategies. Our basic philosophy is, "There is more than one way to be right." Nevertheless, every so often we hear about a parenting program that we cannot, in good conscience, endorse!

One common topic that parents bring up is that of schedules. They want to know how often their baby should be nursing, when their baby will sleep through the night, how many naps they should take a day, etc. We discuss the different needs of infants for sleeping, feeding, playing and napping, and support and encourage parents to learn and respond to their infant's cues, which vary from day to day and month to month as baby grows and develops. Occasionally, we meet parents who have placed their babies on very rigid schedules. When we discuss it with them, we often discover that they are following a program from a popular parenting book, *On Becoming*

Babywise by Gary Ezzo and Robert Bucknam, MD. The advice in this publication has raised concerns among pediatricians, lactation consultants, public health nurses, and other health care professionals (Aney 1998), and the controversy resulted in the publisher cancelling its contract with the author (Cutrer 2001). Frighteningly, the book is in the process of being republished.

This book advocates a rigid feeding schedule for infants, called Parent Directed Feeding, rather than allowing infants to feed on demand. Demand feeding is endorsed by the American Academy of Pediatrics, the World Health Organization, and La Leche League, among others, yet *On Becoming Babywise* alleges that demand feeding may be harmful and can create “metabolic confusion” in infants. Parents are instructed to feed their infants every three to three-and-one-half hours and to eliminate nighttime feedings by eight weeks, despite the fact that lactation consultants advise that eight-week-old infants should get approximately 30 percent of their food volume between midnight and 8 am (Granju 1998). It also states that too frequent nursing can decrease breast milk production, contrary to human physiology. In fact, the more often a mother nurses her infant, the more milk she will make. Some pediatricians have seen inadequate weight gain, dehydration, and failure to thrive among infants whose parents are following this program (Aney 1998).

The rigid feeding schedule is not the only aspect of *Babywise* that is cause for concern. Expecting infants to sleep seven to eight hours a night by two months and nine to eleven hours a night by three months of age is unrealistic, and this kind of advice can lead to feelings of inadequacy among parents. Dr. Richard Ferber, director of Boston’s Center for Pediatric Sleep Disorders at Children’s Hospital, says that parents should not expect their babies to sleep that long that early and that young babies cannot usually go that long



On Becoming Babywise advises parents that they can harm a baby by too much rocking and holding and that they should avoid picking the infant up too much.

without feeding. (Granju 1998). In the book, Ezzo also contends that, contrary to current research findings, putting infants to sleep on their stomachs does not increase the risk of Sudden Infant Death Syndrome.

On Becoming Babywise also stresses the importance of leaving infants alone in their cribs so they will experience periods of solitude, and that longer portions of the day should be spent in solitary “playpen time” as baby grows. The author tells parents that “creativity” and “mental focusing” may be “seriously delayed” if your child misses out on structured playpen time. Disciplinary techniques such as “squeezing or swatting” of the infant’s hands are

recommended after six months of age, and “pain” and “discomfort” are offered as acceptable disciplinary tools. (Ezzo recommends spanking babies with a flexible instrument after the age of two, but notes that the spanking should inflict pain without leaving visible marks!)

On Becoming Babywise advises parents that they can harm a baby by too much rocking and holding and that they should avoid picking the infant up too much. I was moved to tears by a story related to me by a woman about a visit to a friend of hers who was following the advice from this book. The friend’s baby was sitting on the floor crying, in obvious distress, and the friend told her that she, the mother, was “not allowed” to pick up her own baby, but that it would be okay if someone else picked him up! How sad that this mother believed that she should not do what her instincts were telling her to do – pick up and comfort her infant! Babies do not cry to manipulate their parents; they cry because they need something and it is the only way they can communicate their need. Far from “spoiling” infants by picking them up when they cry, research shows that parents who respond quickly find their infants tend to cry less, are easier to soothe and sleep better.

We know that one of the most important emotional tasks in the infant’s first year is the development of trust; trust that the significant adults in his or her life will understand, respond to and meet his/her most basic needs for food, clothing, shelter, love, comfort and stimulation. Research shows that an infant’s early attachment to a loving and responsive parent or primary caregiver is essential to healthy development. Babies become securely attached to and learn to trust adults who consistently respond to their cries and meet their needs. How can babies develop healthy, secure attachment relationships with parents who allow them to cry alone in their cribs for long periods, who do not feed

them when they are hungry, who do not hold and comfort them when they are distressed?

T. Berry Brazelton, pediatrician, Harvard professor, and best-selling author, says, "parenting like this shows very little respect for children" (Granju 1998). Dr. William Sears, well-known pediatrician and author of over 20 child-care books, says that *On Becoming Babywise* is "probably the most dangerous program of teaching about babies and children that I have seen in my 25 years of being a pediatrician" (Granju 1998).

My colleagues and I are concerned about the thousands of copies of *On Becoming Babywise* still in circulation, with more to come, among parents who believe that they are doing the best for their infants.

At Healthy Beginnings, we empathize with parents' frustration as they try to keep up with current parenting ideas and information. We continue to promote parenting methods which respect and honour infants as unique individuals and support parents as they learn about their marvelous, amazing babies. ♦

Moire Porter is an early childhood educator, an Early Years presenter, a certified infant massage instructor, a Mother Goose Program trainer, and the Healthy Beginnings Program coordinator for Nanaimo/Ladysmith.

References

Aney, Matthew, MD. (1998). *AAP News*. Newsletter of the American Academy of Pediatrics, April.

Cutrer, Corrie. "Publisher Plans Contract Cancellation" www.christianitytoday.com (search "babywise")

Ezzo, Gary and Robert Bucknam, MD (1998). *On Becoming Babywise: Learn How Over 500,000 Babies Were Trained to Sleep through the Night the Natural Way*. Sisters, Oregon: Multnomah Publishers.

Granju, Katie Allison. (1998). "Getting Wise to 'Babywise'" www.salonmagazine.com [search babywise]

Certification

The Key to Recognition and Accountability for Early Childhood Educators

The Certification Process is a critical step towards achieving quality and high professional standards. It provides a valuable experience of growth and professional development. It establishes a standard of entry to practice as followed by many other service-oriented professions, such as Social work, Nursing and Teaching.

In the 1960s, the Association of Early Childhood Educators, Ontario (AECEO) introduced a Certification Process for Early Childhood Educators (ECEs) that established a level of professional competence beyond that achieved at graduation. Over two years, certified evaluators made visits to the applicant's place of employment. During these visits, the evaluator and the applicant discussed the candidate's work, and exchanged ideas and philosophies. At the end of these visits, both the evaluator and the applicant submitted an evaluation to a committee for approval.

Upon successful completion of this process, the applicant was deemed an "ECE.C" (ECE Certified) and became evaluators themselves. They had achieved a designation that showed their commitment to the profession and to continuous learning. Through the years, this process evolved to reflect a system adapted by many other professionals: submission of a personal profile and an entry exam.

In April 2002, in response to concerns of accessibility, the AECEO launched a pilot test of their new Certification Process for ECEs. This new testing process (offered only until Dec. 31, 2002) is open to all AECEO members in good standing who are currently employed in the field at a minimum 20 hours per week and who hold recognized ECE diplomas/degrees or an equivalency.

The new process requires the applicant to:

1. submit a personal profile that consists of short essay answers to 30 questions in such areas as professionalism, administration, self-reflection, advocacy, community awareness etc.
2. submit a professional portfolio that adheres to guidelines set by the committee.

The applicants are given a year to complete the process. Replacing the exam with a professional portfolio would give credit to the applicant's work experience, professional development credentials and references. At the same time, it would eliminate the personal barriers (time constraints, location, disruption to family life) that some candidates faced while preparing for and writing the exam.

To maintain their certified status, the member must remain in good standing with the AECEO. In this way, the AECEO is able to hold a registry of certified ECEs who, through their membership, receive continuous professional development publications and opportunities from the Association and from the Canadian Child Care Federation. When this pilot test offer ends in December 31, 2002, the process will be re-evaluated by the AECEO Certification Committee to determine future directions.

The AECEO's goal is to increase opportunities for ECEs to become certified, to revitalize the organization and to be recognized as a strong professional voice for ECEs in Ontario. We believe that with the future development of legislative recognition and the establishment of a College of Early Childhood Educators, certification will become the requirement for entry to practice for Early Childhood Educators. ♦

For more information on this process contact the AECEO Provincial Office website, www.cfc-efc.ca/aeceo. © CCCF 2002



Guardians of the Critical Years: Infant and Toddler Caregivers

by *Ingrid Crowther*

Caring for infants and toddlers is one of the most rewarding experiences an adult can have. An infant's total responsiveness to an adult's every action and a toddler's total absorption in the activities that an adult provides is an empowering experience. In order to capitalize on the responsiveness of infants and the absorption of the toddlers, quality adult-child interactions at an early age are most important. Current research on brain development has led to greater awareness of the significance of the early years and the long-term positive effects of quality early interactions and care. As our society becomes more aware of the importance of the first years of life, the unique skills and contributions of caregivers are increasingly apparent.

Infant and toddler care requires educated professionals

Individuals working with infants and toddlers need formal training and special skills. This fact is not

commonly recognized in Canada, as much of Canadian regulation seems to indicate the opposite. A system of inconsistent and varied regulations exists across Canada. Training requirements vary from none to

three years of specific early childhood training. Adult to child ratios vary from three to five infants and four to eight toddlers per caregiver.¹

Numerous Canadian studies have pointed out that training is not only needed but is essential.² One of the primary indicators of quality care is the education and training of caregivers. Most training programs in Canada, however, offer only a small proportion of their curriculum on infants and toddlers. This often leads to later inappropriate practices as individuals try to impose a program



Jasmine started to cry. Maryanne immediately picked her up. Jasmine looked at Maryanne and smiled.



As soon as they were finished, Kai again poured the gems from one container to another.

Trained early childhood educators are more likely to understand the developmental levels of infant and toddlers in order to provide the appropriate learning environments and materials. These individuals are more likely to use appropriate behaviour guidance techniques and positive adult-child interactions.

Jasmine had been lying on her stomach on the floor. She had been flaying her arms, pushing herself up, and looking around. Gradually her movements slowed down. Her head dropped to the floor. Maryanne noticed that Jasmine was stopping her actions. She walked over to her and said, "Are you getting tired of this position?" Jasmine started to cry. Maryanne immediately picked her up. Jasmine looked at Maryanne and smiled.

The caregiver had been observing Jasmine. She knew that Jasmine was enjoying lying on the floor. She had watched her signals and immediately realized that Jasmine needed a change when her body movements changed. She not only immediately walked over to pick her up, she also provided the language to help Jasmine to understand her feelings.

on infants and toddlers that is better suited to preschool children.

A group of ten toddlers sat in front of their caregivers for twenty minutes to talk about the weather. The windows were too high to look out and had pictures of sunny days painted on them. The toddlers were asked what kind of day it was. One answered, "sunny." It was raining outside. The toddlers were restless and the flow of the circle was continually interrupted with reminders to sit on their bums and listen.

This example shows that caregivers must have knowledge of child development. At this age, toddlers believe what they see. They saw the sun on the window and therefore thought it was sunny. Weather is an abstract term that is best learned by active experiences, not passive ones like discussions. A much better activity about the weather would have involved taking the children outside to learn what clothing to wear, feel the rain on their faces, splash in puddles, and learn associated vocabulary.

Child care practitioners are skilled at responding to the needs of infants and toddlers

When infants cry, they trust that their cry will be heard and understood. Crying is the only means by which an infant can communicate. By responding quickly and appropriately, caregivers build an infant's trust. The infant knows that his or her wants are being recognized and respected, and a powerful bond between the caregiver and the child forms. This bond helps the child

Young children can make appropriate choices. A very young infant will clearly indicate what his or her choices are.

build communication skills and start to develop self-confidence in his or her own actions.

Recent brain research shows that responding to infants' needs builds strong neural connections.³ If the infant is left to cry, the opposite will happen. The infant will learn that his or her signals are not understood and will eventually distrust his or her abilities to make things happen.

A toddler also needs to have his feelings and needs recognized. Toddlers understand the concept of time as "now." Delayed reactions from a caregiver may either be forgotten or lose their impact, and toddlers may not be able to make sense of what has happened. Toddlers are developing concepts of self-control and self-reliance. This will occur if they feel confident in their ability to make things happen. This confidence, in turn, allows toddlers to become more autonomous individuals. It also leads to greater self-confidence in their ability to act.

Kai found the colourful, rainbow gems on a shelf. He brought all the containers over to a table. Corinne noticed what Kai was doing. She immediately brought over a large yellow bowl and some smaller clear plastic containers and placed them



"You are looking at the star. Now you are looking at the ball. I see you want the ball."

near Kai. Kai had started to pour the gems out of the container onto the table and onto the floor. Kai noticed the yellow bowl and started to pour his gems into the bowl. He laughed with delight as he heard them clatter into the bowl.

Corinne started to pick up the gems from the floor. "Oh dear," she sighed, "there are sooo many gems all over. This is going to take a long time." She held the gems up high so that they would make a loud sound when they fell into the container. Immediately, Kai helped Corinne pick up the gems. As soon as they were finished, Kai again poured the gems from one container to another.

Corinne, the caregiver, knew that toddlers like to dump and fill. When she noticed that Kai was getting the gems, she immediately reinforced

this behaviour by providing meaningful materials for appropriate play. She guided the behaviour by verbalizing a problem. Kai was encouraged to be responsible for his own actions, and decided to help to clean up. Corinne also knew that toddlers love to help. She took care to ensure that the filling, noise-making activity of the toddler was reinforced so that they could go back to the activity of filling and dumping once they had cleaned up the gems from the floor.

Child care workers are skilled at communicating with infants and toddlers

Young children can make appropriate choices. A very young infant will clearly indicate what his or her choices are. Turning the head away, loss of eye contact, stopping of body movement, fussiness or crying

express boredom. Excitement is indicated by active eye contact, flailing of arms and legs and rapid sucking. Giving a child different items to look at or grasp can provide choices. A child will look at an item of interest.

Jasmine was sitting in her chair on the floor in front of Maryann. Maryann had several toys on the floor beside her. She picked up two of the toys and held them up for Jasmine to see. She asked, "Which toy would you like?" Jasmine looked first at one toy and then at the other. Maryann noticed the direction of Jasmine's gaze and said, "You are looking at the star. Now you are looking at the ball." Jasmine continued to stare at one toy and reached out her arms toward it. Maryann said, "I see you want the ball" as she handed the toy to Jasmine.

Maryann not only allowed Jasmine to pick her own toy, she provided ongoing commentary to her. Jasmine is learning to make choices, is hearing the appropriate language structures and is developing trust in her ability to cause something to happen.

Toddlers can be given choices by placing items of interest around the room on low shelves or tables that they can reach. However, the caregiver must use caution to ensure the safety of children. For example, the rainbow gems that Kai was using (Photo 2) were large enough to prevent choking. Smaller gems had been removed from the mixture.

Kai was also given a real choice. He was not specifically asked to clean up. He could continue to participate in the activity or could help Corinne. Corinne structured the activity in such a way that the dumping and

filling activity would be enhanced and would reinforce this skill in a different way if he helped – scooping gems up with his hands and dropping them into the containers.

Receiving skilled child care makes a difference for the rest of a child's life

Much of the research today emphasizes the importance of the first three years. It is during these years that the brain has dramatic increases in both the number of cells and in the number of connections established. These connections are thought to shape experiences in later life.⁴

Current views recognize the interdependence of the child's learning environment (nurture) and the genes a child inherits (nature). Shore comments on a key finding of recent brain research: "...the human brain — across all ethnic and racial groups — is uniquely constructed to benefit from experience and from good teaching, particularly during the first years of life."⁵

There are windows of learning, or critical periods that occur early in life. For example, if the visual system is not stimulated within the first few months after birth, it will not develop. Our knowledge of brain development identifies the crucial role of the caregiver to stimulate the infants and toddlers in their care within those important first three years of life.

Caregivers must provide infants and toddlers with...

1. Appropriate stimulation to ensure that the infant and toddler are encouraged to actively explore their environment using all of their senses.

2. Appropriate emotional support to acknowledge and support the child's feelings by responding positively and as quickly as possible.
3. Verbal responses, such as talking or singing to the child, to encourage listening skills and learning vocabulary.
4. Opportunities to explore and engage in large and small muscle movements in a safe environment.

Childcare providers of infants and toddlers must realize how important their role is. They are the guardians of the critical years. They are the ones that will make a tremendous, lasting impact on children's lives. They need to work together with each other and with the families of the children they care for to provide the best quality care. ♦

*Dr. Ingrid Crowther was a professor of early childhood education at Loyalist College for 18 years. She is now engaged in research at Athabasca University, in Edmonton, Alberta, funded by Human Resources Development Canada. She co-authored the first Canadian edition of the text **Infants and Toddlers** and her new text, **Creating Effective Learning Environments**, was released in summer 2002. © CCCF 2002*

Endnotes

1. Canadian Child Care Federation (2001). *Research Connections Canada: Supporting Children and Families*. Ottawa, ON: author
2. Doherty-Derkowski, G. (1995). *Quality Matters: Excellence in Early Childhood Programs*. Don Mills, ON: Addison Wesley; Cleveland, G. & Krashinsky, M. (1998). *The Benefits and Costs of Good Child Care: The Economic Rationale for Public Investment in Young Children*. Toronto: Childcare Resource & Research Unit; McCain, M. & Mustard, F. (1999). *Early years study final report*. Toronto: Publications Ontario; Goelman, H., Doherty, G. Lero, D., LaGrange, A., & Tougas, J. (2000). *You Bet I CARE!* Guelph, ON: Centre for Families, Work and Well-Being, University of Guelph.
3. The Reiner Foundation (1997). www.iamyourchild.org (January 2002).
4. Nash, M. (1997, June 9). Fertile minds. *Time*. Volume 149 #5, pp. 48-49; Shore, R., (1997). *Rethinking the brain: New insights into early development*. New York: Families and Work Institute; McCain & Mustard, 1999.
5. Shore, R., 1997, p.4.

Round up the Usual Suspects: Back Injury and Stress

by Maxine Mercer

It is very important for caregivers to care for themselves as well as for the children in their care. Caregivers are no different from staff in many workplaces; they are only able to provide the best of care when they are healthy themselves. Caring for young children in a child care setting is very demanding at the best of times. However, the job becomes extremely challenging if a caregiver is in poor health. Thus, every caregiver's goal needs to be to achieve optimum health so that he/she feels his/her absolute best physically, mentally and socially every day. This is likely to happen in a positive, healthy environment where health and safety practices are promoted, and factors that contribute to illness and disease are reduced or eliminated.

While some child care centres have positive healthy environments, others are fortunate enough to have occupational health service that includes health and safety education, an injury and illness prevention plan, and health counselling services. This tends to be a comprehensive program focusing on the caregiver's physical, social and emotional well-being. Since there are many other centres and settings where such a program does not exist, thought needs to go into how to prevent illness and injury for caregivers as well as children. In this article, I will focus on two of the many issues that require consideration: reducing back injury and managing stress.

Back Injury

Four out of five adults will experience significant low back pain in their lifetime. This back pain is often caused

by work related injuries. Back injuries account for nearly 20 per cent of all injuries and illnesses that occur in the workplace. They are common in a variety of fields, from construction work to child care. Back injury is the most common cause of occupational injury for caregivers, creating a great deal of pain, medical expense, loss of work time and inconvenience. A number of child care situations have been identified as contributing to back injury. Here are eight of the most prevalent:

1. Incorrect lifting of children, toys, equipment
2. Inadequate work heights, i.e., child-size tables and chairs
3. Lowering and lifting children in and out of cribs
4. Frequent sitting on the floor with back unsupported
5. Excessive reaching above shoulder height to obtain supplies
6. Frequently lifting children on and off the diaper changing tables
7. Awkward positions and forceful motions to open windows
8. Carrying garbage diaper bags to dumpster.

The most common cause of low back problems comes from stretching muscles, tendons and ligaments leading to inflammation, swelling and pain. The key to minimizing and/or eliminating this pain is prevention. Many back injuries occur in child care when the physical requirements of the job are too demanding and are repetitive in nature. Obvious solutions are to look at ways to adapt the workplace and/or change caregivers'

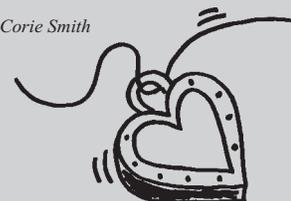
behaviours. Here are ten things to consider:

1. *Proper lifting technique.* Keep the child as close as possible to the body; avoid any twisting motion; always lower the crib side before lifting the child out. Don't carry toddlers upstairs; encourage them to walk with others.
2. *Adult size furniture.* Do not use child-size chairs, tables or desks;



I often wear a necklace with a heart shaped locket, inside a picture of my parents at their 50th wedding anniversary, just two years before my Dad passed away. A few weeks ago, while helping a very curious 3 year old girl with her shoe, she noticed it. We chatted about it and I showed her the pictures inside. She looked at me and said "Corie-O [that's her version of my name], you have your Mommy and Dad in your heart." I smiled at her and said "You're right, I do." She hopped off doing her own thing. Not two seconds later she came back, tugged on my sleeve and said, "How did they get so small?" They make you smile just at the right times...

—Corie Smith



changing tables should be adult-height; comfortable chairs with good back support should be used for rocking or holding children.

3. *Step up stool.* Provisions should be made so that children can climb up to changing tables without being lifted.
4. *Convenient transport.* When going to a nearby park, use a multi-seat carriage rather than carrying children.
5. *Healthy, active lifestyle.* Lots of sleep, regular exercise and weight control can strengthen the back; maintain proper posture to put the least strain on the back.
6. *Footwear.* Shoes should be comfortable and nonslip.
7. *Efficient kitchen area.* Heaviest items should be at waist height with stools available for retrieving high items.
8. *Transporting garbage.* Reduce size and weight of loads, and use a cart to transport garbage.
9. *Education and awareness.* The role of child care managers should be to educate and work with staff on back injury prevention. Use accident

report forms to determine where and why a back injury occurred.

10. *Prolonged bending.* Reduce or eliminate bending by getting down to the child's level. Avoid being on the floor in uncomfortable positions for extended periods of time.

Stress

Work-related stress now ranks as the second biggest occupational health problem after back problems, and three in ten employees will experience some kind of mental health problem in any given year. Stress among caregivers not only affects their health, but also the quality of care that they are able to give. A caregiver who is under too much stress will not be able to offer the praise, nurturing and direction that children need for healthy development. Guidance and other child care issues are easier for the caregiver to handle when feeling calm and in control. When caregivers feel stressed, everything seems more difficult. It is generally believed that some stress, such as positive stress, is okay, but when stress occurs in amounts that

cannot be handled, both mental and physical changes may occur. Causes of stress in child care settings can be categorized into three areas:

1. *Job specific.* Heavy workload; fast pace; long hours of work; poor physical environment; loud noise; isolation; too much work to do in too little time; high staff/child ratio; immediacy of the needs of the children.
2. *Job satisfaction.* Poor relationships with co-workers, supervisors or parents; no autonomy; unable to maximize skills and abilities; unclear understanding of job expectations; lack of control over job performance; limited opportunities for career advancement; poor communication with supervisor; low wages.
3. *Family and work balance.* Trying to find a balance between work and family requires intricate and complex coping strategies because of the emotional demands that are made throughout the workday.

We know that individuals deal with stressful situations differently.

Caregivers, however, need to learn to recognize signs of personal stress and develop a plan for handling it in child care settings. Here are some solutions:

1. *Job design.* Although the design of the job rests primarily with managers, caregivers need to know their rights so they can advocate for better working conditions and for more reasonable job expectations, such as clear and well-defined job descriptions, policy and procedure manuals, and regular performance appraisals. Managers should take the time to notice and offer compassion and understanding.
2. *Stress management techniques.* Laughing is one of the easiest ways to reduce stress. Learn to relax; take charge of the day by prioritizing and organizing; control stress; know where to get help when needed; keep the enjoyable activities, such as contact with close friends and relatives.
3. *Exercise.* Exercising is a feel-good experience. It introduces you to new



friends, reduces the risk of illness and disease, helps you eat better, helps you lose weight, gets rid of pain such as neck and shoulder pain, which is often the cause of muscle tension.

4. *Take inventory.* Note in both your personal and work life what your body was feeling and what caused those feelings. Whenever you encounter something that causes job stress, write it down, but defer your reaction until in a quiet place.
5. *Take care of yourself.* Don't bring work home or home to work.

Health and safety practices in child care settings need to focus on ways of caring for the caregiver as well as the child. Promoting a healthy, active lifestyle is one way in which this can be accomplished. Caregivers, supervisors and parents need to be aware of all the situations that contribute to conditions such as back injury and stress. The goal has to be for all three to work towards the reduction and elimination of contributing factors so that caregivers as well as children are always in a healthy and safe environment. ♦

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Stop, Swap, Console

Three steps to take during a rough time.

STOP

what you're doing. Calm your thoughts. Try to identify what you're feeling. Ground yourself in the now and say *stop* in your mind. Visualize a stop sign.

SWAP

things in your mind. Think about someone you care about... "would my loved-one deserve to feel guilty in this situation?"; "Would I want a loved-one to act on this impulse?"; "Would I exercise compassion if my loved-one was feeling this way?" Now swap again. Remind yourself that *you* deserve as much patience and compassion that you believe a loved-one deserves. You *are* a loved-one to yourself... so you should treat yourself accordingly!

CONSOLE

yourself. Take care of *you*. Give yourself comfort. Journal if you have to. Call someone you trust and ask for help. Address your feelings. Communicate what you're feeling... really feeling. Validate yourself. Help yourself to cope in more healthy and productive ways.

Even just thinking *Stop, swap and console* is a step in the right direction. Learning to start to take care of ourselves is a process. We won't nail it the first time out, but starting with three simple words will help you learn to identify when you truly need to take care of *you*... to learn to identify what is going on inside... and to take steps towards better self-care in the future.

Reference: www.something-fishy.org/reach/stopswapconsole.php



Why do I do this job that is never finished, doesn't pay enough and leaves me muddled and tired too often? I stay because there are moments when all your preparation works and when you know you are "connecting" with young children and making a difference. Success. I stay because at one point in one day, out of all the days, I am witness to the moment when a young child ties a lace for the first time on her/his own, and exclaims,

"I did it!" Triumph. I stay because one day, at transition time, I witnessed a young boy with the courage and perseverance to keep asking, "Can I stand in front of you?" to one person after another almost all the way down the line and was finally greeted with "Yes!" Faith and acceptance. I stay because we enjoy reading together and we laugh together, not always, but sometimes. Happiness. Where else could I find so much reward for what I do?

—Margaret O'Brien

