
PROMOTING AND PROTECTING EARLY RELATIONAL HEALTH FOR INFANTS & TODDLERS IN CHILD CARE

*Ennis C. Baker, MSW, LCSW, Sharon Little,
Ed.D, & Lauren Thomason, MA, LCMHC*

PROMOTING AND PROTECTING EARLY RELATIONAL HEALTH FOR INFANTS & TODDLERS IN CHILD CARE

Ennis C. Baker, MSW, LCSW,
Sharon Little, Ed.D., &
Lauren Thomason, MA, LCMHC
FEBRUARY 2021

As we confront the challenges facing communities and families and look for creative and effective strategies to promote resilience in young children, the vulnerabilities and opportunities presented by the first 1,000 days of life demand our attention. The science that informs best practice in early intervention, early childhood education, and early childhood mental health is clear: the most important resource infants and toddlers have is the relationships they develop with adult caregivers. For young children in child care programs, relationships with their teachers are a resource they depend on.

Infants and toddlers enrolled in group child care spend up to 50 hours a week in classroom settings and rely on their teachers to provide safe, stable, nurturing, and responsive relationships; yet our child care systems do not prioritize relationship-based practices. From birth to age three, children are growing and forming neural connections faster than at any other point in their lives, with more than one million new neural connections forming every second. Carefully considered interventions during this window provide a once in a lifetime opportunity to impact the fundamental architecture of the brain in ways that will support school and life success for years to come.¹

It is in the earliest days and weeks of life that newborns learn to recognize the faces and voices of the adults who keep them nurtured, safe, and healthy. In their first year, babies rapidly develop skills, including the ability to coordinate their limbs, crawl, and walk. As children progress into the toddler years, they develop more complex social skills and learn to run and communicate with words. Attachments to adults are being formed and strengthened in this critical period as the foundations of lifelong physical health and mental health are built.

During the first few years, the brain is highly sensitive to persistent activation of the stress response system. From a biological standpoint, an individual's stress response system is essential for survival, providing protection from danger by anticipating and responding to potential threats. When the stress response system is frequently, intensively, and persistently activated during the early years of development, children's bodies can become overly sensitive to perceived threats, regardless of actual danger. This phenomenon, when a child's stress response system is constantly set on high alert, is called "[toxic stress](#)."

Just as positive experiences benefit brain development, infants and toddlers are also vulnerable to adverse experiences and environmental stressors that can trigger systemic physiological responses resulting in long-term negative impacts on their bodies, brains, and behavior. According to the [Harvard Center on the Developing Child](#), these repeated activations lead to greater risk for stress-associated diseases well into the adult years, such as cardiovascular disease, obesity, Type II diabetes, respiratory and immunological disorders, and a range of mental health problems.² In addition, persistent activation of the stress response system can stunt brain processes that help regulate emotions, focus attention, control impulses, and retain memories. Fortunately, brains are programmed to learn from relationships, and responsive relationships can help



PROMOTING AND PROTECTING EARLY RELATIONAL HEALTH FOR INFANTS & TODDLERS IN CHILD CARE

mitigate negative effects by building a child's core capacity to manage and regulate their emotions through co-regulation. Co-regulation entails the presence of warm and responsive interactions that provide the support, coaching, and modeling children need to "understand, express, and modulate their thoughts, feelings, and behaviors".³

In the beginning, a young child's capacity for regulating their own emotions is limited, and they are dependent on their caregivers for co-regulation. Positive relationships with caregivers are essential for cultivating emerging self-regulation skills and are an essential ingredient of trauma-informed practice in child care settings. These early relationships affect everything in life that follows, serving as "the foundation for cognitive, social, emotional, physical, and behavioral development, during childhood and across the lifespan".⁴



Young children rely on adults to manage their environments, provide responsive relationships, and protect them from toxic stress and trauma. Since these foundational relationships are essential to a child's future physical, mental, and social well-being, each adult caregiver must be equipped with the capacity to effectively protect young children from serious stressors and adverse childhood experiences (ACEs). Unfortunately, many adult caregivers struggle to maintain the capacity to provide this essential buffer due to stressors in their own lives. These adult stressors affect the care, attention, and focus that can be brought to relationships, including those with children.⁵ The frequency and significance of these stressors, as well as the adult's protective factors and access to social support and community resources, are important when considering their impact on the caregiver's relationships with children.

VALUING THE INFANT TODDLER CHILD CARE WORKFORCE

When people envision the adults in a foundational relationship with an infant or toddler, they tend to assume these adults are the child's parents. In reality, young children develop attachments to a variety of adults, and each of those adults has the power to be a "brain builder," shaping the child's development. Every foundational relationship influences a child's development, so each adult caregiver must have the capacity to protect, nurture, and buffer.

According to the National Survey of Early Care and Education Project Team (2014), "nearly seven million children are enrolled in child care centers in the United States, and approximately 60 percent of those children are three-years-old or younger." For these children, it is crucial that not only their parents, but also their teachers, have the capabilities to nurture and support them at this critical stage in life. Understanding that every foundational relationship influences a child's development, it is critical to support all caregivers in the skills needed to meet this capacity. We must invest in the well-being of the child care workforce to create the networks of strong healthy relationships infants and toddlers need to thrive.

In this brief, we will refer to members of the infant toddler child care workforce using the terms "child care provider," "teacher," "early childhood professional," and "early educator" interchangeably to clarify the complexity of the role. Child care providers are an essential workforce with a unique power to create and strengthen relationships and foundational development for children. However, the child care workforce is under-resourced, undervalued, and overwhelmed with high expectations for meeting each child and family's unique needs.

High turnover and a lack of highly qualified early educators were the norm prior to the pandemic – with every challenge exacerbated in the past year as the fractured system went deeper into crisis. Without adequate funding and support, our child care systems will not recover to meet the needs of children, families, or the child care workforce and we miss the opportunity to give every child a strong foundation that promotes resilience.

PROMOTING AND PROTECTING EARLY RELATIONAL HEALTH FOR INFANTS & TODDLERS IN CHILD CARE

SUPPORTING RESPONSIVE RELATIONSHIPS

State and federal policies can support foundational relationships as the core of child development and health. Positive relationships with adults during the first 1,000 days of life set children up for a future of good health and success. Strong relationships are resilient and can be repaired, and self-regulation and co-regulation can be taught and strengthened. Furthermore, we can identify sources of stress for the child care workforce and integrate effective ways to reduce stress for all adults who are building foundational relationships with infants and toddlers.

A 2020 study by the Gillings School of Global Public Health at the University of North Carolina at Chapel Hill confirmed the need for a comprehensive approach when improving the health of the child care workforce - to include addressing their work environments, working conditions, benefits, and increasing salaries to a living wage. “The results confirmed the pressing need to focus on the social determinants of health as integral to the overall health of the child care worker”.⁶ The five-year randomized controlled trial, designed to increase healthy behaviors, such as improved physical activity, in the child care workforce, did not produce any significant results due to factors like, “demanding work schedules, high levels of stress, low pay, and exposure to infectious diseases at work”.⁷

Recognizing the power of the relationships between infant/toddler teachers and the children in their care and applying the science of early relational health and trauma informed practice affords the opportunity to strengthen child protective factors. According to the Center on the Developing Child at Harvard University, the science of child development points to a set of three “[design principles](#)” policymakers and practitioners can use to improve outcomes for children and families.

“To be effective, policies and services should:

- *Support responsive relationships for children and adults;*
- *Strengthen core life skills (including planning, focus, self-control, awareness, and flexibility which fall under the umbrella of [self-regulation and executive function](#)); and*
- *Reduce sources of stress in the lives of children and families”.⁸*

These principles “should be used to inform more effective policies and programs across sectors to protect the developing brain and other biological systems from the disruptive effects of early adversity and to guide interventions that go beyond providing learning experiences for children”.⁹ The current child care system is fragile, in the midst of a crisis, and fails to uphold these three principles.



Therefore, it is critical that policymakers utilize the Center on the Developing Child’s Three Principles to assess current and guide future policy and investment in the child care system. These principles can guide decision-makers to shift existing practice in ways that will best support child outcomes. Policymakers should consider the following:

- What are current policies, systems, or practices doing to address each principle?
- What could be done to address them better?
- What barriers prevent addressing them more effectively?¹⁰

In order to do so, we must first address the disparities impacting children and adults of color. Laws, policies, and practices have created and maintained widespread barriers to opportunity and success for children of color. Policymakers and state leaders must commit to determining how current policies and practices may actually drive disparities and how changes to these policies might increase opportunities for those who historically have been excluded.

Everyone deserves to experience healthy relationships, but systemic racism presents significant barriers for adults and children of color. Inclusive, anti-racist policies are needed to ensure all children have the opportunity to create and

PROMOTING AND PROTECTING EARLY RELATIONAL HEALTH FOR INFANTS & TODDLERS IN CHILD CARE

sustain nurturing relationships. One recommendation is to improve educational opportunities and compensation for early educators, helping to eliminate widespread barriers. According to [CLASP's Equity Starts Early: Addressing Racial Inequities in Child Care and Early Education Policy report](#), "forty percent of today's early childhood workforce is made up of people of color, who tend to be concentrated in low-level positions with lower credential requirements and relatively low pay."

REDUCING SOURCES OF INFANT-TODDLER TEACHER STRESS

The child care workforce "commonly earns wages insufficient for meeting basic needs and experience[s] high rates of food insecurity as well as poor mental well-being".¹¹ Many infant/toddler teachers are parenting young children themselves, while working full-time for low wages (average of \$10 per hour) with no sick leave or health benefits. It is also important to note the frequency in which many child care providers start their careers with little more than a high school diploma, and as states increase minimum education requirements, they are required to continue their education on their own time while working full-time jobs. Achieving these minimum education requirements rarely results in increased wages or benefits, with many electing to leave the profession before completing a degree. Frequent turnover and the lack of adequate compensation means many early educators experience housing instability and rely on public assistance to survive.¹²

Limited access to health benefits is a particular challenge for the workforce, as there is growing evidence that early educators have a "heightened prevalence of obesity, high blood pressure, and diabetes, placing them at higher risk for many debilitating chronic diseases".¹³ Additionally, women of color are disproportionately represented in the child care workforce, and their stresses are compounded by the barriers they face due to systemic racism. To reduce this source of stress and address the racial disparities, supports for early educator well-being must be strengthened to include raising wages and providing health insurance and other benefits. When the child care workforce is fairly compensated and incentivized with increased wages as they complete higher levels of education, they will feel valued as professionals and be better able to be economically secure.

The National Association for the Education of Young Children's (NAEYC) [Power to the Profession](#), a national

collaboration to define the early childhood profession by establishing a unifying framework, is focused on equitably advancing an effective, diverse, and well-compensated early childhood education profession across states and settings, "because positive relationships are at the core of quality, and investing specifically in early childhood educators is the best thing we can do to improve early childhood education."

Another source of stress for early educators is the expectation for implementing individualized, high-quality classroom practices despite large group sizes, high child-adult ratios, isolation due to the requirement to remain in classrooms with limited access to adults throughout their workday, and poor working conditions (e.g. no breaks, no planning time, responsibility for janitorial tasks, limited access to professional development opportunities). The pressure to offer children the highest standard of care without adequate support is demoralizing, and many well-qualified teachers leave the profession to earn higher wages in other sectors.



States vary in their level of investment in effective support systems. Often investments are directed to training teachers on best practice standards. However, rarely are supports provided beyond the training session to aide in effective implementation based on the false assumption that as long as teachers know the standards, they can implement them. There are various state and national early childhood standards and competencies (e.g., NAEYC, Zero to Three, Head Start/Early Head Start) that highlight the importance of teacher-child and parent-teacher relationships, but there are not enough systems in place that demonstrate the value of building supportive relationships. Researchers and university faculty produce checklists, observation tools, measures,

PROMOTING AND PROTECTING EARLY RELATIONAL HEALTH FOR INFANTS & TODDLERS IN CHILD CARE

frameworks, and standards that can overwhelm teachers with demands for more attention to interactions, routine care, the classroom environment and materials, health and safety requirements, observation, and assessment, as well as school readiness and child outcomes.

Rarely do these evidence-based standards reflect an awareness of, much less a commitment to, reducing sources of stress for infant/toddler teachers. For example, the NAEYC Accreditation process for child care centers includes a [standard](#) focused on staff but states, “the program employs and supports a teaching staff with the educational qualifications, knowledge, and professional commitment necessary to promote children’s learning and development and to support families’ diverse needs and interests,” missing the opportunity to set a clear standard for teacher wellness and support. Additionally, the process to obtain and maintain national accreditation is lengthy and costly, placing undue burden on the child care centers that choose to achieve this level of quality. Despite investments in improving the quality of care and multiple sets of standards defining what high quality means, research indicates that “only 24 percent of infants and toddlers are placed in child care considered to be high quality”.¹⁴

Most states offer some form of technical assistance or coaching to infant/toddler teachers, but that coaching is typically focused on compliance-based project goals driven by standardized observation tools, rather than focusing on responsive relationships or teacher wellness. This is a missed opportunity to focus on teacher-child relationships or reducing teacher stress. Rather, this focus on coaching to achieve classroom and teacher compliance increases teacher stress and limits the potential of the teacher-coach relationship to promote relationship-based care. “Support for coaching as a quality-improvement mechanism stems in part from the expectation that the approach improves child well-being through the enhanced quality of caregivers’ interactions with young children. Although coaching has proven effective in improving teacher language and literacy, the research to date has yet to find any causal effect on child-caregiver interactions specifically”.¹⁵ The lack of impact on child-caregiver interaction may stem from a focus on classroom environment, insufficient support to coaches, and an assumption that coaches are able to serve as a specialized resource to teachers regardless of the level of need. Increased access for teachers, directors, and coaches to

specialized support from highly qualified child care health consultants and infant/early childhood mental health consultants (IECMHC) is also needed. Researchers found that IECMHC can be an effective way to improve the skills and ability of early childhood providers to promote children’s social and emotional development and “can lead to increase in provider confidence and a decrease in provider stress and turnover”.¹⁶



The latest research from the [Prenatal to 3 Policy Impact Center](#) at the University of Texas at Austin, establishes a [Prenatal-to-3 State Policy Roadmap](#), highlighting the importance of the child care setting in promoting healthy outcomes for children. The Roadmap prioritizes eight science-based policy goals to promote optimal health and development of infants and toddlers, including “[Nurturing and Responsive Child Care in Safe Settings](#).”

The science of child development is clear: infants and toddlers need safe, stable, stimulating, and nurturing care environments with limited exposure to adversity. Unfortunately, as detailed in the Roadmap, “states have lacked clear guidance on how to effectively promote the environments in which children thrive,” and “there is an unacceptable lack of rigorous research that establishes causal links between states’ policy efforts and child care quality and children’s outcomes,” and research that focuses specifically on infants and toddlers is even more sparse.¹⁷

Another challenge is that states and researchers rely on definitions of “quality,” using tools “that have been slow to accommodate child-caregiver interactions as a central component, and seldom link directly to improvements in children’s outcomes”.¹⁸ These tools were often developed without systems in place to ensure cultural responsiveness, and may reflect implicit bias and majority

PROMOTING AND PROTECTING EARLY RELATIONAL
HEALTH FOR INFANTS & TODDLERS IN CHILD CARE

culture assumptions about what young children need. The tools used to monitor quality were developed by experts and researchers with advanced degrees and often use terminology that creates confusion and requires interpretation for early childhood professionals with less education experience and whose cultures and communities may not embrace or trust research to guide their practice.

THREE PRINCIPLES IN ACTION:
DUKE UNIVERSITY CENTER FOR
CHILD & FAMILY POLICY’S INFANT
TODDLER TRAUMA-INFORMED
CARE PROJECT

Currently, Duke University’s Center for Child and Family Policy and the North Carolina Division of Child Development and Early Education (DCDEE) are piloting a model targeting infant and toddler classrooms that champions the Center of the Developing Child’s Three Principles. To reduce teacher stress and support responsive relationships, [North Carolina’s Infant-Toddler Trauma Informed \(ITTI\) Care Project](#) is experimenting with promoting trauma-informed approaches by offering

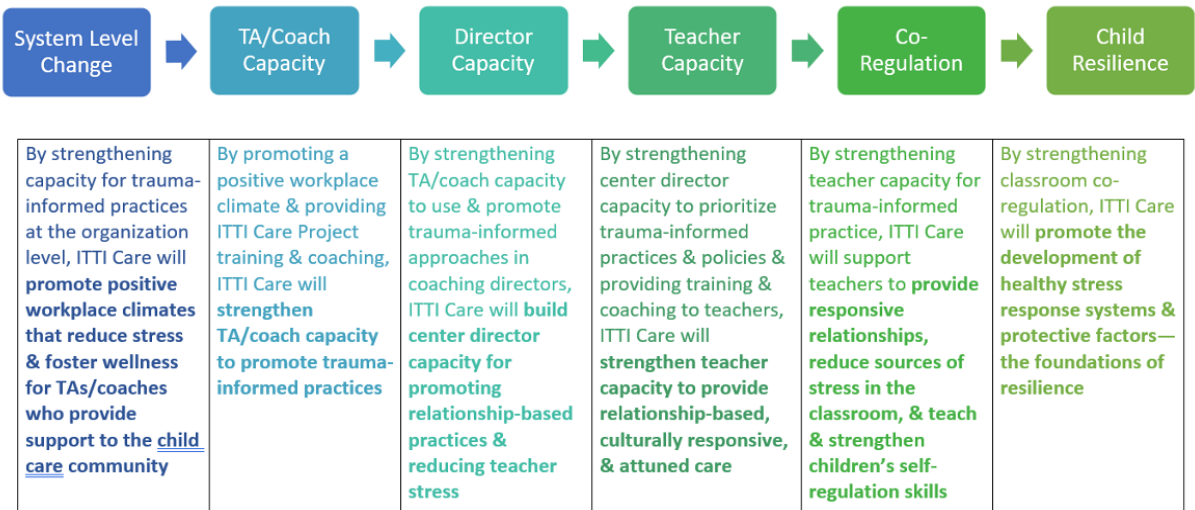
training and coaching to a variety of professionals providing regional and county-wide coaching and technical assistance to the child care community.

This project intervenes through training, consultation, and coaching at multiple levels in the early childhood education support system, using a trauma-informed approach to promote cultural responsiveness and relationship-based practice throughout the system. The ITTI Care Theory of Change represents this integration of upstream solutions.



ITTI CARE PROJECT THEORY OF CHANGE

Trauma-Informed Child Care requires relationship-based, culturally responsive, attuned practices & policies that foster responsive relationships, reduce stress, & promote self-regulation skills & protective factors for adults & children



PROMOTING AND PROTECTING EARLY RELATIONAL HEALTH FOR INFANTS & TODDLERS IN CHILD CARE

Evaluation of this project has been disrupted by the COVID-19 pandemic, halting the collection of child outcome data and classroom observations for its pilot year. However, anonymous feedback has been collected throughout the 16-month work with the pilot group, that confirms the impact of the project in dramatically shifting the focus of their work.

Pilot group participants report the project has increased their capacity to engage and support child care directors and has helped in providing effective coaching support to directors and infant/toddler teachers on the front lines of a global pandemic. Project staff expect these efforts will in turn shift the care that these educators can provide to young children. Initial evidence suggests that when early childhood education support systems focus on prioritizing relationships and reducing sources of workforce stress, child care providers feel “heard and held,” and systems can shift towards trauma-informed practice for children and adults alike. Evidence can be found in the project videos [ITTI Care Project Voices](#) and [ITTI Care Project Impact on Organizations and Leaders](#).



teacher well-being should be incorporated into Quality Rating and Improvement Systems (QRIS) and all early childhood standards such as a specific domain for research-informed healthy workplace standards (e.g., adequate wages and benefits, practices that promote teamwork and staff input into decision-making). It is critical that access to [IECMH consultants](#) to help teachers strengthen relationships with families and children, and address classroom stress, be expanded as well as professional development which helps directors support teachers and teachers to collaborate.¹⁹

Early childhood education support systems (including higher education at the university and community college level, professional development, and technical assistance components) must include coaching for teachers focused on reducing sources of stress, strengthening capacity for self-regulation and co-regulation, and supporting foundational relationships with children in their care. “State policies should support the financing of integrated professional development systems.... for early childhood professionals to obtain education and ongoing development; support for programs/workplaces that facilitate professional development; explicit rewards and compensation parity for attainment of additional education and development; and financing of the professional development system infrastructure”.²⁰ To achieve healthy outcomes for children, a systemwide commitment to leading with equity, trauma-informed practice, early relational health, and cultural responsiveness, must be established. When a value is placed on fostering relationships and reducing stress within the early childhood environment, empathy, compassion, satisfaction, equity, and resilience will be fostered.

CONCLUSION

The science is clear. A call to action is needed to rebuild early childhood systems of care to ensure timely and effective support to infant/toddler teachers. The systems designed to promote quality child care must be recalibrated to prioritize foundational relationships. Local and state funding and policies must be redesigned to strengthen cross-system relationships, and to reduce barriers to relationship-based supports. Supports for

PROMOTING AND PROTECTING EARLY RELATIONAL HEALTH FOR INFANTS & TODDLERS IN CHILD CARE

CITATIONS

- 01 Harvard University Center on the Developing Child. Brain Architecture. Retrieved: <https://developingchild.harvard.edu/science/key-concepts/brain-architecture/>
- 02 Harvard University Center on the Developing Child. In Brief: Connecting the Brain to the Rest of the Body. Retrieved: <https://developingchild.harvard.edu/resources/inbrief-connecting-the-brain-to-the-rest-of-the-body/>
- 03 US Department of Health and Human Services. 2019. Supporting the Development of Self-Regulation in Young Children: Tips for Practitioners Working with Infants in the Classroom Settings. Retrieved: [Supporting the Development of Self-Regulation in Young Children: Tips for Practitioners Working with Infants in Classroom Settings | The Administration for Children and Families \(hhs.gov\)](https://www.hhs.gov/child-care/working-with-infants-in-classroom-settings)
- 04 Center for the Study of Social Policy. 2020. Building Relationships: Framing Early Relational Health. Retrieved: <https://cssp.org/resource/building-relationships-framing-early-relational-health/>
- 05 Smith, S., Lawrence, S. 2019. Early Care and Education Teacher Well-Being. Retrieved: http://www.nccp.org/wp-content/uploads/2020/05/text_1224.pdf
- 06 Linnan, L.A., Vaughn, A.E., Smith, F.T. et al. Results of caring and reaching for health (CARE): a cluster-randomized controlled trial assessing a worksite wellness intervention for child care staff. Int J Behav Nutr Phys Act 17, 64 (2020).
- 07 University of North Carolina. 2020. Groundbreaking study on staff wellness in child care centers named Paper of the Year. Retrieved: <https://sph.unc.edu/sph-news/groundbreaking-study-on-staff-wellness-in-child-care-centers-named-paper-of-the-year/>
- 08 Harvard University Center on the Developing Child. Child Development Principles. Retrieved: <https://developingchild.harvard.edu/resources/three-early-childhood-development-principles-improve-child-family-outcomes/>
- 09 Harvard University Center on the Developing Child. In Brief: Connecting the Brain to the Rest of the Body. Retrieved: <https://developingchild.harvard.edu/resources/inbrief-connecting-the-brain-to-the-rest-of-the-body/>
- 10 Harvard University Center on the Developing Child. Child Development Principles. Retrieved: <https://developingchild.harvard.edu/resources/three-early-childhood-development-principles-improve-child-family-outcomes/>
- 11 Prenatal to Three Policy Impact Center. Prenatal-3 Policy Roadmap. Retrieved: <https://pn3policy.org/pn-3-state-policy-roadmap/>
- 12 Center for the Study of Child Care Employment. 2018. The Early Childhood Workforce Index. Retrieved: [The Early Childhood Workforce Index 2018 - Center for the Study of Child Care Employment \(berkeley.edu\)](https://www.ccsce.org/publications/the-early-childhood-workforce-index-2018)
- 13 University of North Carolina. 2020. Groundbreaking study on staff wellness in child care centers named Paper of the Year. Retrieved: <https://sph.unc.edu/sph-news/groundbreaking-study-on-staff-wellness-in-child-care-centers-named-paper-of-the-year/>
- 14 Prenatal to Three Policy Impact Center. Prenatal-3 Policy Roadmap. Retrieved: <https://pn3policy.org/pn-3-state-policy-roadmap/>
- 15 Prenatal to Three Policy Impact Center. Prenatal-3 Policy Roadmap. Retrieved: <https://pn3policy.org/pn-3-state-policy-roadmap/>
- 16 US Department of Health and Human Services. 2019. Supporting the Development of Self-Regulation in Young Children: Tips for Practitioners Working with Infants in the Classroom Settings. Retrieved: [Supporting the Development of Self-Regulation in Young Children: Tips for Practitioners Working with Infants in Classroom Settings | The Administration for Children and Families \(hhs.gov\)](https://www.hhs.gov/child-care/working-with-infants-in-classroom-settings)
- 17 Prenatal to Three Policy Impact Center. Prenatal-3 Policy Roadmap. Retrieved: <https://pn3policy.org/pn-3-state-policy-roadmap/>
- 18 Prenatal to Three Policy Impact Center. Prenatal-3 Policy Roadmap. Retrieved: <https://pn3policy.org/pn-3-state-policy-roadmap/>
- 19 Smith, S., Lawrence, S. 2019. Early Care and Education Teacher Well-Being. Retrieved: http://www.nccp.org/wp-content/uploads/2020/05/text_1224.pdf
- 20 NAEYC. 2009. Workforce Designs: A Policy Blueprint for State Early Childhood Professional Development Systems. Retrieved: https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/our-work/public-policy-advocacy/workforce_designs_brief.pdf