



Bush Foundation

Lessons Learned:

*The Bush Foundation
Infant/Toddler
Development Program
Turns 10*

By Douglas R. Powell
Consultant to the Bush Foundation



The Bush Foundation's purpose is to make grants that strengthen vital leadership and vibrant communities. It was founded by Archibald and Edyth Bush in 1953; Bush was a top executive of the 3M Company. The Foundation makes grants three times a year in the areas of arts and humanities, ecological health, education, and health and human services to nonprofit organizations in Minnesota, North Dakota and South Dakota. The Foundation makes grants to individuals through its three fellowship programs and also supports fully accredited tribal colleges and historically Black private colleges and universities throughout the country.



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From the Foundation's Viewpoint

The Bush Foundation has long had an interest in healthy outcomes for very young children. The Board initiated a series of grants for this program in 1993 following an investigation of ways to reduce barriers to the healthy development of children in Minnesota, North Dakota and South Dakota. A growing number of women were entering the workforce, and an increasing number of infants and toddlers were being cared for outside the home, usually in groups. These group experiences have been found to influence the intellectual and emotional development of very young children. In addition, research tells us that training is one of the most effective strategies to influence the quality of child care provided. In 1993, almost no training existed for caregivers of infants and toddlers in the Foundation's region.

This report describes a complex undertaking that involved curriculum developers, training faculty, state agencies and the child care community. We have learned an enormous amount in the process. We appreciate the significant efforts of so many people in the development and implementation of these statewide programs. The Foundation is especially grateful to Douglas R. Powell for his outstanding support in the development of the Bush Foundation's program for infants and toddlers and for the contribution of this important report.

Our hope is that this information will help others who seek ways to support healthy outcomes for very young children.

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About the Author

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Compared to other levers of change in child care quality, such as staff/child ratios, caregiver training directly links with other contributors to quality environments.

Introduction

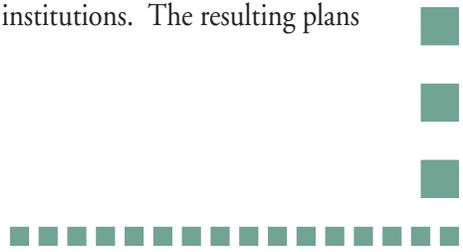
Child development professionals increasingly recognize the earliest years of life as a time when prudent investment in well-focused supports for children’s development sets the stage for positive future outcomes.¹ Research points to significant learning and developmental advances in the first three years of life, a critical period in brain development, and to the long-term effects of quality nurturing environments.² Studies also suggest that most out-of-home child care environments for infants and toddlers are of mediocre quality,³ and that high-quality child development experiences in the early years are more effective than interventions with children at risk in the elementary school years.^{4,5}

Researchers consistently identify the child development knowledge and skills of persons who care for young children as a major feature of a high-quality child care setting and an indicator of positive child outcomes.⁶ These findings have contributed to growing interest in caregiver training as a promising strategy for improving young children’s well-being. Yet the task of developing, implementing and sustaining a large-scale system of providing training to infant/toddler caregivers is largely uncharted territory.

Ten years in the making

Since the early 1990s, the Bush Foundation’s Infant/Toddler Development Program has supported the development of statewide training for infant/toddler caregivers in Minnesota, North Dakota and South Dakota, the three states that comprise its funding region. At the core of the initiative is a train-the-trainer model that prepares early childhood professionals to provide training to infant/toddler caregivers through intensive preparation in the Program for Infant/Toddler Caregivers (PITC), a nationally prominent, relationship-based approach to infant/toddler care developed by child development experts J. Ronald Lally and Peter Mangione at WestEd in California (see page 11 for more information about PITC).

As a first step toward implementing the PITC model, the Foundation awarded planning grants in 1992 to the state government agencies responsible for child care in each of the three states. The planning grants enabled each state to develop a blueprint for delivering training statewide to infant/toddler caregivers. The states developed their plans primarily by convening meetings of stakeholders concerned about the quality and quantity of child care, particularly infant/toddler development. Typically, the groups included representatives of child care providers, child care licensing, state administrators responsible for child care funds, advocates for improved access to quality child care and higher education institutions. The resulting plans became grant requests to the Foundation.





With Foundation support, statewide offerings of infant/toddler caregiver training began in Minnesota and North Dakota in 1994 and in South Dakota in 1998. The professionals who provide the caregiver trainings—more than 3,000 training sessions in the last 10 years—have participated in PITC training institutes, most in week-long institutes conducted by PITC in the region and in California, PITC’s home base.

The Bush Foundation initiative is among a handful of efforts to take training to scale statewide and is unique in its regional focus. Prior to this effort, training in infant/toddler development was largely unavailable in the Foundation’s region, except in the Twin Cities. The initial battle was an uphill one; many people, including child care providers, perceive infant/toddler caregiver training as unnecessary—after all, “what’s there to taking care of babies.” This attitude is compounded by pre- and in-service education traditions that are meager in comparison to the professional development expectations, resources and mandates found in K-12 and higher education.

This report provides an overview of the accomplishments and lessons of 10 years of providing infant/toddler caregiver training in the Bush Foundation region—the initiative’s accomplishments and ripple effects, its challenges and responses, and its conclusions. The report also describes components of a Successor grantmaking plan approved by the Foundation’s Board of Directors in July 2001 to address the challenges faced in the first five to seven years of the initiative.



Studies suggest that high-quality child development experiences in the early years are more effective than interventions with children at risk in the elementary school years.

MILESTONES

- 1991–1992 The Bush Foundation Board of Directors identifies very young children at risk of learning and developmental problems as a programmatic priority. In a series of consultations with Foundation staff, state leaders and child development experts recommend a long-term Bush Foundation investment in training and support for caregivers as a promising strategy for reversing a pervasive pattern of low-quality child care for infants and toddlers.
- 1993 The Foundation awards planning grants to establish or improve statewide systems of training for infant/toddler caregivers based on the highly regarded Program for Infant/Toddler Caregivers (PITC) developed by J. Ronald Lally and Peter Mangione at WestEd in collaboration with the California Department of Education.
- 1994–1995 The Bush Foundation Infant/Toddler Development Program launches with grants to state governments in North Dakota and Minnesota for providing PITC training to infant/toddler caregivers.
- 1998 The program expands with a grant to the South Dakota state government for providing PITC training to infant/toddler caregivers.
- 2000–2001 The Foundation’s Directors review the experiences and lessons of the program in each of the states, including Native American reservations; the Board establishes the Successor grantmaking program to strengthen and sustain the initiative’s early accomplishments.
- 2002 Foundation grants support four pilot projects in Minnesota and reservations in North Dakota aimed at developing and implementing innovative ways of supporting infant/toddler child care provided by family, friends and neighbors.
- 2004 South Dakota State University establishes the South Dakota Institute for Infant Toddler Care and Development to develop and provide training and technical assistance to trainers of infant/toddler caregivers in collaboration with PITC.





Infants and toddlers display a wide range of emotions. The PITC training helps caregivers consistently monitor and respond to these cues.

Such responsiveness on the part of the caregiver deepens the child's trust relationship with the caregiver and lets the child direct the learning experience.



Accomplishments and Ripple Effects

New or improved systems of training delivery

A major accomplishment of the Bush Foundation initiative is its contribution to the development of government-supported systems for training child care providers. In Minnesota and North Dakota, the program enabled child care resource and referral agencies to strengthen their capacity to provide training, a relatively new function for these agencies, which began as referral resources to help parents find child care. In South Dakota, the initiative triggered the development of five regional Early Childhood Enrichment Centers that provide training in early childhood development.

At tribal colleges with existing early childhood certificate or associate degree programs, the initiative essentially served a faculty development function by providing training in infant/toddler care to college teachers. None of the tribal college faculty members now providing infant/toddler training to students as part of curriculum had received systematic preparation in

infant/toddler care and development prior to this effort.

Dispersion of trainers and training throughout the region

Today, child care providers and others have access to training in communities throughout the Bush Foundation region, including on reservations. Since the initiative began, PITC has trained more than 430 individuals to become trainers of infant/toddler caregivers. In turn, these trainers have conducted approximately 3,000 trainings involving some 30,000 individuals throughout Minnesota and North Dakota since 1994 and in South Dakota since 1998.

Home-based providers of infant/toddler care are by far the most common participants in training sessions, with center-based providers a close second. In South Dakota, training reaches parents through the Responsive Parenting program, a state-developed

- New or improved systems of training delivery
- Dispersion of trainers and training throughout the region
- Adaptations and leadership for diverse cultural communities
- Innovative approaches to deepening the impact of training





South Dakota Participants Rate Trainings⁷

- 86 percent** . . . learned new skills
- 85 percent** . . . learned new information
- 88 percent** . . . gained confidence in their ability to use what they had learned
- 87 percent** . . . thought the training was time well spent
- 90 percent** . . . believed the trainer created an effective learning environment
- 92 percent** . . . believed the trainer was effective overall
- 46 percent** . . . believed they were likely to enroll more infants and toddlers in their programs because of the training

(Ratings gathered in trainings offered from 1998 through May 2004.)

curriculum inspired by the PITC program. Complementary efforts make sure that child care licensing staff also benefit from the training. North Dakota has developed a well-received training series exclusively for center directors. It is offered annually in different regions of the state and is connected to an innovative model of consultation on infant/toddler care (described in “Innovative approaches to deepening the impact of training” on page 10).

Impact has been even greater on reservations and in rural areas. Tribal and technical colleges throughout the region have infused the PITC curriculum into early childhood courses. Minnesota has made PITC training available through its online Eager-to-Learn program, an effort aimed partly at providers in geographically remote locations. In some small North Dakota communities, including Williston and New Rockford, all known home- and center-based providers of infant/toddler care have participated in training sessions based on PITC curriculum.

While the greatest impact of the Foundation effort seems to be on the quality of infant and toddler child care, the initiative may influence the quantity as well. Many training participants who already provided care for infants and toddlers indicated they were likely to enroll more infants and toddlers in their programs because of the training (46 percent in South Dakota, for example).

THE GRANTS

Foundation support to the three states involved in the program has been extensive—\$13.7 million* since 1993.

*At November 2004

Minnesota Child Care Resource and Referral Network

- For planning—1 grant of \$14,400
- For Phase 1—4 grants totaling \$2,257,248
- For Successor—2 grants totaling \$794,794

Since the initiative began, PITC has trained more than 430 individuals to become trainers of infant/toddler caregivers. In turn, these trainers have conducted approximately 3,000 trainings involving some 30,000 individuals throughout Minnesota and North Dakota since 1992 and in South Dakota since 1998.

Adaptations and leadership for diverse cultural communities

The racial, ethnic and linguistic diversity of the United States is changing dramatically, and child development researchers continue to discover important cultural influences on early development. High-quality early childhood programs have long emphasized children’s developmental and individual needs but spent little attention on understanding cultural impacts. Professional standards now call for early childhood programs to base their practices on “knowledge of the social and cultural contexts in which children live to ensure that learning experiences are meaningful, relevant and respectful for the participating children and their families.”⁸

In response to these developments, leaders of infant/toddler caregiver training in the Bush Foundation region have adapted PITC for use in specific cultural communities. The initiative has also used the training as a platform for efforts to improve early childhood leadership structures across and within reservations.

In Minnesota, infant/toddler caregiver training is now available in six languages in addition to English: Arabic, Ethiopian, Hmong, Laotian, Somali and Spanish. There are 20 trainers of color in Minnesota.

For a trainer’s work with communities of color to be meaningful, it typically must broaden to include more than leading the session. For many participants of color, the infant/toddler caregiver trainer functions as a liaison to mainstream sources of assistance. Trainers help child care providers complete paperwork that provides access to child care funding streams, for example, and assist them in securing additional resources, such as children’s play items. Because many trainers of color live and work in the same communities in which they provide

State of North Dakota, Department of Human Services

- For planning — 1 grant of \$11,793
- For Phase 1 — 6 grants totaling \$3,321,182
- For Successor — 3 grants totaling \$1,822,813

State of South Dakota, Department of Social Services

- For planning — 2 grants totaling \$33,362
- For Phase 1 — 5 grants totaling \$3,493,390
- For Successor — 4 grants totaling \$1,955,762



services, they see providers in stores and other community places. Such interactions allow them to step readily into a helping role when informal conversations turn to concerns about a particular child or family. Moreover, trainings conducted in communities of color usually include a traditional meal. A trainer's preparation for a training session, then, can include a substantial amount of cooking in addition to the usual task of assembling and reviewing curriculum materials. Discussion of the implications of this broadened role appears in "Supporting trainers" on page 16.

Cultural responsiveness entails far more than translating materials into a different language. While the PITC curriculum gives considerable attention to family and cultural traditions in child rearing, it is impossible for any resource aimed at broad use to address the interests of a particular cultural community. As a result, it becomes the task of trainers working with populations of color to infuse the infant/toddler training session with culturally relevant information and values. In Minnesota, this work has been supported in part by the state's Building Cultural Connections training program, which is designed to help early childhood professionals foster cultural customs and identities. Such crossover is natural as many PITC-trained infant/toddler caregiver trainers are also qualified to provide training in the Building Cultural Connections program.

To improve understandings of the Lakota, Dakota and Nakota people, in 2001 tribal coordinators of infant/toddler caregiver training on reservations in South Dakota developed an informational resource titled *Wakanyeja WoAwanka* ("Caring for our sacred children").

Wakanyeja WoAwanka (see sidebar on page 9) was introduced to infant/toddler caregiver trainers in South Dakota through well-attended meetings convened by the State and is used to supplement PITC curriculum in tribal college courses and other trainings on caring for infants and toddlers. A challenge facing South Dakota is how to increase use of *Wakanyeja*



In Minnesota, infant/toddler caregiver training is now available in six languages in addition to English: Arabic, Ethiopian, Hmong, Laotian, Somali and Spanish. There are 20 trainers of color in Minnesota.

Wakanyeja WoAwanka (“Caring for our sacred children”)

Tribal coordinators of training on reservations in South Dakota developed *Wakanyeja WoAwanka* (“Caring for our sacred children”), which includes descriptions of:

- The seven values of Lakota/Dakota/Nakota nations: *wacante ognake* (generosity), *wowaunsila* (compassion), *wowayouonihan* (respect), *woksape* (wisdom), *wowahwala* (humility), *woohitike* (bravery) and *wowacintanka* (patience).
- Child rearing practices (e.g., “All people within the tribe are responsible for our children; we do not have to be a blood relative to protect or care for a child”).
- How boarding schools and other external interventions contributed to the traumatic demise of intergenerational linkages, traditional patterns of parenting and language systems, and how they fostered punitive styles of interacting with children.
- Myths and realities about everyday life, including the contributions of humor (e.g., “Babies and young children love to hear the sound of laughter”) and relatives (e.g., “the foundation for a native family”), with skits to illustrate core ideas.
- Communication styles within and across Lakota, Dakota and Nakota nations (e.g., “We are taught that there is wisdom in thinking before speaking”).
- Factual information about each of the nine reservations in South Dakota (including child care programs) and additional resources, including descriptions of authors of Lakota/Dakota/Nakota descent.



Although infants and toddlers don't talk, trained caregivers can easily understand their needs and wants.

WoAwanka by trainers working with child care providers of European American backgrounds who may care for Native children, an original intent of its developers.

North Dakota's program development efforts regarding cultural communities have focused on strengthening leadership for early childhood programs across and within its tribal communities. In 2000, the state's infant/toddler enrichment program launched the Native American Early Childhood Roundtable to serve as a forum for learning about tribal issues that affect very young children and their families. In 2002, 35 tribal coordinators, trainers and early childhood professionals participated in the Roundtable's

workshop on Native American historical trauma. The 2003 meeting dealt with kith-and-kin providers of child care (described in "Reaching informal caregivers" on page 20). Currently, discussions are underway about the possibility of expanding the Roundtable to include coordinators of infant/toddler caregiver training on South Dakota reservations.

In 2003 and 2004, North Dakota began providing guidance to tribal coordinators on establishing local early childhood leadership teams aimed at strengthening supports for quality infant/toddler child care. Currently, each tribal coordinator works with an infant/toddler advisory committee. The plan is for existing or reconstituted advisory committees to assume a proactive role in addressing infant/toddler child care needs and solutions on each reservation. Membership will include tribal elders, program administrators, college early childhood instructors, tribal leaders, child care regulatory staff and other interested persons.

Innovative approaches to deepening the impact of training

Studies indicate that short-term workshops and similar brief trainings—the primary method of in-service education in most professions today—typically do not bring about significant change in the practices of child care providers. In a review of research on this topic, a National Research Council committee of early childhood experts recently concluded that effective education of early childhood staff must be "intensive and continuous, with opportunities to apply knowledge and receive individualized feedback and mentoring in order to support improved teaching practices and positive outcomes for children."⁹

The Program for Infant/Toddler Caregivers

The content of training provided through the Bush Foundation initiative — the Program for Infant/Toddler Caregivers (PITC) — is designed to help caregivers get “in tune” with each infant they serve. The goal of the extensive set of training videos, guides and manuals developed by PITC is for caregivers to become sensitive to infants’ cues, to connect with their family and culture, and to develop responsive, relationship-based care. The training materials offer guidance to caregivers on how to study the infants in their care, to reflect on and record information about the children’s interests and skills, and to search for ways to set the stage for the child’s next learning encounters.

PITC views good infant care as a special kind of care that resembles neither babysitting nor preschool. High-quality infant care is based on relationship planning, not lesson planning, and emphasizes child-directed learning (versus adult-directed learning). The PITC approach emphasizes primary care, small groups, continuity, individualized care, cultural responsiveness and inclusion of children with special needs.

PITC seeks to foster caregiving environments that allow relationships to develop and deepen over time, not only between caregivers and the children but between caregivers and the children’s families as well. A major goal is to strengthen the child’s developing family and cultural identity. Equally important, PITC helps caregivers design environments that ensure safety, offer appropriate developmental challenges and promote optimum health for all children.

In addition to serving as the basis for the Foundation’s initiative, PITC is used for infant/toddler caregiver training in a growing number of states, including California, Florida, Illinois, Indiana and Iowa. It also is a major source of training and technical assistance for the federal Early Head Start program.

Learn more about PITC at www.pitc.org.

“Good infant care is neither babysitting nor preschool. It is a special kind of care that resembles no other.” (www.pitc.org)



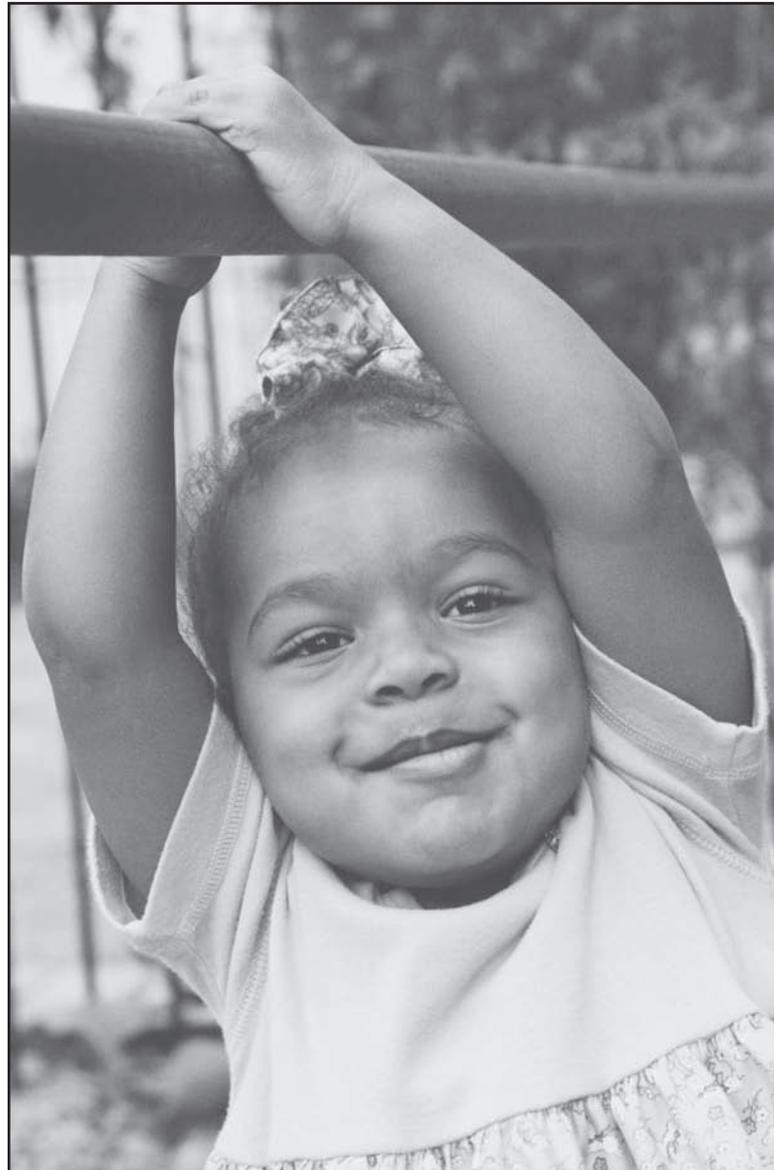


Next steps—strengthening skills, improving quality

When the Bush Foundation’s earlier initiative evolved into the Successor program in 2002, an objective became to strengthen trainers’ competencies in advanced forms of training, including consultation and coaching. The intensive and follow-up train-the-trainer sessions offered in the initiative’s earlier incarnation did not emphasize these skills, and some trainers indicated that they did not feel prepared to work effectively in training formats other than the typical classroom-style mode.

In response, North Dakota’s Infant/Toddler Enrichment Program has been refining a consultation model of training called the Quality Enhancement Project (QEP) since 1999 (see sidebar on pages 13 to 14). To date, the project has worked with 90 infant/toddler classrooms in child care centers (approximately one-half of the infant/toddler classrooms in licensed centers in the state). In 2003, the State launched consultation work with family child care providers through a program called “Right From the Start.”

In addition to the North Dakota project, Minnesota is developing a more open-ended approach to consultation with child care centers. In 2002, South Dakota initiated a consultation program that also uses the same Infant Toddler Environment Rating Scale used by the North Dakota QEP project for assessments to determine action plans and measure progress.



Well-cared-for infants and toddlers are believed to become better able to learn and more psychologically stable later in life.

Quality Enhancement Project (QEP) in North Dakota

The project begins its work with centers by assessing the quality of care using the Infant Toddler Environment Rating Scale (ITERS),¹⁰ a respected and widely used measure developed at the University of North Carolina, Chapel Hill. The rating scale requires about four hours of observation time during which caregivers carry out regular routines and activities. Assessment scores provide valuable information on a classroom's strengths and needed improvements. It also serves as a guide for the trainer/consultant to work collaboratively with classroom teachers and the center director to develop an action plan that includes staff training. A low score in listening to and talking with children, for example, would likely prompt the consultant to offer suggestions on creating or strengthening a storybook area in the classroom, plus formal training or one-on-one discussions with classroom staff about how to facilitate young children's language development. In response to a deficient score in diapering and toileting, the consultant would typically demonstrate the hand-washing and diapering/toileting procedures recommended in national health and safety performance standards.

The project also requires the center director to participate in a six-hour training specifically tailored to individuals in that position. In addition, the project provides a small stipend toward the purchase of items that will improve the classroom (e.g., storybooks, child-size furnishings). The project assesses classroom quality about six to 12 months after the training to determine if caregiving has improved.

North Dakota QEP leaders received training in use of the ITERS quality assessment rating scale at the University of North Carolina, Chapel Hill. Their consultation work is carried out in close collaboration with nurse consultants associated with North Dakota's Healthy Child Care Project, which is focused on meeting the daily health needs of children in child care.

A comparison of pre- and post-consultation results of assessments of 57 centers that completed the QEP project by June 2002 indicated that a majority of classrooms improved in quality. However, the improvements were modest overall; at the time of the second assessment, a majority of classrooms (65 percent) remained in the "minimal quality" level, defined as "care in which children's basic health and safety needs are met; a little warmth and support is provided by adults towards the children, and few learning



experiences are provided.” Nonetheless, there are some positive trends in the details of the numbers. At the time of the second assessment, slightly more than half of “minimal quality” centers were at the upper end of “minimal quality,” and the number of centers scoring at the upper end of “minimal quality” increased by 68 percent from the first to the second assessment point. Also, the number of centers receiving the highest possible quality score doubled (from five to 10 centers), and the number of centers receiving an “inadequate quality” score dropped by 38 percent (from 16 to 10 centers) between the first and second assessments.¹¹

QEP is a promising effort deserving of further development. A salient feature of the project’s design is its focus on an entire classroom and the child care center director. Trainings that substantively and physically separate staff from their regular work environment are often less effective in that attendees may not put into practice the new ideas and practices learned at a session. In an off-site session, there is no opportunity for the trainer to see a staff member in action and to provide feedback on actual performance, including suggestions for improvement. What is more, participation of center directors is central to quality improvement efforts. A common lament of participants in off-site infant/toddler caregiver trainings is that “my director won’t let me do the things this training has taught me to do.” (Center director training in North Dakota also is open to directors not participating in QEP.)

While promising, QEP is not a panacea for quick and lasting improvements in child care quality. Refinements in the approach to consultation may improve the magnitude of the project’s impact, and no doubt project staff members will improve their consultation skills through additional and varied experiences over time. The project also has proven to be a means for the local child care resource and referral agency to establish ongoing ties with centers that may not otherwise have a relationship with the agency. But the project—similar to other child care quality improvement initiatives—is working against difficult odds. The persistent problem of staff turnover makes it challenging for centers to sustain higher levels of quality long term. The project also has found that some centers place stronger teachers in preschool-age classrooms and leave the least-qualified staff to work in infant/toddler classrooms. Further, project staff note that centers vary in their openness to new ideas and practices. Not surprisingly, center staff who exhibit the greatest resistance to outside support are often those least likely to make progress toward quality improvements.

Challenges and Responses

Making a difference within fragile systems

Programs of early education and care in the United States operate within systems that are largely fragmented or poorly developed; the Dakotas and Minnesota are no exception to this general state of affairs. Early on, the Bush Foundation initiative faced the stark reality that training infrastructures had to be created or significantly strengthened if enhancing the skills of infant/toddler caregivers was to become a permanent part of the region's child care landscape. As described earlier, results of this trailblazing are positive. New or significantly improved training systems in all parts of the region are one of the initiative's most significant ripple effects.

Yet the need to establish or bolster training systems as a precursor to providing the actual training is a telling indicator of both the fragility and interconnectedness of existing resources for child care. Studies of child care quality show that “good things go together”—centers that maintain adequate staff/child ratios and group sizes typically also employ well-trained staff and pay relatively higher salaries. For training to make a lasting difference, then, attention needs to be given to the conditions that enable child care providers to excel in their work.

Equally important are basic supports that enable a training system to function well. Persistent challenges here include:

- The limited availability of well-prepared early childhood professionals to serve as informed, passionate leaders and as trainers.
- The maintenance of a clear focus on infant/toddler caregiver training in settings with profound and competing needs in a range of other areas.
- The paucity of expertise in infant/toddler development in most higher education institutions.
- A painful history of troubled relations between tribal nations and mainstream institutions, including state governments.

- Making a difference within fragile systems
- Supporting trainers
- Engaging child care providers
- Reaching informal caregivers





A single grantmaking effort cannot work simultaneously and intensively in each of the domains that affect the quality of early childhood environments. At the same time, an initiative focused on one cannot expect success without promoting supportive conditions in related areas. This reality of interdependency is driving a number of public-private partnerships focused on early childhood at local, state and national levels (e.g., Minnesota’s Ready 4 K project; www.ready4k.org).

Partnerships with state government are essential to the Bush Foundation initiative if it is to be successful in achieving the desired and lasting change in systems that support quality environments for infants and toddlers. Slowly but surely, the strategy is yielding positive results. In addition to guiding the allocation of government funds for infant/toddler caregiver training, the initiative has fostered the development and implementation of state-level plans for improving young children’s developmental outcomes, including provisions focused on infants and toddlers, and has helped government leaders view Bush Foundation grant funds as an opportunity to leverage systems change rather than perpetuate the status quo.

The initiative’s focus on training—which at its core is knowledge dissemination—affects other systems as well. New knowledge about infants and toddlers reaches not only session participants but also persons and institutions that will pass it to others (e.g., child care licensors, college students). Evidence also suggests that the initiative is indirectly increasing public understanding of what constitutes high-quality settings for infants and toddlers. In North Dakota, for instance, the initiative contributed to the state’s adoption of a regulation that prohibits bottle propping during feeding in nonfamilial child care settings.

The Bush Foundation’s Successor grantmaking program directly addresses the serious problem of the absence or limited supply of early childhood professionals on reservations. It calls for supports to promising or established early childhood leaders on reservations so they may secure higher education in infant/toddler care and development. This provision is part of an emphasis on capacity building on reservations that also includes support of efforts to strengthen infant/toddler content in early childhood associate degree programs at tribal colleges. Strategies for achieving this goal include using distance education.

Supporting trainers

Because only knowledgeable and skilled individuals can provide high-quality training, considerable energy has been devoted to their development. The task is particularly challenging in the Bush Foundation initiative because many trainers are new to their role. Some conduct trainings on a limited basis, especially those who live in rural areas, and therefore do not have the benefit of learning from frequent experiences as a trainer. At the other end of the spectrum, many seasoned trainers, especially those who have been involved with the

initiative since its beginning, want the challenge of providing more advanced levels of infant/toddler care training than the program currently offers.

Even though the PITC train-the-trainer series received strong positive evaluations from most participants in its six different offerings in Minnesota and the Dakotas, there has been a high rate of attrition among participants. Some never conducted a training session; others have offered few trainings or have become inactive. Results of surveys of trainers in each of the states have indicated that some participants did not understand the time commitments and/or scope of trainer responsibility when they agreed to participate. Interviews with PITC training participants revealed that PITC's strong emphasis on the critical role of interpersonal relationships in infant and toddler development was problematic for participants who may have felt more comfortable providing an infant stimulation approach or a packaged curriculum of games and activities. Trainer role boundaries also can be quite diffuse, particularly in communities of color, where the scope of tasks may be broader (described in "Adaptations and leadership for diverse cultural communities" on page 7). In addition to preparing for the training role, trainers also need support for the liaison work and informal leadership role that many take on when working in diverse cultural communities.



Culturally sensitive training helps caregivers provide learning experiences that are respectful of a family's values and practices.

Recruiting and sustaining trainers, particularly in geographically isolated areas such as on large reservations and the Dakotas' frontier, remain a challenge. A recent study of the availability of infant/toddler caregiver training on seven Anishinaabe (Chippewa, Ojibwe) reservations and in four Dakota (Sioux) communities in Minnesota found that child care leaders in five of the nine communities had limited or no knowledge of the availability of state supports for infant/toddler training.

The varied needs of trainers suggest that individualized approaches to support may be most appropriate. They clearly need more than periodic refresher trainings and workshops. Currently, each of the three states is experimenting with different ways of supporting trainers. North Dakota and South Dakota employ infant/toddler specialists in each of the respective child care resource and referral agencies. In a Minnesota pilot project, training support coordinators work individually with trainers in a given region regarding a range of issues. Preliminary results of this effort are mixed; some trainers found it beneficial while others believed





it overlapped with the work of the training specialist in the local child care resource and referral agency. In the early years of the Bush Foundation initiative, Minnesota formed local committees in each of its 19 resource and referral agencies to select and support infant/toddler caregiver trainers. However, there was great variability across agencies in the resourcefulness of these committees, dependent partly on the availability of seasoned, professional volunteers who could mentor new trainers.

Minnesota also is developing its own credentialing system for infant/toddler caregiver trainers that provides a structured mechanism for supporting trainer development. One challenge is to secure recurring funds to support a state credentialing system. North Dakota has bolstered its help to trainers in completing requirements for PITC trainer certification, mostly in the form of one-day workshops that provide individualized assistance to trainers in preparing a description of their training plans.

A related challenge is helping organizations in the Bush Foundation region move beyond dependence on PITC for training resources. This is less pressing in Minnesota, particularly in the metropolitan region, as the University of Minnesota and other institutions offer periodic training sessions focused on infants and toddlers. In the Dakotas, however, there are few opportunities to learn about the care and development of infants and toddlers. The Foundation's Successor grantmaking program targeted this need by calling for the development of infant/toddler resource centers that provide train-the-trainer services, develop new training resources and serve as a convener of stakeholders regarding needed directions in improving environments for infants and toddlers. To this end, the Bush Foundation awarded a grant to South Dakota State University in the summer of 2004 for establishment of the South Dakota Institute for Infant Toddler Care and Development.



Because so much of a toddler's learning occurs through exploration, caregivers must be ready to support them in safely navigating the world.

Trainers need support too.

States are beginning to develop credentialing systems to provide structured mechanisms for supporting trainer development.

Engaging child care providers

A prevailing myth is that taking care of babies is a low-level domestic service requiring no special skill or knowledge. Public awareness efforts that coincidentally occurred about the time the Bush Foundation launched its initiative, such as the national I Am Your Child campaign that featured Hollywood celebrities, initially helped generate interest in provider training in some parts of the region. News of brain research discoveries also contributed to heightened interest in the earliest years of life. Unfortunately, media attention to infants and toddlers has waned recently, making it more difficult to stimulate interest in continued training.

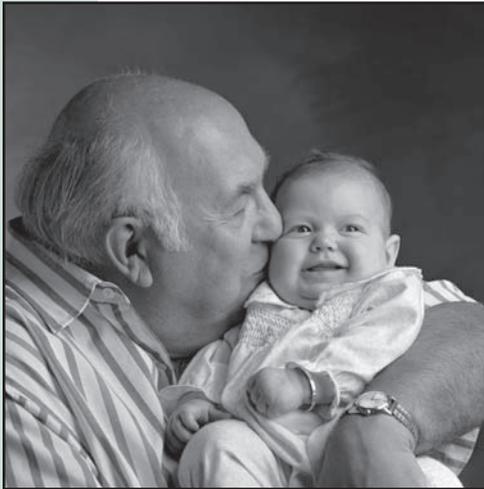
It appears there are several patterns of participation in infant/toddler caregiver training offerings. Some participants have completed each lesson in PITC's four modules and requested additional trainings. In response, the Early Childhood Training Center at North Dakota State University developed a series of "second helpings" trainings that provided more depth on selected infant/toddler topics, such as relating to parents. Currently, Minnesota is organizing its infant/toddler training offerings into introductory and advanced levels.

A second pattern of participation in trainings is selective involvement by topic interest. Attendance levels suggest that the PITC topics of greatest interest include young children's temperaments; socialization and guidance; responsive environments for infants and toddlers; and brain development. Additionally, some participants assume that participation in one or two trainings on infant and toddler development provides sufficient depth and breadth on all aspects of early development. Combined, these tendencies foster a "been there, done that" response to subsequent offerings of infant/toddler caregiver training, even to topics not previously available in a given geographic area. In each state in the Bush Foundation region, training attendance levels were highest in the first year of infant/toddler caregiver training offerings. In South Dakota, for example, 44 percent of all individuals who had attended trainings through March 2003 did so in the first year the training program was offered.

A challenge facing each state, then, is how to sustain participation in training over time so that each provider receives more than a minimal or one-time "dose" of information and support for improved caregiving practices.

Trainers and organizers of trainings especially seek a "hook" to recruit the more difficult-to-reach participants. They have been resourceful in addressing this challenge. Many have found that initially offering the PITC module on children's temperaments is an appealing way to engage providers. Several trainers certified in infant massage have used massage techniques to demonstrate to mothers and providers how their infants respond to touch. This approach provides an opportunity for trainers to introduce the topic of how to read a young child's cues, a major step in relationship-based care. Currently, several Early Childhood Enrichment Centers in South Dakota are offering informal gatherings, akin to Tupperware® parties, that feature discussion of a specific infant/toddler topic. While initially the results seem positive, it will be important to assess whether these sessions serve as an on-ramp to more formal training sessions.





A majority of child care for infants and toddlers is provided by family members, who may believe it takes no special skills to care for these youngest humans. The Bush Foundation's program challenges this notion.

Reaching informal caregivers

A growing amount of child care is provided by family (especially grandmothers and aunts), friends and neighbors who often are not formally licensed or registered as child care providers. A recent statewide study, for example, found that relatives are the most common caregivers for Minnesota children. There are different names for this care—family, friend and neighbor care; informal child care; child care by kith and kin; and legally unlicensed family child care and relative care, among others. Parents often prefer family, friend and neighbor child care arrangements, especially for infants and toddlers, not only because of cost, convenience and trust issues but also because it provides continuity of child-rearing values. Historically, this form of child care has been largely overlooked in policy

and training efforts, but the federal Welfare Reform Law of 1996 earmarked a significant proportion of public subsidies for child care to go to kith-and-kin caregivers.

Trainers in the Bush Foundation initiative have consistently found it challenging to reach family, friend and neighbor child care providers. Their experiences are not unusual. Research suggests that family, friend and neighbor care providers generally do not seek out training or do not see that their caregiving skills could be improved through access to formal knowledge and skills training. Part of the problem may be perception; family members who “watch” a relative’s child may not aspire to become child care professionals, for example. There are few proven avenues for connecting with informal providers, and program development and evaluation activity in this area is particularly sparse. There is an additional challenge: most organizations that provide child care training promote professionalism, including licensure, and consequently tend to have limited connections with informal child care providers and may even hold negative or ambivalent views of informal providers.

As part of the Bush Foundation’s Successor grantmaking program, four pilot projects are developing and implementing innovative methods of supporting family, friend and neighbor child care providers. The projects work with diverse populations, including providers in Somali, African-American and Native American communities, and are aimed at determining what approaches work. The plan is to use lessons from these small-scale efforts to inform program actions within the larger initiative.

Conclusions

In keeping with philanthropy's leadership responsibility to promote advances in societal well-being, the Bush Foundation's child development grantmaking program seeks to achieve lasting change within modest and fluid systems for a critically important goal: enabling very young children to get off to a good start in life. Programs that successfully improve the odds for vulnerable young children are rarely simple, inexpensive or easy to implement. Yet the goal of systems change is being realized in the Bush Foundation initiative because the effort has relied on the lessons summarized in these four conclusions:

- Strategic focus
- Adaptation to contexts
- Learning mode
- Long view

Strategic focus

The strategic focus on caregiver training as the pathway to quality improvements in infant/toddler development is paying off. It is prudent for the Bush Foundation initiative to concentrate on one major area rather than attempt an ambitious undertaking focused on the numerous factors that affect the quality of young children's environments. Compared to other levers of change in child care quality, such as staff/child ratios, caregiver training directly links with other contributors to quality environments. It raises the bar of quality by disseminating information about best practices in infant/toddler care, including conditions that support those practices. Training information also is readily transportable. It

can be infused into other systems, such as higher education coursework, and can provide a knowledge platform for reaching a wide spectrum of child care environments.

Adaptation to contexts

Targeted supports for the development of training systems and resources are essential to reaching a continuum of child care settings. If the Bush Foundation initiative had not adapted quickly to different contexts of child care in the three-state region, it is likely a narrow set of child care programs would have been the primary recipients of infant/toddler caregiver training—probably providers with strong, professional aspirations working in communities, like the Twin Cities, where child care training systems are well developed. Instead, the initiative has provided sustained support for prerequisites of training activities, particularly developing institutional capacity to deliver training and to formulate innovative strategies for reaching informal providers of child care and communities of color.





Learning mode

Progress in the uncharted territory of infant/toddler caregiver training requires participants in the Bush Foundation initiative to function in a learning mode. Major points of forward movement in the initiative have occurred when all parties carefully examined the nature and results of actions to formulate next steps in relation to the initiative's larger goals. This focus on adapting future practices based on learning from past experiences is especially a stretch for entities and persons with limited experiences in community-based program development and where there exists a strong preference for well-developed road maps, such as in performance standards that accompany federal grants. Importantly, the initiative's accomplishments to date are due in part to the way the initiative has actively engaged in developmental work, provided technical assistance and served in a convener role with key stakeholders.

Long view

The Foundation's long-term commitment to the initiative enables meaningful change to occur.

The Bush Foundation initiative is making considerable progress in institutionalizing the idea that high-quality training is an essential support for all infant and toddler caregivers. Most likely this would not have occurred without a long view of what it takes to improve young children's outcomes. Recognition of the complexities of fostering improved child

outcomes provides opportunities to pursue the most pressing challenges and to avoid superficial solutions. In order to create lasting change, however, more partners need to share the Foundation's long view. Progress in the initiative is particularly significant when individuals responsible for infant/toddler caregiver training view Foundation support as a rare opportunity to leverage additional resources and create sustainable change.

In order to create lasting change, more partners need to share the Foundation's long view. Progress in the initiative is particularly significant when individuals responsible for infant/toddler caregiver training view Foundation support as a rare opportunity to leverage additional resources and create sustainable change.

It is clearly a daunting task for the Bush Foundation initiative to take high-quality training to scale in a three-state region that, like the rest of the United States, has a history of minimal involvement in child care provider training in general and in infant/toddler caregiver training in particular. However, and perhaps because of these obstacles, it is also a rewarding journey.



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