THE BASIS OF THE RIE APPROACH: RESPECT

Respect is the basis of the RIE philosophy. We not only respect babies, we demonstrate our respect every time we interact with them. Respecting a child means treating even the youngest infant as a unique human being, not as an object. We show respect, for example, by no picking up an infant without telling him beforehand, by talking to him directly and not over him, and by waiting for the child’s response. Such respectful attitudes help to develop an authentic child.

OUR GOAL: AN AUTHENTIC CHILD

An authentic child is one who feels secure, autonomous, and competent. When we help a child to feel secure, feel appreciated, feel that “somebody is deeply, truly interested in me,” by the way we just look, the way we just listen, we influence that child’s whole personality, the way that child sees life.

TRUST IN THE INFANT’S COMPETENCE

We have basic trust in the infant to be an initiator, to be an explorer eager to learn what he is ready for. Because of this trust, we provide the infant with only enough help necessary to allow the child to enjoy mastery of her own actions.

SENSITIVE OBSERVATION

Our method, guided by respect for the infant’s competence, is observation. We observe carefully to understand the infant’s communications and his needs. The more we observe, the more we understand and appreciate the enormous amount and speed of learning that happens during the first two or three years of life. We become more humble, we teach less, and we provide an environment for learning instead.

CAREGIVING TIMES: INVOLVING THE CHILD
During care activities (diapering, feeding, bathing, dressing, etc.), we encourage even the tiniest infant to become an active participant rather than a passive recipient of the activities. Parents create opportunities for interaction, cooperation, intimacy and mutual enjoyment by being wholeheartedly with the infant during the time they spend together anyway.

“Refueled” by such unhurried, pleasurable caring experiences, infants are ready to explore their environment with only minimal intervention by adults.

**A SAFE, CHALLENGING, PREDICTABLE ENVIRONMENT**

Our role is to create an environment in which the child can best do all the things that the child would do naturally. The more predictable an environment is, the easier it is for babies to learn.

As infants become more mobile, they need safe, appropriate space in which to move. Their natural, inborn desire to move should not be handicapped by the environment.

**TIME FOR UNINTERRUPTED PLAY AND FREEDOM TO EXPLORE**

We give the infant plenty of time for uninterrupted play. Instead of trying to teach babies new skills, we appreciate and admire what babies are actually doing.

**CONSISTENCY**

We establish clearly defined limits and communicate our expectations to develop discipline.
In order to foster quality care RIE encourages:

- **Basic Trust** in the child to be an initiator, an explorer and self-learner.

- An **environment** for the child that is physically safe, cognitively challenging and emotionally nurturing.

- Time for **uninterrupted play**.

- **Freedom to explore** and interact with other infants.

- Involvement of the child in all care activities to allow the child to become an **active participant** rather than a passive recipient.

- **Sensitive observation** of the child in order to understand the child’s needs.

- **Consistency**, clearly defined limits and expectations to develop self-discipline.
The Learning Process

Learning by doing is the primary mode of learning for young children and they have a biological need to find out about the world around them. Children are born with the essential tools for learning:

- A curiosity about their environment
- A need to explore new situations and places
- A desire to use their sensory systems and the insatiable curiosity to observe, experiment and manipulate materials and objects using trial and error
  - They take in information with their senses
  - They process information
  - Use senses to explore people, events and things in their environment
- Children remember, organize, attach meaning and figure out uses for each new learning achievement
- They use information and are able to behave in a way that tells us what they have learned

Importance of Observation

We have a unique opportunity to observe and learn from our children and validate this learning process as they develop and grow. We can observe the thinking that is done with their whole bodies:

- Interest and curiosity expressed in their faces and eyes
- Using their hands to manipulate and explore
- Concentration and focus of their actions/movements

Observation gives us a new awareness of how growth unfolds and more information to help guide, support and enjoy your child:

- Learn about child development, see what child is working on
- Recognize the child’s individual qualities, needs and expressions of emotions
- Shows child he/she is important
• Child’s point of view
• How child problem solves
• What drives, motivates and interests the child

Respectful Responding

Magda Gerber’s Philosophy of Respect suggests and encourages parents and caregivers to believe children can be trusted to take charge of their own learning and development. They are perfectly designed to learn what they need to know in life.

Parents and other caregivers in their lives can respond with respect and support this natural process by:

• Allowing them the freedom to be their unique selves
• Providing and adapting as needed a rich and safe environment to experience and explore
• Acknowledging and allowing all feelings expressed by the child
• Supporting the experience of trial and error/mistakes
• Offering choices
• Seeing the child as capable
• Going at the child’s pace in attaining milestones and daily experiences
• Listening with all your senses to your child’s communications/cues

Resources and references:
Becoming the Parent You Want to Be, Laura Davis & Janis Keyser
Your Self-Confident Baby, Magda Gerber

Complied by Vicki Smolke, Parent Education Instructor
Primary Caregiving and Continuity of Care

Caregivers who work well together are likely to share common, though not identical philosophy and practices. They probably have similar styles of communications and beliefs about how important it is to be attentive and responsive to children. For example, if one caregiver always lets her primaries know a few minutes beforehand when she will come back to change their diapers, another caregiver, changing a child’s diaper in her place, would similarly give children the advance notice to which they are accustomed. Consistent caregiving styles don’t take the place of primary caregiving, though; consistency creates a context within which primary caregiving can work well.

The caregivers’ good relationships with one another enable them to communicate effectively about children and about who will do what, with whom, and when. They can decide quickly who will go outside with which group of children, who will sit with the children who are eating, and who will put the other children to sleep. They can be flexible about filling in for each other, telling the child that because the primary caregiver is unavailable, “I will do this for you instead.” There is a sense of working together, cooperation and communication, and everyone pitching in. Setting up a system of primary caregiving establishes an environment in which meaningful and lasting relationships can develop between caregivers and children as well as between caregivers and families. These relationships rest on satisfying relationships within the caregiving team, which call to mind the principle of continuity of care.

Continuity of care means that children and caregiver remain together for more than one year, often for the first three years of the child’s life. It can take different forms. Children and caregivers can remain together in the same room in a mixed-age group in which children who enter as infants gradually become the big kids. Maybe one caregiver moves with a group of children. Even moving a cluster of children to the next age group rather than moving children individually contributes to some continuity of care.

Keeping children and caregivers together for three years has several benefits. Close relationships between children and their primary caregivers can flourish. The child, who says goodbye to the ones she loves every morning when they leave her at the center, does not have to say goodbye to the person who has helped her to adjust to life in child care. The transition to a new set of caregivers in a toddler room can be harder on a child’s family than on the child; the family trusts the infant caregivers especially the one person who has connected with them and their child to know
their child and to communicate with them about their child. Losing primary children can also be remarkably tough on teachers. It is unrealistic to expect caregivers to give children up to the group next door without feeling sad and perhaps a bit critical or at least concerned.

Besides connecting to their primary caregivers, children relate in special ways to other children who share their primary caregiver. A group of 2-year-olds returned from a walk when one of them began to wail. “Mama, mama!” cried Ira. Another 2-year-old comforted him by saying, “Ira, mommy’s at work. She’ll come back later.” This 2-year-old felt the compassion to reach out to Ira. She knew him well enough to jump right in. Moreover, she knew the routine. Her caregiver had used those words with her often enough. Like this child, with continuity of care, children and caregivers know the culture of their classroom well. Although some traditions will have to change to adapt to growing children which switching rooms may facilitate neither caregiver nor child has to learn each other’s or the rest of their groups ways from scratch.

Despite all these reasons for continuity of care, a survey by Debbie Cryer, Mark Wolery, and Sarah Hurwitz (“Continuity of Care”, 2002) shows that continuity of care with infants and toddlers is rare. Instead, programs move children from room to room as they reach developmental milestones, such as beginning to walk. Some centers even move children daily to maintain caregiver-to-child licensing standard ratios. Although this approach may make sense from an administrative point of view, it certainly does not make sense for children, families or caregivers. Administrative concerns stemming from a scarcity of resources can be a stumbling block to continuity of care, and so is staff turnover. People are not interchangeable. Even when a fine person is hired to replace someone who leaves the center, relationships need to be established anew. Caregivers leave their jobs for many reasons. Better compensation, and benefits, increased educational opportunities, and public awareness of the important job that infant and toddler caregivers do are crucial if caregivers are to remain in their positions. However, the quality of care for infants and toddlers will not rise automatically after these goals are achieved.

In fact, time for caregivers to communicate with each other, a team approach to caregiving, primary caregiving, and continuity of care are not magic bullets. There is no simple path to high-quality care for young children, although knowledge about infants, toddlers, families, and ourselves can help show us caregivers the way. Quality is something to work at together, learning not only from what others have written about infants and toddlers but also with conversations with each other, trying new ideas, evaluating ten carefully, and always defining and redefining for ourselves what high-quality infant and toddlers care can be.