

The Pikler/Resources for Infant Educators™ approach



ECE resources

The Pikler or Resources for Infant Educators (RIE)™ approach offers a set of principles and practices for infant and toddler care and education that can be relevant to the New Zealand context. Dr. Emmi Pikler was a paediatrician who set up a home for orphaned children in Hungary during the post-war years. She developed practices for infant care that were associated with positive developmental outcomes for children by ensuring that each child had a privileged relationship with an adult and experienced quality touch and interactions. Magda Gerber was mentored by Pikler and set up an organisation called Resources for Infant Educators™ in the USA in order to offer parents a model of relationally focused care based on Pikler's ideas. Both Pikler and Gerber promote an approach in which supporting and respecting infants' and toddlers' natural impetus for development is thought to lead to optimal outcomes, and in which infants are offered opportunities to learn, explore and actively participate within the context of secure relationships.

Main features of the Pikler/RIE™ approach

Within ECE settings, the following principles of Pikler's approach are relevant and recommended by Gerber:

- Trusting relationships with a consistent caregiver who demonstrates respect for the child and understands his or her needs
- Encouragement of children's capacity for self-initiated activity and active participation in routines
- Respectful relationships and communication between caregivers and the child's parents

Respect and trust

Respect and trust are key guiding values of the RIE™ approach. Adults should respect an infant and toddler's capacities, trust children to be active initiators and follow their natural impetus for development. Practices that demonstrate respect and trust include, for example, allowing children to engage in their own problem-solving and self-discovery in play rather than teaching or unnecessarily solving problems for them, encouraging and being responsive to children's involvement in care tasks rather than treating them as passive recipients, and respecting children's expression of emotion rather than offering distractions.

Care-giving as a learning opportunity

Caregiving (feeding, nappy-changing, dressing) is a necessary and frequent feature of infant and toddler care, and thus represents a valuable opportunity for children to learn through responsive and unhurried one-to-one interactions, sustained shared attention and rich language exchanges with their caregiver. Caregiving times are thought to be prime opportunities for cooperation, intimacy and shared enjoyment between caregivers and children, and these routines are also highly structured and predictable, which supports children's feelings of security. Children and their caregivers develop a shared understanding of the objective of the care routine (getting dressed after sleep) and coordinate their respective roles and actions (for example, the caregiver might hold a garment while the child puts their leg into it).

Children learn language, self-help and manipulative skills, and develop capacities for independence and self regulation.

Uninterrupted play

Having had their needs met and experienced the focused attention of the caregiver during caregiving interactions, children are provided uninterrupted opportunities to explore and discover independently. This capacity for independent [play](#) is what enables teachers to give children focused, intimate, one-to-one attention during caregiving moments. Infants and toddlers are trusted to actively construct their own learning within the context of safe and stimulating environments and interactions amongst themselves. Teachers take a minimal role in mediating children's learning, but they remain actively observing and fully present, available, responsive and receptive to children. Uninterrupted play is thought to empower children and encourage children to develop their locomotive skills, coping skills, positive attitudes towards learning, concentration and independent problem-solving.

Consistent caregiver

The RIE™ approach advocates for each infant or toddler to have a primary caregiver who takes on particular responsibility for their care, communication with families and documentation of their development and learning. This is designed to promote the child's attachment to at least one person in the setting and to help the child feel emotionally nurtured. The primary caregiver or key teacher focuses on coming to understand the non-verbal cues and behaviours of the infant in order to enable caregiving to be cooperative, responsive and predictable. Such patience and attunement demonstrates the positive regard which develops strong and supportive relationships.

Freedom of movement

Children should be allowed to move completely freely and adults should not intervene in or try to teach the physical development of infants and toddlers but trust children to reach each stage of motor development by themselves. Free movement enables children to learn balance, problem-solving, concentration, a sense of self and bodily awareness, and judgment, and is thought to lead to greater physical security and confidence, grace, sensory awareness and skill development.

Empirical findings

There is little empirical research directly measuring the impact of the RIE™ or Pikler philosophy in early childhood education settings, although some research, conducted in 1972, shows that children who had been taken into care at the Pikler Institute during infancy scored well on a range of cognitive and social outcomes, and at a similar level to children raised in families¹. Another study indicated that children experienced healthy attachment relationships and achieved optimal development at the Pikler Institute².

Several features of the RIE™ / Pikler approach including the promotion of attachment, joint attention and responsiveness, align with [broad principles for infant-toddler pedagogy](#) which are well substantiated by research.

- **Research supporting the value of attachment between infants and caregivers³.** A large body of evidence shows that a secure attachment to a primary caregiver is essential for an infant's feelings of security and competence, and influences the formation of neurobiological patterns that affect his or her ability to regulate responses to others and which condition his or her relationships in future life. Secure attachments in infancy are associated with a range of competencies including social skills, positive attitudes to learning, a comfortable sense of self, successful relationships, and

emotional and moral understandings. The quality of verbal and non-verbal communication between mothers and their infants is found to clearly indicate the quality of the infant's attachment. One study compared descriptions of exchanges between parents and infants in RIE™ classes in the US, and found that these reflected key principles for secure attachments.

- **Research supporting the value of joint attention**⁴. Research shows that capacities to develop shared intentionality with others, to cooperate and to participate in joint engagement with others emerge at a very young age. Joint attention is linked to a range of cognitive and social skills, including increased abilities in language and communication.
- **Research highlighting the importance of [serve-and-return interactions](#)**⁵. Interactions in which caregivers **return** the child's **serve**s (vocalisations and non-verbal communication such as gaze) by responding to the child's interests or actions are found to form the foundation for brain development. Research has found that parents who have a strong ability to reflect upon and understand their own thoughts, feelings and motivations, and therefore be able to sensitively, empathetically and appropriately respond to the infant's communication, are three to four times more likely to have securely attached children than parents who had less capacity for reflection.
- **Research highlighting the capacities of infants and toddlers to construct their own learning**⁶, which shows that infants and toddlers are genetically programmed to seek out relationships, learn language, and develop muscle coordination. However, other research suggests that learning can be more effective when children are supported and guided in some of their play, and that reciprocal interactions during play are enjoyable for both the child and adult.
- **Research highlighting the link between motor development and cognition**⁷, including research which confirms the importance of infants lying on their backs and being able to move freely.

How you might begin to explore this approach in your own teaching

While the Pikler approach was developed for a particular context (institutional care for infants and toddlers in post-war Budapest), and reinterpreted as RIE™ to support parent-child relationships in the US, many principles and practices advocated by the approach can support implementation of the early childhood curriculum in New Zealand, Te Whāriki. These include its focus on each child as capable and competent, and the importance of responsive relationships and attunement in infancy and toddlerhood. However, some research has questioned the alignment of the RIE™ principles, underpinned by developmental theories, with the sociocultural theoretical emphasis of Te Whāriki. One study showed how implementation of the RIE™ philosophy led teachers in one centre to take particular views of learning and teaching in relation to learning dispositions that were in tension with Te Whāriki⁸. These include, for example, the belief that learning outcomes such as dispositions emerge naturally, and that [the teacher's role in play](#) is as non-participant observer, whereas Te Whāriki presents a view of dispositions as social and cultural constructs which emerge in intentional interactions within all kinds of activities. It would be important for teachers to use the RIE™ approach in a flexible rather than rigid manner, and engage in critical thinking and discussion about the alignment of the RIE™ approach with the aims, principles and learning outcomes of Te Whāriki.

To begin to incorporate the strengths of the RIE™ approach in your own teaching, **focus on using sensitive observation** to help you to interpret children's cues, offer appropriate responses, and synchronise your actions with theirs. Sensitive observation might also support you to appreciate and understand children's capacities for self-directed learning. **Consider developing a presence focused on observation, respect, reflection and empathy.** Try slowing down, so that nothing is done in a hurry and

children feel that they have as much time as they need. Think about how often you are able to be fully in the present with the children.

Consider caregiving as an opportunity to deepen relationships. Involve infants and toddlers in caregiving routines. Help them focus on the actions involved in a nappy change, for example, by describing what you are going to do (rather than distracting them with unrelated chatter), and waiting for the child's response (rather than quickly moving on). Treat the child as a person who feels, understands and remembers. Experiment with ways to **encourage infants and toddlers to participate in everyday care moments.** For example, use tone of voice, eye-contact, slowing down and explanations to the child to provide even the youngest children with opportunities to protest or participate. Try explaining to the child what you are intending to do, and waiting for a small response from them. Find ways to encourage the child's cooperation and involvement, and build up to a partnership.

Reflective questions

What is your image of the infant and toddler? [How do you see infants and toddlers](#) and how do your assumptions about this age group influence your practice?

How can you enable more time and attention to be spent on caregiving activities? In what ways might you encourage children's fuller participation in these activities?

What tensions can you identify between the RIE™ approach to infant care and education and that of Te Whāriki? In what ways might particular practices (such as nappy-changing, play, or free movement) be informed by both developmentally-focused theories and sociocultural perspectives?

What other aspects of children's learning and development, other than their dispositions for involvement, developmental milestones and growing motor skills, might be important in constructing your local curriculum for infants and toddlers?

Is there a place for interdependent and collaborative play with adults and older peers alongside opportunities for uninterrupted independent play?

How can you develop a shared understanding of RIE™ philosophy as a team, and why might this be important?

Further reading Endnotes

1 Triulzi, M. (2009). Do the Pikler and RIE methods promote infant-parent attachment? (Master's Thesis, Smith College, Northampton). Retrieved from <https://scholarworks.smith.edu/theses/446>
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4 Belza, H., Herrán, E. & Anguera, M. T. (2019) Early childhood education and cultural learning: systematic observation of the behaviour of a caregiver at the Emmi Pikler nursery school during breakfast / Educación temprana y aprendizaje cultural: observación sistemática de la conducta de la educadora Pikler durante el desayuno, *Infancia y Aprendizaje*, 42(1), 128-178, doi: 10.1080/02103702.2018.1553268

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6 Cooper, M., Hedges, H. & Dixon, H. (2014). Weaving RIE with Te Whāriki: Re-thinking family involvement in assessment of learning dispositions. *Early Child Development and Care*, 184(5), 733-748, doi: 10.1080/03004430.2013.818987

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8 Cooper, M., Hedges, H. & Dixon, H. (2014). Weaving RIE with TeWhāriki: Re-thinking family involvement in assessment of learning dispositions. *Early Child Development and Care*, 184(5), 733-748, doi: 10.1080/03004430.2013.818987

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