

## Introduction to Continuity

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**“What is the most important thing you would wish for all children?” the late Dr. Sally Provence, Professor Emeritus at Yale University’s Child Study Unit, was once asked. Her answer: “Continuity of care from birth to three years old.” This emphasis on close, ongoing relationships in the infant’s life is shared by many psychologists and child development experts. It is standard childcare practice in most European countries. But in the United States of America continuity of infant care teacher, peers, and childcare site is seldom part of an infant’s or toddler’s experience.**

In American infant/toddler care, the concept of continuity is often resisted. Current practices, regulations, habits, and ways of thinking about infant childcare, in many cases, make the practice of continuity of care a challenge. Yet there is nothing inherent in infant/toddler care that makes continuity unattainable. This paper is written to explain the concept of continuity of care, underline its importance to healthy development, and present strategies for its implementation.

Children thrive in the care of familiar caregivers who play a significant role in their lives over time, a small number of them that the child can count on for relative consistency of style, feelings of security, belonging, and love.

Many infant programs have been based on a model of care and education for older preschool children. Preschool age children still need security and predictability, but they are not in the beginning stages of developing basic trust and a sense of self as are infants and toddlers. Furthermore, infants are particularly vulnerable to over stimulation and less able to adapt comfortably to changes in their care. They need more than just smaller furniture than their older sisters and brothers, they need warm, close, familiar relationships in a peaceful setting.

**The concept of *continuity of care* refers to the policy of assigning a primary infant care teacher to an infant at the time of enrollment in a child care program and continuing this relationship until the child is three years old or leaves the program. The following pages contain a discussion of the policy of continuity as well as some of the issues involved in putting this policy into practice.**

## A Context for Continuity of Care

*Continuity* is one of three childcare program policies that support the secure, warm relationships infants and toddlers need in order to thrive. Continuity begins with assignment of a *primary infant care teacher* who develops a close relationship with the child and the family and is primarily responsible for the child's care. These relationships—and all relationships in the setting—are supported by the organization of infant care teachers and children into *small groups*. These three program policies—primary care, small groups, and continuity-- promote feelings of security and predictability in infant/toddler group care. These policies work best together, but any one of them will improve the quality of care.

- A **primary care** system is the first step toward continuity of care. It involves the assignment of an adult infant care teacher to each child and family in the program. The continuity comes in when the assigned infant care teacher remains with the child as the child grows from infancy to three years old, instead of moving the children to the next age group at six months or 12 months or two years of age. While primary care encourages the development of a close, dependable relationship between one infant care teacher and a child, it isn't an exclusive relationship. No infant care teacher can always be with the child. Illness, staff turnover, vacation, or other circumstances can take a infant care teacher off the floor either temporarily or for the long term. Thus, we recommend that pairs of infant care teachers with small primary care groups work in teams, each also developing a relationship with the teammate's primary care children. The child's primary infant care teacher is responsible for keeping track of the child's development and for communicating with the child's family. A secondary infant care teacher, assigned when the primary infant care teacher's shift is shorter than the child's time in care, ensures that someone is responsible for that child's care at all times. Overlapping shifts, team meetings, and team building will facilitate communication and cooperation between a child's infant care teachers.
- With **continuity**, the infant is not moved to a new group; either the entire group moves with the infant care teacher to another space more appropriate for older infants, or the infant care teacher(s) modifies the environment to meet the children's changing needs. The most important relationship to continue is that between the child and the primary infant care teacher, but promoting long-term relationships between the children of a group is also important.
- In a **small group** setting, each primary infant care teacher will have 3 or more children in her or his care, depending upon the age of the child, the state-regulated adult to child ratio, and other requirements. Small groups help children and adults to function in a more focused, attentive way, and promote meaningful interactions between people.

Of the three policies, the concept of continuity is the most likely to encounter resistance, in part because it is the newest idea. While the infant's need for close relationships is pretty much incontrovertible, the idea that we can and should promote long-term relationships in childcare programs serving infants challenges us to new heights at a time when many programs are consumed with basic survival. Studies showing the negative effects of too many different infant care teachers are sometimes seen as an indictment of both professional child care and the parents who use it, rather than a call to improve both the quality of services provided and working conditions for the providers.

Structuring infant/toddler programs to promote long-term relationships often means reorganizing the environment, staffing, training, admission policies--the very systems by which we staff, enroll and care for children. It raises logistical questions which cannot be answered in the abstract, e.g., safety regulations, subsidy requirements, age-related fee and reimbursement schedules. Every program needs to find its own solutions to the arrangement of space and equipment, the scheduling of children and infant care teachers, staffing ratios and group size, etc. New programs can be more easily set up for continuity. In already-existing programs, creating greater continuity is a process and will take time.

Ultimately, continuity of child care relationships, along with small groups and primary caregiving assignments, benefits everyone in a program, promoting staff and family cooperation and loyalty, creating a calmer, less stressful environment, and providing better opportunities for the growth and development of adults as well as children.

# Continuity Of Care In Infant/Toddler Programs: Implementation Strategies

## A. Training Strategies<sup>1</sup>

### 1. Dealing with fear of confrontation

Trainers will sometimes feel uncomfortable when presenting a concept, such as the need for continuity of care to which there may be resistance on the part of trainees. This is especially true when the trainer is isolated from others who are familiar with and endorse the concept.

#### Strategies suggested:

- Feelings of risk and isolation are often lessened when two trainers present together.
- Have a strong basis of knowledge about the need for continuity before training
- Bring in an “expert,” or someone who has used continuity in his or her program.
- Adapt the 4-step *Protective Urges*<sup>2</sup> process for dealing with uncomfortable feelings:
  1. Explore your feelings
  2. Check them out with others
  3. Learn more about others’ point of view
  4. Decide on a plan of action, e.g.,

### Dealing with one’s own lack of conviction about the topic

Another issue may arise when the trainer is not totally convinced of the need for a policy of continuity of care in infant/toddler programs.

#### Strategy suggested

- A successful presentation must be an authentic representation of the presenter; thus the suggestion is made that the trainer presents the case for continuity of care along with her or his own concerns.

## 2. Staff Resistance

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<sup>1</sup> Developed by participants at the Program for Infant/Toddler Care Graduate Conference session on continuity, November 1995.

<sup>2</sup> From the second half of the Program for Infant/Toddler Care’ video on parent/provider relations, *Protective Urges: Working with the Feelings of Parents and Caregivers*, Module IV: Culture, Family, and Providers.

Recognizing that infant care teachers often find it difficult to accept a new policy will help the trainer to prepare to deal with trainees' resistance. While diversity and authenticity in training styles are valued, it is worthwhile to think about how one's personal and training style may be perceived by the trainees. Attention to the following issues may help the trainer to build trust and lower resistance:

### **Dealing with resistance to the trainer's style**

- Cultural and language connections need to be made with training participants
- Ongoing relationships with staff (trainer may be part of staff, i.e., head teacher)
- Prior experience with infants/toddlers on the floor
- Demonstrated commitment, e.g., taking time after a session to answer questions
- Listening, observing, learning as much as possible about participants and their programs before the sessions
- Following up on trainings
- Being aware of how trainees will experience you, e.g., dress, voice, touch, pace, refreshments

### **Dealing with resistance to new ideas**

- Avoid a targeting approach; offer comprehensive, ongoing training: professional development in the context of program development
- Move toward concept; make incremental change, do not force changes on staff.
- Allow time to discuss, plan, understand concepts
- Understand and accept feelings of trainees (fears, guilt, e.g., about lack of continuity provided own children)
- Describe how continuity works in a model program
- Break policy change into small steps, depending on the type of programs involved; e.g.:
  - Before changing policy--
    - Begin cross training staff (to work with children of different ages) well before changing the policy
    - Build staff cohesiveness (to lower turnover)
  - Move gradually toward greater continuity
    - Extend range of ages with groups
    - Get time commitments (e.g. one year) from volunteers and students
  - Move one willing staff member with children from one group to another
  - Extend the length of time staff spends helping the child with a change
- Define reasonable expectations in terms of time

### **Attachment To Age Group**

Preference for a particular age group is often given by infant care teachers as a reason not to change to continuity of care. At the same time, infant care teachers often feel sorrow and loss when a child with whom they've become close moves on to another group and infant care teacher. These feelings of attachment to children can help infant care teachers respond favorably to a policy of continuity, but their concerns still need to be addressed.

One issue is that infant care teachers may feel uncertain about how to care for children of different ages. Recommended strategies are:

- Reflection exercises--explore reasons for resistance
- Additional training focusing on the child as a developing whole, not an “age”
- Build confidence--point out skills, positive feedback, support competencies
- Training in caring for children of different ages
- Assign staff mentors, especially during transition times to new ages and stages

## **B. Programmatic Barriers & Strategies**

### **1. Schedule of Children/Instability of Attendance**

Other barriers to implementing continuity of care are related to programmatic issues. Programs often have little control over the changing schedules or the dropping out of enrolled families. Some ways to enhance continuity in an imperfect world were identified by seminar participants:

- Full time families get priority
- Schedule staff to meet child’s needs
- Require minimum number of hours for families as well as infant care teachers
- Match infant care teachers’ and children’s schedules where possible

### **2. Staff turnover**

A high turnover rate among childcare staff is a serious impediment to providing continuity of care to children and their families. However, programs have been shown to have better retention of staff when they provide a combination of relatively higher salaries, good benefits, and training opportunities, as well as fostering feelings of belonging and pride about their work. Promoting the development of bonds between staff and families through continuity of infant care teacher assignment can also lower staff turnover. The following are suggestions from seminar participants:

- Draw staff from local community
- Value staff
  - Awards/dinners/parties
  - Cash/lottery tickets/donated prizes
  - Recognizing special events in staff’s personal lives
- Make the center a place of personal and professional growth
  - Advancement through the organization
- Provide opportunities for creativity in staff positions
- Make sure staff see themselves as professionals
  - Job titles
  - Responsibility for decisions which mostly and directly impacts themselves
  - Input on overall program, observation
- Make program feel like a family, everyone included and valued
- Offer mentor teachers, use the local community college
- Assign in “family” groupings

- Send staff into community to get and give training (e.g., Chamber of Commerce)
- Provide a good orientation
- Give accurate and timely feedback
- Offer support in “difficult” relationships
- Provide resources--to read, observe, etc.
- Allow time for and promote team thinking and planning
- Share success from other programs
- Support feelings of autonomy and responsibility
- Allow leave time for advocacy
- Let staff enroll their own children, if possible
- Have a high (positive) profile
- Get NAEYC accreditation

### **3. Staff member’s physical disability--difficulty working with a particular age child**

Another issue raised was that of physical disability. For example, an older infant care teacher or one with a back problem may be able to lift and carry very young infants, but not be strong enough to do so with older infants. Some suggestions were:

- Let the employee help solve the problem
- Have platform with stairs (or other structural aides) for child to get to staff’s level
- Allow staff time to adjust to the idea and find solutions to barriers
- Be patient and recognize that extra effort may have already been required for the person to handle the job

### **4. Need to educate parents about continuity**

Continuity of care for the child also means continuity of relationship between the family and the child’s infant care teachers. Many parents will appreciate the opportunity to continue a primary relationship with the infant care teacher they have come to know and trust. However, it may not be immediately apparent to parents that a policy of continuity of care is the best thing. Parents sometimes rely upon children’s “graduation” from group to group as markers of the child’s progress in life. Here are some suggestions for getting parents “on board” with a policy of fewer changes and greater continuity of care:

- Make parents aware of continuity policy at the time of enrollment
- Make materials about continuity and attachment available
- Encourage infant care teachers to help parents understand
- Start the new policy with a small number of staff
- Infant care teacher enthusiasm will encourage parents’ enthusiasm
- Daily osmosis “Ed”
- Talk about skills infant care teachers need to move with child
- Build on the parent/infant care teacher bond
- Get testimony from parents who have experienced continuous care

## **C. Funding/Policy Barriers & Strategies**

Regulating agencies may have requirements that make it difficult to arrange the appropriate environments and staffing configurations needed by groups of children and infant care teachers in order to stay together as the children grow older. Advocacy with policy makers is an ongoing need until the importance of continuity of care is recognized and its implementation supported. Meanwhile, creative solutions can be explored, for example:

### **Hierarchy of staff as required by licensing, funding**

- Assign aides/assistants as primary infant care teachers and move them with children
- Keep head teachers as secondary infant care teacher, not moving with children.

### **Lack of administrative support**

- Include administrators in training on continuity
- Show administrators, boards, and funders “Together in Care”
- Tell administrators real life stories about painful changes
- Invite administrators to visit programs
- Get on regulatory review committees for city/county/state

### **Lack of professional recognition**

- Advocate for importance of work, not custodial
- Work to improve ratios, group size, salaries, staff development
- Increase understanding of importance of early relationships
- Opportunities for cross training with teachers of all age groups
- Realize babies are not just cute

### **Home based programs for very young infants that transfer to centers at 1 year**

- Establish communication with center infant care teacher/ongoing center visits
- Explore possibility of home visitor joining center staff when child transitions
- Educate parent about what to expect with transition
- Have child and parent visit center several times before transition
- Make this the only transition until age 3

### **Need for money/time for training**

- Give comp time instead of money
- Close for a day
- Train on Saturday/ comp time
- Follow-up small teams/captain

### **Children with Special Needs**

- Evaluate the philosophical approach of the program to make sure it focuses on children’s emotional needs
- Provide parent education about the importance of emotional growth

- Have special education. Specialist train infant care teachers instead of working directly with infant
- Provide special services in child's environment
- Encourage advocacy/group action--help staff learn the law and advocate for change which acknowledges the importance of emotional stability for the child

### **THREE WAYS TO CREATE CONTINUITY OF CARE**

- **Creating Mixed Age Groups:** Expansion of age range to create mixed age groups, e.g. 6 months to 2.9 years, so that children can remain in group as they grow; if a child leaves, can be replaced by infant of the same or different age (similar to many family home care programs)
- **Moving With Close Age Group:** Rotating of staff, e.g., infant care teacher becomes toddler infant care teacher when infant group moves to toddler group, becomes older infant care teacher (to 3 years old) when children move again, moves back to infants when children have gone to preschool
- **Close Age Group Remaining in Environment:** Staff modifies layout and equipment as children outgrow infant environment. In close age groups, a child is replaced by another child of the same age range.

### **STEPS PROGRAMS HAVE TAKEN TOWARD A POLICY OF CONTINUITY**

- Develop infant care teacher competencies with different age children
- Promote increased professional pride through training
- Make supportive staff relationships a priority
- Train and support infant care teachers in their communications with parents
- Begin the changeover to continuity with one or two infant care teachers who are interested in "moving up" with children
- Expand the length of time children stay in a group, e.g., infants from the time of enrollment months to 2 years instead of moving them at one year
- Bring in new staff with the expectation of continuity
- Begin to purchase toys and equipment adaptable for mixed age groups or as children in a same age group develop

#### *Program for Infant/Toddler Training Materials*

- Video: Together in Care: Meeting the Intimacy Needs of Infants and Toddlers in Groups
- Together in Care video magazine
- Trainer's Manual, Module II: Group Care, Lessons 1-4