



# Caring for the Little Ones

by Karen Miller

## Continuity of Care

### What It Is and How It Works

described how they handle some of the administrative issues.

Dear Reader,

This month's topic was requested by members of our e-mail network. I would like to thank the following people for sharing their thoughts: Marian Little Thunder, Headstart at the Rosebud Sioux Reservation, South Dakota; Carol Shong, Renton Technical College Child Care Center, Renton, Washington; Jill Babin, Skillman, Johnson & Johnson center, North Plainfield, New Jersey; Debra Gaetano, Harkness House for Children, Winnetka, Illinois; Cathy Jo Banas, Intergenerational Learning Center, Eagan, Minnesota; Amy Weaver, Daily Discoveries Infant and Child Care Center, Gambrills, Maryland; Susan Kilbourne, Bright Horizons Family Solutions, Cary, North Carolina; Kelly Hamilton, Park Point Children's School, Pittsburgh, Pennsylvania; Lynn Manfredi-Petitt, Sheltering Arms, Atlanta, Georgia; Annie Diehl, KidsUnlimited Children's Center, Riverside, California; Phyllis Porter, Mount Olivet Day Service, Bloomington, Minnesota; and Peggy Yackel, Westwood Early Childhood Center, St. Louis Park, Minnesota.

*Continuity of care* is a staffing system that allows the same caregiver to remain with a small group of children through the infant and toddler years. The starting point for the concept is *primary caregivers*. Each caregiver has his or her own small group of infants with whom he or she forms a special bond. Many programs do this. With continuity of care, the caregiver *moves up* with the children, basically staying with the same group for two or sometimes three years. When the children *graduate* into the preschool, the caregivers start over with a new group of infants. This is something that has long been advocated by psychologists and child development specialists whose main concern about child care is the frequent transitions made in most settings, and possible bonding and attachment problems that could occur.

More and more programs around the country are adopting this system in infant care and there is much interest. Although many people agree with the concepts, it can be difficult to implement. So, members of our network voiced what they saw as the advantages and disadvantages, and

### Advantages for Children

**Emotional development issues.** Infants feel secure and can relax and grow and learn when there is predictability and security. For these non-verbal humans, it means that someone there knows them absolutely and can correctly interpret all the signals they send with their facial expressions, vocalizations, and body postures, and can accurately predict their needs and respond appropriately. The longer the caregiver works with a child, the more likely it is that the responses will be accurate. Being understood is important. The teachers know the children better and have better insights to their behavior, knowing where they are coming from, and what behaviors they are coming out of.

**Less adjustment time.** The less moving children have to do, the less energy they have to spend on adjusting to new individuals. Children don't cry when they move to a new room. Their *anchor* (familiar caregiver) is there to make them feel safe as they explore the exciting new environment.

*Karen Miller*

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**Stronger relationships with other children.** You see more interactive play and stronger attachments among children at younger ages. This was really noticeable when I observed a group of three year olds who had been together since infancy. The group functioned calmly, communicated well, and had a lot of empathy for each other.

### Advantages for Parents

**Trust.** When parents and caregivers have worked together for a longer time, it is more likely that a feeling of special friendship for the other significant adult in their child's life will develop. It will be easier for the parent to express concerns and to have a trusting, mutually respectful working relationship with the child's caregiver. That most difficult transition from the infant room to the toddler room is much easier when the trusted caregiver goes along.

### Advantages for Staff

**Stronger relationships.** One caregiver responded that continuity of care fosters deep relationship-based bonds between the caregiver, the child, and the family. She reports that even after she moved half a continent away, the families still keep in touch with her five years later. She visited the area recently and looked up the families. The children, now in elementary school, still remembered her!

**In-depth knowledge of the children.** When teachers get to know the children and parents particularly well, it is easier to individualize lesson plans. The caregiver does not need to start all over getting to know new children. The relationships have already been formed and the caregiver already knows where everyone is

developmentally and what children's individual interests are.

**Difficult issues easier.** The trust established with parents makes dealing with the difficult issues like biting and toileting much easier. In a typical setting, just when children are beginning to move to the toddler program, biting can become an issue. What better teacher to help the child and parents through the process than one who knows the family extremely well?

**It adds variety to the job.** Many caregivers report that they enjoy growing and learning new things and, most of all, seeing "their babies" develop. It can lead to burnout dealing with just one age, and the same issues over and over, for many years.

**Less grief.** One respondent speculated that much staff turnover may be the result of hidden grief. There are fewer partings with continuity of care.

### Objections: Why People Choose Not to Do It

People are always hesitant to try something new. "If it ain't broke, don't fix it" is the response of many. The children seem fine as the system functions now. The objections or concerns offered are all valid. After each, however, I will summarize responses I have heard.

**Expert on age group.** "My infant teacher would be heartbroken if she had to leave her babies. I think I would lose her." "My infant teacher is famous. Parents enroll because of her and her fine reputation. I want to keep her right where she is." "The two caregivers in the infant room have been with the center for 13 years. They are the best with infants and with new parents. They add a

stability to our program that I do not want to jeopardize. So I decided to leave the infant room in place, and we start continuity of care with the toddler room. I agree that the early months in a child's life are very important, but the stability of my staff and the center are also very important." "My fine, energetic toddler teachers are scared to death of tiny babies."

This is the most common objection I have heard and certainly contains some validity. However, I see this as a training issue. Every age is fascinating and wonderful, and people can be trained in the job functions that are different for each age. Most caregivers I talked to liked continuity of care better than the old way once they had done it.

**Energy and fitness.** One person said she couldn't lift a toddler, and has some difficulty with her older infants. A number of older caregivers or those with health problems state that they could not keep up with toddlers and twos. This may be true, but I certainly see the infant caregiver job as one that requires high energy and flexibility.

**Tolerance for mess.** "In our infant program room, my constant concern with sanitation is essential and expected; but with toddlers, a certain amount of relaxation in that area seems to be necessary. I couldn't live with that situation and last very long! Toddlers are messy in a different way from infants, and I tolerate infant messiness better." That is a personal preference that may or may not be *trainable*.

**A temperament issue.** "I personally enjoy the toddler age only on a one-to-one basis. In groups, I find the

constant need to referee nerve-wracking.”

**A mobile society.** “Families move a lot anyway and it is rare for a child to be in our program for a full three years.” This would lead me to offer continuity of care to make as few changes as possible in already chaotic lives.

**Training expenses.** “There are expenses involved in extra training for teachers” (in my opinion, always money well spent that saves money in staff longevity and satisfied customers).

**Not a perceived need.** “Our program works fine as it is. I see no reason to change it. We take great care in creating gradual, comfortable transitions so that children and parents alike are comfortable.”

**The stronger you bond, the harder it is to part.** “I wonder what it will be like for the children to get new teachers after three years of having the same teachers.” The important time for a child to bond is in the first three years. By the time the child is of preschool age, he or she is ready to step out and enjoy the wider adventures of the world, and the transition to new teachers is easier.

**Turf.** Some teachers develop an attachment to their own “space” and don’t like the idea of moving to a different room, and many have storage closets full of stuff. Of course, they could put their own mark on each room they occupy. Some programs keep everybody in the same room over time and just change the equipment as children develop.

**Difficult people.** When children move up each year, or more often, staff can just grit their teeth and wait it out with a difficult child, knowing

that before long he or she will be someone else’s problem. With continuity of care, the caregiver is forced to do some more in-depth work with the child. Likewise, a greater effort is required to get along with a *difficult* parent, rather than just waiting it out. I see this as an advantage rather than a disadvantage.

**Love and loss.** It’s hard to see children go when you have been with them for two or three years. People have many ways of keeping in touch when they really want to.

**Staff turnover.** Some mentioned that they don’t do this because they have such high staff turnover that it wouldn’t make a difference anyway. Of course, that is a broader issue. With continuity of care you are at least eliminating the arbitrary teacher change when children move up.

## Administrative Issues

Several respondents said they were very interested in doing this but have trouble figuring out how to manage it administratively. It’s about grouping and adding children when spaces are available. The easiest situation is when a program has been set up for this system from the very beginning. Staff and parents expect it and there is less explaining and adapting to do.

**All three children may not be ready to move up at the same time.** In the *pure* sense, centers wait to enroll children close in age. This does not always happen. But remember, your quality program is individualized. It should not matter if a child is a few months younger or older if the caregiver adapts activities to suit whatever the setting is. “Sometimes children are a bit younger or older when moving to the next class because we want to

move children and teachers in a group. This happens in a full center anyway because of a lack of space.”

**Finding three or four children at the same time to replace those that move up might be difficult.** This may be true; you usually have to add children as they come if you have any space in their age group. However, I find that most quality infant programs have waiting lists, and adding new, younger infants is not usually a problem.

**Staff ratios change as children get older.** This is when you add new children from your waiting list.

**Rooms change.** Just as you would in a traditional classroom, you adjust the toys and equipment within the four walls of the room you are in according to the developmental levels of the children who are there. Some programs are set up to simply stay in the same room and make adjustments the whole time. Others borrow equipment from older classrooms as the children progress and eventually move.

**Variation.** Some programs move only one caregiver and group of children from a room at a time and leave a second caregiver behind to maintain stability of the room. In most programs, children quickly become comfortable with all the adults they regularly interact with and can comfortably move up with either caregiver.

## Some Final Thoughts

There are many ways to provide loving, quality care for infants and toddlers. No one system is right for everybody. If you decide to try continuity of care, go slowly at first and think it through. Make the staff part

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of the decision-making team. Call or visit a program that is doing it. And, as with everything else, keep your focus on the children and what seems best for them.

### **Some Programs Who Have Offered to Be Resources**

If you have further questions about how people manage the various administrative issues, the following people have offered to be available to you by phone or e-mail:

Amy Weaver  
Daily Discoveries Infant and  
Child Care Center  
1041 Route 3 North  
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Send comments, questions, feedback, giggles, good ideas, as well as any photos you'd like to share with other readers to:

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Karen Miller's newest book is *Simple Steps: Developmental Activities for Infants, Toddlers and Twos* (Gryphon House). Other books by Karen include: *Ages and Stages*, *Things to Do with Toddlers and Twos*; *More Things to Do with Toddlers and Twos*; *The Outside Play and Learning Book*; and *The Crisis Manual for Early Childhood Teachers*.