

Happy to be Stuck with You

Why Continuity of Care is So Important to Babies and Toddlers and How to Support It



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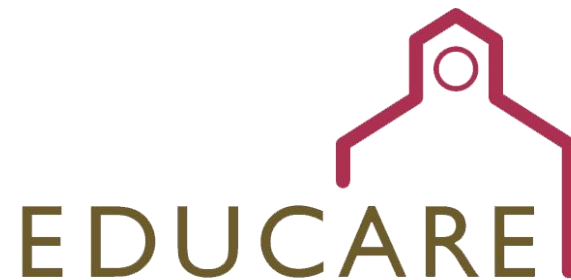
Phoenix, Arizona
June 7, 2010



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Why Continuity of Care is So Important to Babies and Toddlers and How to Support It

Mary Jane Chainski, Director
Bounce Learning Network



NAEYC National Institute for Early Childhood Professional Development

Phoenix, Arizona

June 7, 2010

Today We Will Talk About

- What do babies and toddlers in child care need?
- What does continuity of care look like?
- State policies that impact continuity of care
- Discussion:
 - Implementation challenges and opportunities
 - Next steps

What Do Babies and Toddlers in Child Care Need?

A Strong Foundation...

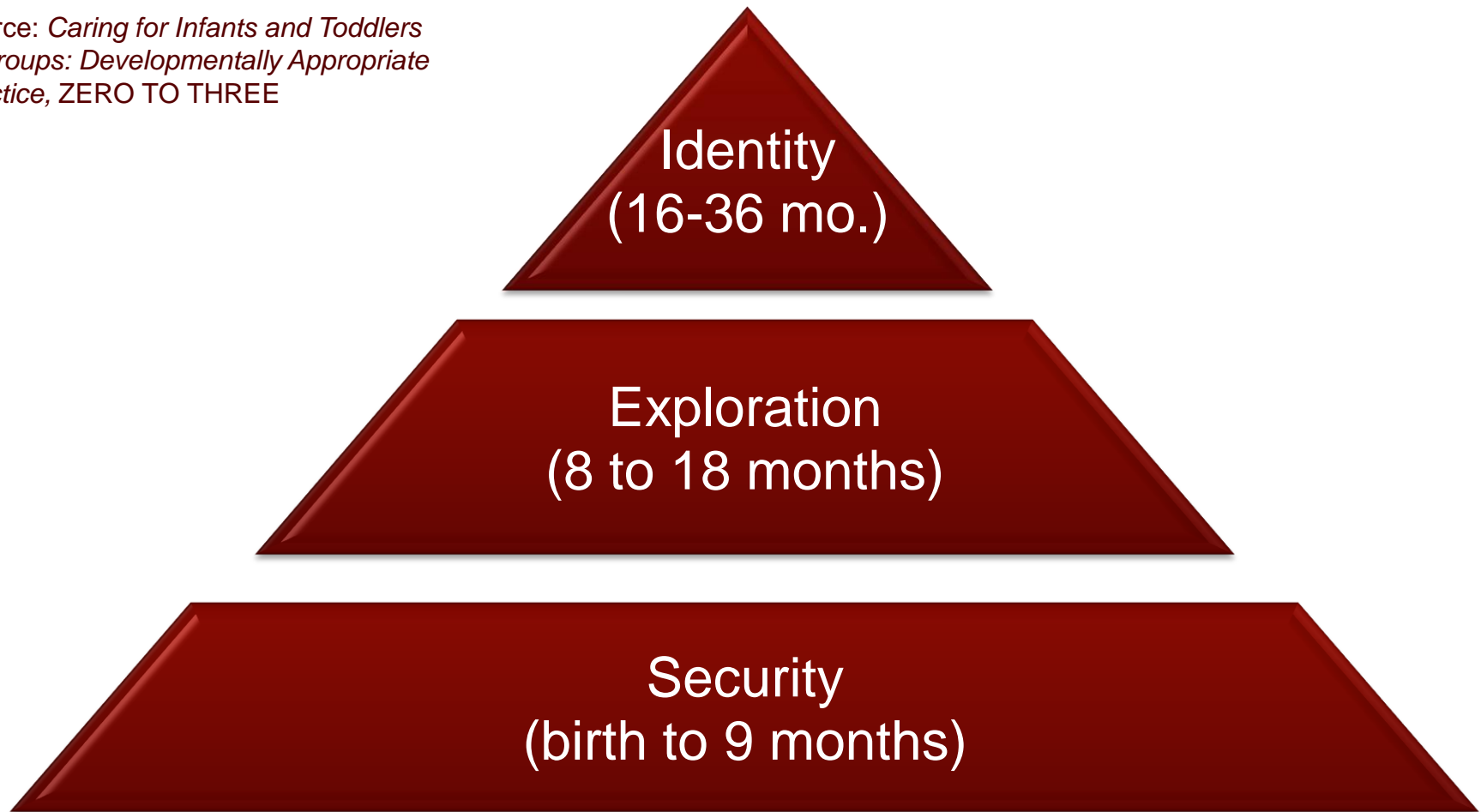
“Human relationships and the effect of relationships on relationships, are the building blocks of healthy human development.”



— Shonkoff, J. P., & Phillips, D. A. (2000). *From Neurons to Neighborhoods: The Science of Early Childhood Development*.

How Does Security Help Development from Birth to Three?

Source: *Caring for Infants and Toddlers in Groups: Developmentally Appropriate Practice, ZERO TO THREE*



How Do Babies in Child Care Feel Secure?

- When caregiver/child relationships are:
 - Nurturing
 - Individualized
 - Responsive
 - Predictable
- Infants in secure attachment relationships with their caregivers are more likely to play, explore, and interact with adults in their child care setting



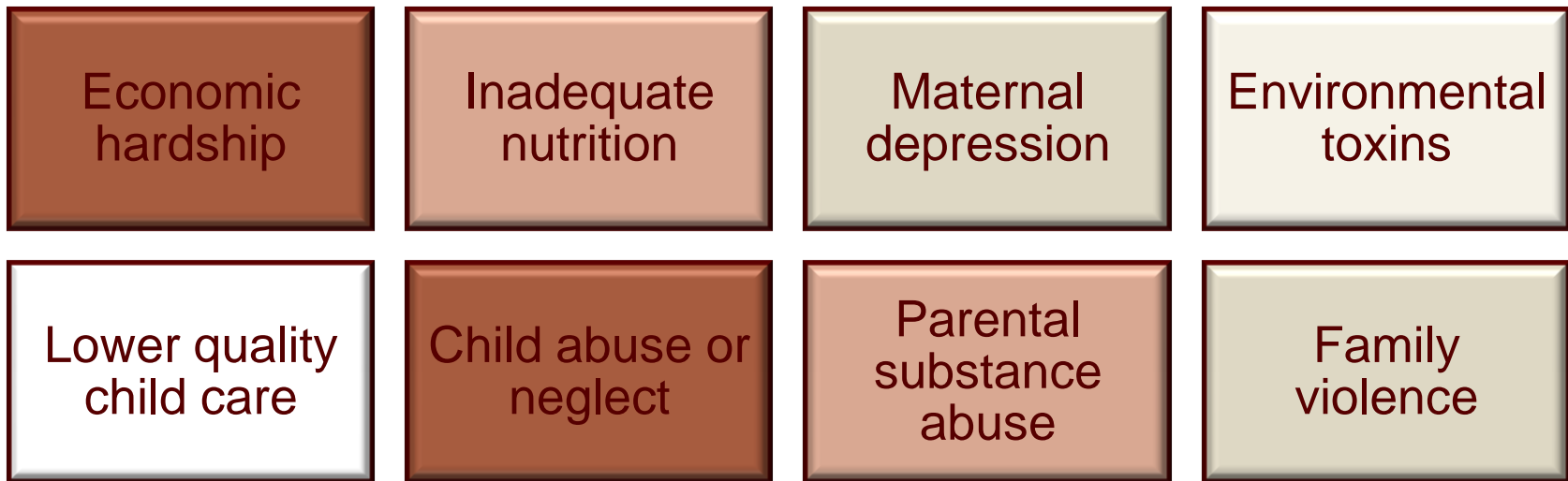
Raikes, Helen. "A Secure Base for Babies: Applying Attachment Theory Concepts to the Infant Care Setting." *Young Children*. 1996.

Babies Need a Secure Base in Child Care All Day, Every Day

- Transitioning from room to room at pre-determined ages or stages can cause distress
- Fewer changes of primary caretaker during the day has been linked to fewer exhibited behavior problems in child care
- Higher numbers of changes in center or family child care providers in the earliest years have been linked to less outgoing and more aggressive behaviors among children at ages four and five

High Quality Child Care with a Secure Base is Especially Important for Children At Risk

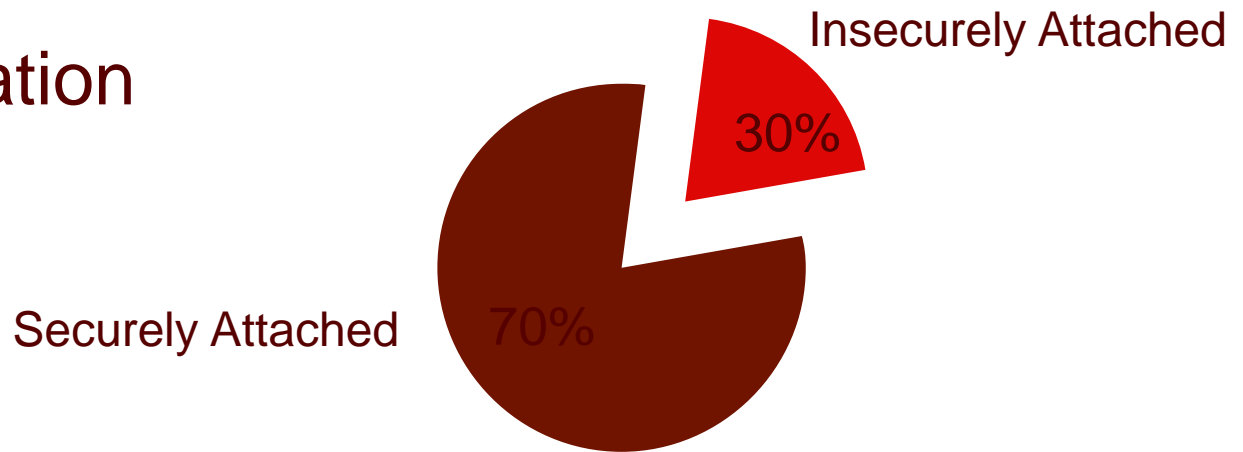
- Research finds that these factors put babies and toddlers at risk for impaired development:



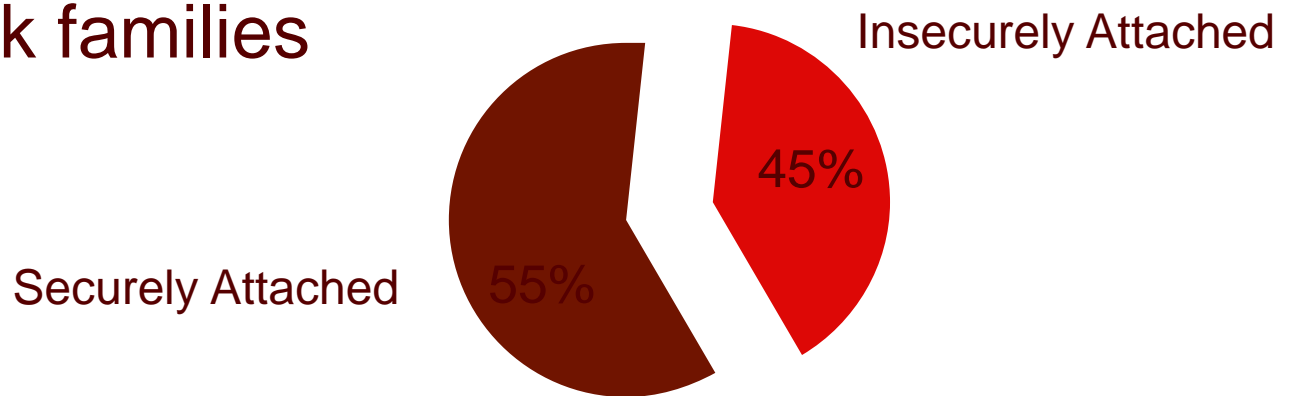
Source: National Center on Children in Poverty

High Risk Conditions May Impede Attachment

General Population



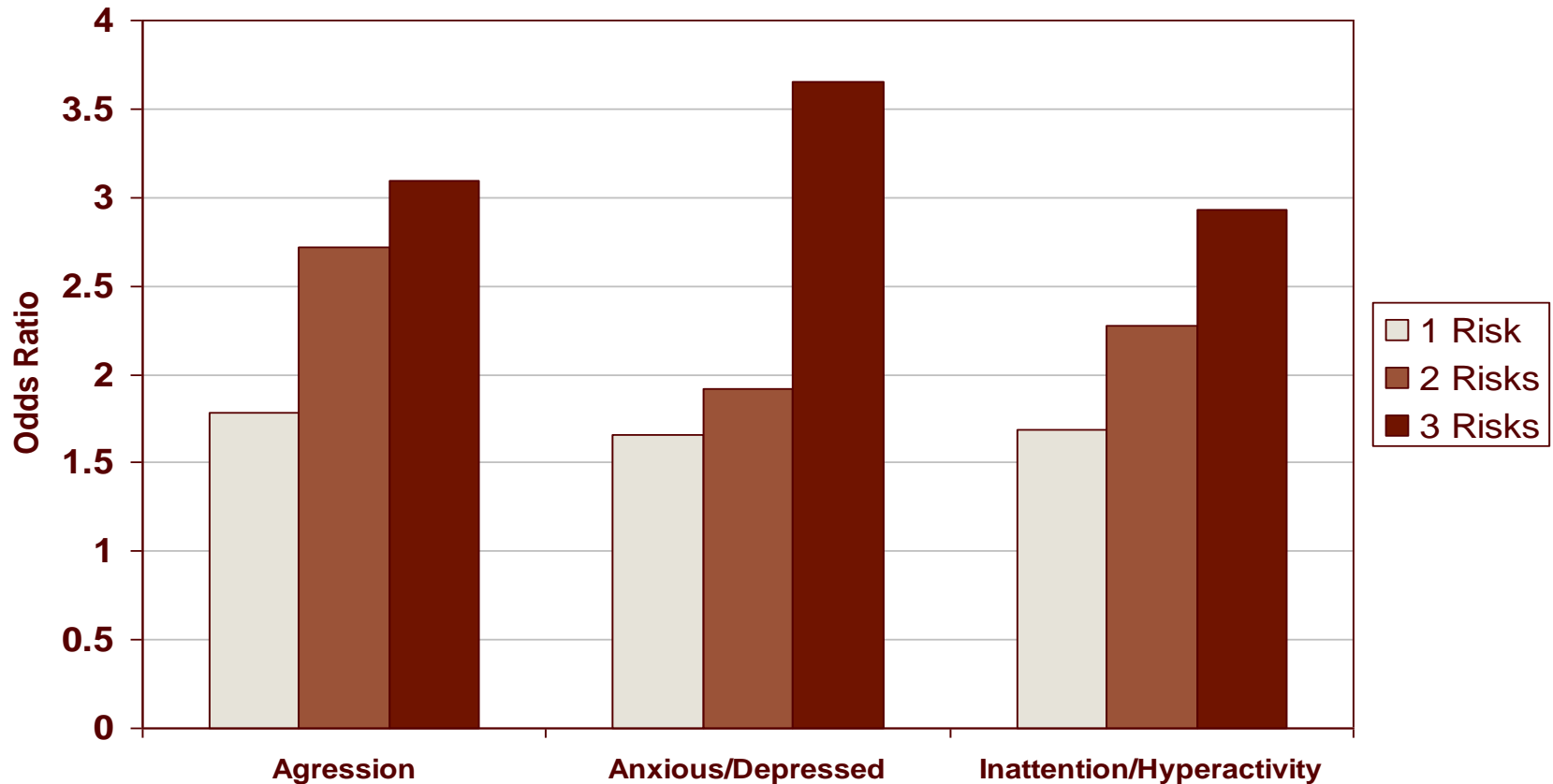
Among high-risk families



Prepared by Martha Farrell Erickson,
Ph.D., University of Minnesota

Negative Impact of Multiple Risk Conditions Shows Up Early

Impact of Maternal Risk Conditions on Infant and Toddler Behavior



Maternal risk conditions = mental health, substance abuse, and domestic violence
All significant differences at $p < .001$ (Whitaker et al., 2006)

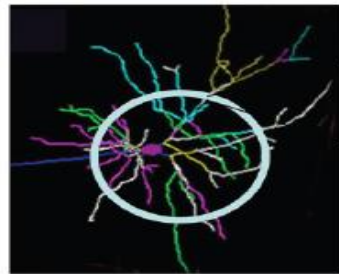
Very High Stress Levels in Young Children Affect Long-Term Development



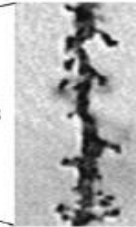
Center on the Developing Child
HARVARD UNIVERSITY

Persistent Stress Changes Brain Architecture

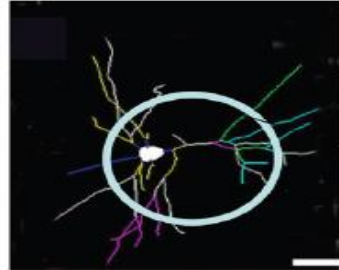
Normal



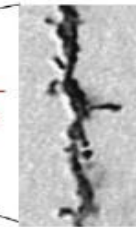
Typical neuron—
many connections



Toxic stress



Damaged neuron—
fewer connections



Prefrontal Cortex and
Hippocampus

Sources: Radley et al. (2004)
Bock et al. (2005)

Brains subjected to toxic stress have underdeveloped neural connections in areas of the brain most important for successful learning and behavior in school and the workplace.

What Does Continuity of Care Look Like?

- Voluntary network of programs in 11 cities
- State-of-the-art facilities for birth-5
- Public/private partnership
- “Braided” funds support quality
- Groups of 8 infants/toddlers or 17 preschoolers with 3 adult staff



- **Same-age group** stays with same teachers
 - Replace children who leave with same age range
 - May stay in same environment or move as a group to another room
 - New cohort of babies start when others move up to preschool
- **Mixed-age group** stays with same teachers in same environment
 - children enter and leave as age appropriate
 - When children leave, may be replaced by any other age, as long as the mix remains
 - Usually a limit on number of infants in group, with ratios and group size determined by age of youngest

- Primary caregiving
- Small groups
- Children birth to 3 remain with same teaching team from entry until transition to Headstart/preschool
- Children 3-5 remain with same teaching team from entry until transition to public school



1st Year



2nd Year



3rd Year





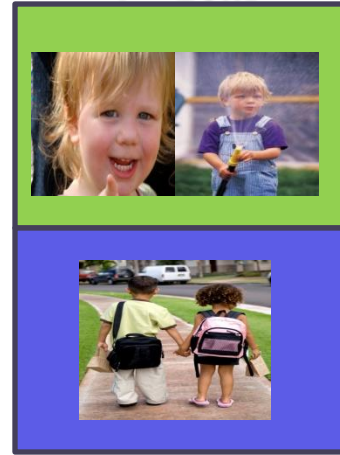
2nd Year



3rd Year



4th Year





Variations in Transition-to-Preschool Distress and Developmental Outcomes by Continuity of Care and Non-Continuity of Care Classroom Experience

Debra Mary Pacchiano, Priya Mariana Shimpi, & Mary-Jane Chainski
The Ounce of Prevention Fund, Chicago, IL

Introduction

Based on attachment theory and limited research, the early childhood profession has emphasized the importance of minimizing the number of primary caregivers that infants and toddlers experience over time while in child care (Howes & Hamilton, 1992; Cryer et al., 2005).

However, state licensing regulations typically require infants, young toddlers and older toddlers in center-based child care and education programs to be cared for in separate age-based classrooms. This practice typically leads to several caregiver transitions during the birth to three years, as well as an additional transition at 36 months into a preschool setting.

"Continuity of Care" is a term used to describe a range of practices employed by center-based child care and education programs to minimize the number of caregiver transitions and attachment disruptions experienced by young children across the infant-toddler developmental period.

The current study examines the impact of this discrete program practice on the transition-to-preschool distress and developmental outcomes of one cohort of children participating in an Early Head Start center-based program employing two types of care arrangements: Continuity of Care and non-Continuity of Care.



Purpose

The purposes of this study were to:

- Examine toddlers' observable distress following transition to a Head Start preschool from an Early Head Start program.
- Look at variations in children's developmental outcomes when Continuity of Care had and had not been experienced, based on dosage of this type of care.

Method

This study was conducted in an urban Early Head Start center of moderate to high quality with recruitment and enrollment of the highest at-risk children of adolescent first time mothers.

Three groups of children were identified:

• **Traditional Program:** Children had at least 1 year of Early Head Start Experience, but did not experience Continuity of Care before transition to preschool (n=6, mean age at transition=38.3mos, mean number of EHS years =1.9)

• **< 3 Years of Continuity of Care (COC<3YRS):** Children had at least 1 year of Early Head Start Experience, and had between 1 - 2.5 years of Continuity of Care before transition (n=10, mean age at transition =32.7mos, mean number of EHS years =2.2)

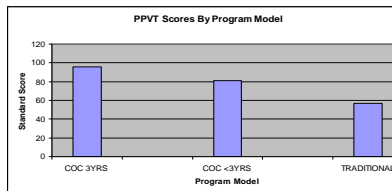
• **3 Years of Continuity of Car (COC 3 YRS):** Children received 3 full years of Continuity of Care before transition (n=5, mean age at transition = 33.4mos, mean number of EHS years =3.0)

Vocabulary and social-emotional assessments were collected in the fall, following children's transition from Early Head Start into the preschool Head Start Program using the following tools:

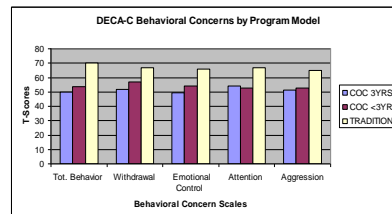
- PPVT-3 (Peabody Picture Vocabulary Test-3)
- DECA-C (Devereux Early Childhood Assessment Clinical Form, Problem Scale)

Results

Children's Vocabulary Post-Transition: Peabody Picture Vocabulary Test – 3:



Children's Distress Post-Transition: Devereux Early Childhood Assessment – Clinical, Behavioral Concerns*



* Lower T-scores are desired on this scale



Conclusions

Although extremely preliminary due to very small sample sizes, the data appear to indicate that children who received three years of center-based care utilizing a Continuity of Care (COC) model achieved higher vocabulary scores and lower problem behavior scores than their peers who a) experienced COC but for only 1 – 2.5 years of enrollment, and b) experienced two years of center-based care utilizing a traditional model of yearly changes to the primary caregiver.

Interestingly, when comparing the higher vocabulary and lower problem behavior scores of the COC <3 years group to the results of the traditional care group, the data, preliminarily, seem to indicate that it is more beneficial for an infant-toddler to be enrolled in a center-based program utilizing a COC approach, than to be enrolled for a longer amount of time when the program employs a traditional model of care that results in yearly disruptions to the primary caregiver.

Future work will track larger samples of children and will follow them through their transitions to kindergarten to further study the impacts of these caregiving models.

References

- Cryer, D., Wiggner-Moore, L., Buchholz, M., Yoojjan, N., Harwitz, S., & Wolery, M. 2005. Effects of transitions to new child care classes on infant/toddler distress and behavior. *Early Childhood Research Quarterly*, 20, 37-56.
- Howes, C., & Hamilton, C. 1992. Children's relationships and child care teachers' Stability and concordance with parental attachments. *Child Development*, 63, 867-878.

Acknowledgments

We thank Melissa Wilhelm for her assistance in retrieving the roster data, Rima Mallotra, for sharing her experiences during the Continuity of Care Program, and the teachers, children, and families of the Educare Center in Chicago for their participation.

For further information

Poster presented at the 2007 meeting of the Society for Research in Child Development in Boston, MA. For further information, please contact Debra Pacchiano, Ph.D, Director of Research, The Ounce of Prevention Fund, 33 W. Monroe Suite #2400, Chicago, IL 60603. Email: dpacchiano@ounceofprevention.org. More information on this and related early childhood care and education projects can be obtained at <http://www.ounceofprevention.org>.

We learned ...

- **that you** need organizational support
- **that it was crucial to** involve staff and parents from the beginning
- **that it helped to** begin with the ones who are excited about it
- **that we needed to be available** to staff once we started- to support, to troubleshoot, to spread the excitement
- **that it was crucial to** provide a lot of training and coaching

- Focus on strengths
- Develop buy-in from all groups
- Take advantage of opportunities
- Study, visit if possible, various models
- Develop a thoughtful, reasonable timeline
- Re-evaluate periodically: Plan, do, reflect...

State Policies that Impact Continuity of Care

Policy Framework: What Babies and Toddlers in Child Care Need

Healthy and safe environments in which to explore and learn.

Nurturing, responsive providers and caregivers they can trust to care for them as they grow and learn.

Parents, providers, and caregivers supported by and linked to community resources.

Their families to have access to quality options for their care.



TOPICS

[Policy Framework and 15 Recommendations](#)

[State Examples](#)

[Tools](#)

[Related CLASP Resources](#)

ABOUT THIS PROJECT

CLASP's *Charting Progress for Babies in Child Care* project links research to policy ideas and examples that support the healthy growth and development of infants and toddlers in child care settings. The project provides resources to help states make the best decisions for infants and toddlers in child care.

The foundation of the project is a policy framework comprised of four key principles describing what babies and toddlers in child care need and 15 recommendations for states to move

Charting Progress for Babies in Child Care

A CLASP CHILD CARE & EARLY EDUCATION PROJECT

Policy Framework »

The foundation of CLASP's *Charting Progress for Babies in Child Care Project* is a Policy Framework comprised of four key principles describing what babies and toddlers in child care need and 15 recommendations for states to move forward. CLASP developed this Policy Framework with ZERO TO THREE in the first year of the project, based on interviews with over one hundred leaders around the country.

KEY PRINCIPLES

Babies & Toddlers in Child Care Need:



Nurturing and Responsive Providers and Caregivers to Care for Them as They Grow and Learn

RECOMMENDATIONS:

- Establish Core Competencies
- Provide Access to Training, Education, and Ongoing Supports
- Promote Continuity of Care
- Promote Competitive Compensation and Benefits
- Support a Diverse and Culturally Competent Workforce



[A Tool Using Data to Inform a State Infant/Toddler Care Agenda](#)

RECENT MATERIALS »

CHILD CARE AND EARLY EDUCATION | MAR 17, 2010
Tennessee: The Strengthening Families Initiative

Project Home Page

Recommendation Page

CLASP

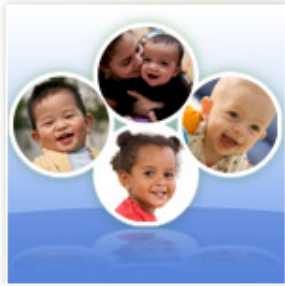
policy solutions that work for low-income people



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Charting Progress for Babies in Child Care

A CLASP CHILD CARE & EARLY EDUCATION PROJECT

Promote Continuity of Care

Recommendation: Provide information and supports for providers and caregivers to develop nurturing, responsive, and continuous relationships with children from when they enter child care to age three.

[Make the Case](#)

[Bibliography](#)

[Policy Ideas](#)

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[Online Resources](#)

AUG 25, 2008 | RACHEL SCHUMACHER AND ELIZABETH HOFFMANN | [DOWNLOAD TAB AS PDF](#)

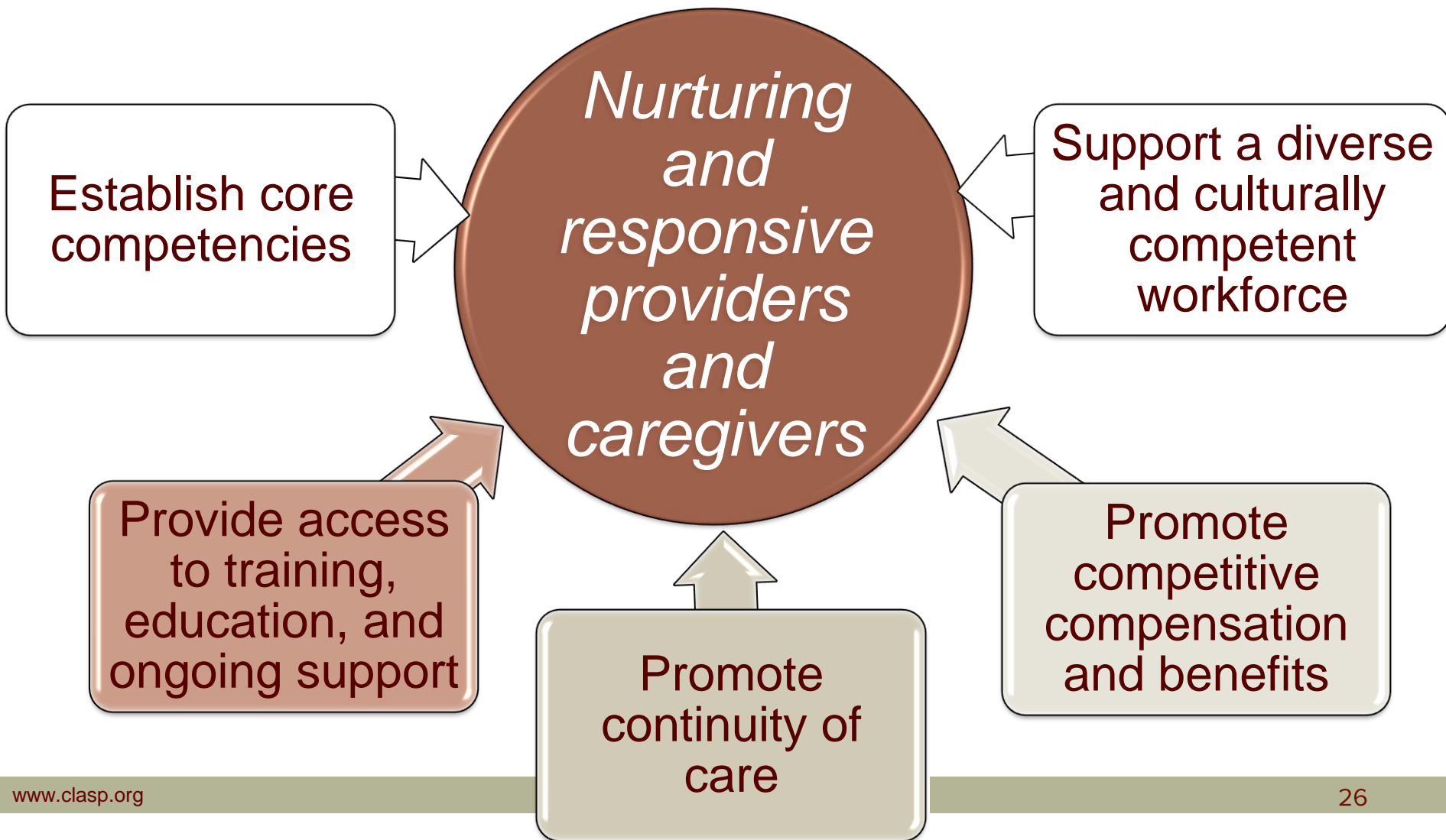
"The irreducible core of the environment during early development is people. Relationships matter." — Ross Thompson, *"Development in the First Years of Life," The Future of Children*[1]

TABLE OF CONTENTS:

SECTION 1: What does the research say about babies and toddlers and continuity of care?

- The most important relationships usually begin in the family, when an infant forms an attachment relationship with the person who is primarily responsible for the infant's care.

Recommendations to Support Nurturing and Responsive Care



State Policies Can Support Continuity

POLICIES:

- Licensing can allow mixed ages, require primary care
- Child care lead agency can use federal funds to:
 - Extend subsidy eligibility period
 - Provide financial incentives/support to center and FCC providers to implement continuity of care
- Professional development systems can teach directors and providers how to promote primary, continuous care

to training,
education, and
ongoing support

Promote
continuity of
care

competitive
compensation
and benefits

Licensing Policies

- Require a primary child care provider for each child
- Limit caregiver transitions during the day
- Require centers to implement continuity of care strategies from entry into child care to age three
- Remove licensing barriers to operating with mixed-age groups
 - Ensure staff:child ratios meet standards for youngest child in the group

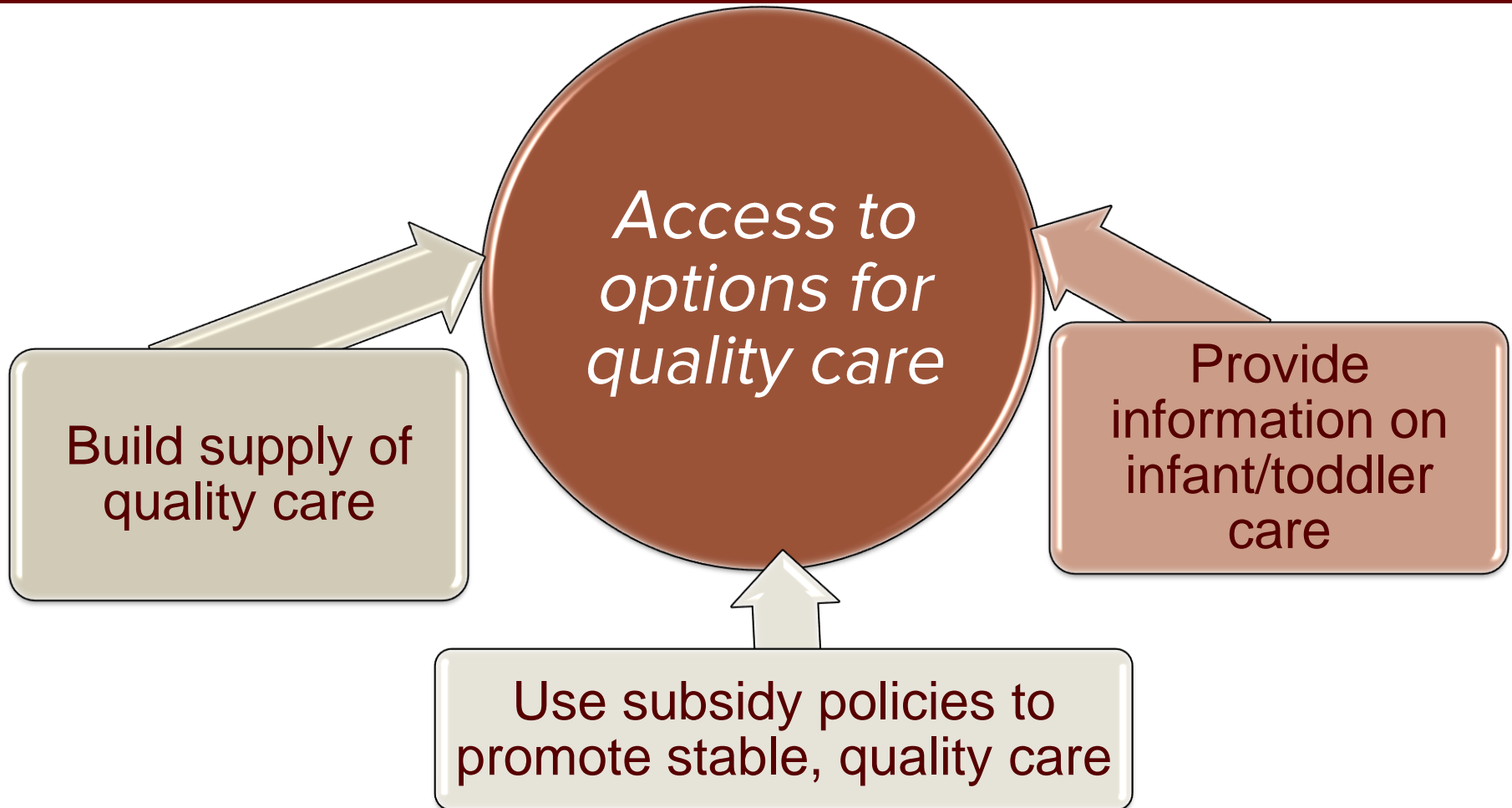


Example: Indiana Requires Continuity of Care in Licensing

- Centers required to make a reasonable effort to provide continuity of care for children under 30 months of age
- May mix children 6 weeks to 36 months of age in one classroom under the following conditions:
 - A staff:child ratio of 1:4; group size of 8
 - No more than 3 children under 12 months old
 - Developmentally appropriate program, furnishings, and equipment for all children
- Implementation leadership by CCR&R in southern IN
 - State now using ARRA funds to support training/TA

Source: 470 IAC 3-4.7-51 and 52 at <http://www.in.gov/fssa/files/Rule4.7.pdf>

Recommendations to Support Access to Quality Options for Care



Subsidy Policy

- Extend the period of time until a family has to re-establish their eligibility for subsidies to 12 months
 - For all or at least those in EHS/child care partnerships
- Reduce barriers to maintaining eligibility
- Raise subsidy payments to centers and family child care homes that implement continuity of care
- Contract directly with providers



Example: Massachusetts 12-Month Subsidy Redetermination

- In 2005, a study found that 6 month re-determination meant:
 - Two days FTE needed to handle voucher administration
 - 86 percent of families were still eligible after 6 months
- Family re-certification changed from 6 months to one year in 2006
 - Simplified re-certification requirements
 - Administrative changes to promote continuity of care
 - 90-day family leave policy
- Follow-up evaluation has found:
 - Voucher termination rate declined from 30 to 13 percent in two years
 - Directors reported administrative savings, shorter period of vacancy, improved ability to predict the termination date of a family's child care subsidy

Citation: *Keeping the Promise: A Study of the Massachusetts Child Care Voucher System*, Bessie Tartt Wilson Children's Foundation, 2006

Quality Enhancement Policies

- Offer technical assistance to center directors
- Train staff on continuity of care methods
- Encourage continuity of care in the standards, design, and incentives of state Quality Rating and Improvement Systems (QRIS)
- Develop and disseminate information and resources appropriate for family, friend, and neighbor caregivers and parents



Discussion and Next Steps

- What would it take to move a continuity of care agenda from where you sit?
 - State level policy change
 - Program planning and transformation



How do you gain their buy-in?

- **I'm not an infant teacher-** *I don't know what to do with babies! What can babies do any way! I didn't get my degree to burp, and bottle feed and change diapers!*
- **I'm not a toddler teacher-** *I don't know what to do with them once they walk! They havoc chaos!*
- **I'm not a two-year old teacher-** *I don't- can't handle the tantrums, the no's, the 'I do it my self!'*

How do you gain their buy-in?

- “Children need transitions so they can learn to work through them”
- “What if my child gets a ‘bad teacher’- then we are stuck with them for three years?”
- “I don’ t want my baby to get too close to her teacher—she will get confused”

What Can You Do to Support Continuity of Care?

- Access more information resources
 - Infant/toddler specialists, infant mental health consultants, higher education, PITC, Educare
- Spread the word
 - Talk to your colleagues, staff, parents in your program, potential funders, state leaders

What Can You Do...?

- Make a plan
 - Work together across the early childhood system or in your program to map out what steps and resources would be needed to implement continuity of care in policy or program level
- Advocate for policy change
 - Licensing, subsidy, quality investment, incentives and supports

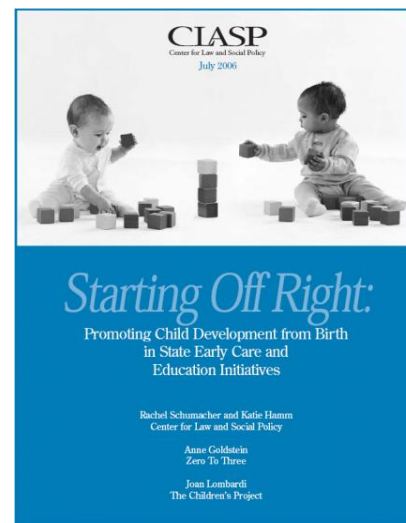
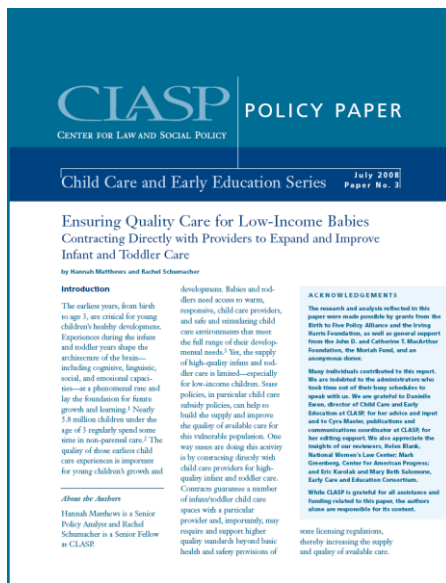
Resources & Contact Information

CLASP Infant/Toddler Publications



Building on the Promise:
State Initiatives to Expand Access
to Early Head Start for Young
Children and Their Families

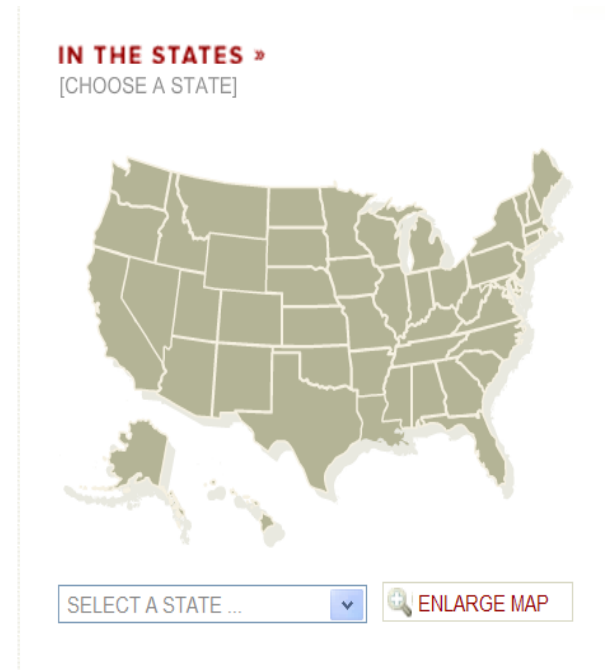
**Ensuring Quality Care for Low-
Income Babies:**
Contracting Directly with
Providers to Expand and Improve
Infant and Toddler Care



Starting Off Right:
Promoting Child Development
from Birth in State Early Care
and Education Initiatives

CLASP In the States

- www.clasp.org/in_the_states/
- Find fact sheets on:
 - Head Start
 - Child Care assistance
 - TANF spending
 - Infant/toddler initiatives
 - State pre-k profiles (coming soon!)



Contact Information

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www.clasp.org/babiesinchildcare

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www.educarecenters.org