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Continuity

RESEARCHERS AT FPG are working on a three-pronged, six-year study that may begin to answer questions about the impact of having multiple caregivers during the infant and toddler years.

“Having many caregivers during these years is assumed to be harmful to children because changing primary attachment figures may lead to less advanced developmental progress as well as child distress,” said Debby Cryer, lead researcher on the study. Thus, many experts recommend that child care programs keep the same caregiver with children until the children are at least 3.

“However, very little research bears directly on this, and no study has evaluated this in a longitudinal way,” she said. “We do not yet know whether the theory matches reality.”

Traditionally, young children in center-based child care programs have a series of different caregivers during the first three years of life. Centers often follow the lock-step elementary school practice of moving children to a different class or teacher at the end of the year.

One prong of the FPG study is a longitudinal, randomized comparison in high-quality child care programs in which one group of children has the same caregiver for the first three years of life while another group has a different caregiver each year.

FPG has operated its own child care center for more than 30 years. Cryer said that several years ago, when theory seemed to indicate that continuity of caregiver was important, the FPG center began using this approach. “We found that some children did great with the same caregiver, but some didn’t do as well.

For example, a particular caregiver might not get along with a particular child. And there may be caregivers who are good teachers at one level, but do not ‘grow’ professionally as the child grows. Also, some children seem to find changing caregivers a positive experience,” she said. As a result of these unresolved issues, researchers decided to design a formal study.

The study has these components:

- a national mail survey of child care programs to examine current U.S. practices
- the longitudinal study mentioned above
- the perceptions of families and staff about these arrangements

The longitudinal study is well underway. Two groups, each with about 50 kids, have been randomly assigned to either continuity of caregivers or changing caregivers each year. A number of measures are being collected,



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including general developmental status, language development, temperament, attachment, quality of both home and child care settings, social and play behaviors and behavioral indicators of stress. For a sub-group, stress is also being measured physiologically through analyses of cortisol levels in children's saliva. To collect information for the qualitative aspect of the study, families and staff are being interviewed twice a year.

Cryer said, "We don't know what we're going to find. We already know that it's a complex issue, involving multiple interactions among the child, the caregiver and the family." Cryer pointed out that programs generally offer different levels of continuity of care:

- Keeping children and teacher(s) together for a certain number of years.
- Keeping a group of children together over a period of years.
- Keeping a few friends together over a period of years.

"Centers should also be aware that as children grow and develop, the children's environment must be changed to match their abilities and interest," said Cryer. "Also, the adults' treatment of children must move along to represent children's growing abilities."

National survey

The first part of the FPG study—the mail survey of child care centers—was completed by Cryer, Mark Wolery and Sarah Hurwitz, and shows that continuity of caregivers with infants and toddlers is rare.

"Small numbers of infants, and even fewer toddlers, remain with the same caregiver when they move from one class to another," said Cryer.

The survey found that many programs move children more often (from class to class, teacher to teacher) as soon as they reach certain developmental milestones, such as crawling or walking. Some centers even move children on a daily basis to meet ratio or other staffing requirement. "This is often done to make efficient use of program resources by keeping classes full and making space for enrolling infants for whom there is more child care demand," said the authors of the study.

In making decisions about when to move infants and toddlers from one class to the next, most survey respondents said they considered multiple factors. Developmental issues were considered foremost, such as reaching milestones or a certain age. However, decisions were also strongly influenced by more practical concerns, such as whether space is available in the next class or if a young child had been enrolled, requiring an older child to move up to the next group. >

Suggestions on offering continuity of care

If a center wants to offer continuity of care for infants and toddlers, Debbie Cryer had these suggestions:

- Avoid taking new children only in the youngest group; this forces moving children up one at a time and separates them from the teacher to whom they are attached.
- Recruit new children to fill in at upper age levels when it is more appropriate to have more children per adult.
- Use mixed-age groupings.
- Reward staff for longevity with the program.
- If a staff member leaves, overlap staff so that children are never left with strangers.



High rates of teacher turnover increase the likelihood that children will change teachers repeatedly during the infant/toddler years.

Reality of child care

These factors that influence decisions represent the reality of child care, in which staff try to balance developmental needs of very young children against efficient operations. In maintaining the balance, staff seem to avoid some practices associated with the poorest quality care. “For example,” said Cryer, “when asked how often infants and toddlers were moved temporarily from one class to another to meet state ratio regulatory requirements, about half the respondents reported never doing so, and less than 5% said they did it on a frequent basis.”

Respondents said the more frequent transition practices include talking about the move with the child’s parents and having the child visit the new class. For the total sample in the survey, talking about the move with the child, getting the child’s space in the new classroom ready and getting the child used to the new classroom’s routines were also used in 75% or more of the centers. However, other strategies that might substantially increase the child’s chance for security, such as moving children together, were used by only a minority of programs. Cryer said, “It is likely that these practices can be helpful for some children and their families, but the extent to which they are used, and the actual quality of the implementation is unknown.”

Possible barriers

At first glance, staff and child turnover might be considered two of the barriers to practicing continuity of caregivers. However, researchers found no evidence of this in the national mail sample of 273 centers. Respondents reported that the vast majority of children who were enrolled as infants remain in the center until they are 3.

“There also seems to be sufficient staff longevity to allow continuity of caregiver, at least into a second year with the same caregiver,” said Cryer. “However, practicing continuity of caregiver requires far more than low turnover in children and staff.”

Agreement with a practice was associated with using that practice among survey respondents. For the total sample, less than 20% strongly agreed with the statement that “in an ideal situation, children should have the same teacher for the first 36 months of life.” More than half either disagreed or were neutral in their response.

“To some extent, this explained why continuity of caregiver was not practiced. The lack of strong agreement with the practice may be a barrier to its implementation,” said Cryer. ■■■

If you want to know more

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