NYS Campaign for Continuity

ONE CAREGIVER FROM ENROLLMENT   TO PRESCHOOL.

Implementation Kit
A Guide for
Child Care Programs

2019 Update:
A collaborative effort of the
NY Strengthening Infant/Toddler Policies and Practices Workgroup

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NYS Infant and Toddler Resource Network

early care &
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New York's child care resource network

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Young children thrive in the care of familiar caregivers who understand them and respond to their individual needs. Relationships are the "active ingredient" that shape development and help children build a strong foundation for life. Starting at home, the child's first and most important relationship is with parents and other caregivers in the home. When the child enters child care, the circle of care is expanded to include professional caregivers.

This Implementation Kit is designed to help directors and caregivers in child care programs understand the importance of these caregiving relationships and create program policies that support relationship-based care. It addresses two practices – assigning and supporting primary caregivers for each child and maintaining them as long as possible. The goal is to have one caregiver from enrollment until preschool.

Continuity of Care: A Research Based Practice

Providers of child care for infants and toddlers across New York State are implementing the research-based practice of Continuity of Care. Continuity of Care (COC) has emerged as a strongly recommended practice for infant and toddler care and education, endorsed by NYAEYC, Zero to Three, the Program for Infant/Toddler Care, National Head Start Association, and the Ounce of Prevention Fund, among other organizations (McMullen 2017). The environments infants and toddlers encounter, the relationships they form, and the activities they engage in before age 3—both inside the home and out—are key to healthy and positive growth, development and learning outcomes that can last a lifetime (Shonkoff & Phillips 2000).

In COC, children and their caregiving team are kept together in a consistent group of familiar caregivers and peers over a long period of time—up to two or three years (NAEYC/McMullen 2018). COC is based largely on attachment research that recognizes that infants and toddlers thrive in secure relationships with a small number of key adults, that secure relationships take time to develop, and that these important relationships are best if long lasting (Bernhardt 2000; Sroufe 2005; Lally & Mangione 2009; Raikes & Edwards 2009; Elfer, Goldschmied, & Selleck 2012).

While COC is recommended for the care of all infants and toddlers, for children who lack nurturing relationships with adults and/or have adverse experiences that cause high levels of stress over long periods of time (toxic stress), the need for these consistent, nurturing relationships is especially important. Children who live in extreme poverty, lack stable relationships at home, or who live with drug or alcohol-dependent caregivers are more likely to be affected by toxic stress. However, there is evidence that the negative effects of this stress on development can be overcome by nurturing caregivers and supportive environments. (Arkansas Child Development and Early Learning Standards, Birth through 60 Months, 2016).

Primary Caregiving

A primary care system is the first step toward continuity of care. It involves assigning one primary caregiver to each child and family in the program. Sometimes it is necessary to have more than one primary caregiver if the child is in care many hours. The primary caregiver is responsible for her small group of children. She carries out most of the daily care routines and gets to know the child and family well. She is responsible for this child's records, for monitoring the child's development, planning appropriate activities and maintaining close ties with the family. While primary care encourages the development of a dependable and close relationship, it is not an exclusive relationship. No caregiver can always be with the child. Illness, staff turnover, vacations and other circumstances can cause interruptions in these relationships. Thus, it is important that caregivers work as a team and stable backup plans are in place. Program policies for overlapping shifts, holding team meetings and team building activities will facilitate communication and cooperation with a child's caregivers and their family.

(See Appendix A: Sample Job Description for Infant /Toddler Co Teachers and Appendix B: "It's Good to See You Again!")

Primary care assignments can be made with several factors in mind. Some considerations include:

- The natural likes and dislikes of the child, it is common for some children to be more naturally drawn to some caregivers than others
- Family and cultural considerations – For example, if you have a caregiver who speaks the child's home language
- Which groups have openings for a new child? Staff and child schedules
- Providing a comfortable range of ages and abilities in the group, taking into account any special needs
- The other children in the group – Creating a comfortable balance of temperament styles
- Preferences of the caregivers and how they will share responsibilities for team work

Primary caregiving - Why is it important?

Infants and toddlers grow and develop in the context of their primary relationships - first, in the home, with parents and then in child care with professional caregivers. These emotional attachments provide the security and trust that young children need to explore their world with confidence. As more and more babies and toddlers are entering

child care, researchers have been concerned about attachment questions. Evidence (Dalli, 1999; Honig, 1998; Raikes, 1993 and 1996) now suggests that infants can and do form secure attachments with their caregivers and that those who are securely attached function better in care.

The quality of child care can be boiled down to the quality of the relationship that each baby has with his or her caregiver. What is needed is a responsive caregiver who is tuned in to the temperament and interests of each child in her small group. The caregiver's response to the child's temperament can play a big role in the child's emotional development. Any temperamental trait can be an asset or a liability to a child's development, depending upon the approach taken by the caregiver. The feedback that a child receives from adults contributes to his self-image as he grows. When a caregiver knows a child well, she can adapt her responses to fit this child's temperament and style. The caregiver becomes a facilitator of learning- supporting the child when they need encouragement and comfort and stimulating the child with new materials, new words, and new experiences. Children who have this kind of loving care with rich early experiences develop a strong foundation and a zest for learning. Eighty five percent of the brain is wired up during infancy. Neural connections are made in the process of these early experiences so child care programs should be doing everything they can to create positive and secure relationships during infancy.

(See Appendix C: Attachment Categories and Thinking about Adult Attachment Classification and Appendix D: Fostering Attachment in the Child Care Setting for Infants and Toddlers)
(See Resource Links: https://www.ecmhc.org/temperament/**)**

When child care is chaotic and babies do not have a trusted caregiver with whom they feel secure, the day becomes a stressful experience. Stress hormones are toxic for early brain development. The child's natural instincts for survival kick in and their vulnerabilities move to the forefront. They are fighting to have their basic needs met rather than being able to relax and explore their environment. A Circle of Security is established when these safety messages come from a trusted caregiver – "You're OK! I'm coming to see what you need and I am here to help you get regulated. I will help you ease yourself to sleep. I will feed you when you are hungry. I will change you and keep you comfortable so that we can play and sing and experience the world in a joyful manner."
(See Appendix E: Creating a Circle of Security (Birth to Twelve Months) and The Circle of Security)

Primary caregiving - How to implement?

The first step in creating a system of primary caregiving is to view the child care program through the eyes of the baby. Directors and caregiving staff should come to understand the need for intimacy in infant and toddler care. Then the director and staff can start thinking about how to create small intimate groups. They can figure out the best way to make primary caregiving assignments and how to manage the daily work of planning for children, keeping daily records and managing the daily routines of feeding, napping, outdoor play and diaper changes.

(See Appendix F - Signs and Steps to Quality – FSU Draft Tool 5.1 and 5.2 This is a helpful tool to help create a step-by-step implementation plan)

Sometimes implementing Primary caregiving requires another look at job descriptions for the infant and toddler caregivers. The ideal set up is to have co teachers in every room who are well trained in infant and toddler development

and can be assigned all of the tasks related to caring for the children. This would include individualized curriculum planning, conducting the daily care routines, record keeping and communicating with the family. Sometimes this requires shifting responsibilities and creating teams rather than hierarchical structures. For programs with lead teachers and aides, primary assignments can still be made for small groups of children and the lead teacher may have additional responsibilities for classroom and curriculum oversight. Every program has its own staffing patterns so the solutions will have to be unique to the program. Some plans may take time to fully implement.

Primary caregiving – Partnering with Families

Parents will also need to understand the reasons for change in the child care program. Information about the importance of secure attachment in care should be shared with families so that they do not feel threatened by this proposed intimacy but understand the value it has for their child. Family centered child care programs seek to create a partnership with families and provide comprehensive support services that benefit the child and his family. Once the caregiver and family get comfortable with each other, open communication helps the child have a smooth transition between home and child care.

Once the primary care system is in place, it can be incorporated into the parent handbook and shared as a part of the program's philosophy from the beginning. Parents are introduced to the system and start building a relationship with the caregiver on day one. Some programs are able to provide a home visit to the family at the time of enrollment so that the caregiver can meet the family and learn more about the child's routines at home. This helps the caregiver create a smooth transition for the child and the family.

Continuity of Care - What is it?

With continuity, children are not moved to a new group with a new caregiver during the infancy period (first three years of life). Either the whole group moves together into more appropriate space as children get more mobile or the caregiver modifies the environment to meet the children's changing needs.
Some programs group children who are roughly the same age together and some may mix the ages of children in a group to be more like a family. Both ways are acceptable and have different benefits.
(See Appendix G- Head Start Tip Sheet and Appendix H - PITC Tip Sheet)

The two most important elements involved in continuity of care approaches are 1) the day to day interactions between a familiar caregiver and child gives the child a sense of predictability and consistency in their daily routine and 2) the deepening relationship and shared memories created through a long term relationship help the child develop a sense of himself and his culture.

Continuity of Care - Why is it important?

Stable attached relationships are at the core of healthy development during infancy. Babies are working on three main developmental tasks.

        1) Security and trust

        2) Exploration of their world and their caregivers and

        3) The formation of identity and feelings of self-worth

(See Appendix I: On the Path to Trust and Security and On the Path to Development of Self)

All of these skills grow in the context of their early relationships. The messages that babies get from parents and caregivers help them create a strong social and emotional foundation or a weak and disorganized foundation. Once a strong bond is in place with a professional caregiver, the program should not add emotional stress by separating caregivers and children. Continuity is important over time so that the child and caregiver gain a deeper understanding of each other and a sense of control and predictability. Child care routines define and direct behavior. A behavior such as hanging up your coat is learned quickly in the child care setting where children are motivated to "fit in" and imitate. Repeating these routines consistently over time creates internalized habits which provides a sense of comfort. Some of these routines may carry over into the home and some may be reserved for child care. Parents and caregivers work together to nurture the child's developing sense of competence and continuity.

Continuity is being practiced in many fields of human development. In child welfare, judges and caseworkers are striving for permanency – quickly evaluating the ability of the family to meet the needs of the baby and providing support to help maintain the family unit. If that effort fails, the courts move to

seeking a permanent and stable home for the child. The infancy period is too critical for the emotional foundation to allow multiple disruptions to attachment.

In 1967, the American Academy of Pediatrics along with other medical providers adopted the practice of medical homes to coordinate multiple providers and bring more patient focused care to the practice of medicine. Medical Home principles call for continuity of care, follow up and comprehensive case management and cultural consistency.

Some public schools are practicing "looping" where small children stay with the same teacher for a 2 -3 year cycle rather than be transitioned at the end of each year. This provides for a deeper relationship and better understanding of the child's learning style. All of these changes to practice are aimed at supporting the human relationships so critical to healthy development.

(See Appendix J: Elements of a Healthy Relationship)

Continuity of Care - How to implement?

There are many ways to implement continuity of care and programs may take several small steps along the way. All practices that reduce transitions will improve the intimacy of care and promote the security of children. Once the

program has established small primary caregiving groups, the goal is to keep that group of children together with their caregiver until the children are ready to transition to preschool. There are many ways to maintain these groups and still manage the enrollment of new children.

Continuity models

The following illustration has been provided by National Center on Early Childhood Development, Teaching, and Learning (NCECDTL)

HOW CAN PROGRAMS IMPLEMENT CONTINUITY OF CARE SYSTEMS?

Here are three ways that programs can create continuity of care systems. Programs choose a system based on space, materials and resources, staff expertise, and parent and community needs:

1

GROUP MIXED-AGE INFANTS AND TODDLERS.

Have the same primary caregivers work with classes of mixed-age infants and toddlers. The environment should include equipment and materials based on children's ages, interests, needs, and skills. As children age out of the group and move to preschool, add newly enrolled infants or toddlers. The same teachers remain in the classroom.

CLASSROOM A

PRESCHOOL CLASSROOM B

2

KEEP CLOSE-AGE CHILDREN WITH THE SAME TEACHERS (LOOPING).

As children grow older, move the group together with the teachers to a more age-appropriate space. In this arrangement, teachers work with different age groups over several years.

CLASSROOM A

CLASSROOM B
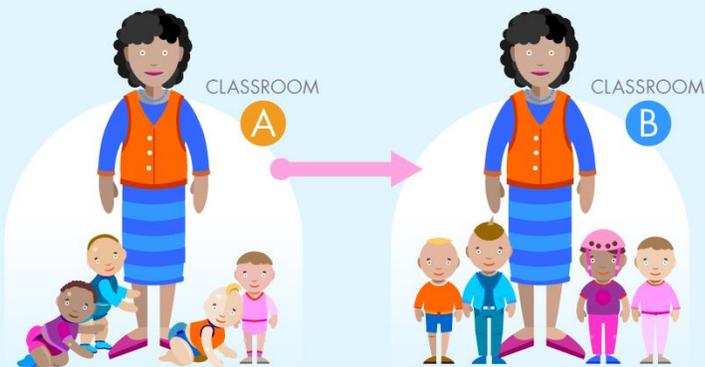
3

CLOSE-AGE CHILDREN REMAIN WITH THE SAME TEACHERS (SAME ROOM).

As the children grow older, they stay in the same room with their teachers. The teachers adjust the environment as children's abilities and interests change.

CLASSROOM A
YEAR ONE

CLASSROOM A
YEAR TWO

Each child care program will need to explore these continuity models and select an option that fits with their space, their overall size and their program philosophy.

(See Appendix K: Mixed or Same- Age Grouping? It Depends – West Ed)

Managing the change process will become important for the leadership in the program. Communicating with staff and families is an important part of bringing people along during the change process. It may be helpful to start with groups of staff who are supportive of the concept and then slowly transition other groups as they warm up to the concept and can see it working for others.

(See Appendix L: Stage of Change Approach and Scale - Children's Institute and Continuity Continuum – Lukens-Parker and Ruprecht)

Benefits

Benefits for children

- Children gain a sense of security and trust - the first step in social and emotional development
- Children can explore and learn with confidence – seeking encouragement from a trusted caregiver
- Children gain a positive sense of self because the relationship becomes internalized messages
- Children become more resilient and can handle daily challenges because they have a strong base
- Children have the benefit of their parents and caregivers working in partnership
- Children quickly learn social skills with peers because they have a smaller circle of friends and a watchful caregiver who knows the children well and can facilitate new skills like sharing and touching appropriately

Benefits for families
- Families know who to call when they have a concern and establish trust in the caregiver and the program
- Families can learn to communicate with this caregiver and start to relax and work in partnership
- Families learn the other children and parents in the group
- Families can share parts of family life and their goals for their child with one special person

Benefits for caregivers
- Caregivers gain a sense of value and importance as this child's primary caregiver and a critical partner in helping this family succeed
- Caregivers have a small group of children that they can get to know well
- Caregivers are better able to manage challenging behaviors because they can anticipate problems and prevent them from happening
- Caregivers develop a sense of pride in their children and in their work as professional caregivers

Benefits for programs

- Programs develop better relationships with families and enrollment stabilizes
- Programs have higher rates of staff retention and hence, more stability with caregivers as they feel a deeper commitment to the children and families the families for whom they care for.
- Programs develop a calmer, less stressful environment and an improved emotional climate.
- Program leaders, caregivers and families become aligned in the program philosophy and work together to promote healthy social and emotional development.

Conclusion

Any system requires thoughtful use. Pay attention to the initial goals of primary caregiving and continuity -

1) close, intimate relationships that enable a child and caregiver to know each other and be responsive to the temperament and style of the child and
2) maintaining that relationship over time so that children gain security and self confidence

Program Directors and consultants should monitor implementation and be on the lookout for problems that can impede progress. The benefits of these program policies will take time to develop. But the research is clear that relationship-based practices are critical to healthy development for infants and toddlers.

Appendix

A – Sample Job Description for Infant /Toddler Co teachers

B – It's Good to See You Again!

C – Attachment Categories and Thinking about Adult Attachment Classification

D – Fostering Attachment in the Child Care Setting for Infants and Toddlers

E – Creating a Circle of Security (Birth to Twelve Months) and The Circle of Security

F – Component 5 Signs and Steps – FSU Tool

G – Head Start Tip Sheet

H – PITC Tip Sheet

I – On the Path to Trust and Security and On the Path to Development of Self – NCAST

J – Elements of a Healthy Relationship

K – Mixed Age or same Age Grouping? It Depends – West Ed

L – Stage of Change Approach and Scale – Children's Institute and Continuum – Mentoring and facilitating change – Lukens Parker & Ruprecht

M – The Director's Link

N – Plan for Continuity of Change (OCFS-6024)

O - Resource List – West Ed

P - References – Lukens Parker & Ruprecht

Additional Resources/Links:

- Harvard University Center for the Developing *Child Positive Relationships Help to Mitigate the Effects of Toxic Stress* https://developingchild.harvard.edu/resources/toxic-stress-derails-healthy-development/
- The Importance of Serve and Return https://www.youtube.com/watch?v=SpqLzFew9bs
- Pyramid Model Consortium https://www.pyramidmodel.org/about/
- Georgetown University Center for Child and Human Development - Infant Toddler Temperament Tool (IT3) https://www.ecmhc.org/temperament/