ED482881 2003-12-00 Continuity of Caregiver for Infants and Toddlers. ERIC Digest.

ERIC Development Team

www.eric.ed.gov

Table of Contents

If you're viewing this document online, you can click any of the topics below to link directly to that section.

Continuity of Caregiver for Infants and Toddlers. ERIC Digest............ 1
CONTINUITY OF CAREGIVER.. 2
THEORY AND RESEARCH.. 2
CURRENT PRACTICE... 3
IMPLEMENTING CONTINUITY OF CAREGIVER........................ 3
CONCLUSION.. 4
FOR MORE INFORMATION..4

ERIC Identifier: ED482881
Publication Date: 2003-12-00

Author: Cryer, Debby - Hurwitz, Sarah - Wolery, Mark

Source: ERIC Clearinghouse on Elementary and Early Childhood Education Champaign IL.

Continuity of Caregiver for Infants and Toddlers. ERIC Digest.

THIS DIGEST WAS CREATED BY ERIC, THE EDUCATIONAL RESOURCES INFORMATION CENTER. FOR MORE INFORMATION ABOUT ERIC, CONTACT ACCESS ERIC 1-800-LET-ERIC

According to the 1999 National Survey of American Families, an estimated 10% of infants under a year of age are participating in center-based care and education programs, while the numbers are higher for 1-year-olds (16%) and 2-year-olds (24%) (Ehrle, Adams, & Tout, 2001). The practices used in caring for these infants and toddlers may have strong and enduring impacts on children's development and well-being. In terms of child care quality during the first three years, higher quality is associated with better mother-child relationships, fewer reports of children's behavior problems, higher cognitive and language outcomes, and better readiness for school (Burchinal et al., 1996; NICHD Early Child Care Research Network, 1996). In addition to the general quality of care for infants and toddlers, discrete practices may influence the development of infants and toddlers. One practice that is currently attracting substantial interest is the provision of continuity of caregivers for young children. Continuity of caregivers means that infants and toddlers remain with the same teacher(s) during a significant part, if not all, of their first years in a program.

CONTINUITY OF CAREGIVER

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/teacher at the end of the year. Many programs move children more often, from class to class, teacher to teacher, as soon as they attain certain developmental milestones, such as crawling or walking. Some programs may move children on a daily basis to meet ratio or other staffing requirements. This practice is often used to ensure efficient use of program resources by keeping classes full and enrolling infants, for whom there is more child care demand. High rates of teacher turnover increase the likelihood that children will change teachers repeatedly during the infant/toddler years (Helburn, 1995; Whitebook, Howes, & Phillips, 1989).
The rationale for continuity of caregiver is similar to that for assigning primary caregivers to very young children. Primary caregivers take major responsibility for meeting the care and educational needs of a small group of children, within a larger group. Both practices, continuity of caregiver and primary caregiver, are intended to create a consistent personal relationship between a child and a teacher.

In these practices (primary caregiver and continuity of caregiver), transitions between teachers are minimized because transitions are seen as being stressful for the child (and adults) and wasteful in terms of learning time. When a child is moved to a new caregiver, recommended practice suggests that strategies be used to ease transitions. For example, children can visit their new class and teacher before moving, or their new teacher can visit them a few times so that they can get to know one another.

THEORY AND RESEARCH

The current professional recommendation of continuity of caregiver for infants and toddlers is based on conclusions drawn from child development theory and from limited research findings. Theoretically, issues regarding the development of secure maternal attachment are considered paramount for infants and toddlers (Ainsworth et al., 1978; Bowlby, 1982; Smith & Pederson, 1988). Secure maternal relationships are associated with more positive child outcomes, especially with regard to social-emotional development (e.g., Matas, Arend, & Sroufe, 1978; Jacobson & Wille, 1986). There also is evidence that maternal attachment is related to children's language development (Klann-Delius & Hofmeister, 1997; van Ijzendoorn et al., 1995), cognitive development (van Ijzendoorn et al., 1995), and emergent literacy (Bus & van Ijzendoorn, 1988). Some evidence suggests that in addition to attachment to mothers, the child's attachment to a primary caregiver in out-of-home child care is also important (Cummings, 1980; Goossens & van Ijzendoorn, 1990; Howes & Hamilton, 1992). Raikes' (1993) research suggests that children take a significant amount of time to form attachments to caregivers, so they are less likely to form attachments if frequent caregiver changes occur. Howes and Hamilton (1992) found that with multiple changes in caregivers, toddlers are less likely to relate to a new caregiver based on her own behavior but rather re-create the quality of the relationship with a previous caregiver. They also report a relationship between the number of caregiver losses experienced by a preschooler and the likelihood that the child will be socially withdrawn or aggressive with peers (Howes & Hamilton, 1993). It is possible that the effects of caregiver changes might relate to other areas of children's development as well.

CURRENT PRACTICE

The extent to which children change caregivers during the first three years in child care centers is not known, but it is assumed to be high (Howes & Hamilton, 1993). Likewise, little is known about the extent to which continuity of caregiver is practiced, although reports of survey research conducted by Cryer et al. (2000) of 273 centers indicate that relatively few programs, whether accredited or non- accredited, provide continuity of caregivers for infants and even fewer provide it for toddlers.

IMPLEMENTING CONTINUITY OF CAREGIVER

When the practice of continuity of caregiver is implemented in child care centers, various strategies are used. For example, the amount of time that children remain with the same teacher might vary, with some having the same teacher through the first and second years, and others having the same teacher for a shorter but extended period (e.g., 18 months). Keeping children with the same teacher is more likely when multiage groups are used, because having a birthday or reaching developmental milestones does not force a change in class. Continuity of caregiver, however, is also used with same-age groupings. Teachers and their children may use the same physical space through their years together, or they may move from one classroom to another. In classes with multiple teachers, all teachers and children might move together, while in another setting, a subgroup of children might move with only one of the teachers. Thus,

even within this practice (continuity of caregivers), there can be substantial variation. Yet the major requirement for providing continuity of caregiver is met.
To offer continuity of care for infants and toddlers, center staff might want to consider the following suggestions:

*Avoid taking new children only in the youngest group; this practice 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.

CONCLUSION

Although positive child development effects may be associated with the practice of continuity of caregiver, it is certainly possible that there are also negative effects associated with the practice. For example, if a child spends several years with a teacher who interacts negatively with the child, undesirable outcomes would be likely. At this time, the actual effects associated with the practice are based only on theoretical assumption and limited research. Center staff may require more compelling evidence that a practice is truly a better option before undertaking the substantial modifications that are required in making a significant change.

FOR MORE INFORMATION

Ainsworth, M., Blehar, M., Waters, E., & Wall, S. (1978). PATTERNS OF ATTACHMENT: A PSYCHOLOGICAL STUDY OF THE STRANGE SITUATION. Hillsdale, NJ: Erlbaum.
Bowlby, J. (1982). ATTACHMENT AND LOSS. Vol. 1: Attachment. New York: Basic.

Burchinal, M., Roberts, J., Nabors, L., & Bryant, D. (1996). Quality of center child care and infant cognitive and language development. CHILD DEVELOPMENT, 67(2), 606-620. EJ 523 402.

Bus, A. G., & van Ijzendoorn, M. H. (1988). Mother-child interactions, attachment and emergent literacy: A cross-sectional study. CHILD DEVELOPMENT, 59(5), 1262-1272. EJ 380 597.

Cryer, D., Hurwitz, S., & Wolery, M. (2000). Continuity of caregiver for infants and toddlers in center-based child care: Report on a survey of center practices. EARLY CHILDHOOD RESEARCH QUARTERLY, 15(4), 497-514. EJ 635 662.

Cummings, E. M. (1980). Caregiver stability and day care. DEVELOPMENTAL PSYCHOLOGY, 16(1), 31-37.

Ehrle, J., Adams, G., & Tout, K. (2001). WHO'S CARING FOR OUR YOUNGEST CHILDREN? CHILD CARE PATTERNS OF INFANTS AND TODDLERS. Washington, DC: Urban Institute. ED 448 908.

Essa, E. L., Favre, K., Thweatt, G., & Waugh, S. (1999). Continuity of care for infants and toddlers. EARLY DEVELOPMENT AND CARE, 148, 11-19.

Goossens, F. A., & van Ijzendoorn, M. H. (1990). Quality of infants' attachments to professional caregivers: Relation to infant-parent and day-care characteristics. CHILD DEVELOPMENT, 61(3), 832-837. EJ 413 810.

Helburn, S. W. (Ed.). (1995). COST, QUALITY, AND CHILD OUTCOMES IN CHILD CARE CENTERS. Technical report. Denver: University of Colorado at Denver. ED 386 297.

Howes, C., & Hamilton, C. E. (1992). Children's relationships with caregivers: Mothers and child care teachers. CHILD DEVELOPMENT, 63(4), 859-866. EJ 450 556.

Howes, C., & Hamilton, C. E. (1993). The changing experience of child care: Changes in teachers and in teacher-child relationships and children's social competence with peers. EARLY CHILDHOOD RESEARCH QUARTERLY, 8(1), 15-32. EJ 461 737.

Jacobson, J. L., & Wille, D. E. (1986). The influence of attachment pattern on developmental changes in peer interaction from the toddler to the preschool period. CHILD DEVELOPMENT, 57(2), 338-347. EJ 357 931.

Klann-Delius, G., & Hofmeister, C. (1997). The development of communicative competence of securely and insecurely attached children in interactions with their mothers. JOURNAL OF PSYCHOLINGUISTIC RESEARCH, 26(1), 69-88.

Matas, L., Arend, R., & Sroufe, L. (1978). Continuity of adaptation in the second year: The relationship between quality of attachment and later competence. CHILD DEVELOPMENT, 49(3), 547-556. EJ 190 989.

NICHD Early Child Care Research Network. (1996). Characteristics of infant child care: Factors contributing to positive caregiving. EARLY CHILDHOOD RESEARCH QUARTERLY, 11(3), 269-306. EJ 534 662. Raikes, H. (1993). Relationship duration in infant care: Time with a high-ability teacher and infant-teacher attachment. EARLY CHILDHOOD RESEARCH QUARTERLY, 8(3), 309-325. EJ 474 787.

Smith, P. B., & Pederson, D. R. (1988). Maternal sensitivity and patterns of infant-mother attachment. CHILD DEVELOPMENT, 59(4), 1097-1101. EJ 377 898.

van Ijzendoorn, M. H., Dijkstra, J., & Bus, A. G. (1995). Attachment, intelligence and language: A meta-analysis. SOCIAL DEVELOPMENT, 4(2), 115-128.

Whitebook, M., Howes, C., & Phillips, D. (1989). WHO CARES? CHILD CARE TEACHERS AND THE QUALITY OF CARE IN AMERICA. FINAL REPORT OF THE NATIONAL CHILD CARE STAFFING STUDY. Oakland, CA: Child Care Employee Project.

References identified with an ED (ERIC document), EJ (ERIC journal), or PS number are cited in the ERIC database. Most documents are available in ERIC microfiche collections at more than 1,000 locations worldwide (see http://www.ed.gov/Programs/EROD/). They can also be ordered through EDRS: 800-443-ERIC or online at http://www.edrs.com/Webstore/Express.cfm. Journal articles are available from the original journal, interlibrary loan services, or article reproduction clearinghouses such as Ingenta (800-296- 2221).

ERIC Digests are in the public domain and may be freely reproduced. This project has been funded at least in part with Federal funds from the U.S. Department of Education under contract number ED-99-CO-0020. The content of this publication does not necessarily reflect the views or policies of the U.S. Department of Education, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government.

ABOUT ERIC/EECE DIGESTS...

ERIC/EECE Digests are short reports on topics of current interest in education. Digests are targeted to teachers, administrators, parents, policy makers, and other practitioners. They are designed to provide an overview of information on a given topic and references to items that provide more detailed information. Reviewed by subject experts who are content specialists in the field, the digests are funded by the U.S. Department of Education.

All ERIC/EECE Digests are available free in original printed form directly from the clearinghouse. For additional information on this topic, please contact ERIC/EECE directly at ericeece@uiuc.edu or 1-800-583-4135.

__
Title: Continuity of Caregiver for Infants and Toddlers. ERIC Digest.
Document Type: Information Analyses---ERIC Information Analysis Products (IAPs) (071); Information Analyses---ERIC Digests (Selected) in Full Text (073);
Available From: ERIC Clearinghouse on Elementary and Early Childhood Education, Children's Research Center, University of Illinois, 51 Gerty Drive, Champaign, IL 61820-7469. Tel: 877-275-3277 (Toll Free); Tel: 217-244-4835; Fax: 217-333-3767; Web site: http://ecap.crc.uiuc.edu/info. For full text: http://ecap.crc.uiuc.edu/eecearchive/digests/2003/cryer03.html.
Descriptors: Caregiver Child Relationship, Child Care, Child Care Centers, Child Care Effects, Child Care Quality, Child Caregivers, Developmental Continuity, Infant Care, Infants, Toddlers
Identifiers: ERIC Digests