MOLDING TO THE CHILDREN:

Primary Caregiving and Continuity of Care

RACHEL THEILHEIMER
Borough of Manhattan Community College, City University of New York

Close attention to individual infants, toddlers, and their families may seem an obvious ingredient of quality care, but few people really think about what it means in practice. A caregiver once told me, in reference to some research she'd done for her developmental psychology class,

> *I knew we had a routine at the day care. But then it never come to me that these kids have their own routine at home or their own curriculum. When they come to the day care, they have to change. They have to adapt to suit the day care.*

This caregiver simply accepted the way her center functioned until work for her psychology class drew her attention to it. As she organized her ideas to write about them, she realized that the center's routine disrupted the children's individual routines, interfering with their "own curricula" or ways of being. She concluded that she was asking children to fit into a mold instead of molding the program to the children.

With this understanding, this caregiver talked to her coworkers about how to make their program fit the children. They thought about how to learn about the very young individuals with whom they spent their days and considered how to make their program's timing and activities conform to the children instead of the other way around. Going to school helped this caregiver work with children in a better way.

This caregiver's coursework may have stimulated a change in the way she cares for children, but to understand very young children and to respond to them accordingly all day long, 5 days a week, and for most of the year, she and other caregivers of the very youngest children need various programmatic supports. Caregivers must have time to learn from babies as well as from books. They need a relaxed setting in which to exchange insights about children as they occur and a schedule that builds in time for meeting together and discussing their work more formally, too. This implies a committed group of coworkers with whom to learn. The context for this learning involves programmatic structures that make that learning a part of everyday life. Some of these structures include home visits, a phase-in period for children and families, multiple opportunities for family–caregiver communication, staffing for community, and team-building exercises. These structures are based on the principles of primary caregiving and continuity of care.

abstract

The author describes the practices of primary caregiving and continuity of care as necessary components of a high-quality child-care setting. Yet recent evidence suggests that continuity of care is rare for infants and toddlers because young children are often moved from room to room as they grow. The author describes the benefits of primary caregiving for staff members as well as children despite the administrative challenges that can arise. A team approach is necessary to create a community of support for staff, children, and families.

PHOTO: DALE GEHMAN

Before the Beginning

Imagine a baby who has formed an attachment early in life. Think of all the things her family knows about her. Consider the feelings that she has in the presence of those who love her. Visualize her, secure—or maybe not so secure—in the knowledge that special people can be counted on as she moves away from them and back again, exploring the world. And now she has arrived at the child-care center.

In a program that has a policy of primary caregiving, her primary caregiver and perhaps another caregiver, too, have already met her and other family members during a home visit. Although the caregivers were not necessarily entirely comfortable—on the family's turf and not their own—they made an important first step in getting to know this baby and in her getting to know them just a little in the familiar context of her home. Now that the baby and her family have arrived at the center, the primary caregiver spends some time with them, learning the baby's signals and preferences from the people who know them best.

The primary caregiver was chosen with several considerations in mind:

- Children who were a caregiver's primary responsibility last year remain so this year unless they have moved on to another room or another program. This means that new primary children will mesh with the continuing group. In determining new assignments, the caregiving team will think about the ages of the children in each group; it may be hard to give adequate care to more than one tiny infant, but two same-age toddlers sharing a primary caregiver may develop an enduring friendship. They will also consider the temperaments and interests of the other children under each caregiver's care. Children in primary care together are a bit like siblings and develop close bonds to one another. Older children look out for the younger, who watch the older children intently.
- The caregiving team tries to pair babies with the caregivers who are most likely to be at the center at the same time. The child who will arrive first and be picked up early, for example, is a good match for the caregiver who opens in the morning. A child who does not come on Thursdays is a good fit for the caregiver who leaves early to take classes on that day.
- Caregivers take cultural considerations into account. A child who speaks Spanish at home deserves to be with someone in the center who speaks her language. Imagine what it must be like for a child who is just learning to use language to find that the powerful communication tool she is acquiring does not work outside of home.
- Finally, some people just click with each other. When a family comes to visit a school, the child's reaction to a caregiver or a caregiver's reaction to that child may clinch the matter. After primary caregivers are assigned, it's unusual to switch around, but sometimes a child makes known that another person has become a favorite, and the caregivers accommodate that preference.

The New Place

During the first days that the baby is acclimating to a center that has a phase-in policy, a family member stays at the center with the child. That person is present while the baby gets to know and trust the new place, the primary caregiver gets to know the family, and the family becomes acquainted with the program. A baby is more likely to accept a new place when she senses that a person she loves approves of it. As the family and primary caregiver get to know each other better, they build the relationship that will help the family and the child separate from each other when it is time for the child to stay alone at the center. Meanwhile, to make the child's transition to group care even smoother and, more importantly, to adapt to the baby instead of making the baby adapt to the program, the baby's primary caregiver learns about the interactions the family has with their child.

Setting up a system of primary caregiving establishes an environment in which meaningful and lasting relationships can develop between caregivers and children and between caregivers and families.

Babies are aware of the rhythms, patterns, and actions that develop within the familiarity of their home relationships. They anticipate their interactions with the people they know best, because they know what to expect from them. In getting to know a baby, a primary caregiver speculates about the baby's ideas of what being with others is like. The caregiver finds out how this child likes to fall asleep; prefers to be fed; and reacts to touches, smells, and sounds. The primary caregiver learns about the baby's transitional objects; whether the baby needs a pacifier; and whether the baby is nursing, using a bottle, drinking from a sippy cup, or using some combination of these drinking methods. The family teaches the primary caregiver the language, unspoken and spoken, that they use with their child. This includes the special names the baby knows and may use for important people and things, as well as the movements and expressions that make up the family's nonverbal communication system.

Part of a New Community

By the time the child is ready to make the transition to the child-care center, the primary caregiver knows quite a bit about her. Together the primary caregiver, child, and family member develop a good-bye routine, one that helps the child move from the world of home to the world of the center with a trusted guide. Perhaps they all walk together to the front door of the center, say good-bye, and then the caregiver and child hurry inside to a window to watch and wave as the family member walks down the path to work. Such rituals help children make a successful transition.

Many primary caregivers are conscious, too, of family members' unhappy feelings about saying good-bye to the child. Family members may feel threatened by the primary caregiver's relationship with the baby and reluctant to turn her over to the caregiver. As a caregiver and family work daily to resolve these issues, they build a relationship so the caregiver can act as a bridge between home and the center where the child spends her days. Ideally, the caregiver becomes close to both family and child while simultaneously helping to cement the relationship between family and child.

At the beginning of the year, it is especially important to build relationships through shared routines. That is when the primary caregiver lets the child know, through actions and words, that she is well cared for and will be kept safe. As the year progresses, others may step in from time to time, certainly when the teacher is absent or unavailable. Yet every time another caregiver steps in, the child deserves an explanation—"Cathy is not here right now, so I will change your diaper."—to acknowledge the relationship between child and primary caregiver and to respect the child's ability to understand that relationship.

To develop individualized care for each child, the primary caregiver uses a combination of intuition; logic; and knowledge gleaned from the family, reading, and prior experience with children to respond in optimal ways to each child. For example, the primary caregiver of a tiny, undernourished 8-month-old just adopted from abroad felt the baby needed physical contact. The caregiver carried her everywhere for the first month or so. The baby soon thrived and now is an independent toddler.

Howes (1998) lists three criteria for judging a person's potential as an attachment figure for a child. The first is what she calls the "provision of physical and emotional care" (p. 7). The ordinary physical care we give babies that occurs throughout the day—feeding and serving food, diapering and toileting, washing up, and helping them get to sleep—are intimate activities. Relationships are formed through these activities, along with Howes' other two criteria: consistent or stable presence and emotional investment.

Feeling secure and understood enables babies to move beyond those safe bounds and investigate the world. As adults, we don't always learn in the midst of other people, but often enough we do. We carry memories of prior learning experiences that involve former teachers, mentors, peers, and colleagues. For many of us, the recollection of their support propels us forward. The affirmation we did not receive can hold us back.

A child sinking into a caregiver's arms is clear evidence that primary caregiving matters to children. Everyone can see how children perk up, smile, and giggle when their primary caregivers return to the room. In turn, primary caregivers feel connected, valued, important, recognized, and knowledgeable. Reading a child correctly—and babies let

you know when you're right—pays off. It is gratifying to feel effective.

The intensity of a close relationship with a baby also can make a caregiver feel proprietary. This is a natural feeling but one to address, because the primary caregiving relationship cannot be exclusive. In fact, the primary caregiver's job is to help the child form relationships over time with other children and adults.

Primary Caregiving in a Community Context

Realistically, no caregiver can be at the center at all times that a baby is present. There are breaks, sick days, vacations, and other absences and, in full-time day care, times at the beginning and end of the day when not every staff member or child is present. The child who is early to arrive in the morning and late to leave in the evening will have to spend some time without her primary caregiver. All children must accept care from others, perhaps a secondary caregiver, when their primary caregivers are unavailable. Programs need to schedule staff with this idea in mind, so caregivers' hours are timed such that all the people a child knows won't be absent at the same time.

If one thinks of the primary caregiving relationship as parallel to a parent–child relationship, a student intern or teacher–director is a member of the extended family. As Nancy Balaban says, they are like Aunt Sophie: beloved, but not there all the time, she is not quite as knowledgeable or connected as the primary caregiver but trustworthy nonetheless.

Incorporating these "Aunt Sophies" into children's lives is important but can be challenging. The caregiver who comes to a student intern and baby at play and swoops the baby away may not be thinking about that baby's experience of the play or the adult's feelings of competence and belonging. The caregiver may instead be concentrating on what she wants to accomplish, or she may be acting on her own need for a cuddle. Instead of vying with each other for children's affection or criticizing each other for their feelings about children, the caregiving team should honestly examine some of the reactions that very young children evoke. A team that works well together is both comfortable enough with each other to talk about difficult issues and comfortable enough with themselves to trust and forgive themselves and their colleagues.

The Caregiving Team

Caregivers who work well together are likely to share common, though not identical, philosophy and practices. They probably have similar styles of communication and beliefs about how important it is to be attentive and responsive to children. For example, if one caregiver always lets her primaries know a few minutes beforehand when she will come back to change their diapers, another caregiver, changing a child's diaper in her place, would similarly give children the advance notice to which they are accustomed. Consistent caregiving styles don't take the place of primary caregiving, though; consistency creates a context within which primary caregiving can work well.

PHOTO: JANET BROWN MCCRACKEN

The caregivers' good relationships with one another enable them to communicate effectively about children and about who will do what, with whom, and when. They can decide quickly who will go outside with which group of children, who will sit with the children who are eating, and who will put other children to sleep. They can be flexible about filling in for each other, telling the child that because the primary caregiver is not available, "I will do this for you instead." There is a sense of working together, cooperation and communication, and everyone pitching in.

Setting up a system of primary caregiving establishes an environment in which meaningful and lasting relationships can develop between caregivers and children as well as between caregivers and families. These relationships rest on satisfying relationships within the caregiving team, which calls to mind the principle of continuity of care.

Continuity of care means that children and caregiver remain together for more than 1 year, often for the first 3 years of the child's life. It can take different forms. Children and caregivers can remain together in the same room in a mixed-age group in which children who enter as infants gradually become the big kids. Alternatively, children and caregivers can move together from room to room at the start of each year. Maybe one caregiver moves with a group of children. Even moving a cluster of children to the

next age group rather than moving children individually contributes to some continuity of care.

Keeping children and caregivers together for 3 years has several benefits. Close relationships between children and their primary caregivers can flourish. The child, who says good-bye to the ones she loves every morning when they leave her at the center, does not have to say good-bye to the person who has helped her adjust to life in child care.

The transition to a new set of caregivers in a toddler room can be harder on a child's family than on the child; the family trusts the infant caregivers—especially the one person who has connected with them and their child—to know their child and to communicate with them about their child. Losing primary children also can be remarkably tough on teachers. It is unrealistic to expect caregivers to give children up to the group next door without feeling sad and perhaps a bit critical or at least concerned.

A team that works well together is both comfortable enough with each other to talk about difficult issues and comfortable enough with themselves to trust and forgive themselves and their colleagues.

Besides connecting to their primary caregivers, children relate in special ways to the other children who share their primary caregiver. A group of four 2-year-olds who have been together for 2 years recently went on a walk before lunch. As they returned, one of them began to wail, "Mama, mama!" Another 2-year-old comforted him by saying, "Ira, mommy's at work. She'll come back later."

This 2-year-old felt the compassion to reach out to Ira. She knew him well enough to jump right in. Moreover, she knew the routine. Her caregiver had used those words with her often enough.

Like this child, with continuity of care, children and caregivers know the culture of their classroom well. Although some traditions will have to change to adapt to growing children—which switching rooms may facilitate—neither caregiver nor child has to learn each other's or the rest of their group's ways from scratch.

Despite all these reasons for continuity of care, a survey by Debbie Cryer, Mark Wolery, and Sarah Hurwitz ("Continuity of Care," 2002) shows that continuity of care with infants and toddlers is rare. Instead, programs move children from room to room as they reach developmental milestones, such as beginning to walk. Some centers even move children daily to maintain caregiver-to-child ratios that meet licensing standards. Although this approach may make sense from an administrative point of view, it certainly does not make sense for children, families, or caregivers.

Administrative concerns stemming from a scarcity of resources can be a stumbling block to continuity of care, and so is staff turnover. People are not interchangeable. Even when a fine person is hired to replace someone who leaves the center, relationships need to be established anew.

Caregivers leave their jobs for many reasons. Better compensation and benefits, increased educational opportunities, and public awareness of the important job that infant and toddler caregivers do are crucial if caregivers are to remain in their positions. However, the quality of care for infants and toddlers will not rise automatically after these goals are achieved.

In fact, time for caregivers to communicate with each other, a team approach to caregiving, primary caregiving, and continuity of care are not magic bullets. There is no simple path to high-quality care for young children, although knowledge about infants, toddlers, families, and ourselves can help show us caregivers the way. Quality is something to work at together, learning not only from what others have written about infants and toddlers but also from conversations with each other, trying new ideas and evaluating them carefully, and always defining and redefining for ourselves what high-quality infant and toddler care can be. ❦

REFERENCES

Continuity of care. (2002, Winter). *Early Developments: Social Processes and Outcomes, 6*(1), 14–16.

Howes, C. (1998). Continuity of care: The importance of infant, toddler, caregiver relationships. *Zero to Three, 18*(6), 7–11.