CONTINUITY OF CARE

The exploration of the research, the benefits, and the implementation of our practices
What is Continuity of Care?

Continuity of Care refers to the importance of providing children form, predictability, and stability within a child care setting for at least the first three years of life. Of most importance is the primary care relationship lasting from infancy through age three but room, peers and community can also be considered when referring to continuity of care.
History of Continuity of Care at BCCC

- In 2013 the staff considered attachment as the foundation for the care we provide to young children and started a center-wide conversation about how to provide continuity of care for children in our care from birth to age three.

- Staff participated in many discussions and information gathering conversations about attachment: theory, considerations in childcare settings, and primary care relationships.

- We started practicing primary care relationships in all of our programs. In the infant and young toddler rooms these were well defined by the primary caregiver tending to the majority of eating, dressing, sleeping, and changing needs each child.

- In 2015, we had one educator from the Infant room loop up to the Young Toddler program and one educator from the Young Toddler program loop up to the Older Toddler program. We saw the benefits of this practice first hand.
Benefits of Continuity of Care

- The most salient benefit of a child having the same primary caregiver in a childcare setting for the first three years of life is that it decreases stress.

- This decrease of stress allows the brain to continually develop and offers an opportunity to make greater connections with others in their environment.

- Continuity of Care offers a connection between parents, teachers and children that creates a deep feeling of safety and security for a child.

- At the beginning of a year when new teachers are introduced so that teacher/child relationships need to be formed, there is a lull in play and learning. This occurs because the child’s emotional energy is put toward this new relationship. When familiar relationships carry over from year to year, we see an increase in the time allowed for growth and development.
How BCCC already promoted Continuity of Care

- We practice primary caregiving so that a caregiver and child are in a relationship for the year. The caregiver bonds with the child and family by taking ownership of the primary care responsibilities such as feeding, napping, changing and dressing. They write conference reports, meet with parents, and guide them through their child’s development.

- We assign specific subs to our infant and young toddler rooms. By doing this, we decrease the number of adults a very young child needs to know.

- BCCC avoids transitioning children to the next program arbitrarily (because of a birthday). This decreases the number of transitions and changes to the group of children. Rather, we build strong bonds by moving groups of children from room to room together with their primary.

- The consistent family community and low turnover in children and families also promotes continuity of care.

- In 2012 we started to practice looping in our two youngest rooms and saw the clear benefits of this practice.
Today....

- BCCC staff continue to engage in rich and thoughtful conversations about the many ways they are learning from this model. We have taken a team from infants through older toddler twice and have adopted an alternative model of primary care in preschool.

- In the preschool program, children spend two years together and are now grouped in small groups of six children with each of the three educators. This intimate grouping allows primary relationships to grow over the two years they are together.

- Staff have worked through team meetings and center-wide staff meetings to dig into the vibrant aspects of this care model. We find conversation about care practices to emerge and have studied emotional development, managing aggression, and understanding parent relationships.
Looping – The practice of a primary caregiver or a team of primary caregivers moving from one room to the next with a child or group of children.

Primary Caregiver – The educator who is responsible for forming a bond with a child through caretaking activities as well as hold primary communications with parents.

Attachment – A safe, secure and predictable bond that forms between a child and their primary caregiver through caregiving routines.

Form & Predictability – Principles which lie at the center of attachment and continuity of care referring to the stable rhythms of a child’s day and life.

Mixed Age Room – When a room is comprised of children from two different age groups, usually spanning at least 2 full years. Children then stay in the same room with the same caregivers for these two years. Our preschool room is a mixed age model.
More Resources...

Other centers practicing Continuity of Care:

- Campus Children’s Center at University of Vermont
- Educare in Waterville Maine
- Sophia’s Hearth in Keene New Hampshire

Articles: (available in office)

- Continuity of Care for Infants and Toddlers from Early Child Development & Care, 1999. Eva L. Essa, Kelley Favre, Geri Thweatt & Sherry Waugh
- Molding to the Children: Primary Caregiving and Continuity of Care from Zero to Three, 2006. R. Theilheimer
- Caring for Infants & Toddlers in Group Care from Zero to Three, 1993. J. Ronald Lally, Ed. D