

Continuity of Care Podcast

Narrator: Welcome to "Head Start TALKs," where big ideas support your everyday experiences.

Michelle Adkins: We're glad you're here with us today. My name is Michelle Adkins. I'm with the National Center on Early Childhood Development Teaching and Learning, and with me is Awuse Tama, also with the National Center, sometimes known as NCECDTL. In this podcast we're gonna talk with you not only about the research, but also about how you can incorporate this research into your work-supporting programs. Today we'll be chatting about continuity of care, a relationship-based practice that can help establish positive relationships between and among the adults and children in the Early Head Start and childcare programs you work with. Okay Awuse, let's start with a definition. What is continuity of care?

Awuse Tama: Thank you Michelle. Well, continuity of care is the practice of ensuring children and teachers stay together for as long as possible. So, for infants and toddlers, it's ideal for them to stay together from the time that the child enrolls in a group care setting — like Early Head Start or an Early Head Start child care partner program — until they reach the age of 36 months. Some family child care settings may offer a mixed age group. For our purposes today, we will be talking about continuity of care for children until they reach 36 months of age. Most Early Head Start and child care settings with children will be a classroom with a teacher, and a new set of children, based on age or whether the child has reached certain developmental milestones, such as crawling or walking. So, in continuity of care settings, children and teachers stay together until the child turns 3 years old. The purpose of continuity of care is to help minimize the number of transitions that young children experience by maintaining a continuous relationship between a teacher and child, and a teacher and the child's family for as long as possible.

Michelle: So, Awuse, I'm familiar with the sort of system that you talked about earlier — moving the child to a new room when they reach certain developmental milestones or a certain age. So, why is continuity of care an important practice in the group-care settings?

Awuse: You know, young children need consistency and predictability in their lives, and continuity of care allows teachers and children to get to know one another over time, and it increases opportunity for teachers to develop more beautiful relationships with the children. So, continuity of care practices will support the development of secure attachments and strong, positive relationships. We know teachers become a secure base for exploration and learning, and research shows that attachment security significantly contributes to children's long-range social-emotional development and self-confidence. And this is very critical to their later success in school. Research has also found that these positive benefits extend to children's relationships long term, so infants and toddlers who experience a consistent, secure responsive relationship with a teacher, they're more effective in their peer relationship than their counterparts. And they also have higher social competence compared to their peers. So, this helps to inform strong, positive relationships with others in the future, and it sets the course for healthy development. The presence of a consistent, nurturing caregiver not only enhances positive experiences, but we know that it can also buffer infants and toddlers from stressful life events.

Continuity of care provides unique benefits to children with special needs and children who have experienced adversity early in life. So, there are benefits to children with special needs and children who may have experienced adversity early in life. For a child with special needs, it may be critically important so teachers know and understand what the child needs in daily routine care such as feeding, sleeping, and diapering. For a child who may have experienced adversity, continuity of care offers consistency and predictability, which can help them feel safe and secure in the environment.

Michelle: Wow. So, it sounds like there are lots of benefits to the children, in terms of continuity of care, but are there benefits for families, as well?

Michelle: Yes. Parents also reap the benefits of having your child in a group-care setting that practices this. So, one benefit of this is that there are better communication between parents and teachers when the parents actually know that the teacher will be working with their child for a longer period of time. So, parents and teachers have the opportunity to establish a relationship with each other by having the parents share and explain the family's culture and values, and they share an understanding of what is best for your child and results in a more trusting relationship.

Michelle: So, this sounds really beneficial for both children, families, and teachers. But how does a program get started, or how do they implement continuity of care?

Awuse: This is a very good question. So, implementing a practice such as continuity of care requires thoughtful planning. Now, programs may need to consult your license and consultants to ensure regulations are being met, and continuity is putting in a practice that impacts the entire program. So, this goes from how they enroll children, the type of professional development offered, so that staff understands different developmental needs for the birth-to-3 age range, and parent education about the importance of continuity. Implementing continuity can also impact the program's operations and budgets if planning is rushed. So, some programs cite that continuity is too expensive or not financially feasible. It's important to consider different implementation models of continuity so we can figure out what works best for programs. Now, let me give some guidance on how to begin to implement continuity of care. So, consider how your program fits with these following guidelines. First, consider implementing small group sizes. The fewer the children one teacher has in their care, the more likely the care will be responsive and sensitive to the child's needs. Second, implement primary caregiving practices. So, in primary caregiving, one teacher is primarily responsible for the care of a small group of children. This means that this teacher takes the lead in meeting the childhood team needs. This includes feeding, diapering, toileting, and more. And the teacher is the person that does the observations, the documentation, and parent/teacher conferences. So, when the primary caregiver is not available, the other teachers in the room fills this need. These practices, small groups, and primary caregiving are the cornerstones of continuity of care. So, they help teachers and children establish attachment relationships and provide individualized approach for a child's family.

Michelle: So, Awuse, are there different models of continuity of care? It seems like some programs do it differently than others?

Awuse: Yeah. So, there are a variety of ways to implement continuity of care. But remember that one size does not fit all, and it's important to find a way to implement continuity that works best for your program. So, there are three main ways to implement continuity of care. First, looping. So, looping involves moving children and teachers into a new room, usually once a year. Generally, teachers have a set of children they work with from infancy until the time they turn 3. So, the whole group stays together, and they may move into a new room once a year as the children develop. Once the children are all 3 years of age, the group then transitions, ideally, into a mixed-age group of 3-, 4-, and 5-year-olds. So, the teachers then loop back down to the infant role, where they start over with a new group of children. Secondly, in a mixed-age group arrangement, children age birth to 3 will be together in a classroom setting. So, this is similar to how many child care arranges their environments. So, Center license and regulations typically dictate how many infants can be in a classroom, in this type of group. Most children will stay in the same classroom until they are 3 years old and are ready to transition to the preschool classroom. Group adaptation is a third way to set up continuity of care. So, children are enrolled when they are babies and stay in the same classroom with the same caregiver for three years. No one moves. In this arrangement, the room is adapted to meet the children's needs as they grow and develop, and this could be a good option for some programs, particularly if there is a large room available and a center has ample space for equipment such as cribs.

Michelle: So, I understand there are different models to implementing continuity of care, but it seems a little complex. Why should child care programs consider it?

Awuse: We know that relationships are the foundation of healthy development, so when young children feel safe and secure and when their needs are attended to in a warm, responsive way, the greater likelihood that they will reach their developmental potential. So, relationships take time to build, and setting up the caregiving environment to promote relationship is one of the best ways that we can help support children's healthy development. And teachers benefit from continuity of care practices, too. Continuity can help build sense of family for the teachers, and children can help deepen the level of care that they give. Programs may want to consider piloting continuity of care in one or two classrooms to really see how it goes and to gain buy-in from both teachers and family. Now, it can seem like a big adjustment, and starting with one or two classrooms may help.

Michelle: Thanks so much, Awuse. Today, we talked about what continuity of care is and how it can help young children's development. Using a practice like this in your program can help establish better relationships between children, families, and their teachers. It can also enhance children's social-emotional outcomes, and help children form attachment relationships with their teachers and their parents. Before programs implement continuity of care, it's important to think about all the steps needed in order to be successful. One way of implementing continuity of care is not necessarily better than the others. It's important to consider all of the options. As you work to support programs to implement continuity of care, provide staff with the resources and training on what the practice will mean for the staff, children, and families.

Narrator: Thank you for joining "Head Start TALKs." For more information on what you heard today, visit the Early Childhood Learning and Knowledge Center, or ECLKC, at eclkc.ohs.acf.hhs.gov.