Continuity of Care

Use this resource to help communicate the importance of continuity of care. It will help promote essential program practices to ensure quality in family child care and center-based programs that serve infants and toddlers.

Rationale

High-quality relationship-based care is central to optimal early brain development, emotional regulation, and learning (Center on the Developing Child, 2012). One of the Program for Infant/Toddler Care (PITC) essential program practices to promote this type of care is continuity of care (PITC, n.d.). Continuity of care practices support the development of secure attachments and strong positive relationships as well as a secure base for exploration and learning (Honig, 2002). Research shows that attachment security significantly contributes to children’s long-range social-emotional development and self-confidence (Sroufe, Egeland, Carlson & Collins, 2005).

Continuity of care supports consistent relationships between caregivers and children for the first 3 years of life or for the length of enrollment in a program. Continuity of care can be provided in either same-age or mixed-age group care settings. In same-age settings, the most frequent strategies are (1) to keep a group of children in one environment and change it to fit the children’s needs as they grow or (2) to move the caregiver with the small primary group of children to rooms or spaces that are appropriate for their developing abilities (Lally, Stewart, & Greenwald, 2009). In mixed-age settings, the program needs to ensure that the environment meets the needs of each age group served.

Why Is Continuity of Care Important for Infants and Toddlers?

♦ Continuity of care increases the amount of time caregivers and children spend together and therefore increases the opportunity for caregivers to develop more meaningful relationships with the children over time (Ruprecht, Elicker, & Choi, 2016).
♦ When an infant has a chance to develop a relationship with a sensitive and responsive caregiver, the infant learns who to trust and who will meet his or her needs (Howes & Spieker, 2008).
♦ The secure emotional base provided by healthy relationships gives infants and toddlers the safety they need to explore their world and gain experiences (Ahnert, Pinquart, & Lamb, 2006; Howes & Spieker, 2008).
♦ Continuity of care increases opportunities for caregivers to learn about individual infants and toddlers as well as time to develop positive working partnerships with families (McMullen, Yun, Mihai, & Kim, 2016).
♦ The presence of a consistent, nurturing caregiver not only enhances positive experiences but also buffers infants and toddlers from stressful life events (Raikes & Edwards, 2009; National Scientific Council on the Developing Child, 2005/2014).
How Does Continuity of Care Promote Positive Child Outcomes?

♦ Consistent and responsive caregiver interactions support infant and toddler learning and development in areas such as emotion regulation, attention, memory, planning actions, and self-control (Tarullo, Obradovic, & Gunnar, 2009).

♦ Sensitive and responsive caregivers increase the likelihood of infants showing higher levels of peer play and greater language development (NICHD ECCRN, 2005).

♦ Infants and toddlers who have experienced a consistent, secure, responsive relationship with a care provider are more effective in their peer relationships than their counterparts are (Raikes & Edwards, 2009).

Planning to Implement Continuity of Care in Diverse Child Care Settings

Goal: High-quality infant and toddler programs practice continuity of care for all infants and toddlers.

♦ Develop a system of continuity of care so that children have the same primary caregiver for up to 3 years of age or during the length of enrollment.

♦ Implement written guidance to support a system of continuity of care throughout the program. This includes creating staff and family handbooks that share the importance of, as well as practices for, continuity of care.

♦ Create job descriptions for infant and toddler teachers to include expectations for continuity of care practices.

♦ Attend, create, or advocate for professional development that addresses continuity of care systems and practices. Support ongoing conversations with center-based or family child care administrators to sustain continuity of care.

♦ Use an intentional review process to continually strengthen the system of continuity of care across the center or family child care program.
References


