



A qualitative examination of the implementation of continuity of care: An organizational learning perspective



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ABSTRACT

Both research and theory stress the importance of continuity of care for supporting and nurturing the important relationship between teachers and children in early care and education (ECE) settings. However, due to the predominance of enrolling children in age-based ECE classrooms, as well as the lack of practical information about how such an approach is implemented, it is important to highlight the experiences of programs who successfully implement this practice. We share the results of a qualitative case study to describe how one center transitioned to the implementation of continuity of care and overcame obstacles commonly associated with this practice by examining the experiences and perceptions of teachers, administrators, and parents. Data included phenomenological interviews and parent focus groups. Senge's model of learning organizations (1990, 2006) was used to make sense of the context under investigation, giving meaning to the data and providing a cogent framework to explicate findings. Data analysis also highlighted operational processes that contributed to the center's success, and findings are situated within the current discourse on how the field can ensure that practices supported by theory and research are implemented in programs serving young children and their families.

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Continuity of care occurs when programs assign a primary care teacher at the time of enrollment and continue this relationship until the child turns three or leaves the program (Lally & Signer, 2003). This practice supports and nurtures the important relationship between the teacher and the child, recognizing that children develop within the context of relationships. Each week in the United States, approximately 11 million children under the age of five attend child care (Child Care Aware of America, 2013). With increasing numbers of young children being cared for in out of home care, practices that support the formation of positive relationships with caregivers is critical. Phillips and Shonkoff (2000) reported that:

When young children and their caregivers are tuned into one another, and when caregivers can read the child's emotional cues and respond appropriately to his or her needs in a timely fashion, their interactions tend to be successful and the relationship is likely to support the child's healthy development in multiple domains, including communication, cognition, social-emotional competence, and moral understanding. (p. 28.)

Although continuity of care is a best practice recommendation for early care and education (ECE) programs serving infants and

toddlers (National Association for the Education of Young Children, 2015; Zero to Three, 2008) and is a standard practice in most European countries (Cryer, Hurwitz, & Wolery, 2001; Lally, 2009), the limited research on the prevalence of continuity of care suggests that it is rarely practiced in the United States. Cryer et al. (2001) used survey techniques to examine the degree to which 273 ECE programs implemented continuity of care and found that slightly less than two-thirds of respondents indicated that teachers did not remain with infants when they moved up to the next classroom, and more than two-thirds of respondents indicated that none of the toddlers stayed with the same teacher when they transitioned to a new classroom. Others have found that in programs that advertised providing continuity of care, only 13% of children enrolled had been cared for in a single child-caregiver dyad from the time they entered into the program and either their third birthday or the time data was collected (Aguillard, Pierce, Benedict, & Burts, 2005).

Infants and toddlers in the United States are typically moved from one classroom to another when they reach certain developmental milestones, a certain age, or when space becomes available in the next class (Cryer et al., 2001). Because of the high demand for infant care, this practice maximizes program resources by opening new spaces for enrolling infants. Transitioning infants and toddlers from one class to another also prevents caregivers from having to redesign classroom environments and renegotiate staffing ratios (Lally & Signer, 2003). In addition, infants and toddlers often experience changes in teachers because of high rates of teacher turnover

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(Helburn, 1995; Whitebook, Howes, & Phillips, 1990). A review of the research on the practice of continuity of care suggests that the beliefs and attitudes of teachers and administrators, as well as a lack of professional development opportunities and time are additional barriers to continuity of care (Aguillard et al., 2005; Cryer et al., 2001; Lally & Singer, 2009; Longstreth et al., in press).

In addition to the lack of research on the prevalence of continuity of care, there has been very little empirical work examining the actual practice of continuity of care. We aim to address this gap in the literature by describing how one center transitioned to the implementation of continuity of care by examining the experiences and perceptions of teachers, administrators, and parents. To begin, we discuss the theoretical basis for continuity of care. We then highlight research on the effects of such an approach, and also explore the importance of organizational learning in its implementation.

1. Review of the literature

1.1. Continuity of care and child experiences and outcomes

Continuity of care is based on attachment theory (Ainsworth, 1973; Bowlby, 1969), which is frequently used by practitioners to understand the critical nature of early relationships (Dolby, 2007; Harrison, 2003; Honig, 2002; Raikes, 1996; Rolfe, 2004; Sabol & Pianta 2012; Verschueren & Koomen, 2012; Wittmer & Petersen, 2005). While parents are generally the primary attachment figure for young children, several studies indicate that infants, toddlers, and preschoolers in child care also form attachment relationships with their teachers (Howes & Hamilton, 1992; Pianta, Nimetz, & Bennett, 1997). Others suggest that although children may direct attachment behaviors toward their teacher, with the teacher assuming the role of secure base, these behaviors do not meet the criteria of a “full-fledged” attachment bond (Ainsworth, 1989; Cassidy, 2008; Schuengel and van Ijzendoorn, 2001). From this perspective, teachers are considered “ad hoc attachment figures” (Zajac & Kobak, 2006). Nevertheless, attachment theory has helped to situate the teacher-child relationship as an important developmental context for children (Verschueren & Koomen, 2012), and research indicates that the quality of teacher-child relationships uniquely predicts children’s concomitant functioning and subsequent development across multiple domains, including academic performance, motivation, and engagement in school, and psychosocial functioning (Howes, Hamilton, & Matheson, 1994; Pianta & Stuhlman, 2004; Pianta, Steinberg, & Rollins, 1995).

Research suggests that children experiencing more caregiver stability in the child care setting have more secure relationships with their caregivers (Barnas & Cummings, 1994; Edwards & Raikes, 2002; Elicker, Fortner-Wood, & Noppe, 1999; Howes & Hamilton, 1993; Ritchie & Howes, 2003; Raikes, 1993). Raikes (1993) reported that the amount of time children in full-time child care setting spent with the same caregiver significantly contributed to their attachment security, and found that 57% of infants who spent between five to eight months with their caregiver were securely attached, while 67% of infants who spent between nine to 12 months with their caregiver were securely attached. Of the infants who spent over one year with the same caregiver, 91% were securely attached. More recently, research has examined the role of children’s attachment security to parents and teachers and cortisol reactivity while in childcare. Badanes et al. (2012) found that preschoolers with more secure attachments to their teachers were more likely to have falling cortisol levels throughout the day, even when controlling for global classroom quality and child and family characteristics. The researcher suggests that attachment security may serve to protect children against stress when the teacher is present.

Others have found that preschool children who experience caregiver stability over an extended period of time are more likely to receive sensitive, involved, and affectionate caregiving than are children who experience changes in caregivers (Owen, Klaus, Mata-Otera, & O’Brien-Caughey, 2008; Ritchie & Howes, 2003). Owen et al. (2008) studied the childcare practices of centers accredited by the National Association for the Education of Young Children and found that children in centers that provided continuity of care received more sensitive, involved, and affectionate caregiving. These children were also more engaged with their caregivers than were children in centers that did not practice continuity of care. In addition, caregivers reported better parent-caregiver relationships in the continuity group, while parents reported greater child compliance. An additional benefit of continuity of care is enhanced relationships with parents (Hegde & Cassidy, 2004; Longstreth et al., in press; Post, Hohmann, & Epstein, 2011), and when parents and caregivers have positive relationships and share information about the child, both parents and caregivers provide more responsive and positive caregiving to the child, enhancing care experiences in both the home and the childcare center (Essa, Favre, Thweatt, & Waugh, 1999; Owen, Ware, & Barfoot, 2001).

Conversely, research also points to the difficulties that children experience when exposed to multiple caregivers. Howes and Hamilton (1993) reported that children who changed caregivers prior to two years of age were less securely attached to their caregivers and were more aggressive as compared to children who remained with the same caregivers. Similarly, others have found that changes in the number of care arrangements were related to decreases in children’s prosocial behaviors and increases in behavior problems (Morrissey, 2009).

De Schipper, Tavecchio, van Ijzendoorn, and van Zeijl (2004) reported that infants and toddlers who experienced frequent transitions from one caregiver to another found it difficult to adapt to the childcare setting, particularly when the children had more difficult temperaments, while others have found that younger children experience more distress when they move to new caregivers and classrooms (Cryer et al., 2005).

1.2. Implementation of and beliefs about continuity of care

There are a variety of ways in which continuity of care can be implemented. One model of continuity of care occurs when the children and caregivers remain in the same room and the environment and curriculum are altered as the children get older. In this model, as a child leaves the program, he/she replaced by a child of the same age. A variation of this model, often referred to as looping (Hedge & Cassidy, 2004), takes place when children and their caregiver change rooms each year. Utilizing a “looping” strategy, caregivers start with a group of infants and move up with them to new classrooms until the age of three, at which time they loop back to the infant room and begin again with a new group of children. In mixed-age models, children ages birth to three are placed in the same classroom, and the most stringent caregiver-child ratios are observed (Chainski, 2010).

Several researchers have examined practitioner beliefs about continuity of care as well as the ways in which continuity of care is implemented in the field. Cryer et al. (2001) used survey techniques to examine the degree to which 273 ECE programs practiced continuity of care and the factors programs considered when deciding when to transition children to new classrooms. Although 43% of respondents expressed theoretical support for continuity of care, very few centers actually implemented the practice. In addition, the authors identified caregiver beliefs as a barrier to the implementation of continuity of care and reported that less than 20% of survey respondents strongly agreed that children should have the same teacher for the first three years of life. The authors hypoth-

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