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ore children than ever are in care centers, and child care experiences of infants and toddlers are believed to have a powerful and lasting impact on children's well-being.

A team of researchers from the FPG Child Development Institute created a study to examine the effects that transitions have on children's behavior and observable stress when caregiver continuity is not offered. Two primary research questions were asked:

- 1. Are there immediate effects in infants'/toddlers' stress levels and social behavior when they make a transition to a new class/teacher?
- 2. If immediate effects do exist, are any variables, other than the transition, related to those effects (e.g., age of child, global quality of pre-and posttransition classrooms, and quality of pre-and posttransition caregiver instructions with children)?

Caregiver Continuity

Maintaining caregiver continuity is assumed by parents and professionals to be important for infants and toddlers. Within the early childhood profession, avoiding changes in caregivers during childhood and toddlerhood is encouraged, as is limiting the number of children with whom the caregiver forms a relationship.

As a result, most professional guidelines suggest that infants and toddlers remain with the same teachers during most, if not all, of their initial years in a program. However, in most center-based child care programs, infants and toddlers have a series of different caregivers during their first three years for practical reasons. Like elementary schools, centers often move children to a different class/teacher at the end of the year. A number of programs move children more frequently when they achieve milestones such as crawling or walking.

The Study

Participants included 19 North Carolina child care centers that fell in the typical range of quality offered in the community. There were 46 classrooms, 38 typically developing infants/toddlers, and their teachers. The study included direct observations of children's classroom social activity and their emotional behavior. Data describing distress and discontent were collected three–four weeks before the transition and three–four weeks after it. Different categories of behaviors were noted (see table).

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CATEGORY	DEFINITION
CONTENT	Interacting with toys, materials, or others without frowning, showing fear or sadness, crying or whining; observing others; face shows interest or is even smiling
DISCONTENT	
Crying—	Audibly crying with tears; loud, intense, accompanied by mucous from the child's nose
Fussy—	Whining or making noises that seem to communicate unhappiness; tears are not present; may appear to be asking for attention
Silent Distress—	Face is frowning, scowling, or looking as if the child is about to cry; appears fearful, anxious, or sulking
Verbal Distress—	Says things that indicate he or she is in distress or unhappy
Clinging—	Holding onto an adult staff member but might not be held (e.g., grabbing and holding onto the leg of an adult); clinging to the adult while being held (holding on more tightly than when relaxed, burying head in adult's shoulder to avoid eye contact)
PROBLEMATIC BEHAVIOR	
Aggression—	Hits, kicks, bites, pushes others (peers or adults), or verbally threatens others
Destruction—	Throws, kicks, breaks, and bangs toys/materials in ways other than their prescribed use, with the intent to destroy or with the inferred intent of anger
Noncompliance—	Does not follow an adult request and displays defiant behaviors verbally or nonverbally
Social withdrawal/isolation—	Is not in close proximity to others, is not interacting with others or with toys, or appears to be avoiding or moving away from others
Territorial infringement—	Is taking another child's toys or materials or is getting in another child's space

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Researchers measured the quality of each pre- and posttransition classroom using the *Infant/Toddler Environment Rating Scale* (ITERS) and the *Caregiver Interaction Scale* (CIS). ITERS is used to assess the following in a room: 1) space and furnishings (e.g., indoor space, furniture for routine care and play, display for children); 2) personal care routines (e.g., greeting/departing, meals/snacks, nap, diapering/ toileting); 3) listening and talking ; 4) activities (e.g., fine motor, active physical play, art, music and movement, blocks, nature/science, promotion of diversity; 5) interaction; (e.g., supervision of play and learning, peer interaction, staff-child interaction, discipline); 6) program structure (e.g., schedule, free play, group play activities, provisions for children with disabilities); and 7) parents and staff (e.g., provisions for parents, provisions for personal and professional needs of staff). CIS concentrates on teacher-child interactions: sensitivity (warm, attentive, engaged); harshness (critical, threatens children, punitive); detachment (low levels of interaction, interest, supervision); and permissiveness (does not reprimand children when they misbehave).

Findings

On average the children did not exhibit high amounts of distress in any of the preand posttransition classrooms. However, they showed higher levels of distress on being moved to a new classroom. These heightened levels of distress diminished so that they resembled those in the pretransition classroom at the end of a few weeks.

On the one hand, what does this increased distress mean? It may indicate that children could form attachment relationships with teachers and/or peers in pretransition classes then show distress when separated from attachment figures.

On the other hand, increased distress could be a sign that children are being exposed to painful experiences. However, it is not known whether the heightened levels of distress are harmful or have a long-term positive effect on children's development.

Not all children (about 60%) showed increased distress on moving to a new class. This result suggests there are individual differences within children and possibly environmental variables that affect whether children's distress levels rise when moved to a new class. Younger infants show more distress when moved than older children. The age of children should be considered when deciding whether to move them to a new class/teacher. Children in pretransition classrooms characterized by higher quality as measured by the ITERS demonstrated less distress in the initial classroom than children in lower quality classrooms. But after the transition, the children in higher quality pretransition classrooms tended to show increased distress levels.

The ITERS quality of the new classrooms did not make a difference in this behavior. If children's levels of distress go up when moved to a new classroom because they are leaving a teacher to whom they are attached, the finding of the study implies that children are more likely to become attached in higher, not lower quality classrooms. If attachment to teachers is important to children in child care, then improving low quality found in infant/toddler child care classes deserves continued effort.

Scores on the CIS did not relate to the distress levels shown in the pre-and posttransition classrooms.

Participating children displayed little problematic behavior. When children moved to a new class and teacher, these behaviors diminished. However, they returned to pretransition levels by the end of the observations in the posttransition classroom. Perhaps children are less likely to misbehave (e.g., hit, kick, bite, push others, damage toys or materials, take another child's toys or materials, not follow an adult's directions, not interact with others) when adjusting to a new physical and social environment before testing it. Nonetheless, children's transitions and social behavior require further study.

More to Explore

More remains to study about the effects of infant/toddler transition in child care. For instance, a study with a larger, more diverse sample would enable researchers to look at the roles played by child variables such as temperament, levels of attachment to caregivers, and family and teacher characteristics. With a longer term study, researchers could follow children to determine whether transitions in the early years were associated with children's later development. If this proved the case, the study might determine the variables associated with more positive outcomes. Further research is necessary to delineate the effects of continuity, transitions, and quality care on children's developmental outcomes.

This *Snapshot* is based on the following article: Cryer, D., Wagner-Moore L., Burchinal, M., Yazejian, N., Hurwitz, S., & Wolery, M. (2005). Effects of transitions to new child care classes on infant/toddler distress and behavior. *Early Childhood Research Quarterly*, 20, 37–56.



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