Using Mixed-Age Groups to Support Continuity of Care in Center-Based Programs

Mixed-age grouping means placing children whose age range spans more than two years (Pool, Bijleveld, and Tavecchio 2000) within the same group or class. You might call this multiple-age or multi-age groupings.

Offering mixed-age groupings in your program can provide stability for a group of children with their caregivers over a longer time—also known as continuity of care. Continuity of care is a term used to describe programming and policies that ensure children and families are consistently engaged in high-quality early learning experiences through stable relationships with caregivers who are sensitive and responsive to a young child's signals and needs (Reidt-Parker and Chainski 2015).

Consistency of relationships is critical in supporting young children's development and learning. Mixed-age groupings create a frame for deepening relationships for staff with children and their families.

While family child care providers often serve mixed-age groups that range from infants to school-aged children, mixed-age groupings are newer to early childhood education center-based settings. Traditionally in centers, children are placed in like-age groups and transition to an older group at a certain age or milestone (e.g., babies move to toddlers at 15 months or when they can walk; or toddlers move up at age two or when using the toilet independently). Although this practice can be convenient for programs, it depends upon each program's approach whether children and families receive continuity of care. In some cases, children and families may have to adapt to a new setting, a new group of peers, and a new set of teachers several times during their enrollment in the program.

Use this document to consider the benefits of and strategies for successfully implementing mixed-age groupings within early childhood education center-based programs.

Consider the Benefits of Mixed-age Groups

Working with mixed-age groups does not necessarily mean additional work, but rather a shift in thinking or a change in approach. Several studies show that the caregiver-child attachment relationship is often more secure the longer a caregiver stays with children (Cummings 1980; Raikes 1993; Barnes and Cummings 1994; McMullen, Yun, Mihai, and Kim 2016). Frequent transitions to new caregivers can take a toll on children and families. For instance, each new caregiver must learn to read a child's cues and to gain the trust of the family.

Providing mixed-age groups can:

- Increase the opportunity to build secure, attached relationships as well as support children's social and emotional development (Ruprecht 2016)
- Provide ample time for caregivers to learn about the individual needs of the child and to develop positive working partnerships with families (McMullen, Yun, & Kim 2016)
- Reduce the number of transitions for infants, families, and caregivers
- Allow siblings and peer groups to remain together over time in a familiar setting

When licensing prevents you from using mixed-age groups, think of other ways to support continuity of care. For example, you may implement primary care or a looping model. Looping is when staff transition with children into older classrooms.

Overcome Challenges & Ensure Positive Outcomes

Mixed-age groups can be both challenging and rewarding. It takes time and effort to ensure positive outcomes for children, families, and staff. Build on the existing methods used to plan and implement individualized, inclusive care for each child.

Use effective strategies to ensure systems, policies, and procedures foster success.

Pilot or phase in mixed-age groups to address challenges and build on strengths.

Select teaching teams who are ready for the opportunity.

- Teaching staff need to have knowledge of child development and the ability to adapt for the varying needs of each age and stage.
- Realize that working with infants has different physical demands than working with toddlers.
- Highlight the benefits for children, families, and staff.
- Remember, buy-in takes time even when one is excited about the prospect.
- Consider the impact to enrollment and waiting list protocols. Think about ways to ensure peer groups or siblings stay together.
- Consider and plan for the financial, human, and other resources needed to support mixed-age group programming.
- Ensure teaching staff and substitutes have the necessary depth of child development knowledge and the ability to engage with families. They need to be aware of general developmental milestones (children's tasks, skills, and focus during each age and stage) and able to adapt to children's individual needs and interests. Budget to allow staff to participate in regular reflective practice sessions and embed reflective supervision into the implementation plan.
- Review and adapt health and safety policies and practices to accommodate the diverse needs of all children in care. Implementing practices such as active supervision can also help minimize injuries and children being left alone.
- Consider different ways to aggregate data (e.g., by children's ages, length of time in program). There may be times when you simply can't aggregate because there are too few infants and toddlers. Make sure to say that in any reports on program-level child data.

Use effective strategies to ensure **environment and materials are safe and meet the needs and interests of each age range served within the group**.

Ensure space design includes:

- Routine care for all ages (e.g., diapering, toileting, bottle and table feeding)
- Protected spaces for non-mobile babies
- Gross motor elements for mobile children
- Best spots for staff to be available to children and able to supervise the group
- Consider the need for additional equipment and materials. They may need to be purchased, rotated, or stored until needed. Keep in mind safety of the youngest children (e.g., choking hazards). This may impact the budget or facilities design.
- Teaching teams need to be flexible as they plan and know how to adapt the environment as children's interests, skills, and abilities change. Remember, infants and toddlers have a rapid rate of development.

Use effective strategies to ensure adult attitudes successfully impact the process and require managerial focus.

- Prepare staff and parents when transitioning to a mixed-group setting. Share the benefits and get their input. Involve them in the process when making a program change. Meet with them to share why the change is being implemented, invite questions, and encourage staff and families to share their concerns and to partner with the program during implementation. Allow families to share their insights with staff or newly enrolled families.
- Provide support and professional development opportunities to offer strategies and address concerns.
- Consider reflective supervision to offer a place where staff can safely voice their worries or their strategies for adaptation. Supervisors or coaches could be a third party or eye to help teachers over the hurdles.
- Consider providing out-of-classroom time for teaching teams to talk and plan.

Use effective strategies to ensure classroom management works for an individual child as well as for the group dynamics.

- Use the program's primary caregiving approach to help staff individualize based on children and families' need.
- Extra staff can help ease group dynamics impacted by developmental surges (e.g., when babies need extra support due to separation or stranger awareness; when activity levels increase as children learn to walk, climb, or run; or when they assert their demands with hits or bites).
- Think about ways to implement group management strategies to:
- Individualize the curriculum to meet each child's needs
- Understand children's behaviors and make environmental or curricular adaptations to limit challenging behaviors. Sometimes what staff perceive to be challenging are normal behaviors that are hard for adults to manage in a group setting
- Frame curricular planning around routines and learning experiences or think about the day as small group or individually based experiences rather than large-group activities
- Set up the environment in a way that limits adults' use of "no's" or children's need for constant guidance
- Provide safe, open-ended materials that offer multiple uses for the varying ages. When children have opportunities for self-directed play, they play longer, are more engaged, and play more independently
- Ensure safety by having more complex or adult-supervised materials (paint, child-safe scissors, etc.) that are out of reach from younger children but within adult reach and ready for the older children to use

References

Ahnert, L., M. Pinquart, and M.E. Lamb. "Security of Children's Relationships with Nonparental Care Providers: A Meta-Analysis." *Child Development* 77 (2006):664–679.

Barnes, M.V., and E.M. Cummings. "Caregiver Stability and Toddlers' Attachment-Related Behavior Towards Caregivers in Day Care." *Infant Behavior and Development 17* (1994): 141–147.

Cummings, E.M. "Caregiver Stability and Day Care." *Developmental Psychology 16* (1980): 31–37.

Katz, L. G., J.A. Hartman, and D. Evangelou. *The Case for Mixed-Age Grouping in Early Education*. Washington, DC: National Association for the Education of Young Children, 1990.

McMullen, M. B., N. Yun, A. Mihai, and H. Kim. "Experiences of Parents and Professionals in Well-Established Continuity of Care Programs." *Early Education & Development* 27 (2016): 190–220.

National Scientific Council on the Developing Child. <u>Excessive Stress Disrupts the Architecture</u> of the Developing Brain: Working Paper 3[PDF, 506KB]. Boston, MA: Center on the Developing Child, Harvard University, 2005/2014.

Pool, M., C. Bijleveld, and L. Tavecchio. "The Effect of Same-Age and Mixed-Age Grouping in Day Care on Parent-Child Attachment Security." *Social Behavior and Personality: An International Journal 28* (December 2000): 595–602.

Raikes, H.. "Relationship Duration in Infant Care: Time with a High-Ability Teacher and Infant-Teacher Attachment." *Early Childhood Research Quarterly* 8 (1993): 309–325.

Raikes, H., and C. Edwards. *Extending the Dance in Infant and Toddler Caregiving*. Baltimore, MD: Paul H. Brookes Publishing Company, Inc., 2009.

Reidt-Parker, J., and M.J. Chainski. *The Importance of Continuity of Care: Policies and Practices in Early Childhood Systems and Programs*. Chicago, IL: Ounce of Prevention, November 2015.

Ruprecht, K., J. Elicker, and J. Choi. "Continuity of Care, Caregiver-Child Interactions, Toddler Social Competence and Problem Behaviors." *Early Education and Development* 27 (2016): 221–239.

Excerpted from: U.S. Department of Health & Human Services, Administration for Children & Families. HEAD START/ECLKC, Early Childhood Learning & Knowledge Center. *Learning Environments*. Retrieved 5-4-22 from <u>https://eclkc.ohs.acf.hhs.gov/learning-environments/article/using-mixed-age-groups-support-continuity-care-center-based-programs</u>