



# Continuity of Care: Primary Caregiving in Singapore

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## Abstract

Child care centres in many developed countries have expanded exponentially due to the increased participation of women in the workforce. Consequently, children are spending long hours in child care settings, and hence the issue of quality of provision has come under scrutiny. Given the vulnerable age of children, particularly those birth to 3 years, researchers investigated parents' views of a primary caregiving system in Singapore, which is an approach that aims to foster children's holistic growth and development. Within the system, three to four infants are cared for, in the main, by one caregiver within an early childhood educational setting and supported by a team of other staff. Parents were asked specifically about their level of satisfaction with the primary caregiving system and were also asked about their level of understanding. Findings showed that 49% of the sample were satisfied and 51% were very satisfied. In relation to the second question three major themes emerged in the qualitative data from responding parents—meeting children's needs, supporting safe and secure relationships, and improving home school communication. As primary caregiving is not used widely in Singapore it is deemed important to disseminate findings to policy makers and practitioners working in child care centres. Given the importance of primary caregiving and its application in many other countries, the findings have relevance internationally.

**Keywords** Infants · Toddlers · Singapore · Primary caregiving · Early childhood

## Background

Research across the world continues to emphasise the importance of the early years (Melhuish and Gardiner 2020; World Health Organisation 2020; Centre for Education Statistics and Evaluation 2018). Experiences in early childhood play a major part in development, as they affect and shape one's

growth and development (Mustard 2008b; Sylva et al. 2003). Given the emerging architecture of the brain and its plasticity, there has been convincing evidence provided by neuroscience research that the first 3 years of life are the most critical of all stages of development (National Institute of Child Health and Human Development Early Child Care Research Network 2005; Center on the Developing Child at Harvard University 2011).

Though there are significant research findings in relation to the importance of brain development, the role of early childhood education is still undervalued (Lally 2009, 2010; Mustard 2008a; Burns 2020; Bell 2018). Some parents are not always aware of how critical early learning is. Allied with this is the trend that more women are returning to the workforce and making use of child care services. In Australia, for example, the proportion of children aged birth to 4 years attending formal child care increased from 18% in 1999 to 35% in 2017; while long day care (i.e., full day program) is the most attended type of formal care for this age group of children (Australian Bureau of Statistics 2018). If the quality of child care is high, then children's development can be facilitated, but if it is poor then this type of care may have an adverse effect on development (Sylva et al. 2012).

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Ebbeck and Waniganayake (2016) cited from a UNICEF report that societal pressures (including the fact that two-thirds of women in industrialised countries are in the workforce) are causing both governments and families to move towards providing high quality of care for young children.

In order to support children's growth and development, continuity of care is most important (Horm et al. 2018; McMullen 2018). Within the early childhood educational context, continuity of care means that teachers and parents/caregivers together work closely to form a trusting relationship so as to generate the kind of care that is in the best interests of the child. This partnership deepens the teacher's understanding of the child and how individual families function. In this way the early childhood setting supports rather than supplants the home child rearing practices. In a study of some 40 Singaporean families, Ebbeck and Gokhale (2004, p. 194) found via interviews with the families that there was a great variety of differences in child rearing between the home and the centre. This, in fact, provides discontinuity rather than continuity.

## Primary Caregiving

Primary caregiving can be described as a system used in childcare when infants or toddlers are placed in care. It is viewed as a system which “creates an ideal framework which creates individualized care and responsive relationships based care” (Lee et al. 2015, p. 337). Central to primary caregiving is secure attachment and as such can be traced back to the ground breaking research of Bowlby's seminal diagnosis of attachment which was published in a trilogy ([1980] 2000, [1973] 2000, [1969] 2000). He is acknowledged as the pioneer of attachment theory, focussing on the importance of the relationship between a mother and an infant and the adverse effects on the infant of separation. Bowlby proposed that emotional security grew out of secure attachment. Since this early work of Bowlby, other researchers have refined and extended his main thesis. Ainsworth and Bell (1974) took Bowlby's work to another level showing in experiments how secure infants move out from the mother and return to a safe base and insecure infants, by contrast, stay close to the mother. As Raikes (1993, p. 309) stated, “attachment theory provides a powerful framework for studying the relationships of infants”.

Research by Cooper et al. (2017) finalised a model for primary caregiving showing how infants moved confidently from a secure base known as a safe haven returning to their caregiver for emotional support, as needed. It is widely acknowledged by all researchers that childcare settings need to provide a secure base and consistent relationship (Cryer et al. 2003, 2000; Ebbeck and Yim 2008; Raikes 1993). A primary caregiving project by Colmer et al. (2011, p. 17)

based on Cooper and colleagues' work states that “at home the secure base is the parent and in early childhood settings it is the primary caregiver for the child”. The model by Cooper, Hoffman and Powell (Cooper et al. 2017) has been researched further by Andrews and Coyne (2018) who investigated adapting the approach to a more intensive intervention approach for children presenting with difficult separations from mothers.

Researchers consistently confirm that an effective primary caregiving system supports the continuity of care particularly for infants/toddlers, which is the focus of this current paper (Ebbeck et al. 2015; Ebbeck and Yim 2009, 2008; McMullen et al. 2016). Specifically, primary caregiving is defined as “a model or system of caring for children in groups whereby each caregiver or teacher (i.e., primary caregiver) within a larger group is assigned primary responsibility for a specific group of children” (Bernhardt 2000, p. 74). The primary caregiver is the main person in an educational setting who, from admission, works to form an attachment with the children (usually infants/toddlers) assigned to him/her. Within this study, the term attachment refers to the “strong and persistent affectional bonds” between individuals as a result of their social interactions (Bowlby and Bowlby 2005, p. 85). “The child and adult learn each other's rhythms and responses through their daily interactions and each becomes skilled at anticipating the actions of the others” (Bernhardt 2000, p. 74). Such relationships provide a secure emotional base for the infant to explore the world and support cognitive, emotional development, well-being, and social competence (Raikes 1993; Howes and Smith 1995; Wu and Perisamy 2020).

When a primary caregiver has to leave a centre it can be distressing to an infant or toddler and this can be seen as a limitation of the primary caregiving system. However, the backup of team members are well known to the child and one of these is usually designated to substitute for the loss of a primary caregiver. In Singapore the approach is bilingual so there are always two teachers in the class, one with English language and the other in the child's mother tongue, be this Chinese, Malay or Indian. So this ease of communication assists especially in times of teacher attrition. Ruprech et al. (2016, p. 222) cite research by Howes and Smith (1995) that both maternal and non-parental caregivers provide toddlers with interactive involvement and found that caregivers who had secure attachments with children also displayed more interactive involvement with them. The teachers in this system also have more contact with families than non-primary caregiving approaches. It would seem that the advantages of primary caregiving far outweigh any disadvantages.

The primary caregiver communicates on a regular basis with the family about the daily happenings of their infants/toddlers, how they fared emotionally, and how their

adjustment to the educational setting is progressing. In addition, the primary caregiver is responsible for routines like feeding, changing, napping, and playing (Baker and Manfredi/Petitt 2004), and focuses their attention on planning experiences that cater to the developmental needs of each child. Thus, the responsibilities of a primary caregiver include, amongst other roles and duties:

- Fostering a relationship with the child and his or her family;
- Observing, documenting, and planning for each child's development and learning on an ongoing basis;
- Supporting the child through transitions;
- Carrying out the majority of the child's care routines; and
- Providing emotional support.

(Child Care State Capacity Building Center 2017, p. 1).

To reiterate, a primary caregiving system is not an exclusive, one-teacher arrangement, as the other teaching team members must also develop a detailed knowledge of the children and support them in the daily routines of care. Generally, each primary caregiver has responsibility for 3–4 children and is supported by a team of 3–4 other caring staff members. The primary caregiver becomes the main point of contact who communicates with the parents about the children's on-going learning and developmental progress. In this way the primary caregiver forms a close attachment to each child's family assigned to them.

In order to build and maintain the relationship between the primary caregiver and the families, professionals interact with parents regularly. In Singapore, as mentioned earlier, a multi-ethnic society of mainly Chinese, Indian and Malay people, it is important for child care centres to know about the differing child rearing patterns at home so that, where possible, continuity can be maintained. On admission, a director of the centre generally talks to the family about their primary caregiving system, how it provides continuity of care from home to centre, how the child rearing patterns of the home can be supported in the centre. Parents are asked about the cultural practices at home. Finding out about the family culture is an important step for, as Ebbeck (2001, p. 35) wrote, "it has to be remembered that each child comes from a particular home background where interaction within the cultural context of the home are operating on a set of cultural assumptions that envelop that particular family".

At a basic level for the caregiver is finding out about the infants' comfort items such as a blanket, pacifier, or soft toy that the child needs for security. Infants need these comfort items when they make the transition from home to centre in order to provide continuity in the life of the infant. It is also important for the centre to know the mother-tongue language of the home, for sometimes it is necessary for this home language to be used to convey meaning of the

infants/toddlers' needs. Likewise, directors/principals seek out information about each child's family structure to see if it includes grandparents in an extended family context. In Singapore, some grandparents bring the infants to the centre and collect them at the end of the day. This is deemed to be important knowledge as grandparents in Singapore are often the gate-keepers of traditional cultural child rearing practices (Thang and Mehta 2012).

The primary caregiving system is not new in the western context. It has been commonly embedded as part of government guidelines and professional recommendations supporting the provision of high quality early childhood education (US Department of Health & Human Services 2020; Livingstone 2019; Hargraves 2019). However, the primary caregiving system is still relatively new in the East. In Singapore, the system was only implemented in some local early childhood settings since 2015 (Ebbeck et al. 2015) and remains under-researched. This paper reports on part of a larger study and aims to fill this gap by investigating parents' experiences of this emerging system in selected child care settings. This review and application of primary caregiving has much wider application than Singapore alone and is of interest to researchers and practitioners internationally.

## Context of Singapore

Singapore is a modern city-state and island country with a population of 5.7 million people (Singapore Department of Statistics 2019). Singapore is also a highly urbanized, society which prides itself on the racial harmony of its multi-cultural orientation of Chinese, Malay and Indian citizens and is one of the most technologically advanced countries in the world (Ebbeck et al. 2016). Most families have high expectations of their children (Lim-Lange 2020; Paulo and Tolentino 2019). In particular, Singapore's merit oriented approach is reflected in the OECD rankings (Davie 2020; Ng 2020).

Turning to the early childhood scene, Wu and Perisamy (2020, p. 1) proposed that "from a welfare scheme to custodial care, early childhood is now recognised as a critical part of children's learning and development. Over the years the government has progressively implemented policies to raise the quality of early childhood education and care". The writers identify two key areas for improvement—staff child ratio and teacher quality for improving infant and toddler care. These findings are supported by the study conducted on six Singaporean educators who were caring for infants by reflecting on their roles and practices (Lim 2019).

Early childhood educational settings in Singapore are privately or publicly funded, and they are regulated by the Early Childhood Development Agency (ECDA). There are two major types of setting: kindergartens and child care centres.

Most kindergartens provide 3 to 4 h of educational and care programmes for children aged 2–6 years, while child care centres provide long day (up to 12 h) educational and care programmes for children aged 2 months to 6 years. Primary schooling commences in the child's 7th year. In 2019, there was a total of 1532 child care centres, and 629 of them also offer infant care services specifically for children aged 2–18 months by qualified teaching staff (Early Childhood Development Agency 2020a, 2020b). The study reported in this paper was situated in infant care settings.

The establishment of ECDA in 2015 has resulted in the emergence of important policies for early childhood. This is evident in that quality assurance for the birth to 3 years is being introduced in 2020 in a systematic way. However, as yet there are no historically well established patterns of education and care for the birth to three age range, but positive change has been occurring in recent years.

In 2017, a new Early Childhood Development Centres Bill was passed by the Singaporean Government to provide a consistent regulatory framework across the early childhood sector (Early Childhood Development Agency 2017). This bill endorsed the need for stability and continuity of care for infants in early childhood settings and highlighted the value of a primary caregiver system to “support the continuity and stability of care” (Early Childhood Development Agency 2017, p. 7). However, the primary caregiving system is still not widely practised nor understood in the local early childhood educational landscape.

Although Singapore is facing a declining birth rate, there is a growing trend of Singaporean parents opting for out-of-home infant care services for their young children. Local reports highlighted that one in 10 infants/toddlers are enrolled in such services and the number has increased by 60% since 2012 (Tai 2016; Toh 2016). Such an increase in demand was due to the growing number of dual-income couples (Singapore Department of Statistics 2015; Singapore Ministry of Social and Family Development 2018c). The growing number of dual-income couples is indeed consistent with the trend of other OECD countries (Organisation for Economic Co-operation and Development 2017). Given the increasing demand for infant care services and the long hours that children can spend in formal educational settings, the issue of quality of infant care services has come under scrutiny in Singapore.

## The Research Study

The study was devised to explore parents' reported levels of satisfaction and their understanding of the primary caregiving system in selected infant care settings in Singapore in order to find out how this system might be improved and

adopted more widely. Two research questions, from the larger study, reported on here are:

1. In what ways, if any, does the primary caregiving system satisfy parents?
2. What understanding, if any, do parents express in relation to the primary caregiving system?

## Method

The larger study adopted a cross sectional approach using both quantitative and qualitative methods of inquiry (Creswell and Creswell 2018). Data reported in this paper, was collected by administering a questionnaire. The questionnaire focused on gathering information about Singaporean parents' satisfaction with the primary caregiving system operating in the infant care centres that their children were attending as well as their understanding of the system. The questionnaire was developed in English (i.e., the official written language in Singapore) by the researchers. Principals in the study were asked if the questionnaire needed to be translated into Chinese and any other mother tongue languages. Their response was that it was not needed for this questionnaire as respondents in the 20 centres were all fluent in English. However, researchers and teachers who were fluent in written Chinese and other mother tongue languages were available to assist with any individual queries from respondents.

The questionnaire consisted of 11 items including tick-the-box, Likert-scale, and open-ended questions. The questionnaire was considered a sufficient strategy to gather information regarding the parents' views, given the sample size ( $N=134$ ), as it saved time, human, and financial resources (Kumar 2014). A pilot test of the questionnaire with 10 parents was conducted using the ‘think-aloud’ technique (Johnson and Christensen 2012). The participants reported that no changes to the questions were necessary. Quantitative data was analysed using the Statistical Package for the Social Science (SPSS) version 26.0 software. Qualitative responses were entered and analysed using the QSR NVivo version 12.0 software.

## Sample

Participants in this present paper were 134 parents of young children aged 3 to 11 months across 20 infant care centres within a large child care organisation in Singapore. The mothers' mean age was 35 years and fathers' mean age was 36 years. The mean age is consistent with data in Singapore which shows that women defer having children until 30 years of age (Tan 2019). The key ethnic groups of the family in the study include Chinese, Malay and Indian. Using purposive

sampling, centres were selected from each of the five regions of the country as demarcated by the Singapore Urban Redevelopment Authority, namely Central, East, North, North East, and West. As part of the sample selection criteria of the larger study, 15% of the infants selected were from low socio-economic background families were included in each region so as to ensure regional representation. All involved centres have the primary caregiving system in place for at least 5 years, and the centre principals in the cohort were all experienced with at least 5 years of work as a director of early childhood settings in Singapore.

Ethics approval was obtained from the management committee of a large child care organisation including their ethics committee, which approved the data collection tools (including the questionnaire reported here) and procedures. A total of 153 hard-copy questionnaires were distributed to parents of infants aged 3 to 11 months by the teaching/administrative staff of 20 centres. Families were invited to voluntarily and anonymously return them via informed consent to a collection box in the reception counter of each centre within a period of 2 weeks (response rate = 88%).

### Findings

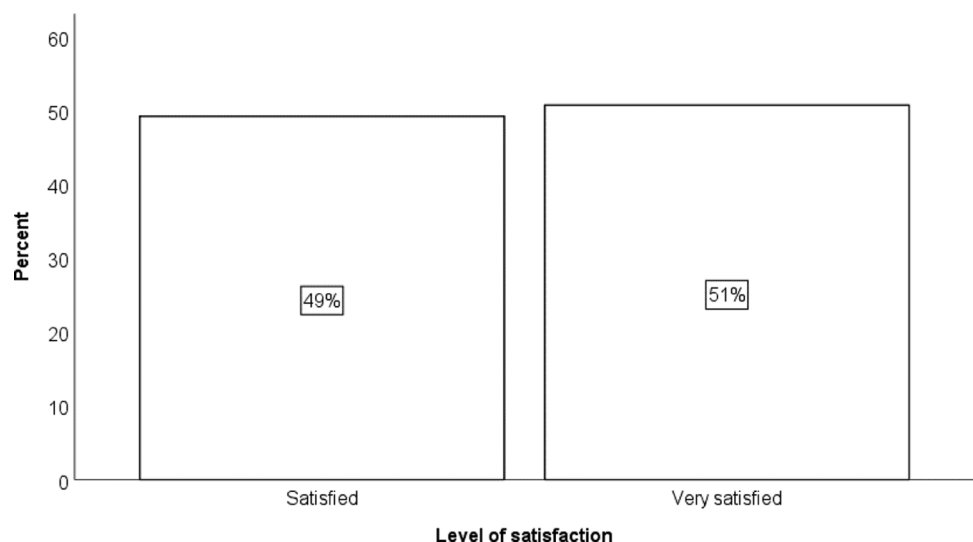
Findings are presented in relation to each research question as follows:

*Question 1: In what ways, if any, does the primary caregiving system satisfy parents?*

Parents were invited to express their level of satisfaction or dissatisfaction with the primary caregiving system on a 4-point Likert scale (1 = very dissatisfied, and 4 = very satisfied).

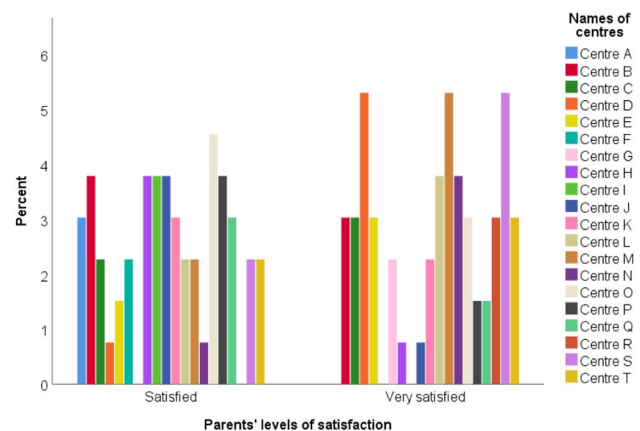
Results showed that they (n = 132, missing case n = 2) were satisfied (n = 65, 49%) or very satisfied (n = 67, 51%)

**Fig. 1** Parents’ reported levels of satisfaction of the primary caregiving system

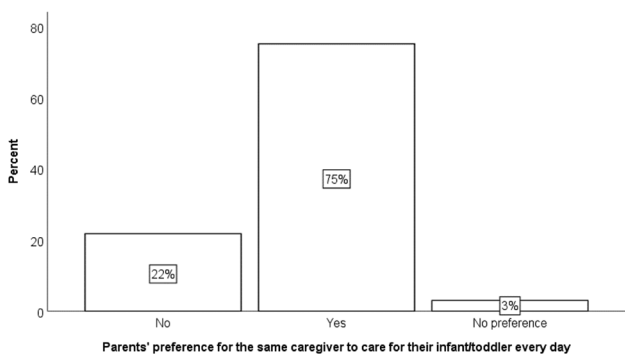


with the system (Fig. 1). Figure 2 further shows that all parents of Centre A (n=3, 3%), Centre F (n=3, 2%) and Centre I (n=5, 4%) consistently rated the ‘satisfied’ level, while all parents of Centre G (n=3, 2%) and Centre H (n=4, 3%) indicated that they were ‘very satisfied’ with the system. In eight of the 20 centres (Centres C, D, E, L, M, N, S and T), more parents rated ‘very satisfied’ than ‘satisfied’. In six centres (Centres H, J, K, O, P and Q), in contrast, more parents rated ‘satisfied’ than ‘very satisfied’.

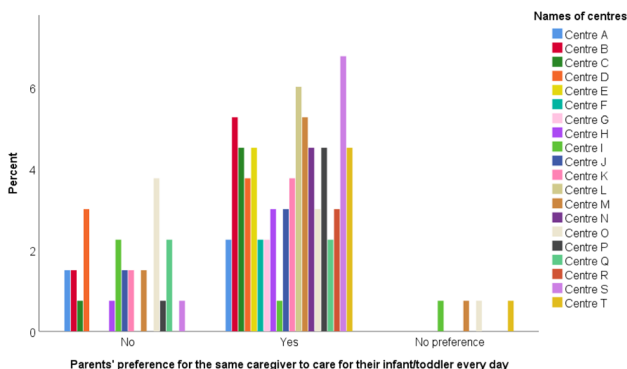
All parents (n = 133, missing case n = 1) were also invited to express their preference for the same caregiver to care for their infant every day by using a close-ended question (i.e., yes/no/no preference). Figure 3 shows that the majority of them (n = 100, 75%) preferred the same caregiver. In addition, Fig. 4 shows that all parents in six of the 20 centres consistently indicated such a preference. The six centres are: Centre E (n = 6, 4.5%), Centre F (n = 3, 2.3%), Centre G (n = 3, 2.3%), Centre L (n = 8, 6%), Centre N (n = 6, 4.5%)



**Fig. 2** Parents’ reported levels of satisfaction of the primary caregiving system in 20 centres



**Fig. 3** Parents’ levels of preference for the same caregiver to care for their infant every day



**Fig. 4** Parents’ levels of preference for the same caregiver to care for their infant every day in 20 centres

and Centre R (n = 4, 3%). In nine centres (Centres, A, B, C, D, H, J, K, P and S), parents expressed some mixed ‘yes/no’ responses, but the majority still preferred the same caregiver. However, most parents in Centre I (n = 4, 3%) and Centre O (n = 6, 5%) either had no preference or preferred not to have the same caregiver every day, even though all parents in both centres indicated that they were ‘satisfied’ with the primary caregiving system.

*Question 2: What understanding, if any, do the parents express in relation to the primary caregiving system*

Two open-ended survey sub-questions invited parents to elaborate on their preferences for the same caregiver to care for their infants, and to provide feedback on their experiences of the primary caregiving system in the centres. The two sub-questions [(i) do you want the same caregiver to care for your child every day? Please explain; (ii) Please share comments about your child’s experiences in the centre] yielded a total of 104 responses from 134 parents. Analysed data show that the majority of parents across the 20 centres understood key principles of the primary caregiving system. The top three emerged themes are: i) to meet the child’s needs (n = 31, 29%); ii)

to support a safe and secure relationship (n = 21, 19%); and iii) to improve home-centre communication (n = 12, 11%). Table 1 illustrates some sample responses from parents.

Some parents (n = 11, 10%) also demonstrated their understanding of the primary caregiving system by showing their confidence and appreciation of the work done by the primary caregiver in the early childhood settings. The following sample responses illustrate that they were particularly pleased with the infants’ wellbeing and they valued the professionalism of the teaching team.

“...we feel that the caregiver is doing a fantastic job”

“...we are very satisfied with Amy’s (pseudonym) infant care...teacher & staff are very caring. We feel confident to leave our baby at the centre & go to work”

“...I think my child is overall very happy in the centre and the primary caregiver is very caring towards my child”

“...I am happy and pleased to see how much he (the child) has developed and most skills are picked up in the centre”

“... I am always assured that my child is in good hands. I don’t need to worry about her (the child) well-being as educators at the centre are affectionate and professional”

Other parents (n = 19, 12%) expressed interest about the primary caregiving system possible impact on their infants’ social development and on their relationship building capacity with other caregivers. Queries were, would infants:

“Become too attached to a particular caregiver”

“Need to be with other caregivers (to minimize) stranger anxiety”

“Be over-reliant and not expand (the child’s) social skills”

“Be adaptable to various teaching and caregiving methods”

“Become too dependent on the main caregiver”

As the relationship with the primary caregiver is not exclusive and backed up by a team this point was referred back later to principals to make sure parents understood this feature of primary caregiving when enrolling infants. Such questioning by parents is seen as positive for as Ebbeck and Gokhale (2004, p. 194) found “parental expectations are influenced by their cultural and societal expectations which shape their views when they are looking for appropriate childcare centres”.

Other important information sought from parents included sharing with teachers information about the child’s cultural background and habits that needed to be maintained and provided for in the centre. It was considered important for the parents to share the infants’ comfort toys by encouraging them to bring these to the centre to assist the infants in making transition with minimum distress. The majority of parents were pleased to provide information to the centres about their infants’ cultural habits (n = 125, 95%, missing data n = 2), likes/dislikes (n = 123, 92%) and home routines (n = 126, 94%, missing data n = 1).

**Table 1** Top three emerged themes of parents' understanding of the primary caregiving system and their sample responses

Theme	Sample responses from parents
To meet the child's needs including individual learning needs	<p>"...the caregiver is familiar with my child's temperament"</p> <p>"...each child is unique. The same caregiver is able to recognize the behaviour and needs of each child. There is also more focus and sense of responsibility"</p> <p>"...(the caregiver) understands her (infant) needs and problems"</p> <p>"...(the caregiver) understands more of my child's needs"</p> <p>"...familiarity with my child's habit and character"</p> <p>"...the primary caregiver sets the framework for my child to learn and meet developmental milestones"</p> <p>"...consistency and the caregiver is more familiar with the child's behaviour and preferences"</p> <p>"...(the caregiver) provides consistent care and guidance towards my child development"</p> <p>"...child is less confused when there is a routine"</p> <p>"...children need familiar adults who knows and understand their cues"</p>
To support a safe and secure relationship	<p>"...I can tell that he (the child) feels safe with all caregivers at the centre"</p> <p>"...continuity of care/familiarity with the child's habit/character and rapport with the child"</p> <p>"...trust and assurance for both parents and the baby"</p> <p>"...consistency and the child can build rapport"</p> <p>"...familiarity and bonding are easier for both parties (caregiver and infant/toddler)"</p> <p>"...my child is able to adapt well"</p> <p>"... he would be confident and socially interactive"</p> <p>"...to have a sense of security"</p> <p>"...this allows the infant to familiarize themselves to the new environment provided the caregiver stays throughout the time the infant is with the centre"</p>
To improve home-centre communication	<p>"...I know who to chat with if I want to know my child's progression"</p> <p>"...easy for me to know what is happening to my kids"</p> <p>"...primary caregiver works as our main contact on issues/questions pertaining to our child's welfare"</p> <p>"... I can keep track of who is taking care of my child"</p> <p>"...easy to communicate with (the primary caregiver)"</p> <p>"...this provides consistent tracking of the child progress"</p> <p>"...for easy communication on child's needs or behaviour"</p>

## Discussion

Results show that all parents were either 'satisfied' or 'very satisfied' with the primary caregiving system in the 20 selected infant care centres. Such a positive finding is important as available literature consistently shows that parents' satisfaction may link positively with their involvement in their children's education (Fantuzzo et al. 2006) and their school choice (Friedman et al. 2007). Parent satisfaction may even predict child care centre reputation, which in return, affects parent loyalty (Skallerud 2011) and may contribute to parents' well-being (Payne et al. 2012). These intrinsic aspects (e.g., child care centre choice, loyalty, well-being) are particularly important in Singapore due to its merit-oriented culture, as well as the ongoing problem of low birth rate and the need to boost the female workforce participation rates (Singapore Ministry of Social and Family Development 2018a, 2018b). In addition, there is still a scarcity of research in both the East (Omar et al. 2009) and the West (Kelesidou 2017) related to parents' satisfaction generally. The present preliminary, small-scale study, as part of a larger research project, contributes to the knowledge base in Singapore, particularly in the under 3s context. It is also relevant to the wider international data base on primary caregiving.

Analyzed data also show that parents understood the key elements of the primary caregiving system, including: (1) to meet the child's needs; (2) to support a safe and secure relationship; and (3) to improve home-centre communication. The primary caregiving system is concerned with these elements in the hope that through the development of security (Read 2014), there emerges a sense of trust which is a lifelong important trait. Such elements are also key principles to facilitate continuity of care (Raikes and Edwards 2009) in order to meet with each infant's unique needs. To hone the unique abilities and potentials of each infant is not only important for the multi-ethnic, multi-cultural and multi-lingual nature of Singapore, it also meets with the recommendations of the local early childhood framework (Early Childhood Development Agency 2013). In addition, results of the present study show that parents valued the meaningful tri-partite relationships (i.e., child-parent-teacher), which is indeed a crucial component to support the start of a new child care experience for both parents and infants (Margetts 2005).

However, the qualitative findings revealed that some parents had questions to ask about the primary caregiving system as an exclusive, one-teacher arrangement. In the system, a primary caregiver builds a special bond with a small group

of infants/toddlers and their families. Such questions are welcome, for they indicate that parents are thinking about the system. Nevertheless, the primary caregiver is also supported by other staff within the setting. In the present study, each primary caregiver has responsibility for 3–4 children and is supported by a team of 3–4 other qualified caring staff members. Such a teacher–child ratio is even lower than the Singapore Government’s suggested 1:5 guidelines (Early Childhood Development Agency 2012). However the majority of parents understood the role of the primary caregiver as the one who is “ultimately accountable for their baby” (Raikes and Edwards 2009, p. 81), but all staff members in the classroom work together for all enrolled infants’ overall well-being. Every staff member forms strong relationships and works with each infant in the classroom.

## Implications

It is hoped that the results of this study are communicated to policy makers in Singapore. This includes ECDA as mentioned earlier in the paper and the Government bill which mentioned the importance of primary caregiving. The benefits of primary caregiving need also to be discussed in the training of early childhood teachers and other practitioners working in the field (Wu and Perisamy 2020). In order to further enhance parents’ understanding of such operational and administrative aspects of the system and as part of the research applied findings, videos on primary caregiving were made available for centres to use with parents and some brochures were designed and trialled with the centre directors to use. These brochures explained in accessible terms what primary caregiving involved and how it provided continuity of care between home and centre. All directors were enthusiastic and agreed that such information for parents would be helpful.

## Limitations of the Study

There are always limitations to survey research. It is recognised in the primary caregiving study that there is a limitation in the sample size thus the findings cannot be generalised. Unlike much other survey research the response rate was excellent being 87.6%. Also, the pilot findings of the questionnaire allowed for any needed changes. Another limitation relates to staffing at child care centres; it is problematic throughout the world and can be a limitation to any study in child care. As Colmer et al. stated, “in primary caregiving there is the need for continuity and stability, which is challenging in a climate of high attrition rates” (2011, p. 19).

## Conclusion

Given the long hours that infants are placed in child care, it is important for parents to make informed decisions about the centres in which they enrol their child. Continuity between home and centre will always be important and any evidence that is useful for parents should be disseminated for consideration. Expansion of child care is a government policy in Singapore and many other countries. Increasing and sharing research findings will continue to benefit children and their families. Respecting the cultural values of families, especially in multi-ethnic societies can be an important and fundamental policy decision in early childhood contexts.

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