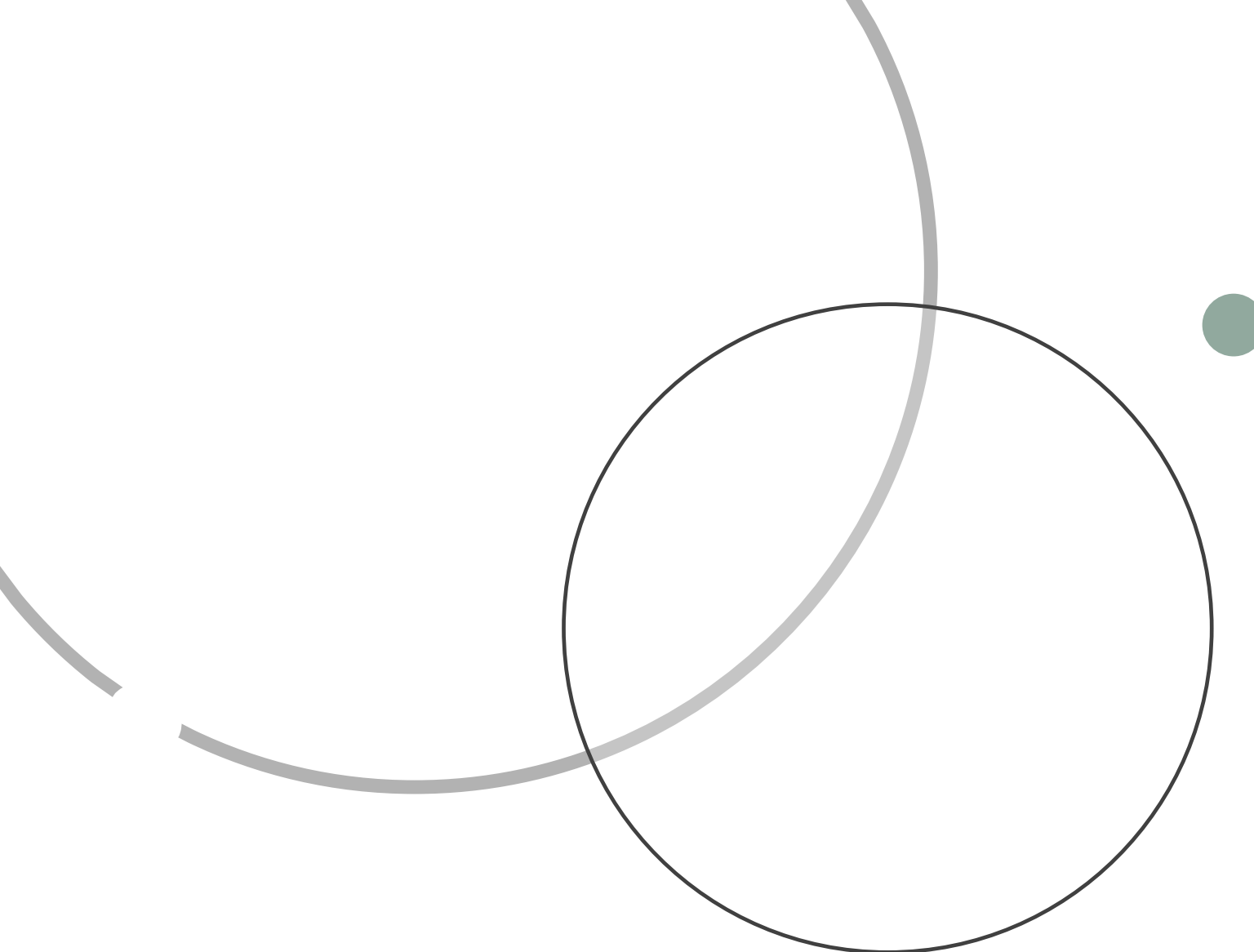




"BUILDING A CONTINUITY OF
CARE MODEL IN YOUR
CHILDCARE CENTER"



WORKSHOP 3: BUILDING A
STRATEGY TO SUPPORT A TEAM
THROUGH CHANGE



VULNERABILITY IS
THE COURAGE TO
SHOW UP WHEN
YOU CAN'T
CONTROL THE
OUTCOME.
- BRENÉ BROWN

THE FIRST STEP:
CONSIDER THE GOALS AND
VISIONS YOU HAVE FOR
YOUR CENTER





GOALS FOR CARE

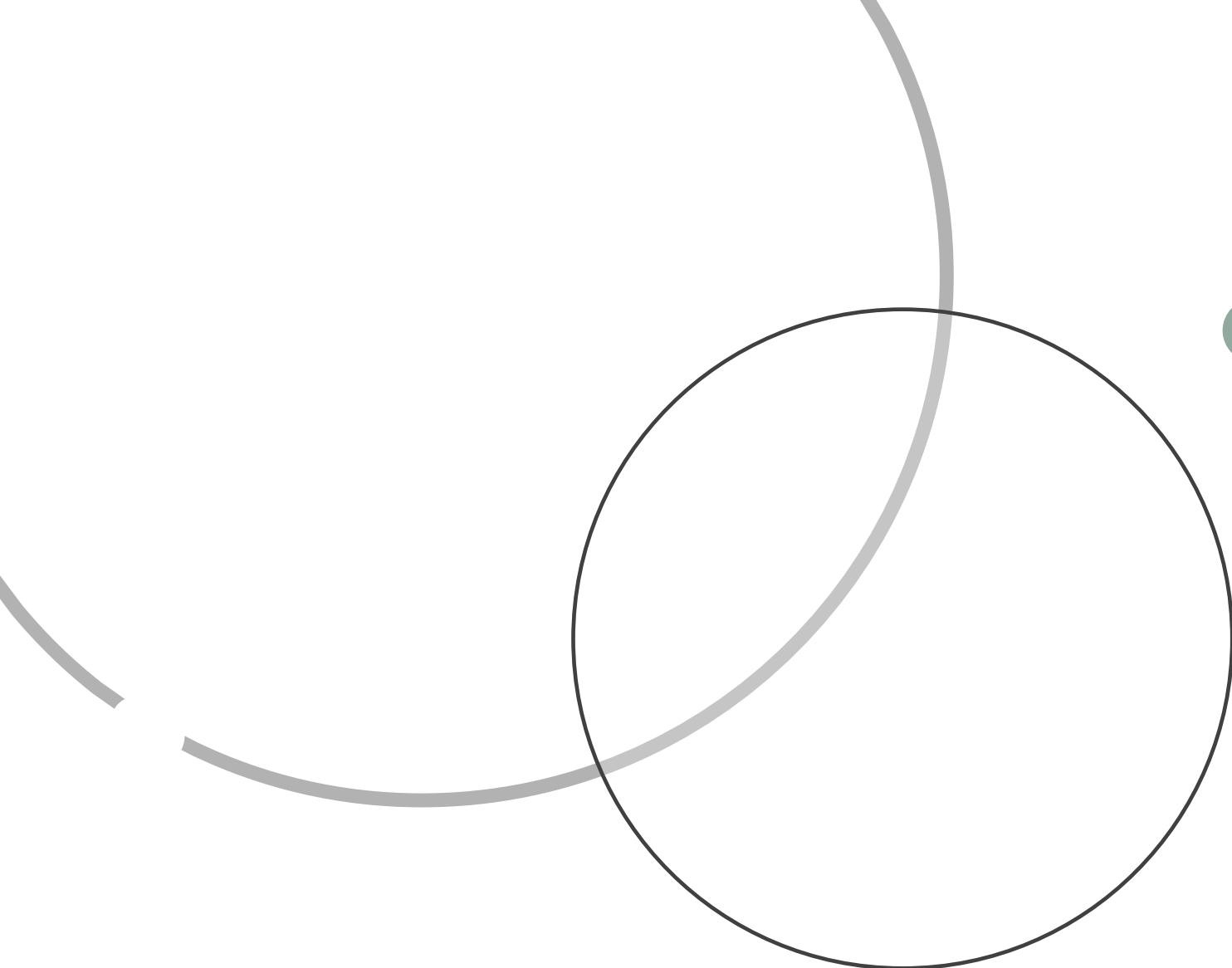
- BCCC staff work as a team to increase form, predictability and stability through continuity of care. This type of care recognizes the importance of the quality primary care relationship, healthy teaching teams, appropriate peer interactions and a stable environment.

VISIONS FOR CARE

- Children thrive, with relatively little stress, in the care of familiar caregivers who play a significant role in their lives.
- Children move through their days able to count on relative consistency of style, feelings of security, belonging, and love.
- There is a steady stream of growth and development without transition interruptions.
- Experience and knowledge is freely shared both formally and informally across team members.
- There is a feeling of safety, security and community for children, families and staff over the years.



DESIGNING
COLLABORATIVE
CONVERSATIONS
IN TEAMS TO
CONSIDER
ADOPTING THIS
PRACTICE



- "Clear is kind... unclear is unkind. To not have a conversation because it makes you uncomfortable is the definition of privilege."
Brené Brown

REVIEW OF WORK THAT HAS BROUGHT US THROUGH THE CONTINUITY OF CARE DISCUSSION

❖ **January - March 12**

- Initial investigation focused on infant and toddler development

❖ **March 13**

- Professional Development Day Staff meeting on continuity of care and considerations for implementation

❖ **March 16- 30**

- Small staff meetings about next steps in light of rooms, teams, children, and philosophy. Educators came together to brainstorm the barriers and interests in this model.
- Individual educators meet with Martha to share concerns, thoughts, and questions.

❖ **March 31**

- Staff meeting to review what small groups had said and to move forward with an implementation plan. The whole group appeared to need more time and follow up conversations on how to best implement continuity of care for infants and young toddlers. Based on the discussion in this meeting we decided to speak more in small groups.

❖ **April 1- 20**

- Continued small staff meetings about next steps in order to reach a shared vision for next year's care model. Notes are shared with the administration and the core group.
- Individual meetings with Martha are held in order to share insights and questions.

❖ **April 21**

- Staff meeting to celebrate the close of this process and review the summaries of discussions across the small staff meetings. A decision to move forward with a first step is proposed.

What we are ready to agree on

"a sense of the meeting"

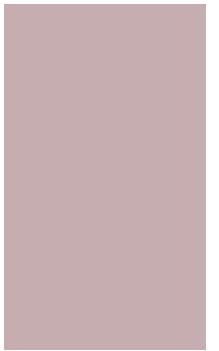
- Continuity of care, including the concept that the whole village (children, families, and educators) are in an intentional and deep relationship, is a practice the Children's Center will adopt.
- Next year the current Infant team will move with their young toddler aged children and the current YT team will care for infant aged children.

Our thoughts on Continuity of care included these reflections:

- **Deepens teacher knowledge of individual children.** Caregivers benefit from the extended time they have to develop understanding of each individual child and family, facilitating individualized care.
- **Increases teacher understanding of child development.** Working with children throughout their infancy and toddlerhood is a benefit for caregivers, who develop a more thorough understanding of child growth, development, and learning during the first three years.
- **Decreases stress.** Families, caregivers, and children benefit from decreased stress because they do not have to experience the multiple transitions and frequent breaking and reforming of relationships that occur over the first three years in noncontinuous care.
- **Makes children's developmental progress smoother.** Children benefit by making smoother, steadier, more even developmental progress and fewer developmental or behavioral regressions, which are reported to be more common in noncontinuous care.



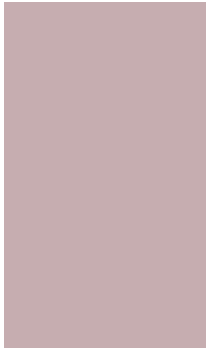
- **Facilitates secure attachments for children.** A benefit found for infants and toddlers is the development of stronger, more secure attachments to their caregivers, as long as they are together with them for at least 12 months.
- **Strengthens family–caregiver partnerships.** All participants benefit as strong, lasting relationships among families and caregiving staff are facilitated.
- **Creates a family-like atmosphere.** Families and caregiving staff report a closeness that builds over their time together, mirroring feelings they have for close friends and family members.
- **Empowers families.** Parents with children in COC settings are found to become strong advocates for their children and gain empowerment that carries through to formal schooling.
- **Encourages sensitivity in caregivers’ responsiveness.** Caregiving staff have been found to be more likely to respond sensitively—a clear benefit to the infants and toddlers in their care.
- **Improves children’s behaviors.** The caregiving staff in infant–toddler COC environments are found to identify fewer behavioral concerns in the children than those in non-COC rooms—a benefit for all participants.
- **Eases transition to preschool.** Children, families, and preschool teachers benefit as children “hit the ground running,” already understanding how to engage in a new environment and socialize with friends.



THE ROLE OF BOUNDARIES AS WE
BUILD A CONTINUITY OF CARE
MODEL

BOUNDARIES

- **Clearly communicate and establish boundaries:** maintain both a sense of separateness and a sense of connectedness.
- Establishing boundaries involves making the expectations, outcomes, and limits with which you will collaborate with others clear and explicit.
- **Flexibility that is healthy is key:**
- Boundary “permeability” is the ease with which an individual, group or organizational boundary may be crossed. Extremely open boundaries run the risk of flooding the individual, group or organization; it may mean that work is not well defined or that responsibilities overlap. While overly rigid boundaries lead to separation and isolation and create non-collaborative environments.
- **Rigid boundaries can create distance:**
- Understanding one’s own boundaries as a practitioner is an essential ingredient in using oneself effectively in a helping relationship. When a practitioner’s own boundaries are too tight or rigid, others can experience them as too separate, or aloof. These kinds of behaviors impact the practitioner’s ability to influence and may create difficulty in building trusting relationships.
- **Loose boundaries can allow too much:**
- Boundaries that are too loose result in the practitioner being too personal or too involved, creating a loss of objectivity or inhibiting one’s ability to name dysfunctional behavior or practices. When the practitioner is too far into the “other” the symptoms include revealing too much, too invested, too involved, overwhelmed, feeling intruded upon, no longer able to distinguish your needs from the other’s needs. These are all signs that you have likely lost your boundary and appropriate boundaries are likely not in place.



Notes from the staff meeting discussion about boundaries led to a conversation about continuity of care and what is best for who.

Whose space is it and where does that begin and end?

Center protocol on "space boundaries"

How is space shared with parents and children when they come to the room?

Teachers work toward a balance of boundaries

Teachers struggle to gain control over the room and see that the parents are "in charge."

Teachers have worked hard to identify that the teachers are in charge of the room, the schedule, space, and conversation.

Conversations concerning parents

What is Individualized care and what are the boundaries of expectations @ what we "individualize"?

Staff see individualized care as defined by parents for "parent convenience"

The image features a white background with several abstract geometric elements. On the left, there are two vertical gold bars, a green square outline, and a blue circle. In the upper right, there is a green triangle outline and a gold circle. A large, light pink semi-circle occupies the right side of the frame. The text is centered within this pink area.

EXPLORE EXAMPLES OF
TEAMWORK IN THE CONTINUITY
OF CARE MODEL

These are things that we do as a team that support our work with children

Practical things: furnishings, space

Songs for "circle" and transition songs: build community and ease transitions

New schedules/dance cards: when they work its great

Teamwork/feeling community/tone in room/support

Subs who support attachment

Cohesiveness: dance card leads to a flow so that now we "just know"

Open and frequent communication with each other to share both good and bad

Being able to address stress that is experienced in the transition

Flexibility around breaks/schedules/time off

Feedback from the team is open minded, nonjudgmental

Mentorship is available from others, and this is helpful in the moment

Overall commitment to vision even through difficult moments

Email communication supports the need to share information

"Showing up" to allow for support of each other

Working together to find a rhythm in the room

Songs and routines: holding room and getting through hard moments