

Child Care That Works for Children with Emotional and/or Behavioral Challenges: Parents Perceptions

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Models of Inclusion in Child Care Project

Supported by:

National Institute on Disability and
Rehabilitation Research (grant # H133B990025),
United States Department of Education,

and

the Center for Mental Health Services, Substance
Abuse and Mental Health Services Administration.



Problem Statement

- Although 5-10% of employed parents care for a child with emotional or behavioral challenges, family support resources are notably lacking.
- Particularly, child care has been found to be difficult to find and maintain for these families (Rosenzweig, Brennan, & Ogilvie, in press).



Families Need Child Care for Children with Emotional or Behavioral Challenges

- Focus group study with 41 parents (Rosenzweig, Brennan, & Ogilvie, in press) revealed child care as a major issue:
 - hard to find, since few qualified providers.
 - expensive.
 - lacked flexibility to meet family needs.
 - if given at home, required major adjustment of family members' lives.



Child Care Issues (Emlen, 1997)

- Parents having children with emotional or behavioral disorders reported lower quality of care than other parents.
- Child care arrangements were changed significantly more frequently.
- Children with behavior problems were 20 times more likely to be dismissed from care than other children.



Aim of Models of Inclusion in Child Care Project

- To investigate programs and strategies that result in improved access for families of children with emotional or behavioral disorders to child care that is:
 - **inclusive**
 - **family-centered**
 - **culturally appropriate**
 - **high quality**




Key Project Conceptualizations

- Inclusion
- Family Support
- Family-Staff
Communication
- Family
Participation
- Cultural
Competence
- Quality of Child
Care



Inclusion

- “Children with special needs receiving comprehensive services in a program side by side with children without special needs and participating in the same activities with adaptations to those activities (or the child’s involvement in them) as needed” (Kontos, Moore, & Giorgetti, 1998).



Family Support

- provides assistance and resources that families can use to meet their goals (Rosenzweig, Friesen, & Brennan, 1999)
 - includes both short-term goals, such as helping a child overcome a disagreeable behavior pattern, and long-term goals, such as being able to develop positive peer relationships
 - helping families to maintain balanced lives for all family members, not overwhelmed either by the needs or behaviors of the child with a disability, or by the demands of the services designed to help (Friesen, 1996).



Family-Staff Communication Pathways

- Established ways of exchanging information concerning short term and long term issues involving the children served in the program.
 - Informal pathways
 - Formal pathways



Family Participation

- Views, expertise, values, and needs of family members are prioritized by child care administrators and staff, who seek to work with them as partners in promoting the well-being of their children.



Cultural Competence

- Adherence to a system of values, beliefs, and practices within diverse groups and individuals who share cultural knowledge to increase the overall quality of care in any specific setting of child care.



Quality--Structure and Process

- Structural and process characteristics of programs that are associated with positive developmental outcomes for children in child care.
 - Structure (e.g. low staff/child ratios, small classrooms, highly qualified staff)
 - Process (e.g. positive child-staff interactions, established family-staff communication).



Two Strands of Research

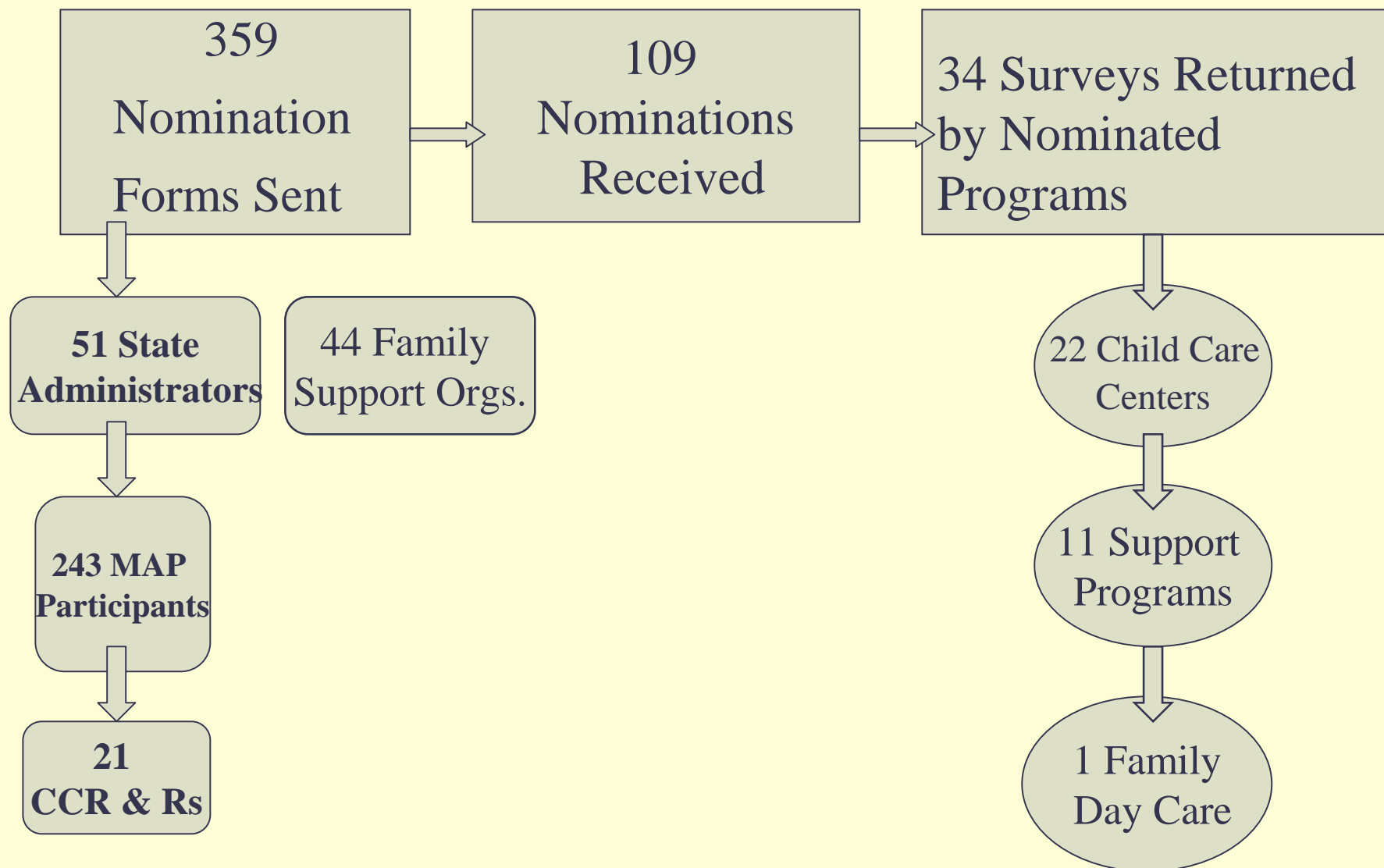
- Phase I: Study of Model Inclusive Child Care Projects and Strategies
- Phase II: Study of State Level Efforts toward Inclusive Child Care



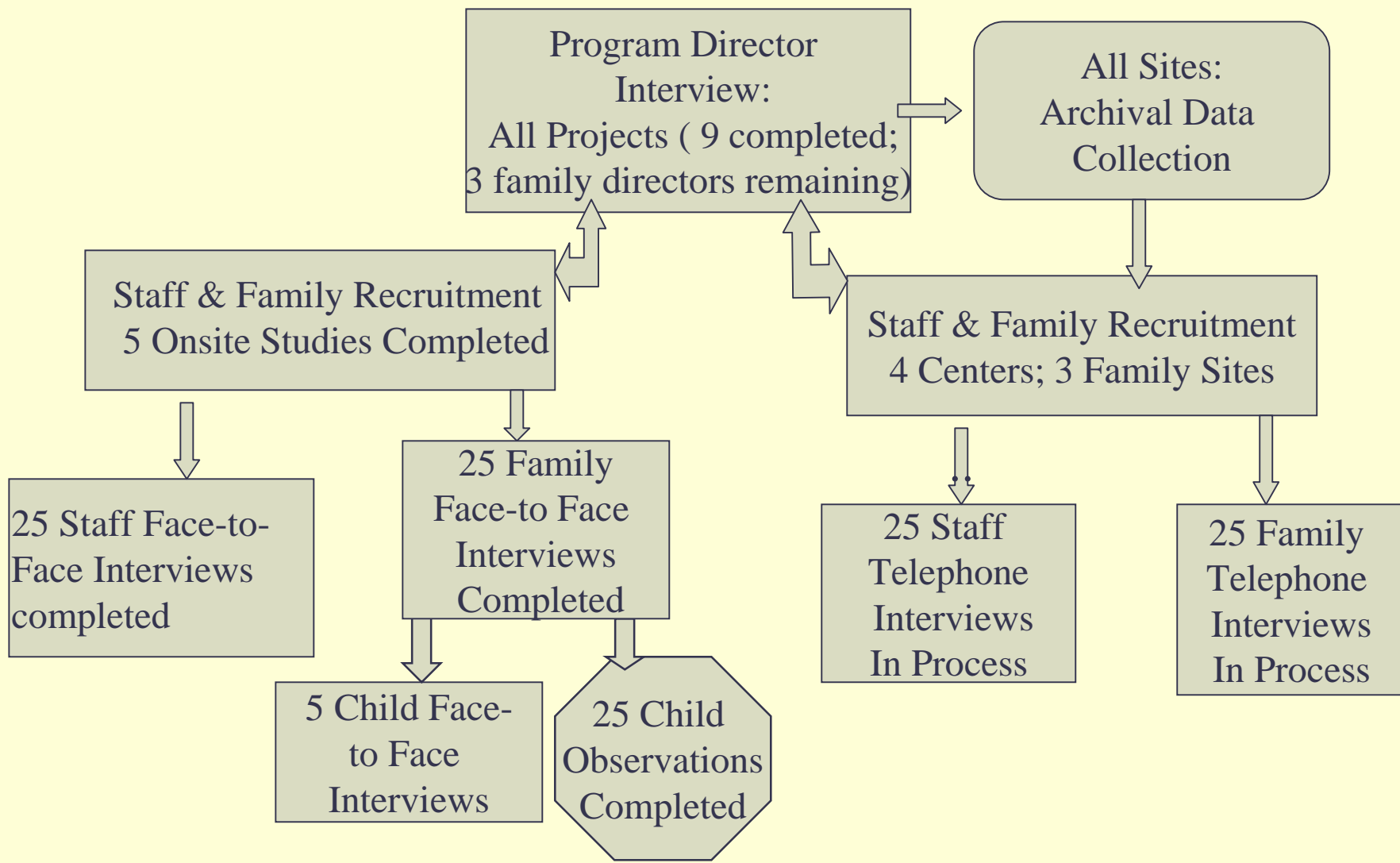
Project Methodology—Phase I

- Obtained Nominations of Model Programs (Year 1)
- Selected Model Programs for Study (Year 2)
- Performed Intensive Case Studies of Model Programs (Year 2 & 3)

Model Program Identification Process



Case Study Methodology-Inclusive Child Care





Study Methodology

- Who participated?
- How did we collect the information?
- What information did we collect?



Centers Selected for Onsite Study

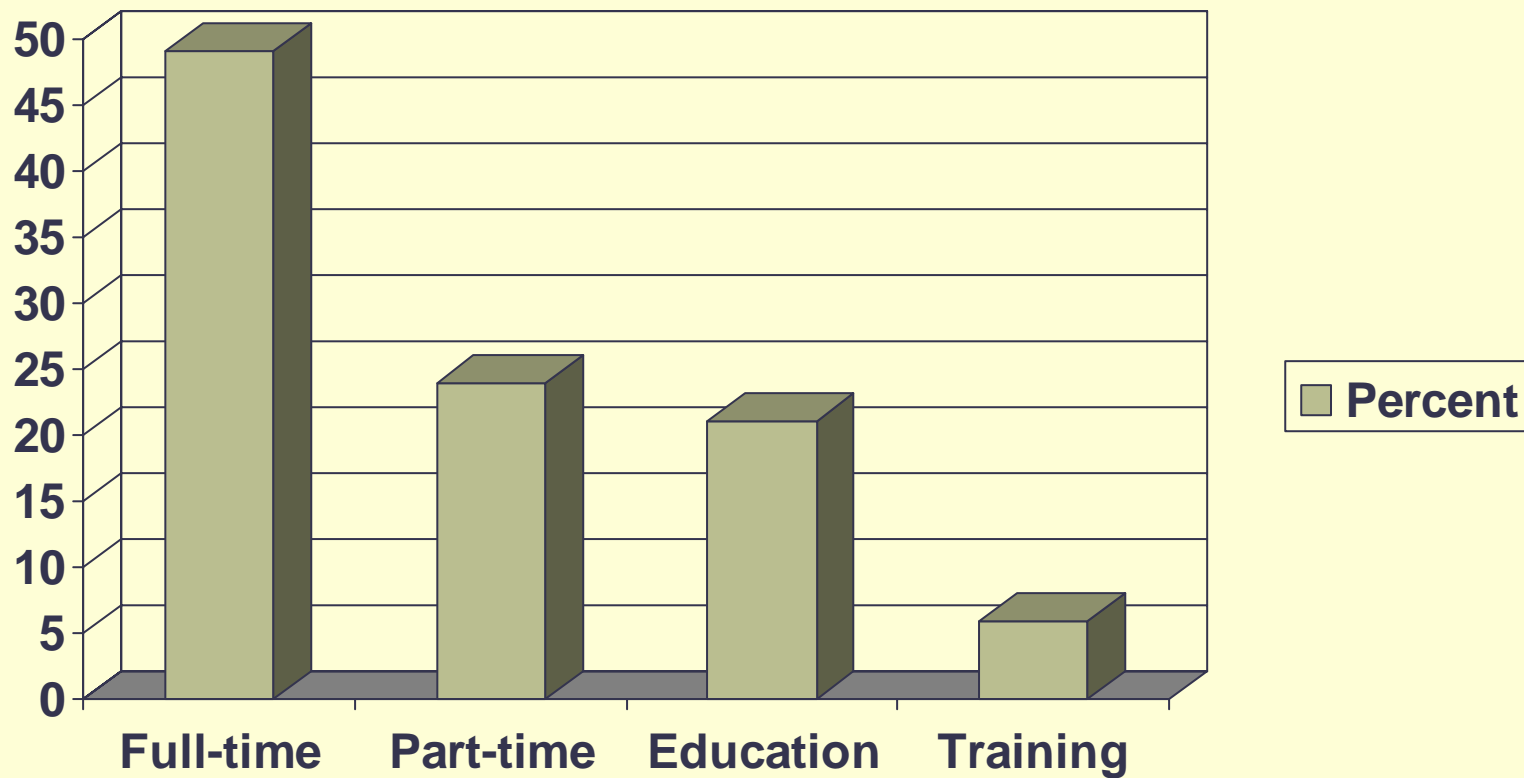
- Little Angels Child Care Center, Milwaukie, OR
- Broken Arrow Clubhouse, Broken Arrow, OK
- St. Benedict's Special Children's Center, Kansas City, KS
- Fraser School, Bloomington, MN
- Family Resource Center, Lenoir NC



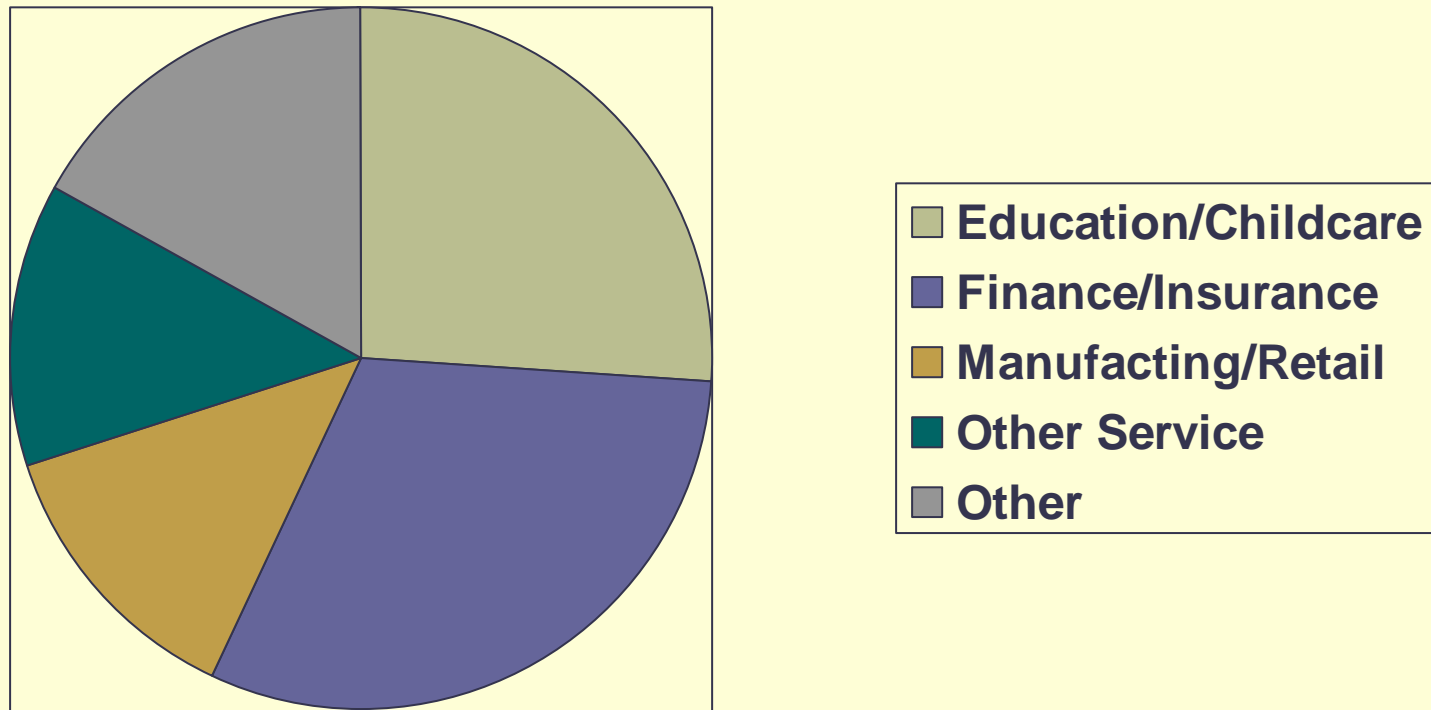
Centers Selected for Telephone Interview Study

- Kinder Haus Day Care Center/Kinder Tots, Morgantown, WV
- McCambridge Center Day Care, Columbia, MO
- River Valley Child Development Services, Huntington, WV
- Wayzata Home Base, Wayzata, MN

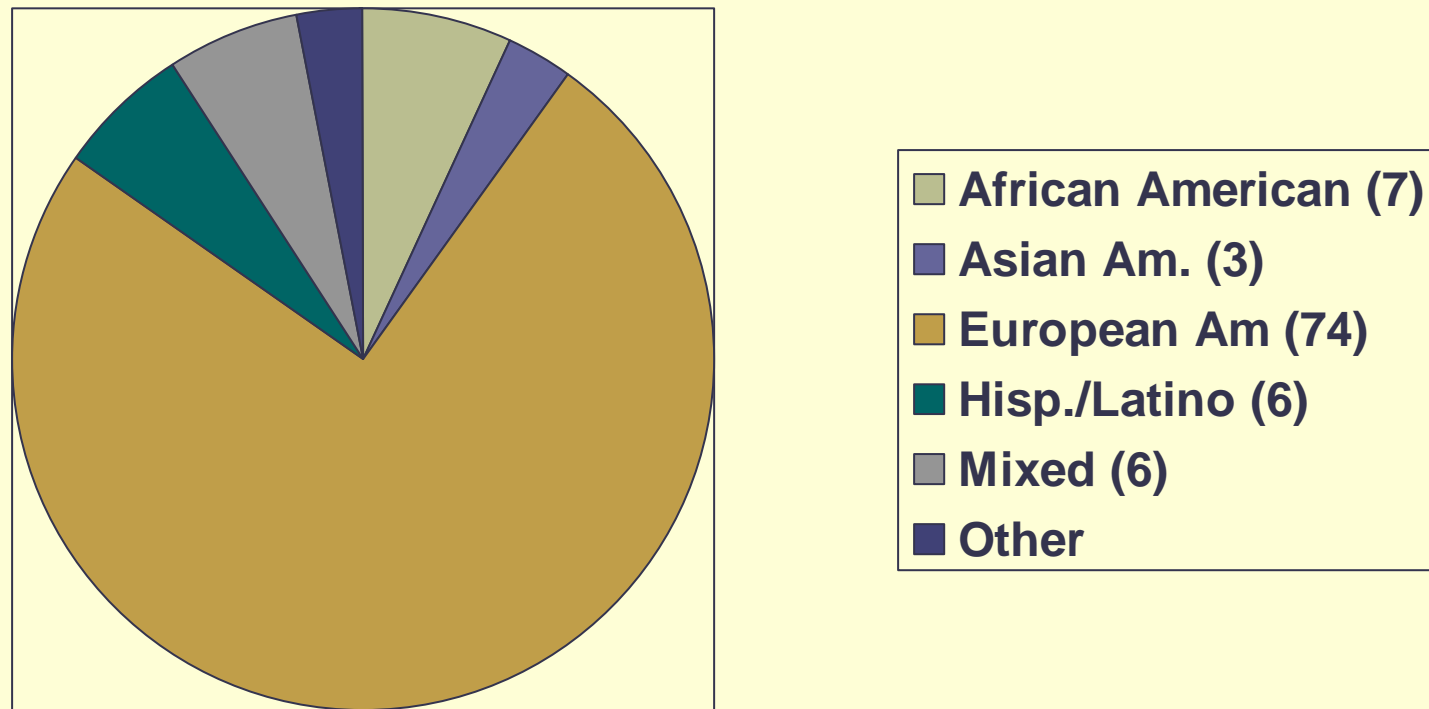
Participants' Occupation



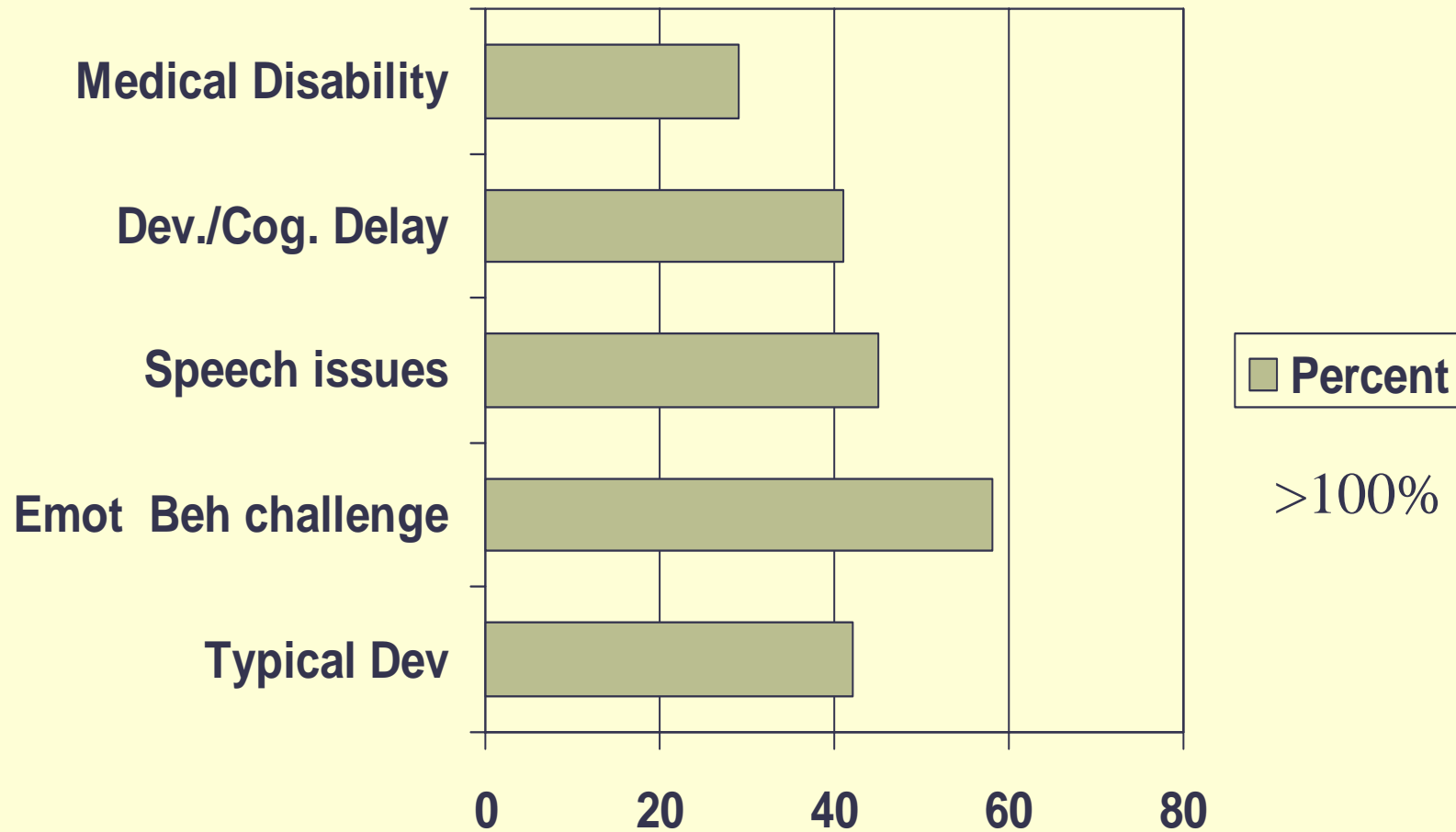
Job Types (%)



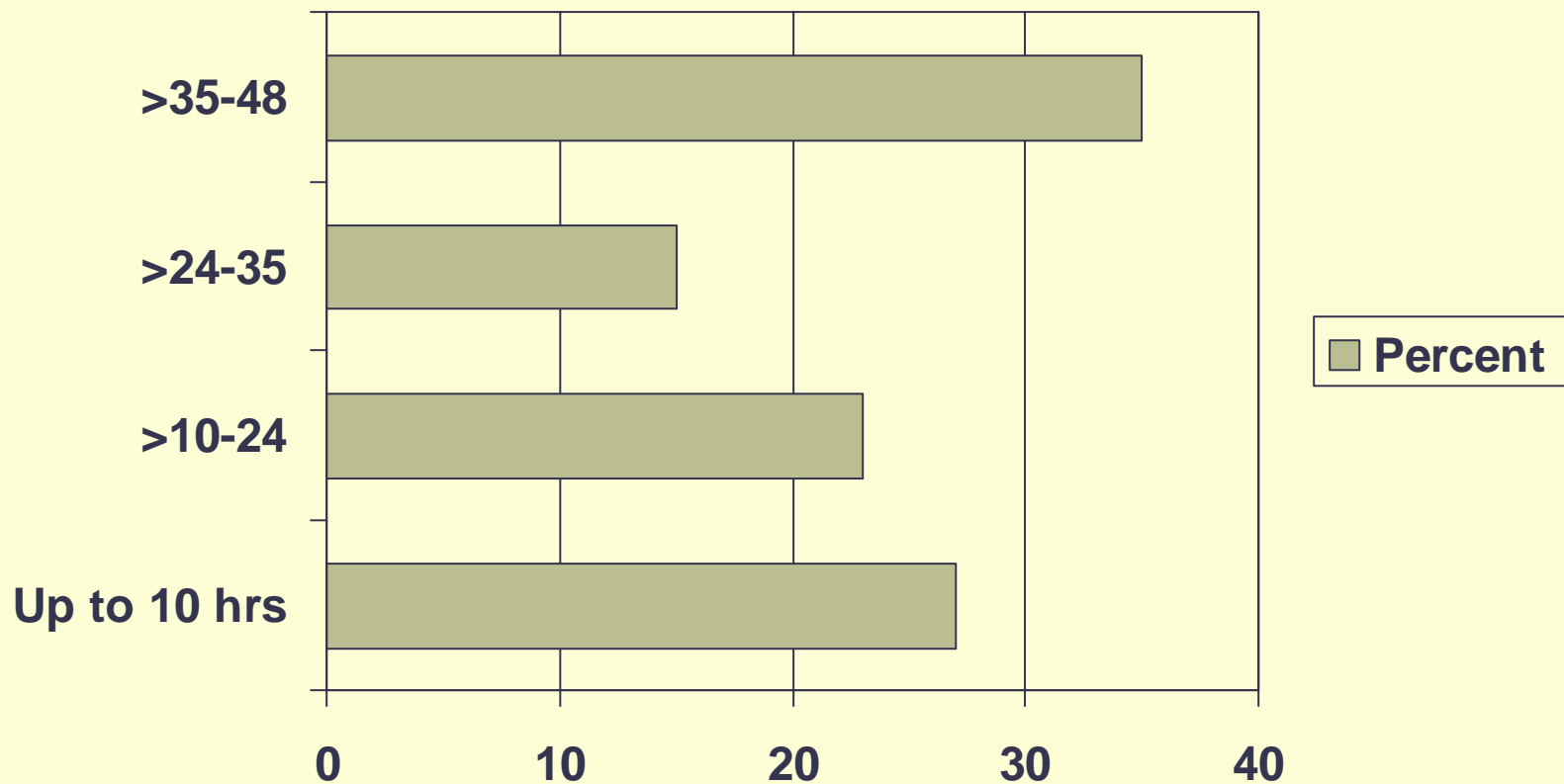
Participants' ethnicity



The Children



Hours per Week in Child Care Center





The Interview Questions

- Designed in consultation with Advisory Group
- Specific questions (demographics, employment)
- Standardized Measure of Child Care Quality (Emlen, 1997)
- Open questions (choosing program, experiences)



Data Collection & Analysis

- 31 Interviewees
- Voluntary Participation
- Informed Consent
- \$30.00 payment
- Interviews Transcribed
- Analysis using Grounded Theory (Glaser & Strauss, 1967)




Major Themes

- Communication
- Family Member perceptions
- Why families chose their arrangements
- Perceived positive outcomes




Communication

- A central concept in this study
- Can be defined as the ways family and staff interact with each other for the benefit of the families, the centers and the children
- It is flexible to fit each child and family
- Without positive communication there can be no truly inclusive childcare according to the family members



Communication: What impedes inclusive childcare

- Treating the family as the enemy
- Treating the family as if they don't know anything
- Having no time or desire to talk
- Problems or lack of receptivity from either the center or the family – lack of cooperation
- Having no interest in the family or the child outside the center
- Language or cultural barriers




Communication: What impedes inclusive childcare

- Being inflexible about styles of communication
- Expected to take responsibility for child's behavior at school
- What they do, which is helpful to me, is that when he has difficulties...they will let me know what happened. But they will do it in a way that is constructive. I won't just find an incident report in my folder. That makes a big difference to me...because I've had the 3-inch stack of 'this happened and that happened' and the teachers are standing there watching it happen...I say 'why don't you see what is coming and intervene?'"



Communication: What do family members appreciate the most?

- Someone who takes an active interest in their child
- Someone who has the time and the desire to talk to them
- Someone who involves them in their child's life at the center
- Someone who listens and learns from the family as well



“They communicate to me constantly...especially when he was here full time, when I’d come in it was almost like we’d have a little parent-teacher conference everyday. Some daycares it’s like a madhouse, and they don’t have time to talk to the parent because they’re so busy flitting around trying to get everybody in control. Here they have time because of how the program runs...so everyday it was: This is what we did today; and ‘we tried this and it worked’. Or I’d tell them something that I tried at home, and they are so open to ideas...there’s no bad idea.”



Communication: What do family members appreciate the most?

- Someone who is willing to talk about the family's life rather than just the child and the center
- Someone you can trust and confide in and who trusts you
- "I just think, like I said, it's a family feeling. I think the girls feel comfortable. So if they needed to tell somebody something, they do. I think this was especially true with Russ (the children's father) was ill and then when he died."



Communication: What do family members appreciate the most?

- Someone to offer or accept advice or just to listen
- Someone who has the time and desire to talk to them
- Someone who works with the family to set goals for the child



Family Perceptions: A Trade Off?

- Family member perceptions of inclusion are generally positive (Stoneman, 2001).
- The Hope: Children will Learn to be sensitive to differences and accept them.



Family Perceptions: A Trade Off?

- The Fear: Staff will be inadequately trained –
As Inclusion goes up, Quality goes down.
 - Families of children who are typically developing fear poor behavior modeling and have concerns for their child's physical safety.
 - Families of children with emotional and/or behavioral problems have the extra fears of teasing (Bailey & Winton, 1987) and expulsion.



What is Known About Perceptions of Inclusion

- Families in inclusive arrangements hold more favorable attitudes than those in non-inclusive arrangements (Diamond & LeFurgy, 1994).
 - Child Care choice is complicated. Those who choose for inclusion are in the minority.
 - People change their minds. Suggests the ‘trade-off’ fears may be unfounded.



Results: Why Our Respondents Chose Their Arrangements

- In line with previous research, both sets of families, those with children who are typically developing and those with children with special needs shared the trade-off concern.
- However, each set chose their arrangement for slightly different reasons.




Child Care Choice: Similar Concerns, Separate Priorities

Families with Children who are Typically Developing

- A lucky occurrence
- Program had a reputation for high quality.
- Wanted child to learn to accept differences.
- Felt encouraged by staff attitudes.

Families with Children who have Special Needs

- Arrangement accepted them, had expertise.
- Child needed boundaries, routines.
- Wanted child to learn 'sociability.'
- Felt encouraged by staff attitudes.



Results: “A Family Atmosphere”

- “The staff are genuine and genuinely care about the children. They love the kids, they love what they do, you can tell.”
- Trust, Learning, and Professionalism (not simply training) – a major difference for our participants.
- Everyone is an equal partner.
 - Specialists, teachers, families – all communicate and work together.



Easing Fears for Both Sets of Parents

Families with Children who are Typically Developing

- Safety
- Poor behavior modeling from peers
- Child will not receive adequate attention
- Communication, trust in staff

Families with Children who have Special Needs

- Safety
- Child will be teased by peers
- Child will be singled out by staff
- Communication, trust in staff



Families See Positive Outcome From Inclusive Care

- Children “learn to love learning.” Goals are met.
- Children with emotional and /or behavioral challenges learn to control their own behavior.
- Enrolled children teach parents and other family members acceptance.
- Child feels more comfortable at home in school, and around other children and adults.
- Families’ “serenity level goes up.”



Questions for Discussion

- When is the “trade-off” – inclusion for quality – no longer viewed as a trade-off? Do inclusion and high quality reinforce each other? Under what circumstances?
- How can more families with typically developing children become exposed to successful inclusion?
- Money or Matter? Do we simply need more funding or does successful inclusion require “a mission?”
- Can our model programs be replicated?
How?