

From the monograph:

Brennan, E. M., Bradley, J. R., Ama, S. M., & Cawood, N. (2003). *Setting the pace: Model inclusive child care centers serving families of children with emotional or behavioral challenges*. Portland, OR: Portland State University, Research and Training Center on Family Support and Children's Mental Health.

The Research and Training Center makes its products accessible to diverse audiences. If you need a publication or product in an alternative format, please contact the Publications Coordinator: 503.725.4175, rtcpubs@pdx.edu.

This publication was developed with funding from the National Institute on Disability and Rehabilitation Research, United States Department of Education, and the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (NIDRR grant H133B990025). The content of this publication does not necessarily reflect the views or policies of the funding agencies.

Portland State University supports equal opportunity in admissions, education, employment, and the use of facilities by prohibiting discrimination in those areas based on race, color, creed or religion, sex, national origin, age, disability, sexual orientation, or veteran status. This policy implements state and federal law (including Title IX).

Chapter 9: Recommendations to Promote Inclusion

As the preceding chapters have demonstrated, children with difficult or troubling behavior can be cared for in child care centers along with children who are typically developing. Parents and child care providers we interviewed reported that the benefits of successful inclusion are many: children with challenges gain skill in regulating their behavior and are retained in child care settings; typically developing peers accept differences in their classmates and learn to be empathetic; parents are able to engage in employment, education, or training; and families are supported by services that add quality to their lives. Additionally, young children who make strides in social and emotional development are better prepared to take on the demands of academic work in school settings. Inclusive preschools and school age care can provide a vital opportunity for children to interact constructively in group settings with peers and adults, together with valuable preparation for the acquisition of language, literacy, and other cognitive skills in classrooms.

An Agenda for Action

As our participants have repeatedly told us, inclusion is no accident. It is the result of careful planning, organizational development, and intentional actions on the part of administrators and care providers. Therefore our research team and members of our advisory committee have reflected on the lessons we have learned from inclusive child care centers and offer fifteen recommendations as the basis of an action agenda to promote inclusion. Ten of the recommendations are primarily focused on actions that should be taken at the program and community level to foster inclusion. The remaining five suggest changes at the state and federal level that can enhance the infrastructure of child care in order to better serve these children and their families, who have the right to be included in this community-based service.

Recommendations for Program and Community Actions

1. **Foster Stable and Qualified Administrators and Staff Who Embrace Inclusion.** As we have learned from the child care directors and staff we interviewed, a pervasive belief in the importance of inclusion is central for success in child care settings. Incentives should be put in place that will attract and retain staff who embrace inclusion and who have the qualifications and dedication to meet the challenge of providing care for children with emotional or behavioral challenges. These vulnerable children are in particular need of stable relationships with care providers. Although we recognize that all child care providers should be compensated more appropriately for the vital work they perform, extra resources should be made available for those qualified to provide inclusive care.
 - a. Administrators and staff providing care for children with mental health needs should be compensated appropriately for their additional skills, and should receive suitable health care and other benefits.
 - b. Administrators and staff should be awarded scholarships, and rewarded with higher pay scales for engaging in professional development leading to greater levels of qualification for work in inclusive child care.
 - c. Care providers should receive increased pay for their longevity in inclusive child care settings.
2. **Provide for Professional Development of Administrators.** All professional development curricula for child care administrators of early childhood and after-school programs should address the following topics around inclusion of children with emotional or behavioral challenges:
 - a. Developing and supporting an inclusive philosophy and a clear mission;
 - b. Building and maintaining an organizational structure that enables staff to practice in line with the mission of the organization;
 - c. Mentoring and supporting staff working with children with challenges, and promoting an environment that facilitates continuous learning by child care providers;
 - d. Understanding mental health issues in early childhood and school aged years;
 - e. Accessing needed mental health consultation and supports;
 - f. Working with parents as partners caring for children with challenges, and striving to respect and incorporate the cultures of the families in the care of these children;
 - g. Keeping communication lines open with parents, while respecting confidentiality; and,
- h. Enlisting community supports and developing strategies to work successfully with different professional groups and multiple stakeholders.
3. **Promote the Professional Development of Staff.** Professional development trainings for providers should include information that supports their work with children experiencing emotional or behavioral challenges, in addition to knowledge about child development. Training in inclusion should be integrated into existing child care training programs and should cover:
 - a. Methods of developing and nurturing relationships with children having troubling or difficult behavior;
 - b. Inclusive practices that support positive behaviors and decrease challenging ones;
 - c. Safety issues when dealing with children with emotional or behavioral issues, and state and federal regulations that apply to children with disabilities;
 - d. The use of mental health consultation, administrative supervision, and peer mentoring to serve children with mental health needs more effectively;
 - e. The influence of culture on families, including parents' views of disability, and their expectations and practices regarding behavior management; and,
 - f. Parents as partners in the care of their children with challenges.
4. **Create, Discover, and Publicize Successful Inclusive Practices.** The use of culturally-appropriate and successful inclusive practices should be fostered at the program and community levels. These best practices should be investigated, documented, and disseminated to parents, care providers, and other support professionals so that a more comprehensive set of evidence-based practices can be established and more widely utilized.
 - a. Inclusive practice in settings that have successfully cared for children with emotional or behavioral challenges should be intensively studied, along with other models developed through academic research.
 - b. Successful inclusive practices should be disseminated both to child care providers and other support professionals.
 - c. Technology should be used to facilitate communication among providers and the sharing of successful practices through the development of web discussion groups and web sites that provide easily accessible resources.

5. **Make Mental Health Consultation Widely Available.** Mental health consultation should be available for every early childhood and out of school care setting to support the social and emotional development of children.
 - a. The number of qualified professional mental health consultants should be increased by means of recruitment, training, and retention efforts.
 - b. Observation, assessment, and early intervention, direct support, or referral to community resources, should be provided for children experiencing more serious social, emotional, or behavioral challenges and their families.
 - c. Mental health consultants should provide assistance with transition from preschool to elementary school programs for children with identified social, behavioral, or emotional challenges.

6. **Deliver Supportive Services in Naturally Occurring Activities in the Care Setting.** Mental health supports should occur in the child care environment as part of naturally occurring events, whenever possible.
 - a. Both direct and indirect services that promote positive social and emotional environments for all children and staff should be provided in the context of the classroom, using appropriate strengths-based approaches.
 - b. Policies on billing should be adjusted to allow reimbursement for mental health services (including adapted individual and group activities) occurring in the natural environment of the classroom, family child care setting, or after school program.

7. **Enhance Professional Development for Mental Health Consultants.** Initiatives should support the pre-service and in-service professional development of mental health consultants.
 - a. Appropriate curricula should be developed that will prepare mental health specialists for work with children and their families in care settings.
 - b. Innovative programs should be widely available to provide specialized training and certification of professionals in mental health fields for work in early childhood and out of school care settings.
 - c. A concentrated effort in workforce development should provide scholarship support for pre-service training in mental health consultation in child care settings.

8. **Encourage Family Participation.** Recognizing that parents are the adults with the most extensive experience concerning their children's emotional or behavioral disorders, administrators and staff should encourage and support their participation in their children's care.
 - a. Mutually supportive relationships between child care providers and family members should be encouraged; an atmosphere of care and trust will provide a foundation for their partnership in the care of children.
 - b. Educational and social opportunities for family members and staff to learn and interact together should be supported.
 - c. Family members should be encouraged to share information concerning their child's development and challenges, and strategies for success with the staff.
 - d. In order to benefit from their unique perspectives and experience, family members should be included in the planning and delivery of training and professional development for administrators, staff, and consultants.
 - e. Because planning for care of children with challenging behavior is ongoing, family members should be as involved as they wish to be in their children's care, in setting up behavior plans, or in the mental health consultation process.

9. **Expand Family Support.** Although child care serves as a major support for families of children with emotional or behavioral challenges, other types of support should also be made available in conjunction with these services.
 - a. Lists of local family support resources should be compiled and distributed to child care resource and referral agencies, child care centers, and family child care providers.
 - b. Child care providers should extend the family support function by linking family members to other types of supports, including transportation, mental health services, respite care, income assistance, or health care assistance.
 - c. Organizations such as mental health programs and family support networks should recognize child care as an essential family support need.
 - d. The belief that families and children with challenges should be worked with on the basis of their strengths and assets, rather than their problems and deficits, needs to be conveyed to all agencies that support families.

10. Foster Community Partnerships. The success of inclusive child care providers can be improved through the strengthening of partnerships among family-serving agencies, businesses, and human services organizations in the community.

- a. Public relations campaigns should be undertaken to get the word out to possible community partners about the need for, and benefits of, inclusive child care.
- b. Alliances among family-serving agencies are essential to augmenting the abilities of child care providers to support families of children with emotional or behavioral challenges; providers should serve as sources of ideas, inspiration, and support to one other in the spirit of cooperation.
- c. The advocacy and support of the business community for inclusive child care should be sought, since these care arrangements allow family members to be more effective employees, and to have resources to be business customers.
- d. Partnerships between child care providers, universities, community colleges, educational service districts, and human service organizations should be encouraged, since the partners can foster learning exchanges, assist each other in identifying the needs of family members, and collaborate on funding requests.

Recommendations for State and National Level Actions

11. Increase Accessibility. In order to provide equal opportunities for children with emotional and behavioral challenges to experience the enrichment and support of child care settings, access should be increased to inclusive early childhood care settings and out of school care.

- a. A campaign of public education must be undertaken which addresses the need for and benefits of inclusive child care, and the legal rights of children with challenges to have access to child care environments.
- b. Education about the rights of families of children with mental health needs to receive services in natural environments should be available for child care providers.

12. Enhance Affordability. Families of children with emotional or behavioral challenges often need assistance to afford child care for their children.

- a. All states should include emotional or behavioral disorders in their definitions of “special needs” within Child Care Development Fund or child care strategic plans.

- b. Families of children with emotional or behavioral challenges, along with children with other special needs, should have child care subsidy funding earmarked through the Child Care Development Fund and other governmental programs. Flexibility should be built into funding so that it pays for the services that children actually need, rather than a prescribed set of services.
- c. Subsidies should have an eligibility age range that is appropriate for children with social or emotional disorders or developmental disabilities who continue to need supervision after the age of twelve.
- d. Special care should be taken to support those parents who are transitioning from Temporary Assistance to Needy Families into employment, and who have children with mental health needs.
- e. Sustainable funding for child care must be a major goal (Lombardi, 2003); as a specific step, increased tax credits for parents of children in child care who have mental health or other special needs should be legislated.
- f. Policy barriers need to be removed to permit the blending of funding streams and the sharing of resources across programs and agencies.

13. Improve Availability. Numbers of early childhood care programs and out of school care programs that provide inclusive care for children with emotional or behavioral challenges should be increased through governmental and private sector supports.

- a. States should involve culturally-diverse stakeholders in local communities in identifying child care needs and culturally appropriate responses to those needs.
- b. Inclusive early childhood programs should increase in number through funding that provides access to a comprehensive set of child care arrangements in every community.
- c. More universal funding for out of school programs should be in place in order to increase the availability of inclusive experiences for school aged youth with emotional or behavioral disorders.
- d. Child care resource and referral networks should mount campaigns: to train their referral staff regarding the needs of families having children with emotional or behavioral challenges, to identify and recruit providers with relevant training and experience, and to refer families to an expanded pool of qualified providers.

14. Increase the Capacity of Child Care Settings to Serve Children with Emotional or Behavioral Challenges. Child care settings need to be recognized as part of the systems of care (Stroul & Friedman, 1996) for children and families coping with mental health issues.

- a. Flexible funding strategies should be available to provide individual children with sufficient staff time, and even one-to-one support, during occasions when they need intensive staff attention, and so appropriate staff-child ratios can be maintained.
- b. Public and private sectors should be encouraged to develop appropriate classroom curricula that can be adapted to the social, emotional, and cognitive strengths and needs of the children served.
- c. Sufficient resources should be provided so that center environments can support children's positive development through safe and appropriate physical arrangements and equipment.
- d. Best practices should be used to set governmental policies on safety issues, such as restraint, to make sure that children and staff can be kept safe.
- e. Funding should be made available so that appropriate supportive services are at child care sites for all children and families who need them, including mental health consultation, speech therapy, and family support.

15. Fund Ongoing Research on Inclusion. Organized research programs should be funded by the public and private sectors to investigate the potential of inclusive child care to benefit children's social and emotional development and mental health.

- a. Based on representative population surveys, states should strengthen their ability to plan for inclusion by tracking the type and amount of child care needed and used by families of children with emotional or behavioral disorders.
- b. Research on inclusion in child care should be expanded to explore settings other than centers, such as family child care, in-home care, and extended family care.
- c. The potential of child care arrangements to identify children needing early intervention should be explored.
- d. The effectiveness of specific inclusive practices in promoting positive behavior and reducing undesirable behavior should be studied.
- e. Research should be conducted so that mental health consultation can be more effectively targeted to the needs of children and families.

- f. Evaluative research is needed to investigate the long-term effects of inclusive, culturally-appropriate, and high quality child care on cognitive, emotional, and behavioral development of children with mental health needs, and to determine the outcomes of inclusive care for their families.

Now is the Time for Action

There is clearly an urgent need for wider availability of inclusive child care arrangements. The centers we studied met the needs of a diverse and grateful set of families, largely due to the sacrifices and ingenuity of dedicated staff and administrators, their collaboration with family members, and the partnerships they forged with community allies. We recognize, however, that these centers were chosen for their exceptionality. A strong case can be made for their replication in other communities, so that children with mental health needs and their typically developing peers will have the opportunity to learn and grow together. With ever greater numbers of families of children with challenges looking for care arrangements for their children, the time is right to build an infrastructure that will provide needed care in every community in this country.