

Designed to Include: How Child Care Centers Meet the Needs of Families with Children who have Emotional and Behavioral Problems

- Jennifer Bradley
- Shane Ama



Models of Inclusion in Child Care Project

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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 is difficult to find and maintain for these families (Rosenzweig, Brennan, & Ogilvie, in press).

THE BOTTOM LINE

Children with behavior problems were 20 times more likely to be dismissed from care than other children.

(Emlen, 1997)

Aim of Models of Inclusion in Child Care Project

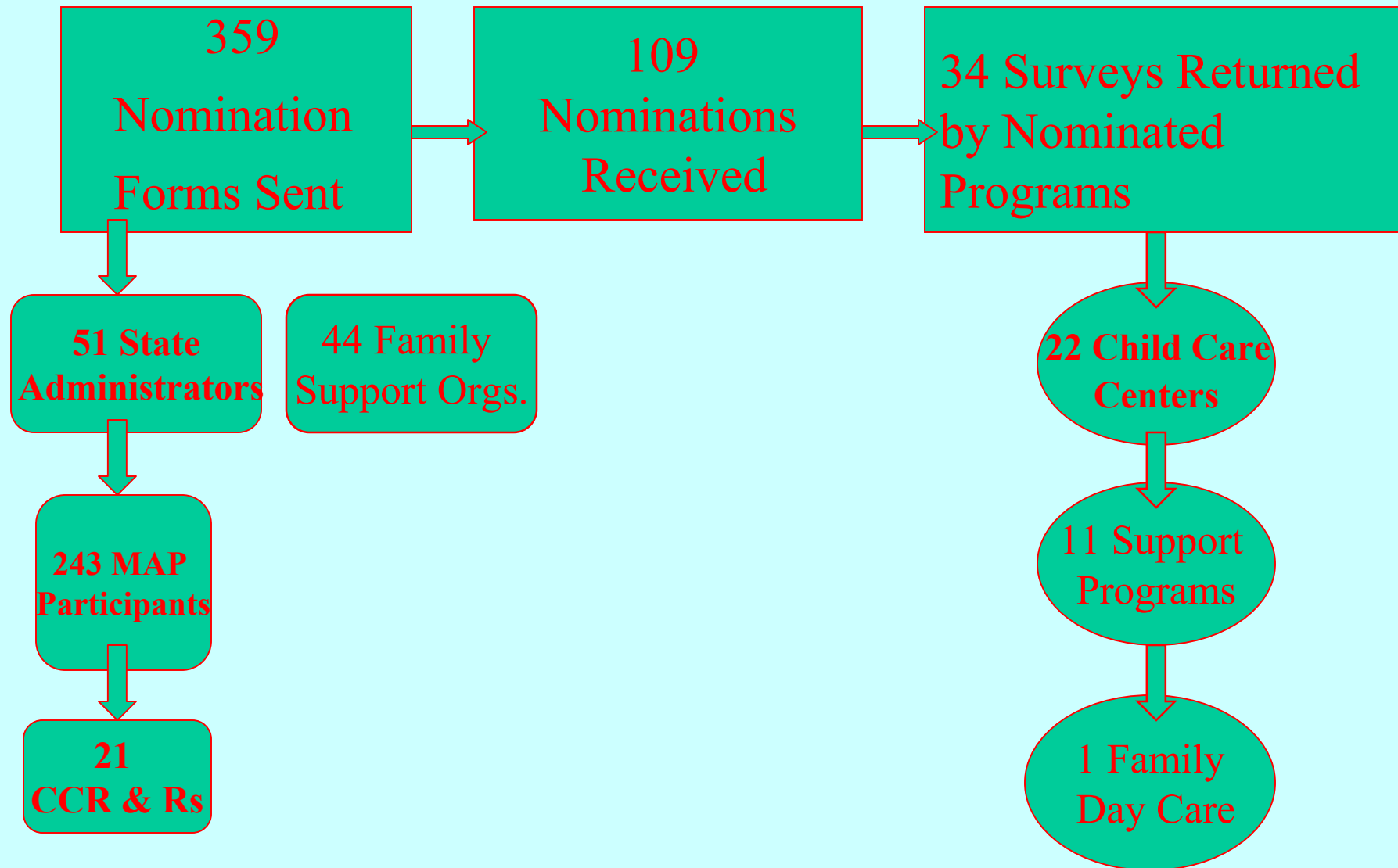
To investigate programs and strategies that result in improved access for families of children with emotional or behavioral disorders to child care that is:

- **Inclusive,**
- **family-centered,**
- **culturally appropriate, and**
- **high quality.**

What is Inclusion?

The delivery of comprehensive services to children with emotional and behavioral challenges in settings that have children without these challenges, and the participation of all children in the same activities, with variations in the activities for those children whose needs dictate the adaptation. (See Kontos, Moore, & Georgetti, 1998).

Model Program Identification Process



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
(Conducted director interview in person).

BROKEN ARROW CLUBHOUSE

Broken Arrow, Oklahoma



BROKEN ARROW CLUBHOUSE

- Serves 100 children
- Preschool program
- Private kindergarten
- Before and after school care
- Vacation and drop-in care
- Summer program.
- Provides families with mental health consultations
- Transportation services,
- Child care resource and referral counseling
- ALSO: provides trainings and technical assistance to staff members at other centers, and by consulting to other childcare providers.

BROKEN ARROW

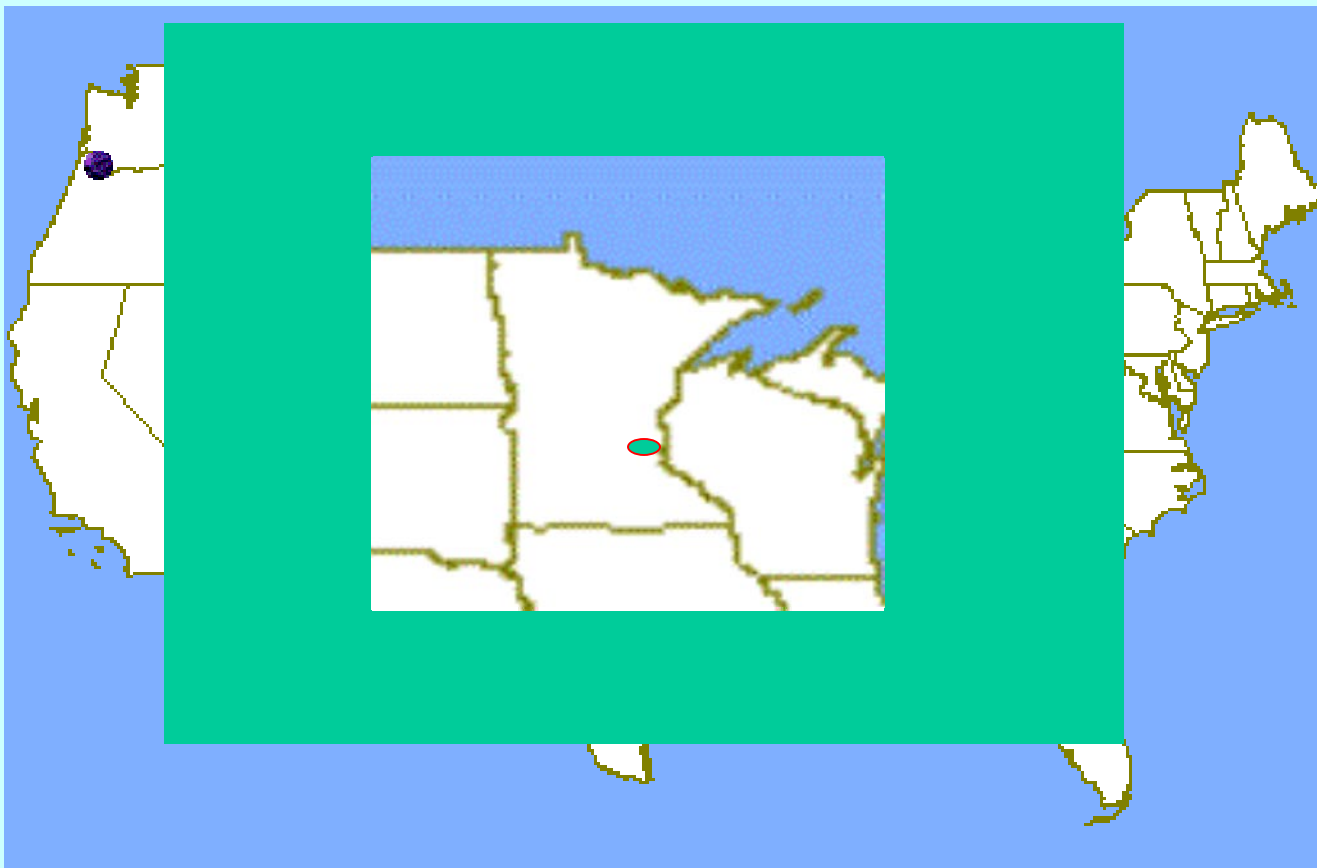
- **Most Families:**
- Work full-time
- Headed by single parent
- 1 in 5 fall below the poverty level
- Over half are European-American
- Roughly half are typically developing
- **Staffing**
- 7 full time, 7 part time.
- Extremely low turnover
 - Some for 10-20 years.
- Mental Health Counselor visits for half-day once a week.
- **NOT INCL. IN RATIO:** Master Teacher for every 20 children in the building.

BROKEN ARROW CLUBHOUSE

- **Funding – A private, for-profit center**
- Parent private funds.
- State childcare subsidies
- State welfare funds
- Child Care Developmental Block Grant
- Contracts with the Creek and Cherokee Nations.

FRASER SCHOOL

Bloomington, MN



FRASER SCHOOL

- Services founded in 1935
– originally for children with special needs only
- Non-profit organization
- Serves 325 children
- Offers infant care
- Toddler care/Preschool
- Extended care for 3 to 6 years old
- Music therapy is provided (individually or in groups)
- Transportation services for **children and parents**
- Parent support services
- Respite care.
- ALSO: home or in-center visits with a family worker.

FRASER SCHOOL

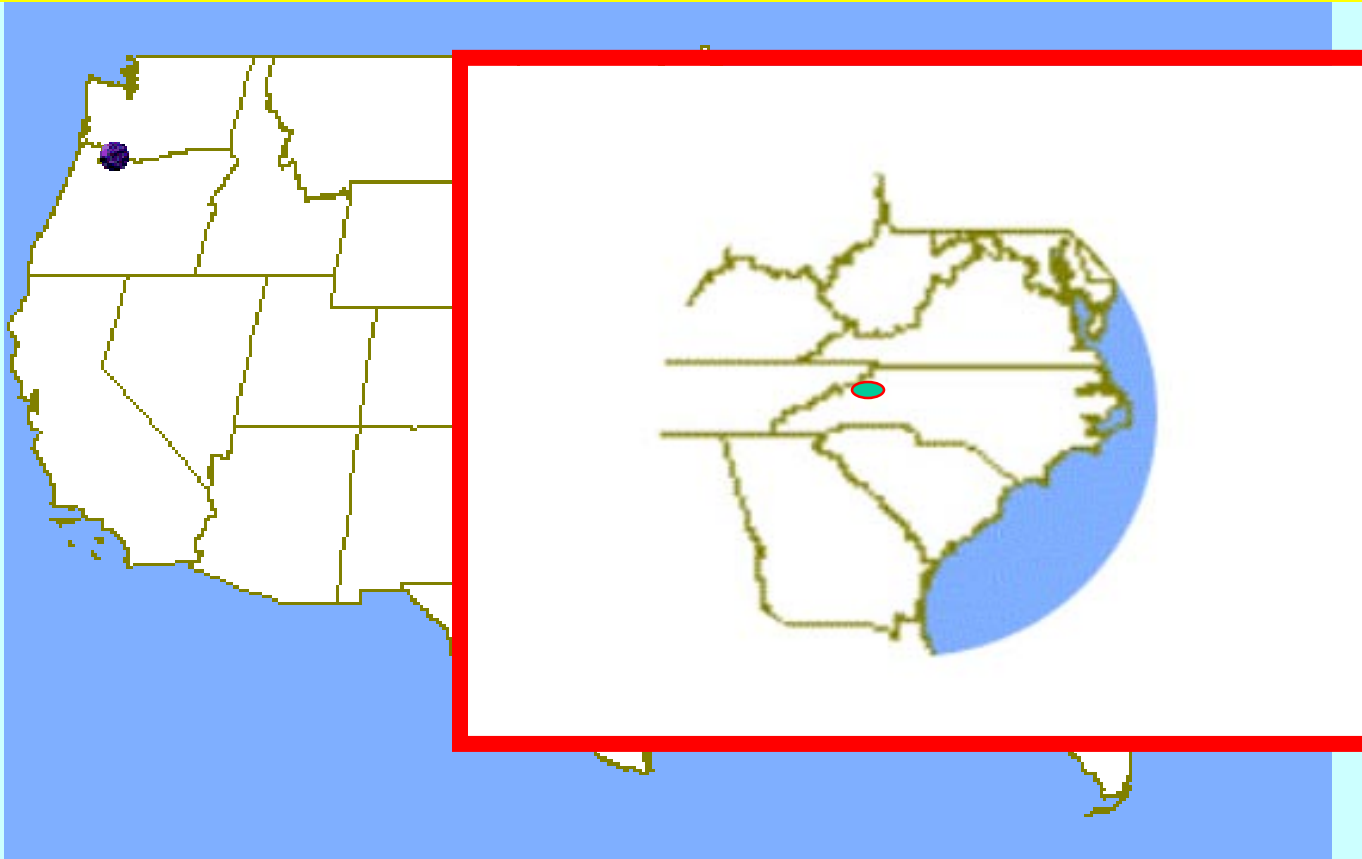
- **FAMILIES**
- Just under half come from middle class families
- 1 in 5 live below state poverty level
- Over half of the families live in urban settings with the remaining children residing in suburban settings.
- Most are two parent -- European American
- **STAFF**
- 30 full time and 35 part time
- Includes:
 - Occupational therapist
 - music therapist
 - physical therapist
 - speech and language pathologist
 - social workers and a registered nurse.

FRASER SCHOOL FUNDING

- Parent private funds
- Child care subsidies
- Public school funding for early childhood special education
- County funding
- Corporate donations
- Fundraising efforts.

FAMILY RESOURCE CENTER

LENOIR, NORTH CAROLINA



FAMILY RESOURCE CENTER

- Located in a large retail setting (Big Box).
- The center houses multiple agencies and projects, and has been in operation since 1995.
- A collaborative organization sponsored by the Family, Infant, and Preschool Program (FIPP) of the Western Carolina Center. Family Resource Center currently serves children ages seven months to eight years, with additional services provided at West Lenoir Elementary School, and an apartment unit at the nearby Housing Authority.

FAMILY RESOURCE CENTER

- Serves over **10,000** children and family members annually (Primarily for Birth to 5)
- Offers play groups, art and music groups, parent support groups, parent education, drop-in respite care, a parents' afternoon out program, child care resource and referral, early intervention activities, child evaluations, contextually mediated intervention and therapy, as well as a comprehensive family literacy program with an ESL component.
- Adult education, nutrition classes, a foster care program, and a lending library.
- Provides outside technical assistance and training for in Caldwell County (including inclusion practices).

FAMILY RESOURCE CENTER

- **FAMILIES**
- Most are headed by two parents and live in a rural setting.
- Most are European American
- Substantial numbers of families are Hispanic/Latino.
- Most low-middle to middle class incomes
- 1 in 5 children below the State poverty level..
- **STAFF**
- 12 full time and 20 part time (mixed with related agencies).
- A **behavioral specialist**, employed by the Foothills Area Mental Health Program and funded through Smart Start, provides home visits and consultation services to staff and families.

Families' Accounts of 'bad' Prior Experiences (Ama, Berman, Brennan, & Bradley, 2002)

In prior experiences with other care providers, family members found communication and practices impeded inclusion. They reported:

- Being treated as “the enemy” or as knowing nothing;
- Staff had no time or desire to talk;
- Language or cultural barriers; and
- Staff expected them to take responsibility for the child's behavior at the center.

Families' Accounts of Child Care that Met their Needs

(Ama, Berman, Brennan, & Bradley, 2002)

In the inclusive centers, family found:

- Staff took an active interest in their children;
- Staff had the time and desire to talk to them;
- Staff listened to them and learned from them;
and
- They were involved in their children's lives at the centers.

The Challenges of Inclusion: Easing the Concerns of Parents

Families with Children who are Typically Developing

- Safety worries
- Poor behavior modeling from peers
- Child will not receive adequate attention or have needs met
- **Handled by staff communication, trust**

Families with Children who have Special Needs

- Safety worries
- Child will be teased by peers (See Bailey & Winton, 1987).
- Child will be singled out by staff or expelled
- **Handled by staff communication, trust.**

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.

Successful Inclusion

- **ORGANIZATIONAL FACTORS**
- **CLASSROOM PRACTICES**

Successful Inclusion

- **ORGANIZATIONAL FACTORS**
- Values applied to child care
- How centers see their role
- How centers see the families
- The Foundations of Inclusion
 - Well-trained Staff
 - Accessible Supervision and Support
 - Culture of the Organization
 - Problem solving & Continuous learning

<p>Core Value Definition (Stroul, 1996)</p>	<p>What it Means to Families In High Quality, Inclusive Child Care Centers</p>
<p><u>CHILD CENTERED AND FAMILY FOCUSED</u></p> <p>“[The] system of care should be driven by the needs of the child and his or her family (p.4).”</p>	<p>Family members are partners in achieving individual, appropriate goal’s for each child.</p> <p><i>“They’ve taught her how to walk in a timeframe which I didn’t think she would be able to [meet] because of the rate they were going, but they made it their goal, and actually the always make their goals before they’re due. They do their homework. They do what they say they’re going to do, they don’t just say it... And our goal was to have her walk by February. Before Christmas she was walking. It was a big thing.”</i></p> <p><i>-A mother of child with physical challenges.</i></p> <p>Head Start Region X 2003</p>

**Core Value
Definition
(Stroul, 1996)**

**What it Means to Families
In High Quality, Inclusive Child Care
Centers**

**CULTURALLY
COMPETENT**

The system of care should incorporate “agencies, programs, and services that are responsive to the cultural, racial, and ethnic differences of the populations they serve (p.5).”

Like a family, the centers provide what it takes for families to get by. For example, one center taught a recent immigrant how to write a letter in English and apply for a driver’s license. This responsiveness means as much to the parents as it does to the children, whether they are typically developing or not.

“[This center] teaches my daughter that when she grows up, she doesn’t have to be scared or feel awkward about being Asian.”

-A father of a typically developing child.

**Core Value
Definition
(Stroul, 1996)**

**What it Means to Families
In High Quality, Inclusive Child Care
Centers**

COMMUNITY BASED

Providing mental health services to children in “less restrictive, more normative environments [than institutional, or segregated facilities] (p.4).”

Special educators and mental health providers work with child care arrangement to provide a consistent setting.

“It is [the child care center], it is the teachers during the day, the special education staff at the school, they all talk to each other...So it is almost like one big family of people and everybody really knows everyone else. The school is not that big. So it is a very nurturing environment.”

-A mother of a child with EBCs.

Commitment to Inclusion

- *“He got kicked out of a normal daycare because of his behavioral issues. He's aggressive, at times he fights and screams and kicks and cusses. [This center] said they were used to that, and they can deal with it. I decided to take him here. There's no one else who would take him.”*
- *the child care staff who are here know that this is a place that has special needs kids and they are OK with that, otherwise they wouldn't work here*

Children are entitled to ‘be children’: A child is a child first ..

- *“Here our goal, and our motto is a kid is a kid. A child is a child first, so what can we do to help that child really have a lot of fun and learn through play and peer challenges and all that, but still also meet their needs that they have ...that may be more specific to that child’s diagnosis.”*
- *“Because they have a special need they are kept from those opportunities [..to play in the sand and get dirty...]”*

Child Care: Not Just for Children

- *“We feel like we’re family members. We treat everybody as if they’re our family. So really we’re here for the support and needs of all the parents.”*
- *“We really try to make that connection with families, let them know that we are here for them by offering resources, offering support, helping them track down the services they need in addition to ours.”*

Expect children to stay

- *“...children have been kicked out of numerous child care centers because other centers are not willing to deal with a child with emotional and behavioral problems. And [parents] know that they can bring their child to us, and regardless if the child is out of control, we will keep them and work with them, so their child can feel safe and comfortable with us (staff).”*

How Centers View the Family: Experts on their Child

“I guess we look at them [parents] as being the experts on their child. So initially we look to them to give us as much information as possible about their child that will help us get to know, help staff to plan for that child, goals. We really want input from what the parents want their children to get out of the program.”

Supporting Staff

“It is important to recognize that child care providers do need support ...any of us need support sometimes, and recognizing that as a strength in those people to ask for it. And making sure that it is always available for child care staff, in some form or function (staff).”

Accessible Support

“I have an assistant and other teachers say if we are having a problem with one of our children, we know that we just need a break, especially with our director. We can take that child into the director’s office to let them cool down, to let the child cool down and to let us have a break from the child. And that works best. Sometimes we just need to get away from that child and then they have a break from us. So we have to take them into another room, and the other teachers here are very understanding, and we work together on that.”

Openness & Acknowledgement of Challenges

“We are letting the classroom staff know that, man, these kids have some behaviors that can just drive you up the wall. And so we’re very open about admitting it

‘No-Blame’ Culture

- *“We are very open with staff about if you are at your breaking point with a child, if you need some help, you need to be able to let us know that.”*
- *“If it is looking like the staff person needs a time out, don’t be afraid to go and ask them. And for the other person don’t be afraid to go ‘yeah.’”*

Staff are Key

- *The first priority you have to have the staff to be able to take care of these children. I try to make my staff happy....I do have a very long-term staff, which is outstanding especially in an emotional and behavioral child care center*

Adequate staffing

- *..another thing is our ratio. We have 10 kids to at least two teachers each time. That ratio makes a huge difference because there is a lot more one-to-one time. You can spend a lot more time working with the child versus a larger day care.*

A Stable Workforce

- *I think a big part of [our success] is the staff. We have staff who are obviously not getting rich working here. They are very dedicated.....Our staff child ratio I think really helps*
- *Our teachers have been here a long time. We've had teachers who have been here 10, 12 years. A low turnover rate.*

Training and Developing Expertise

- *When you get hired and you go through training, they will teach you how to deal with kids that have behavioral problems, and that there is always a solution. Or there is always something you can do. And our main policy is to help them. Work with them rather than giving up. So I guess when we come in there with that frame of mind, it makes it a lot easier.*

Valuing Internal Expertise

- *I feel like the staff here, they know what they are doing. They have been here a long time and they are experts, they really are ...They know their stuff, they know children, and that's what they do. They know their children*

Work as a Team to Problem-Solve

- *....I feel we've reached a point where all the teams are really very open about what is going on and what is driving them nuts. And then once you get it out on the table, you have the opportunity to really brainstorm. Well, what could we do? ...I'll try thisif it's a total disaster, we'll think of something else*

Quality As the Basis for the Practice of Inclusion

- *If you have good quality and good developmentally appropriate settings, then inclusion will be a lot easier. It will be more natural to locate each child's individual needs...you really won't have to think up any special accommodations, because you will just be looking at every child's individual needs*

Staff focus on developing relationship with the child and keep an 'open mind'

- In the children we have had that have come from numerous centers that they have been kicked out of ..probably one of the biggest things that I have seen being key for them, is that even though the teacher knew, they really were able to get to know that child and put aside those preconceived ideas and I think for some reason the child could sense that 'I am not scaring this person. Oh, they like me'

Work with and Build Relationships with the Children

- *If their children are having maybe behavior problems, we work with their children. We don't just kick them out of the center and say 'we can't handle your child'. We work with their children until they are calm and their problem is under control. We work with their children.*
- *Building a rapport with the child that maybe they just never had at any other centers where if things got a little rough, it kind of was over for everyone*

CLASSROOM PRACTICES

- Constant Communication
- Individualized Approach
- Adapt the Environment and the Program
- Use of Consultation
- Family Support

Communication Constantly: A Family Member's account

“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.”

Individualized Care: Options for Activities

- Each child is different depending on exactly what their background was and what specific problems they have ...we like to give the children lots of choices and options, so that they know there is something else they can do if they are not satisfied with what we want to do.

Inclusion Practices: What We Learned from Observing Children

- Staff supported the inclusion of children with challenges by:
 - Structuring the environment to encourage cooperation
 - Anticipating needs and challenges
 - Teaching peers to respond appropriately to special needs
 - Mental health service provision integrated into classroom activities

An Example of Structuring the Environment

- Classrooms included pets -sometimes several- in the environment. In one classroom, a child with attachment concerns was given responsibility for jointly caring for the class doves. She was observed patiently reminding her younger “assistant” to wash his hands after feeding the birds.

Making inclusion happen through interactions

- Child to child interactions gave evidence of inclusion
 - Building on opportunities structured by teachers...
 - Children accepted differences in their peers with challenges...
 - ...and included them in activities and friendships.

An Example of Inclusion in Activities and Friendships

- In one half-day program, a child with autism-spectrum behaviors was observed sharing space and materials with peers during art time. As he finished his painting, another child hugged him, stating “You’re my best buddy!”

Supporting Transitions

- Staff helped children with difficult times of transition:
 - Using predictable schedules...
 - With multiple, developmentally appropriate cues...
 - And physical calming techniques...
 - Multiple staff members in well-rehearsed roles facilitated transition times.

An Example of Use of Physical Calming

Appropriate, timely use of touch to communicate and comfort children was frequently observed. At naptime in one center, a child with developmental delays and behavioral concerns was gently helped to fall asleep by a teacher's back rub. In another setting, a school-aged child leaving for school was reassured by the director's arm around her shoulder.

Family Support & Participation

- A lot of parents just say they really like the openness of the program and the informal supports that they can get as well as help finding resources they needs. And a lot of the parents I work with come to the different trainings that we do and find that style of information helpful. Because they see the teacher's need for support and they know that this is one of the few programs out there to help their child's day care career be a successful one

Taking Family Stress Into Account

- I never want to refer parents to someplace that they are going to get there and it is not going to be covered. I would much rather have to deal with that upfront. What is available right away, and not going to be an added burden to them

How Families View the Center: A family Atmosphere and Equal Partners

- “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.

Use of Consultation

- If we have a child that has a behavior problem, we will have behavior specialists come in and give us some advice on what can work. And have him watch the child and ask them for advice ...if we have problems, the teachers have problems and we don't feel like we are doing the right job, then we find a specialist that can come in and talk to us and tell us what to do

Need to Build Trust among Professionals

- A program where everybody involved is feeling fairly comfortable and able to feel safe communication with each other. It takes time, because for the child care staff and the special ed. or mental health staff, whoever you've got, to be able to effectively work together, they have to trust each other. I have to be able to trust that when I tell you this child's driving me crazy, your response [won't be]: 'Well you're not a very good teacher'.

Additional Resources Used to Assist Families

- School district specialists.
- Public health and mental health staff.
- Local consultants.
- Community trainings.
- Published materials, internet.
- Charitable organizations
- Volunteers and interns.
- Inclusion and early intervention program.
- Financial assistance agencies.
- Child care organizations.
- Community youth development and recreation organizations.
- Child welfare agencies.
- Community police.
- Family support organizations.

Summary: Common Characteristics of Inclusive Child Care Centers

- Clear and Ongoing Commitment to Inclusion at All Levels
- Quality and Training are the Foundations for Inclusion
- Centers Harness Internal and External Resources and Expertise
- Openness to Learning and to Ideas, Combined with Constant Communication
- Center Adapts to Needs and Culture of the Child
- Child Care Part of Family Support System

There's Always Hope

- Time to stick with meeting the child's needs instead of giving up. There's always hope. We have to know there's hope. We have to believe there is hope. That's the way we make it through every day. If we were to give up as quickly as all these centers and family homes do give up, nobody would be here to take care of these children. (staff)

We Make a Difference

- I know that every day when I go home, whether I've had a rough day or a good day, regardless, I've made a difference in a child's life. And if it wasn't for us, and I say us as the whole team here, what would happen to these children?

What We Learned from Family Members

Positive Outcomes 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 in school, and around other children and adults.
- Family’s “serenity level goes up.”