



Child Care: Inclusion as Enrichment

Families of children with emotional or behavioral challenges have labored for years to have their children included in neighborhood schools and classrooms, and continue to struggle to have their children accepted by local child care facilities. Child care can provide a safe, enriching, and supportive context for the social and emotional well being of all children; it is a prime environment for meeting some of the “irreducible needs” they have (Brazelton & Greenspan, 2000).

In a high quality child care arrangement, the worlds of children expand beyond the family and neighborhood. Children and youth develop cognitive skills, patterns of social interaction, and the ability to regulate their own behavior and feelings. Not only do child care arrangements that include children with emotional or behavioral challenges with typically developing children enjoy more positive child centered outcomes, but they also tend to use more appropriate curricula and collaborate with parents more effectively (Erwin, 1996). Appropriate child care arrangements make it possible for parents to work, and to lead lives with less stress and role overload (Rosenzweig, Brennan, & Ogilvie, in press; Harvey, 1998). Consultants available to the child care program may also work to engage and support family members who may be overwhelmed by their many responsibilities (Knitzer, 1995).

But one only has to ask a parent who has hunted for an arrangement to know the quality of child care is grossly uneven, and many care providers are wary of including children who are not typically developing. In a 1997 study, Arthur Emlen found that children with emotional or behavioral challenges were 20 times more likely to be asked to leave child care arrangements than typically developing children. These children may display aggressive or defiant outward behavior, have great difficulty forming social relationships, or display



inappropriate behaviors or feelings in everyday situations (Zigler & Hall, 2000).

The Importance of Quality Care

Through information gathered in the field, our research team found that there were quality programs and family care arrangements that successfully included children with emotional or behavioral challenges in child care settings (Brennan, Rosenzweig, Ogilvie, Wuest, & Ward, 2001). We became convinced that the key to successful inclusion was a constellation of provider and setting characteristics, most notably quality of child care services.

Much has been written in both popular and academic literature about the quality of child care arrangements (Phillips & Howes, 1987). Some of the most consistent findings in the social sciences are related to the effects child care has on the cognitive and language development of children. “Intensive, high-quality, center-based interventions that provide learning experiences directly to the young child have a positive effect on early learning, cognitive and language development, and school achievement” (Shonkoff & Phillips, 2000, p. 311).

A National Institute of Child Health and Human Development (NICHD) study (2000) has also reported that high-quality care in more typical center-based care starting in the second year of life may be especially beneficial for cognitive development. High quality of care has also been found to be related to positive results for nearly every outcome associated with social and emotional development in early childhood (NICHD, in press).

Shonkoff and Phillips (2000) wrote about the growing body of evidence linking quality care to positive, child-centered outcomes:

In sum, the positive relation between child care quality and virtually every facet of children's development that has been studied is one of the most consistent findings in developmental science. While child care of poor quality is associated with poorer developmental outcomes, high-quality care is associated with outcomes that all parents want to see in their children, ranging from cooperation with adults to the ability to initiate and sustain positive exchanges with peers, to early competence in math and reading. (p. 313)

The Models of Inclusion in Child Care Study

Responding to the need for research regarding models of inclusion in child care, the Research and Training Center on Family Support and Children's Mental Health is in the process of conducting a series of studies aimed at guiding the design and implementation of inclusive child care policies and programs. As a first step in the research, state child care administrators, child care resource and referral agencies, and family organizations were sent a request to nominate programs that successfully included children with emotional or behavioral challenges in child care; this resulted in nominations of 104 programs across the United States. Thirty-four of the nominated programs participated in a survey designed to learn more about their challenges and strategies for inclusion. We were particularly interested in four key areas:

1. The types of services these programs offered
2. The needs of the families they served
3. The inclusion strategies they employed
4. The barriers they reported facing
5. Their view of the role of families in their programs

Results of the Survey

Program Characteristics. Data collected from the 34 nominated programs were given by 23 directors of child care centers, one family day care provider, and 10 heads of child care support programs. The support programs provided such services as resources and referrals, technical assistance, provider training, and mental health consultation. Several of the programs provided a blend of direct care of children and support services. In all but three of the center programs, families paid for child care. Only 3 of the 10 programs providing support services collected fees from families. Twenty-two of the programs were located in urban areas, 10 were in suburban communities, and 2 served rural locations.

Over half of the programs provided child care in traditional centers, only 11% provided in home care, and 11% had family day care services. Some child care providers served families in uncommon time frames: summer (37%), vacation (11%), before/after school (30%), and drop-in (15%). All but 7% of the programs served children three years of age or younger; however only six programs served children over the age of 12. Fully 44% of the programs endorsed that they provided early childhood education. Nine of the programs were targeted to serve families of children with emotional or behavioral disorders as their primary clients, while 16 of the programs had families of children with special needs as their primary clients. Only 6 of the respondents mentioned that they served ethnically diverse families, but nearly all programs rendered services to families with low income. In terms of family and child care supports, 10 programs indicated that they had specialized resource and referral services, 10 programs also gave technical assistance, 9 engaged in inclusion or mental health consultation, and 6 considered themselves as providers of early intervention services.

From the brief qualitative answers provided in the survey, we saw that programs and providers began serving families of children with emotional or behavioral challenges in a variety of ways. Some started out providing services to a comprehensive community, and began to see more and more children needing special supports in child care settings. These model programs reached out for assistance and training to have the children have a successful child care experience. Other programs were designed to meet the special needs of families having children with developmental or physical challenges and developed expertise in serving children with emotional or behavioral problems. Finally, a few programs were designed just to serve families of children with emotional or behavioral challenges from the outset; some included typically developing children in the same class settings.

Family Needs. The programs served families with needs for child care due to employment, training or educational commitments of the parents. Frequently unusual and extended schedules made the provision of appropriate services a challenge. Funding to help these families purchase appropriate care for their children has been problematic in some settings.

Inclusion Strategies. Some of the strategies care providers reported using to include children with emotional or behavioral challenges in their programs were: referring children for assessment or mental health

intervention; using paid mental health consultants; working with the child's own therapist; engaging social workers to provide family support; intensive staff training on children's mental health; communication with parents about the child's medication; and, the development of innovative and adaptive care strategies.

Individualized care and behavioral plans were emphasized by several settings, who also used such strategies as providing settings with reduced stimulation, concentrating on positive aspects of the child's behavior, and working with the families to develop consistent strategies or techniques to be used at home and the care facility.

Additionally, several programs emphasized the importance of a reduced staff/child ratio so that there would be staff support for children experiencing problems; some centers have applied for and received special funding for these efforts. Small classrooms were also mentioned as a strategy to maintain children with behavioral challenges in care.

The family support programs mentioned several other promising strategies for inclusion: providing centers and family day care with services of behavioral and educational consultants to help them deal with difficult behaviors; arranging for funding to increase personnel and decrease staff/child ratios; providing home visits and coordination with parents; funding mental health services for children of families whose insurance would not cover them; and offering staff development around mental health issues.

Inclusion Issues. Numerous issues accompanying the inclusion of children with emotional or behavioral challenges in care were identified by the respondents. Stigmatization was frequently mentioned as a problem for these children, with parents of other child care participants expressing concern for their children's safety. The children's behaviors were also identified as an issue due to the physical and emotional demands that they made on staff members, and the safety concerns that they raised for self, staff, and other children.

Several respondents also indicated staff members that were overwhelmed, inexperienced, underpaid, and under trained as a critical issue. The lack of trained child clinical specialists was also recognized as a barrier to inclusion, as well as insufficient funding to support the interventive services that were needed.

The child care directors also observed that the numbers of children exhibiting social, emotional, and behavioral needs were increasing, the hours that they were in care were being extended, and the demands on parents' time were unrelenting, all adding to the challenges of caregivers.

One support program noted that children were "disenrolled" at the first sign of behavioral issues in some care settings, and that little attention was being given to prevention efforts. In fact, one training program administrator stated that requests for technical assistance in supporting children in care settings often come too late. Finally, the time commitment and organization of collaboration and communication with parents and other professionals were identified by two of the care providers as a critical issue.

Family Participation. Although nearly all programs and providers reported that they were involved with families, a minority of the programs evidenced a high level of family participation. Those programs that had the most intense family engagement carved out key roles for families, as integral parts of intervention teams, as volunteers within the care program, as members of parent advisory boards, as participants in parent meetings, or as paraprofessional parent coaches.

Communication with parents was mentioned by respondents as critical for the successful inclusion of the child in the care setting. Parents were counted on for information about "the child's previous development and behavior, precipitating events or stresses, techniques or strategies that have been previously attempted" and their success. A few program directors discussed the need for parent training, and registered concern about lack of parent engagement. However, the majority stated that they saw parent participation as paramount, although some reported that language and cultural barriers were obstacles that needed to be surmounted. In the words of one administrator: "It is especially important to form alliances with those families who have children with significant emotional/behavioral issues so that we can work together to help these children succeed."

Current Research on Model Programs

The next step in discovering the key features of child care programs that successfully include families having children with emotional or behavioral challenges has been to conduct intensive studies of programs that represent a variety of services and settings. Researchers are in the process of interviewing the directors, staff

members, and family members of the programs, conducting site visits at five of the centers, and observing children in visited sites.

Our research team and advisory committee has selected the following centers to visit:

- ◆ Broken Arrow Club House, in Broken Arrow, OK
- ◆ Fraser School in Bloomington, MN
- ◆ The Family Service Center of Morganton, NC
- ◆ Little Angels Child Care Center in Milwaukie, OR
- ◆ St. Benedict's Special Children's Center in Kansas City, KS

Other programs are participating in the intensive director, staff, and family member interviews:

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

The preliminary results have convinced our research team of the importance of dedicated leadership for successful inclusion, the necessity of a staff committed to serving all children regardless of their challenges, and the key role of quality services and family support in these successful programs. The inclusive programs have strong ties to resources in their local communities and state governments, and make extensive use of expert children's mental health consultants (Donahue, Falk, & Provet, 2000). Staff and administrators form enduring relationships with each other, and with each individual child. The children are cared for in homelike settings with carefully structured environments, and are known and respected as individuals. Typically developing peers have learned how to respond to a wide range of behaviors and have formed friendships with those children facing special challenges. Families feel culturally supported, and at home with these care providers who have created a haven for their children.

For an example of the dedication evidenced by the program directors and staff members, read "Making It Work at the Broken Arrow Clubhouse," by Linda Ranson, on page 51.

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