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## Inclusive Child Care: Challenges and Strategies

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## INCLUSIVE CHILD CARE: CHALLENGES AND STRATEGIES

Families of children with emotional or behavioral challenges have labored for years to have their children included in neighborhood schools and classrooms, and they continue to struggle to have their children accepted by local childcare facilities. Child care can provide a safe, enriching, supportive, and culturally appropriate context for the social and emotional well being and growth of all children. 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. Some of the most consistent findings in the social sciences are related to the effects child care has on children's school achievement and social, emotional, cognitive, and language development (Shonkoff & Phillips, 2000; NICHD, in press).

Child care arrangements that include children with emotional or behavioral challenges alongside typically developing children tend to collaborate more effectively with parents, and to use curricula that are more developmentally and culturally appropriate (Erwin, 1996). Such arrangements provide support for family members who may be overwhelmed by their many responsibilities, as well as making it possible for parents to work and to lead lives with less stress and role overload (Harvey, 1998; Rosenzweig, Brennan, & Ogilvie, in press).

But one only has to ask a parent who has hunted for an arrangement to know that the quality of child care is grossly uneven, and many care providers are wary of including children who are not typically developing. In one study, Emlen (1997) 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 other inappropriate behaviors or feelings in



everyday situations, and may have great difficulty forming social relationships (Zigler & Hall, 2000).

### 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. In the course of previous research studies, our research team found that there did exist 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). Our goal was to learn more about the provider and setting characteristics associated with these successful programs.

As a first step in the current 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. Personnel at 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 five 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 staff reported facing, and (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 childcare centers, one family day care provider, and 10

heads of childcare 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 childcare in traditional centers, only 11% provided in-home care, and 11% had family day care services. Some childcare providers served families in uncommon time frames: summer (37%), vacation (11%), before/ after school (30%), and drop-in (15%). All but two of the programs served children three years of age or younger; however, only six programs served children over the age of 12. 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 six 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, nine engaged in inclusion or mental health consultation, and six 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 so that the children would have a successful child care experiences. Other programs were initially designed to meet the special needs of families having children with developmental or physical challenges and later 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; among these, some included typically developing children in the same classroom 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. Finding sources of additional 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 programs, who also used such strategies as providing environments with reduced stimulation, concentrating on positive aspects of the child's behavior, and working with families to develop consistent strategies or techniques to be used both at home and at the care facility. Additionally, several programs emphasized the importance of improving the 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.

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 improve 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.

•**Challenges to Inclusion.** Numerous challenges 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 typically developing children 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 listed as a critical issue staff members that were overwhelmed, inexperienced, underpaid, and undertrained. The lack of trained child

clinical specialists was also recognized as a barrier to inclusion, as well as insufficient funding to support needed intervention services. Staff pointed out that caregivers are also increasingly overburdened, making it difficult for both caregivers and staff to find the time for collaboration and communication.

•**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 successful inclusion. 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 the success of such strategies. A few program directors discussed the need for parent training and registered concern about lack of parent engagement. The majority stated that they saw parent participation as paramount, although some reported that language and cultural barriers could be obstacles. 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. Interviews with directors, staff members, and family members of the programs, as well as direct observations of children, are currently being analyzed. The following centers have participated in the study: 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; 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; and Wayzata Home Base, in

Wayzata, MN. Preliminary findings are available on the web: [www.rtc.pdx.edu/pgProjInclusion.php](http://www.rtc.pdx.edu/pgProjInclusion.php).

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