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Shane Ama
Portland State University

Eileen M. Brennan
Portland State University

Sara Berman

Jennifer R. Bradley
Portland State University

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Shane Ama, B.S.
Graduate Research Assistant
(503) 725-8437

Sara Berman, M.S.
Doctoral Student, Graduate School of Social Work

Eileen Brennan, Ph.D.
Principal Investigator

Jennifer Bradley, Ph.D.
Project Manager

Models of Inclusion in Child Care Project
Research and Training Center on Family
Support and Children's Mental Health
Portland State University
PO Box 751
Portland, OR 97207

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PROBLEM STATEMENT

Child care is particularly difficult for families that include children with emotional and/or behavioral challenges

Although 5–10% of employed parents care for a child with emotional or behavioral challenges (EBCs) (Emlen, 1997), family support resources are notably lacking. A recent focus group study of 41 working parents (Rosenzweig, Brennan, & Ogilvie, 2002) found child care to be particularly difficult to find and maintain for families that included children with EBCs. Participants reported a number of barriers to child care arrangements that could successfully meet their family's needs. First, since few qualified providers had the expertise to meet the needs of children with EBCs, arrangements were difficult to find.

Maintaining arrangements was also difficult for a number of reasons. Paying for child care in general, was a problem for most families. Centers who accepted children with special needs were particularly expensive and, therefore, more difficult to continue. Many long term working families could not afford adequate child care for their children with special needs.

Day-to-day scheduling had also been a common problem for the families in the study. Most centers lacked the flexibility to meet changing family needs. Pick-up and drop-off times were often 'set in stone' and families were penalized (often financially) for any changes. When emergencies arose, rescheduling was difficult. Scheduled days of use were charged whether the child was in care or not. Families who provided care at home did not fare much better. Major

adjustments to other family members' lives were necessary, including loss of employment or termination of educational enrollment.

Emlen (1997) also found that parents who successfully maintained a child care arrangement were dissatisfied with the quality of care their children received. As a result, families with children who had special needs changed their arrangements significantly more frequently than did families with typically developing children. As a result, many were forced to accept inadequate care. Even this strategy did not work for all families—especially those with children who had behavioral problems. While families with children who had emotional or behavioral problems reported lower quality of care than other parents, their children were also 20 times more likely to be dismissed from care than other children.

A combination of the lack of quality care in general, and few qualified providers for children with emotional or behavioral problems, created a nearly impossible situation for working families looking for child care. The aim of the Models of Inclusion in Child Care study (MICC) was to identify and investigate programs and strategies that improve access for families of children with emotional or behavioral disorders to child care that is *inclusive, family-centered, culturally competent*, and of *high quality*.

KEY PROJECT CONCEPTUALIZATIONS

Inclusion. Researchers have used many definitions of 'inclusion.' MICC used a broad definition developed by Kontos, Moore, & Giorgetti (1998):

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.

Day treatment centers (made up entirely of children with special needs) were not included in the MICC study, but programs with a diverse ratio of children with, and without, special needs were studied.

Family support was also very broadly defined. A program that provided assistance and resources that

families could use to meet their goals was seen as providing family support (Rosenzweig, Friesen, & Brennan, 1999). This loose definition included 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. Family support also included a strong commitment to meeting families' needs in the face of significant challenges. Family-centered support meant helping families to maintain balanced lives for all family members, not overwhelmed 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 are both formal and informal. In order to best meet the needs of enrolled families, successful child care arrangements must establish ways of exchanging information concerning short-term and long-term issues involving the children served in the program. Means of communication are adapted to the ever-shifting needs of the families. Staff consistently find new ways of communicating with family members. Formal pathways include written daily reports, prepared forms, newsletters, on-site conferences, and home visits. Informal pathways range from telephone conversations, drop-off/pick-up time chats, personal letters and e-mail messages. Communication pathways work both ways.

Family participation is characterized by a partnership between family members and child care staff. Both staff and administrators prioritize the views, expertise, values, and needs of family members. Staff seek to work with family members as partners in promoting the well-being of their children.

Culturally competent child care centers adhere to a system of values, beliefs, and practices that honors diverse groups and individuals.

Quality characteristics of programs that are associated with positive developmental outcomes for children in child care can be grouped into two separate areas: **structure and process**. Quality structure characteristics include low staff to child ratios, small

classroom sizes, and highly qualified staff. Elements of quality process include positive child-staff interactions and established family-staff communication.

TWO STRANDS OF RESEARCH

The MICC study has two phases. Phase I consisted of nine case studies of model inclusive child care centers. Centers were nominated by national child care resource and referral specialists, child care conference participants and family members for successfully including children with emotional and/or behavioral disorder with typically developing children. Phase II (in progress) is a national study of state level efforts toward inclusive child care. This article presents findings from Phase I of the MICC study.

PROJECT METHODOLOGY

Recruitment and consent forms were sent to the nine centers that were selected and agreed to participate in the study. Data were collected from February 2001 through July 2002. Of the nine centers, data were collected on-site from five centers, and by telephone from four centers.

A qualitative approach, based on case study methodology, using multiple sites and multiple informants, was selected as the most appropriate method to gain insight into the perspectives of providers of inclusive child care and of the families who used their services. Data were collected by a variety of methods, including individual interviews, naturalistic observations, field notes recorded during site visits, and archival documents. This paper presents the findings of forty family member interviews and reflects the perceptions of families involved in high quality, inclusive child care.

What is known about family perceptions and inclusive child care: is there a trade-off?

Family member perceptions of inclusion in early childhood settings are generally positive (Blacher & Turnbull, 1982; Stoneman, 2001). Studies conducted in the 1990's suggest that parents perceive a trade-off within inclusive child care arrangements. Many parents view inclusion and high quality as negatively linked

(Stoneman, 2001)—the more inclusive a center is, the lower quality of care the center can offer. While inclusion provides children with special needs exposure to typical models of behavior and allows children who are typically developing to learn sensitivity to differences among people, these benefits are too often accompanied by concerns about lowered overall quality through reduced individual attention and high staff turnover (Erwin, Soodak, Winton, & Turnbull, 2001).

Much of the research over the past twenty years focused on potential benefits and drawbacks of inclusive environments. Parents of both children who were typically developing and children with special needs were asked about their perceptions of early childhood inclusion (Bailey & Winton, 1987). Both sets of parents worried about a possible trade-off in their child care arrangements: parents feared that as their center included more children with disabilities, the overall quality of care would decrease. Both sets of parents appreciated the positive social outcomes normalized relationships with children who were different afforded their children. Both sets, however, worried that staff would not have adequate training, materials or time to meet the demands of all children in their care (Erwin, et al., 2001). Many parents of children who were typically developing were concerned their children would not receive adequate attention from staff members, while parents of children with special needs worried other children (or parents) might stigmatize their children (or themselves) (Bailey & Winton, 1987 & Reichart, et al., 1989). Despite these fears, parents of children with special needs report feeling isolated from other parents and tend not to interact with other parents (Bailey & Winton, 1987).

FINDINGS

Families enrolled their children in particular child care centers for a variety of reasons. Participant responses can be divided into two separate groups—the views of family members with typically developing children and the views of family members with children who

had EBCs. For families with typically developing children, finding high quality, inclusive child care was simply a lucky occurrence. For most working parents in our study (of both sets of participants), inclusion was not mentioned as a factor in their decision to enroll. Location and convenience were typical responses when asked “Why did you choose your present child care arrangement?”

Once enrolled, the presence of children with special needs was seen as a “bonus” by many of the participants. Families with children who had EBCs commonly felt that another significant factor in their decision was simple: “They [the center] agreed to take [my child].” Their lack of options and difficulty with past arrangements put them at a disadvantage in searching for child care. When asked why she chose her present arrangement one mother of a child with behavioral challenges said:

Because they deal with behavior challenged kids, and I was at my wit's end trying to find a daycare with my son because he got kicked out of three for behavioral problems and biting. And [this center] agreed to take him on and try to correct the situation or intervene with the situation instead of just throwing him out of a daycare.

Parents seemed to know when staff members were capable of addressing these types of behavioral problems. Parents reported a “professional, yet nurturing, approach” from the staff.

These are trained people. They are real teachers, they are professional child care people. There are helpers that aren't, but they are all very nurturing people and they all receive... they just seem to enjoy what they are doing. They really like working with the children. It's very obvious.

Many family members reported fears associated with sending their children to a new child care arrangement. These fears can also be compared by dividing both sets of respondents. Safety was a universal. Both sets of respondents reported a fear for their children's physical safety in a new child care arrangement. Many parents from both sets worried their children would

be bitten, or otherwise physically attacked by children with EBCs. While family members with typically developing children worried about poor behavior modeling, respondents with children who had EBCs feared their peers would tease their child. Parents of typically developing children were concerned that the presence of children with apparent disabilities would limit the amount of attention their own children would receive from staff members. Conversely, parents of children with EBCs worried their children would be singled out by staff or expelled.

All of these concerns were alleviated through trusting relationships built up with staff members and directors. A mother with a school-aged child diagnosed with autism described her relationship with staff members: *[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.* Most participants reported a similar family atmosphere in their child care center. “The staff are genuine,” one mother said, “and genuinely care about the children. They love the kids, they love what they do and you can tell.”

Many described the center as a kind of extended family with a very warm atmosphere. When asked what was unique or special about her arrangement, one mother described how the atmosphere affected her children's ability to be comfortable with her child care providers.

I'd say a family feeling, the family type feeling, the warmth, the welcoming. I think [my] girls feel comfortable. So if they needed to tell somebody something, they [would]. I think this was especially true when [my husband] was ill and then when he died, just afterwards. It gave them something normal to go to...

Many participants linked the family atmosphere of their child care center to positive outcomes in their child's development. Participants called their child care centers a “second home” and referred to the staff as “part of the family.” A mother of a child who had been expelled from several earlier centers, described the process:

I think that one of the reasons that he is functioning as well as he is, is because he has had that interest and loving support from these people. It is a good place.

This parent is not only expressing a positive outcome for her child from such an atmosphere but also its effect on the entire family's well-being. Many participants had similar responses. All working families, but especially working families with children who have EBCs are under an enormous amount of pressure that adequate child care can address. An important function of high quality, inclusive care is the ability to connect families to the mental health services they need. One mother of a child with significant behavioral problems shared how her current child care arrangement has changed her family life:

Well, I used to go to work in tears, and sometimes with bruises, and I would have to do the holding therapy that they taught me at the hospital umpteen times a day. Those happen maybe once every six months now. Our serenity level has gone up. I even had my oldest in counseling for awhile because it was so much of a strain on all of us, and I look forward to the weekends. I used to look forward to Monday mornings to when I could go to work, but now I look forward to being at home. And there are several components to that. He's been on medication, we went through counseling, and this place. I think the three of those all coupled up together have contributed to our higher state of comfortableness. Like I said, it's almost like free counseling in a way. Well, it's not free because you have to pay for their services, but it's almost having a readily available support system. I discuss with them all the time what's going on at home, and they want to know. They have so many resources. Put all their minds together, man, they're so full of stuff. I've learned just as much from the staff here as I have any support group or counseling I've been to.

Participants reported relief at learning, for example, that they weren't a "bad parent." "It's not my fault," one mother said. "I've done the same things as I did with [my other, typically developing child]." Children with EBCs require different strategies and

environments to meet their needs. Once these conditions are present, family members felt a tremendous sense of relief and even developed a richer understanding of their children.

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