

January 2007

## Access to Child Care for Children with Emotional or Behavioral Challenges: An Essential Element of Family Support

Eileen M. Brennan  
*Portland State University*

Julie M. Rosenzweig  
*Portland State University*

Anna M. Malsch  
*Portland State University*

Katherine J. Huffstutter  
*Portland State University*

Lisa Maureen Stewart  
*Portland State University*

*See next page for additional authors*

Let us know how access to this document benefits you.

Follow this and additional works at: [https://pdxscholar.library.pdx.edu/socwork\\_fac](https://pdxscholar.library.pdx.edu/socwork_fac)

 Part of the [Social Work Commons](#)

---

### Citation Details

Brennan, E. M., Rosenzweig, J. M., Malsch, A., Huffstutter, K. J., Stewart, L., & Conley, J. (2007, August). Access to child care for children with emotional or behavioral challenges: An essential element of family support. Presentation given at the State Child Care Administratorsâ€™ Management Institute and Child Care Policy Research Consortium Meeting: The Intersection of Research, Policy, and Practice, Washington, DC.

This Presentation is brought to you for free and open access. It has been accepted for inclusion in Social Work Faculty Publications and Presentations by an authorized administrator of PDXScholar. For more information, please contact [pdxscholar@pdx.edu](mailto:pdxscholar@pdx.edu).

---

**Authors**

Eileen M. Brennan, Julie M. Rosenzweig, Anna M. Malsch, Katherine J. Huffstutter, Lisa Maureen Stewart,  
and John Conley



Portland, OR



[www.rtc.pdx.edu](http://www.rtc.pdx.edu)

# Access to Child Care for Children with Emotional or Behavioral Challenges: An Essential Element of Family Support

Presented at: State Child Care Administrators' Management Institute and Child Care Policy Research Consortium Meeting: The Intersection of Research, Policy and Practice.

Washington, DC; August 1, 2007.

# Work-Life Integration Research Team

---

- ✎ Eileen M. Brennan, Ph.D. and Julie M. Rosenzweig, Ph.D.,  
Co-principal Investigators,
- ✎ Anna Malsch, Ph.D. Project Manager,
- ✎ Katherine J. Huffstutter, Ph.D. Research Collaborator,
- ✎ Lisa Stewart, M.S.W. Graduate Research Assistant, and
- ✎ John Conley, Student Intern.

# Overview of Presentation on Families of Children with Emotional or Behavioral Disorders

- ✎ The prevalence of emotional or behavioral disorders
- ✎ Finding and maintaining child care: an essential family support
- ✎ Child care strategies used by parents
- ✎ Inclusion in child care arrangements
- ✎ Implications for policy and practice

# How Common are Emotional and Behavioral Disorders in Children in the United States?

- Nearly 20% of all U. S. children experience symptoms of a mental health disorder over the course of a year and 5% are considered to have serious emotional disorders (U.S. Department of Health & Human Services, 1999).
- Problem behavior is prevalent among young children; according to estimates from the Early Childhood Longitudinal Study, 10% of children enter kindergarten with problematic behavior (West, Denton, & Reaney, 2001).
- In a recent review of 18 studies of preschool children in low income communities, Qi and Kaiser (2003) found estimates ranging from 8% to 57% depending on the location of the community and the risk factors studied.

# Parents of Children with Emotional or Behavioral Disorders: The Need for Family Support

---

- In addition to typical parenting activities, parents of children with emotional or behavioral disorders frequently:
  - Arrange for and participate in their children's ongoing physical and mental health treatment.
  - Provide consultation to school personnel about their children's special educational needs.
  - Are the primary, if not the only, source of their children's transportation.
  - Respond to frequent health or mental health crises, sometimes requiring hospitalization of the child.
  - Face significant obstacles in locating and sustaining adequate child care.

# What is Family Support?

---

- ✎ Federation of Families for Children's Mental Health (1992) defines family support as a constellation of formal and informal services and tangible goods that are determined by families.
- ✎ **Family support** is intended to help families achieve balanced lives that are not overwhelmed by the needs or behaviors of the child or by demands of the service systems designed to help (Rosenzweig, Friesen, & Brennan, 1999).



# Families Have Difficulty **Finding** Child Care

---

- ✎ Families of children with emotional or behavioral disorders have a very difficult time obtaining and maintaining child care (Rosenzweig et al., in press; Rosenzweig, Brennan, & Ogilvie, 2002).
- ✎ When they do make child care arrangements, parents having children with emotional or behavioral challenges have reported lower quality and less stability of care than other parents (Emlen, 1997).
- ✎ In interviews parents reported that they often had to settle for whatever child care arrangement could accommodate their children with mental health difficulties (Brennan, Bradley, Ama, & Cawood, 2003).

# Families Also Have Difficulty **Maintaining** Child Care

---

- ✎ In a survey of 872 parents, those with children with behavior problems reported they were 20 times more likely to be dismissed from care than other children (Emlen, 1997).
- ✎ In a national study of pre-kindergarten children, Gilliam (2005) found that they were more likely to be expelled than children in K-12 in 37 of 40 states.
- ✎ In an intensive study of Massachusetts preschools, Gilliam and Shahar (2006) reported:
  - 39.3% of teachers expelled at least one child , and
  - 14.7% had suspended at least one child in the past year.

# Child Care Difficulties

## Affect Parent Workforce Participation

- ✎ Inability to find and maintain child care affects workplace participation of parents of children with mental health difficulties:
  - Those with greater strain from missing work, and less adequate child care are less likely to participate in the paid workforce. (Brennan & Brannan, 2005).
  - Of 349 parents responding to a web-based survey, 48% had to quit work to care for their children; 27% were terminated due to work disruptions due to child care responsibilities (Rosenzweig & Huffstutter, 2004).


# Gaining Flexibility as Parent Strategy

---

- ✎ **Flexibility** is a cross-domain concept: workplace flexibility, family flexibility, and child care flexibility are necessary to maximize workforce participation (Emlen, 1999).
- ✎ Employee-driven workplace flexibility permits family members to have a degree of autonomy to control work location, timing, and/or process (Kossek, Lautsch, & Eaton, 2005).
- ✎ Workplace flexibility can be either formal or informal (Eaton, 2003):
  - Formal flexibility is approved by HR professionals and written into organizational policy,
  - Informal flexibility is not documented as policy, but available to some employees based on supervisory discretion.

# Child Care Strategies: Work Flexibility

---

-  **Work flexibility** refers to a group of alternative work options that allow work to be accomplished outside of the traditional temporal and/or spatial boundaries of a standard workday, (Rau, 2003). These flexible options include:
- Use of flexible hours,
  - Work at home,
  - Bringing child to work, and
  - Reduced work hours.

# Child Care Strategies: Family Flexibility

---

- **Family flexibility** includes informal strategies parents use to care for their children in their home while parents work:
  - Tag-team parenting--parents working different shifts so that the child always is in the care of a parent. (Boushey, 2006).
  - Sibling care is used, with parents being “on-call” to back up their children (Rosenzweig et al, in press.).
  - Care by friends or other relatives is much less frequent than in general public (Rosenzweig et al., in press; Sonenstein et al., 2002); sometimes in-home care by paid providers is used (Lieberman, 2005).

# Child Care Strategies: Child Care Flexibility in Inclusive Child Care Centers and Out-of-School Programs

- ☞ Parents reported a high level of satisfaction when they found and maintained **inclusive** child care and out-of school arrangements where children with emotional or behavioral disorders are successfully included.
- ☞ By **inclusion** we mean:
  - 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 (Brennan, Bradley, Ama, & Cawood, 2003; see also Kontos, Moore, & Georgetti, 1998).

# 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. (Brennan et al, 2003)



# Study Methods

---

- Family support organizations, state level child care administrators, and heads of child care resource and referral networks nominated 109 programs throughout the United States.
- Nine programs were selected for intensive study by an advisory panel of family members, child care experts, researchers, and children's mental health practitioners.
- Qualitative methods were used, and a grounded theory approach was taken to data analysis (Strauss & Corbin, 1994; Morse, 1994).

# Research Questions

---

1. What are the characteristics and practices of child care programs nominated for their inclusiveness which are associated with quality care for children and youth having emotional or behavioral disorders?
2. What are the barriers to achievement of inclusive child care in these programs, and the strategies successfully used by providers and family members to overcome these barriers?

# The Nine Centers

---

- Broken Arrow Clubhouse, OK
- St Benedicts Center, KS
- Fraser School, MN
- Family Resource Center, NC
- Little Angels Center, OR
- Kinder Haus Center, WV
- McCambridge Center, MO
- River Valley Child Development Services, WV
- Wayzata Home Base, MN

# Participants and Procedure

Participants	Number	Data Collection
Directors	9	Interviews, Archival Data
Staff	40	Interviews
Family Members	40	Interviews
Children	25	Observations

# The Interview Sample

Directors	Staff	Family Members
Managed centers with between 32 and 1300 children	87% European American. 7.5% African American. 1% Asian American. 1% Native American.	76% Europ.Am. 8% His./Latino 8% Mixed/Other 5% African Am. 3% Asian Am.
Managed between 5 and 80 staff	Job tenure: 6 months to 21 years	Employment: 58% Full-time 25% Part-time
7 female 2 male	95% female	59% (n=21) emot./ behav. disorders.






# Characteristics and Practices of Inclusive Centers

---

- ✎ Center staff adopted a philosophy of inclusion.
- ✎ Mental health consultation supported children, families, staff, and programs.
- ✎ Families were being supported in the centers.
- ✎ Families played a crucial role in the centers.
- ✎ Attitudes toward inclusion were targets for change.
- ✎ Child care practice was strategic.
- ✎ Cultural competence was critical.

# Center Staff Adopted a Philosophy of Inclusion

---

-  Value and accept all children.
-  Provide a natural environment for care.
-  Adapt the program to meet individual needs.
-  Deliver family-centered services.
-  Promote a successful experience for children and families.

# Mental Health Consultation Supported Children, Families, Staff, and Programs.

---

- Mental health consultation is a collaborative relationship between a professional consultant with mental health expertise and one or more individuals with other areas of expertise which:
  - Builds the capacity of staff, families, programs, and systems to prevent, identify, treat, and reduce the impact of mental health problems among children (Cohen & Kaufmann, 2000).
  - Has been shown to produce positive outcomes for children, families, staff, and programs (Brennan et al, 2007; Perry et al, 2007).
- Mental health consultation was available in some form at all inclusive centers studied.



# Families Were Being Supported in the Centers

---

- ✎ Indicated high levels of satisfaction with child care services.
- ✎ Reported feeling confident that their children would be retained in care despite their difficulties.
- ✎ Had close connections with the child care staff, who made themselves personally accessible.
- ✎ Were linked with other needed services in the community, and received a comprehensive type of family support.

# Families Played a Crucial Role in the Centers

---

- ✎ Directors and staff recognized that partnership with families was critical to their success in including children with challenges.
- ✎ Families and staff were able to develop trusting relationships in which information could be exchanged freely for the benefit of the child.
- ✎ Families often worked with mental health consultants who provided assistance with the child's center and home behavior.

# Attitudes toward Inclusion were Targets for Change

---

- Exposure to children with challenges being successfully cared for in inclusive child care centers:
  - Changed the attitudes of parents of typically-developing children and recently-hired staff members;
  - Provided children with positive early experiences of differences in others; and,
  - Reduced stigma experienced by children and parents.

# Child Care Practice was Strategic

---

- ✎ Child care workers developed promotion strategies, which were practices designed to promote social and emotional development in children.
- ✎ They also employed transformational strategies to convert negative emotions and difficult behavior to positive feelings and actions.
- ✎ Mental health consultants and parents were often involved in designing and carrying out these strategies.
- ✎ Staff and parents were also supported through formal trainings on behavior management.

# Cultural Competence was Critical

---

## Staff strove:

- To develop a greater awareness of the ways in which the cultural backgrounds of families affected their daily work.
- To become more competent in respecting and dealing with children from different cultures (Bradley & Kibera, 2006).

# Barriers to Inclusion and the Strategies Used to Overcome Barriers

- ✎ Negative attitudes/ persistent efforts to change views
- ✎ Service gaps/advocacy and partnership with parents
- ✎ Cultural misunderstandings/outreach

# Negative Attitudes/Persistent Efforts to Change Views

---

- Administrators and staff held firm:
  - To their strengths-based approach and their belief in inclusion.
  - Worked patiently to change negative attitudes and decrease the level of blame placed on parents for their children's behavior.
- Staff handled safety concerns through communication with families and their competency in handling potentially hazardous behavior.

# Service Gaps/Advocacy and Partnership with Parents

---

- ✎ Long waits for mental health assessment and treatment were common in communities surrounding some of the centers.
- ✎ Transitions between one service system and another were not always smooth.
- ✎ These gaps were addressed by child care providers and parents forming partnerships on behalf of individual children; with older children, personnel from the schools were also involved in these partnerships.



# Cultural Misunderstandings/Outreach

---

- ✎ All three groups of participants discussed the challenge of working through language differences and cultural misunderstandings.
- ✎ These were offset by outreach to families by staff, and the use of skilled language and cultural interpreters.

# Child Care Centers Supports Needed: Staff Training

---

- ✎ To acquire knowledge and skills to support the social and emotional development of children.
  - Promoting positive behavior.
  - Transforming negative or challenging behavior.
- ✎ To improve their ability to work with children and families from diverse cultural backgrounds.

# Child Care Center Supports Needed: Mental Health Consultation

- ✎ Consultation given at child, family, staff, and program levels (Hepburn et al., 2007).
- ✎ Evidence building for the effectiveness of mental health consultation (Brennan, Bradley, Allen, & Perry, 2007; Gilliam, 2007; Raver et al., 2007).

# Implications for Policy and Practice

---

- ✎ Inclusive care requires creative and innovative practice based on:
  - Knowledge of individual children and their families
  - Consultation with mental health service providers
  - Collaboration between families and child care staff
- ✎ The adoption of a staff philosophy that embraces inclusion is critical for maintaining children with challenges in child care, and serving their families.
- ✎ Family support needs to be part of the services offered in inclusive centers (Friesen, 1996; Rosenzweig, Friesen, & Brennan, 1999).

# Child Care as Family Support: The Benefits

---

- A stable, nurturing child care arrangement makes it more possible for family members caring for children with emotional or behavioral challenges to integrate their work and family responsibilities.
- Families with stable and supportive child care are more likely to engage in full employment.
- Child care can also provide links to other important services for families affected by their children's mental health needs.



Portland, OR



Center for Mental Health Services,  
Substance Abuse and Mental Health  
Services Administration, U.S. Department  
of Health and Human Services



National Institute on Disability and  
Rehabilitation Research, U.S.  
Department of Education

Funds to support this activity come from The Child, Adolescent and Family Branch, Center for Mental Health Services, Substance Abuse Mental Health Services Administration, U.S. Department of Health and Human Services; and from

The National Institute on Disability and Rehabilitation Research, U.S. Department of Education.