



Opening Doors to Inclusion in Childcare Centers: Lessons from Directors and Staff

By Jennifer R. Bradley, Eileen M.
Brennan, and Natalie Cawood

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Research & Training Center on Family Support and Children's Mental Health

Portland State University, Portland, Oregon

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, 2002).

Child Care Issues

- Parents having children with emotional or behavioral disorders reported lower quality of care than other parents.
- Child care arrangements were changed significantly more frequently.
- 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.**



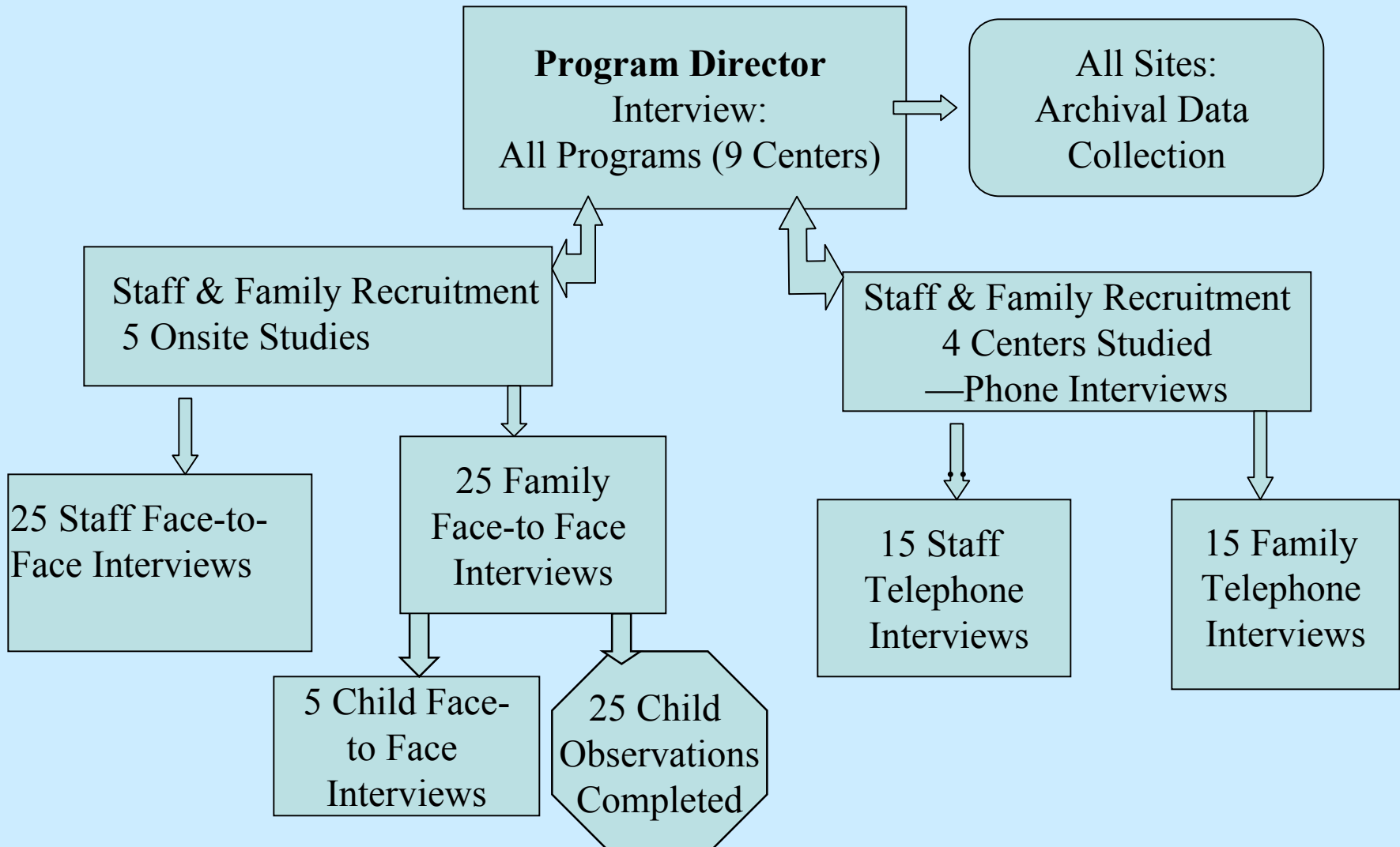
Inclusion

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).

Study Methods

- A total of 109 child care programs were identified through an intensive nomination process.
- Survey mailed to the contact person of each program nominated; 34 programs responded.
- From the characteristics and descriptions of the projects obtained from the survey, nine sites were selected for intensive study by an advisory panel of family members, researchers, and children's mental health experts.
- Semi-structured interviews
 - 9 directors (90-180 mins.)
 - 25 staff members--onsite studies (60 mins.)

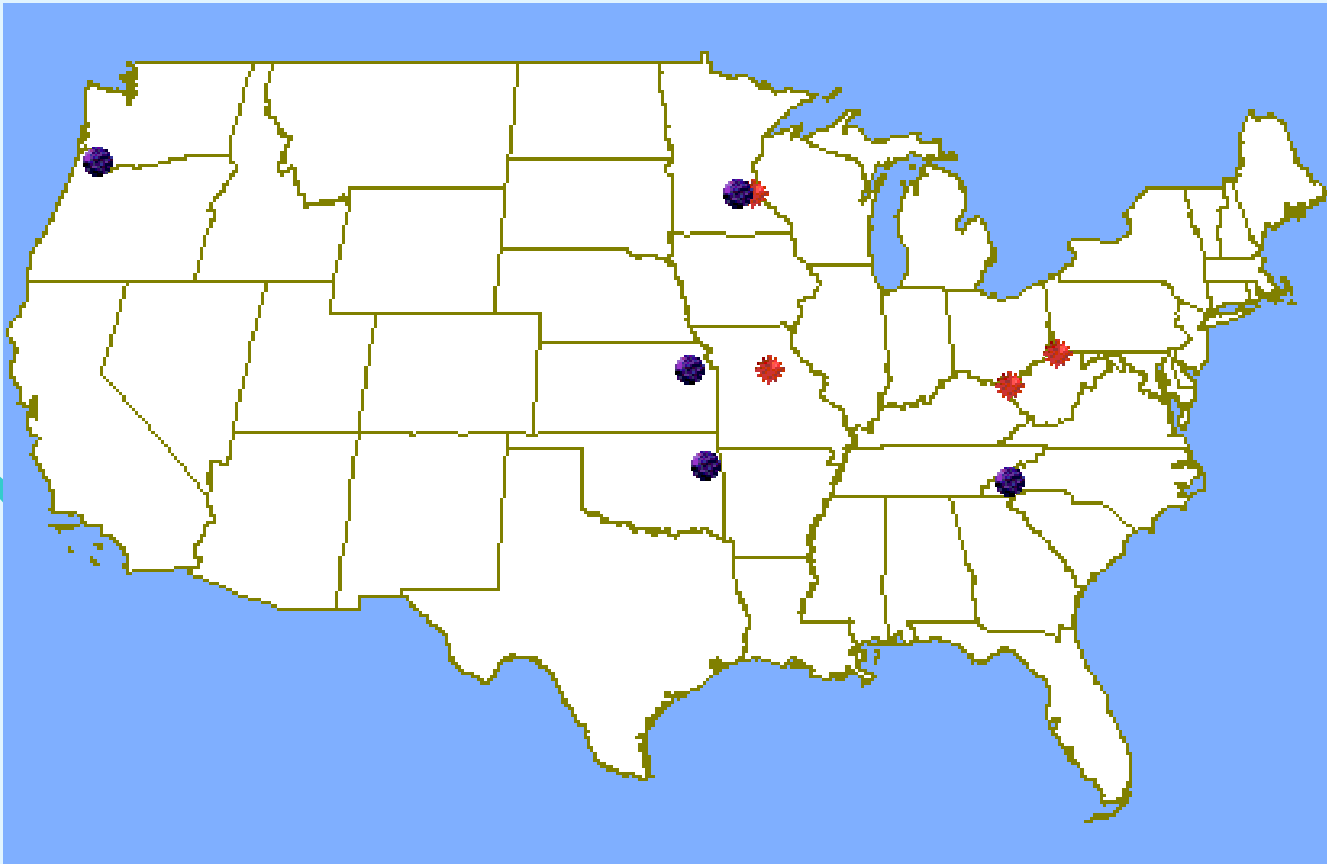
Qualitative Study Methodology-Inclusive Child Care



Where the Centers Are

Telephone = RED

Face to Face = PURPLE



Conference, March 2-6, 2003

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

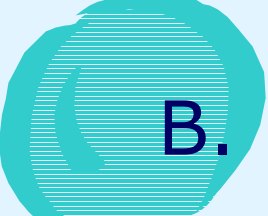



Data Analysis

- Interviews were recorded and transcribed.
- Using a grounded theory approach (Strauss & Corbin, 1990), three members of the research team coded the data separately to develop 'working labels' (Morse, 1994).
- Interpretation of the data was discussed to examine reliability of the preliminary coding.
- The transcripts and coding scheme were entered into NUD*IST (Qualitative Solutions and Research Pty Ltd., 1993) for further analysis.
- Major themes and subthemes have been revealed.



Four Major Sets of Findings Emerged from Analysis of the Director and Staff Perspectives



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- A. The philosophy and mission of the centers.
 - B. The centrality of families in the organization.
 - C. The emphasis on committed staff, solid practice strategies, and use of specialized supports.
 - D. The community context of the center.

A. Philosophy, Mission of the Centers

- All nine directors addressed the philosophical basis of practice in their centers.
- Directors stated that they intentionally communicated the center's mission to the staff, and worked to have staff member's adopt the program's philosophical principles.
- One staff member said: *"I think it is a commitment of the staff and the entire program, administration down, to make it work. I think that that is huge. From the CEO down to the kitchen, everyone here wants kids to succeed in this setting. That goes a long way. I think that kids sense that, families sense that, and that is going to take you far – as far as success goes."*



Five Common Philosophical Principles

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

▶ All nine directors spoke of a universal valuing and acceptance of children, regardless of their abilities or challenges.




One director put it this way:

"...we have a long history...of accepting children on a first-come, first-served basis without regard to their abilities...we try so hard to support all children regardless of their abilities, their socioeconomic status, their family structure. We try not to make an issue of that at all."

Provide a Natural Environment for Care

Directors emphasized that provision of a natural environment was essential for their inclusion efforts; delivery of special supports, like mental health consultation should take place in classrooms and playgrounds.

"The conceptualization of this place always was that it would be a place where inclusion would happen very successfully and very naturally...we have figured out that the best way to do this is to set up environments where all children...and all families can come and fully participate."




Adapt the Program to Meet Individual Needs

- The majority of the directors discussed the need for the program to adapt to the children that were enrolled, rather than require the child to adapt to the program.
- Directors devoted time to finding out what would work with an individual child, and then doing staff in-service trainings on that child's behavioral and emotional challenges and strategies that were tailored to assist that child.



Promote a Successful Experience

Directors took a variety of approaches to ensure the predominance of positive views of the child and the promotion of success. One director said:



"We try to build our kids up; they just often don't have good days in school. Anything they do here that's worthy of telling the parents, we tell them...I'm a firm believer in that parents need to see their children in a different light...We always tell them three positive things first before...anything negative."

Deliver Family-Centered Services

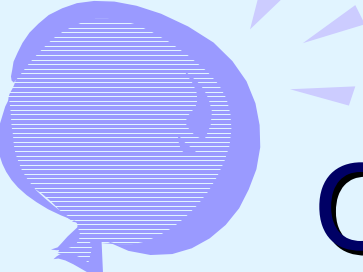
In all of the interviews, directors made it clear that they provided services to support families:

- *"We're not the parents; [the staff members] are only here to complement the parents."*
- *"We have...professional staff that are well trained and that understand an asset-based family centered philosophy...we try to help families how to figure out how to solve problems [like domestic violence and alcoholism] rather than just blame them and attack them for those problems."*



B. Centrality of Families

Center directors and staff viewed families as essential to the mission of their programs.

- As one experienced director put it: *"The role of families? Well, they're why we're here! I like to tell teachers that they write our checks. So if they don't like our program they'll go somewhere else."*
- A staff member said: *"Letting them [the parents] know that we feel their opinion is the most valid as far as being the expert on their child. They spend the most time with that child, they have known them since birth...we are here just to try to do our best to help everyone kind of work together and make that connection for that child's best interest."*



Centrality of Families

- Interview participants answered two broad questions with respect to the families they served: “What is the role of families in your program?” and “How do you communicate with the families in your program?”
 - From their answers to these and other related questions, three major themes emerged through data analysis: (1) family support as a major goal of the programs, (2) family participation as critical, and (3) communication as a key priority.
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Family Support as a Major Goal

- If family support is defined as “the constellation of formal and informal services and tangible goods that are determined by families” (Federation of Families for Children’s Mental Health, 1992, p. 1), belief in family support was clearly exemplified in the services provided by the centers.
- Some of the centers went beyond the goal of providing the family support of child care. Services also included work with the families, such as counseling, home visits, parent training, and resources and referral.


Examples of Family Support

- *"We are trying to strengthen families by helping to increase their knowledge and their ability to nurture their children. And also to help them to access the resources that they need just to function and to have the good quality of life as families."*
- *"...because we are comprehensive, we can match the resource to the family. So one family might benefit most from the home visit. Another family might benefit most from the mental health behavioral specialist coming in and working with them on-site here in the classroom."*
- *"...we can tailor what we do, what is going to work for that particular family."*



Family Participation as Critical


When reflecting on the roles of families in their programs, directors pointed to the importance of families participating:

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- as partners in the care of their children
 - as members of the learning community, together with staff
 - as networking with each other to provide information and mutual support
 - as providers of center resources
 - as involved at the program level and beyond.



Families as Members of the Learning Community

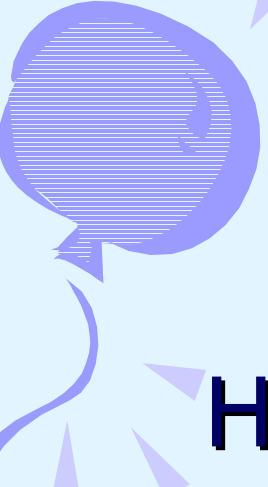
As one director stated, "families are seen as the experts on their children." Staff relied on them to provide accurate information on their children, and sometimes invited them to participate in formal in-service trainings:





"Their child was a younger child who was new to our program, and I think they were a little worried that staff weren't going to get it or understand their child's needs. So [participating in the training] seemed like a way to empower the parent and make them feel like they had some control...they also knew a lot about their child's disability."

Challenges in Promoting Family Participation

- Directors acknowledged that getting families to participate was a challenge, especially when rigid work schedules, multiple jobs, and outside pressures intervened.
- They also reported that staff needed to be trained to promote appropriate family participation, particularly in planning for behavioral management.
- One director and her assistant made it a point to have new teachers observe them working through a child's emotional or behavioral difficulties with the parents, so that the staff member would learn to engage them respectfully and effectively.



C. Center Staff, Practice Strategies, and Specialized Supports: High Quality was Fundamental

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- Staff: Stable workforce, staff ratios, specialized training, and staff support.
 - Practice Strategies: individualized care that was developmentally appropriate.
 - Supports: Mental health consultation, community resources.

Staff Recruitment and Retention

"Last year we had probably the highest [turnover] and the most struggles, just where the economy was at too... part of what we are striving for and not willing to give into is quality. So we will be short staffed before we will hire low quality."

"...we have the highest salaries in the childcare field of anybody in our area ...we do offer benefits ... nobody else does that ... you can take 22 days of paid leave the first year you're employed and all of the [training] supports we are able to offer..."


"one of the goals of our fundraising campaign is that we would like to pay our part-time staff benefits..."

Developing Internal Expertise

Training was a high priority, and an ongoing process.


One staff member said:

"We really try to provide staff training that is pertinent and helpful to the kids we are serving. Keeping everybody up to date on trainings, making them fun. ...We are a well maintained facility, our staff is trained well, we have wonderful health services to keep us all healthy and keep the kids healthy and keep things organized that way."




Organizational Culture & Management Style

Creating a culture in which staff feel valued and successful in their work:



"I think the philosophy of what we do is really pretty special. And we have just such an incredible group of staff that really make that all work. Really including all of the kids. The staff has an ability to make it look so easy and it is not as easy as it looks. But they make it look really easy."




"...we try to care for the staff as we care for the child..."




Building on Strengths

- Enabling staff and children to be successful



- *"... we are a strengths-based place ...we treat the staff as much as possible in strengths-based way. We try to tailor as much as we can and work to their strengths."*

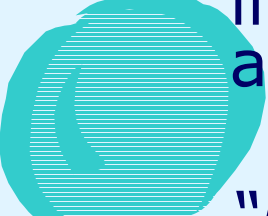


"..we just find out what the staff's talents are and we use those talents..."




Practice Strategies: *"Programming Affects Behavior"*

- A key to successful inclusion practice was seeking knowledge about the needs of the individual child and then adapting curriculum and routines to meet those needs.



"My goal is certainly to work with the kids in whatever they present, not design a program that the kids have to fit into...I think because of the variety of kids, we are also required to be pretty individualized in a lot of what we do, both for curriculum planning and as well as for routines that the children participate in."



Practice Strategies: Social environment

Staff emphasized relationships between individual children and staff members as the basis for working with them.

"Building a rapport with the child that maybe they just never had at any of the other centers..."



Practice Strategies: Physical environment

Adapting to the child's needs:

"I think the environment is really important to look at when a child is having difficulties ...we will look within the classroom , is there not enough free play, is the room too overwhelming, is there a schedule change that we can do to help the child with success."



Specialized Supports

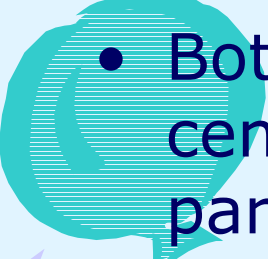

- Successful inclusion of children with mental health challenges in comprehensive child care centers was sustained in all nine centers through specialized mental health supports.
 - The directors revealed that they drew upon a wide variety of mental health supports, either through staff members who were qualified to assist children with serious mental health challenges or through use of community specialists and resources.
 - Mental health specialists and consultants provided both direct and indirect services, offered to administrators, staff, families, and the children themselves.
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The Mental Health Support Process: Screening

- When a child experienced emotional or behavioral challenges, a complex process of mental health support was put in place.
- Three distinct phases: **screening, intervention, and follow-up.**
- During the **screening phase**, administrators and staff tried to understand the challenges presented by the child, and attempted to handle issues with modifications of curriculum, environment, or practice.
- *"I'll also come in, and sometimes it is just making observations, because...[we want to avoid] behavior plans...[we see] if there are other adaptations we can make to the environment."*



The Mental Health Support Process: Intervention

- Consultants provided consultation at the level of the program, of the classroom, and of individual children and families.
 - Both direct and indirect services were rendered to centers, staff, and families; parents were key participants in planning services.
 - *"There have been other times...in more severe cases, where he has asked the parents to come in and we have sat down and worked out a behavior modification plan to be used at home and at school."*
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The Mental Health Support Process: Follow-up

- For children with serious challenges, consultants often sought additional outside services, even full-scale assessment and mental health treatment.
- Caregivers often played crucial roles: *"Professionals have told me that they get a better picture when...our child care staff [completes a behavior rating scale]...because they're in group care."*
- Parental cooperation in these follow-up services was critical for retention of the child in care.

D. Community Collaborations on Behalf of Families

Staff discussed the value of accessing community resources for families:

- “You really can’t serve the whole child unless you really try to meet the needs of the family as well ...we really try to make that connection with the families, let them know that we are here for them by offering resources, offering support, helping them track down the services they might need in addition to ours.”
- “I’ve had 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 need.”

Community Resources

- Public school system
- Counseling agencies
- Churches
- Respite care programs
- Parent education programs
- Consulting mental health therapists
- County health dept.
- Community college – adult education classes
- Research and training institutes
- County services – respite, home visits, family support services
- Child care resource and referral agencies
- Head Start
- Early Head Start
- Adult and family services, income maintenance
- SSI Medicaid
- The Association for Retarded Citizens
- Easter Seals
- United Cerebral Palsy
- Federal nutrition programs (e.g. WIC, Food Stamps)
- Medical providers
- Food banks

Community Context

The directors described the importance of close connections with the community for the success of the centers.

"And we say, 'We don't know what we're doing, how do we do this?' We invite the professional into our building...and try to keep an ongoing communication with some of the professionals that we deal with."

"I think the only reason we have been able to do this is that we asked for and received help from other agencies. We opened our doors to them...not being afraid to say we need help."