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Executive Summary
Setting the pace: Model inclusive child care centers serving families of children with emotional or behavioral challenges

Approximately 10% of American children experience an emotional or behavioral disorder that causes some level of impairment in their development, learning, or functioning in daily life, and the numbers of those affected appear to be growing (U.S. Public Health Service, 2000). With the entry of many family caregivers into the workforce, increasing numbers of children with these challenges are enrolling in child care settings that offer services to infants, toddlers, young children, or school aged youth (Shonkoff & Phillips, 2000). Child care settings can provide a unique opportunity to address the needs of children with emotional or behavioral challenges and their families, by fostering the children's social and emotional development and by providing links with mental health and family support services (Cohen & Kaufman, 2000; Knitzer, 2000; President's New Freedom Commission on Mental Health, 2003). However, interviews with parents of children having mental health needs convinced our research team that finding and maintaining child care arrangements is extremely difficult for these families (Rosenzweig, Brennan, & Ogilvie, 2002).

This monograph reports on an investigation of child care programs that have successfully served families of children with emotional or behavioral challenges in a fully inclusive way. Our research team defined inclusion as the delivery of comprehensive services to children with emotional and behavioral challenges in settings that have children without these disorders, and the participation of all children in the same activities, with variations in the activities for those children whose needs dictate the adaptation (Kontos, Moore, & Georgetti, 1998).

Literature Review

As part of the preparation for our study, our team reviewed the literature addressing child care as a support for employed parents of children with mental health needs, the relationship between structure and quality in inclusive child care, and the effectiveness of mental health supports in child serving settings. A full review of the literature appears in Chapter 1 of the monograph.

Family members reported that the care they found for children with challenges was often unstable and of low quality, and that their children were frequently dismissed

from child care due to their behavior (Emlen, 1997). Families of children with challenges required a variety of supports to be able to maintain jobs or engage in employment training, but these needed family supports have been very difficult to obtain (Rosenzweig et al., 2002).

An examination of the child care literature revealed that resources for children with any type of special need were in short supply (Heyman, 2002), due in part to the lack of qualified child care providers. Child care workers frequently left the field since their wages were extremely low and they had few benefits, or lacked a benefit program altogether; turnover in child care providers was frequent and rapid, especially for the less skilled aide positions (Lombardi, 2003).

We also reviewed prior studies addressing mental health supports for children in early childhood settings. If mental health consultants were available, child care providers often sought consultation as they addressed the challenging behaviors of children in their care. When the use of mental health consultation in child care settings was evaluated, associated improvements in child behavior and learning were documented, and children with mental health needs were retained in care (Fong & Wu, 2002). Additionally, evaluators found increases in center quality and staff self-efficacy due to mental health consultation (Alkon, Ramler, & MacLennan, in press). Consultation was reported to be most successful when the mental health specialists were well-integrated into early childhood settings and were considered to be part of the staff (Green, Simpson, Everhart, Vale, & Gettman, in press).

Although children with disabilities can be served in child care settings, and the Americans with Disabilities Act protects these children by assuring them of the right to participate in all activities and opportunities of living in a community including child care, many barriers still exist. Recent studies have shown that children with challenges are turned down by child care providers, child care financing for children with special needs is complex and fragmented, language and cultural barriers abound, and stigmatizing attitudes still work against the inclusion of these families (Kontos & File, 1993; Shaw et al., 2001; Webster-Stratton, 1997). However, when children were enrolled in inclusive preschool programs with stable, well-trained workers, barriers between children with special needs and typically developing children came down, and parental fears regarding the effects of inclusion on their children lessened (Stoneman, 2001).

Research Questions, Study Design, and Methods

Because the needs of families were so compelling, and the literature search uncovered few investigations addressing the participation of children with emotional or behavioral disorders in child care arrangements, our team embarked on an exploratory study of inclusion in child care programs. Our goal was to conduct a study which would provide information that could be immediately useful to family members, administrators, service providers, and policy makers, and which would examine the supportive services child care workers and families used in their communities.

The project focused on identifying, describing, and analyzing key features of a selected group of model child care programs which met family needs for high quality, culturally appropriate, and fully inclusive child care. We investigated three major 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. Which organizational factors contribute to the ability of child care providers to deliver high quality, culturally-appropriate services to children and youth having emotional or behavioral disorders?

3. 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?

Many people were involved in planning and designing this research. We met regularly with our project advisory board of family members, experts in child care research, inclusion, work-life research, and special education. This advisory committee gave us guidance regarding the identification and selection of study sites, the substance of the interviews we conducted, the analysis of our data, the interpretation and reporting of our results, and the recommendations arising from our findings. Local and national experts also provided specific consultation at different points in the study.

We identified inclusive child care centers by asking state child care administrators, child care resource and referral networks, inclusion experts, participants in the Map to Inclusive Child Care technical assistance grant, and family support organizations to nominate examples of inclusive programs. This first step yielded a sample of 109 programs. Of these, 34 responded to our brief questionnaire requesting more information. We used this information to select the final sample of nine centers, which were diverse in size, structure, funding sources, history, geographical location, and population served. The centers were of very different sizes, ranging from programs serving under 50 to over 1,100 children; were located throughout the United States; and were found in urban, suburban, and rural settings. The children served by the programs ranged from infants through school-aged youth up to 12 years of age. More information about the methodology used is reported in Chapter 2; a description of each center is available in Chapter 3.

Families, directors, and staff from nine child care centers across the U.S. contributed their time, knowledge, and experience to make this qualitative research possible. The centers participating in this study were Little Angels Center, in Milwaukie, OR; Broken Arrow Club House, in Broken Arrow, OK; Saint Benedicts Special Children's Center, in Kansas City, KS; Fraser School, in Richfield, MN; Family Resource Center, in Morgantown, NC; Kinder Haus Child Care Center, Inc., in Morgantown, WV; River Valley Child Development Services, in Huntington, WV; Mc Cambridge Center Day Care, in Columbia, MO; and Wayzata Home Base, in Plymouth, MN. We interviewed more than ninety people on-site at five centers, and by telephone at four centers. We asked them about their experiences of child care in an inclusive setting, the challenges they faced, and the lessons they learned. All interviews were tape recorded and verbatim transcripts were made. Investigators produced handwritten observations of 25 individual children interacting with child care providers and peers. Researchers also made notes regarding observations, personal responses, and relevant theoretical issues during site visits, and collected program materials and training manuals.

Interview transcripts and child observation notes were coded and analyzed by at least three members of the research team. Relationships between categories of data were explored and interpretations were checked against source transcripts and notes. Results from the analysis of interviews of each group are reported in separate monograph chapters (Directors, Chapter 4; Staff, Chapter 5; Family Members, Chapter 6). Observations of children in the classroom (reported in Chapter 7), and print and electronic materials provided by the participating centers supplemented what we learned from the interviews. Major results are discussed in Chapter 8.

Major Results of the Research

The centers we studied were setting the pace by successfully including the families of children with challenges. When analyzing the transcripts of interviews with family members, administrators, and staff, and reflecting on our observations of children interacting with peers and their child care providers, we identified three major sets of findings. Each set was associated with a focal research question.

Characteristics and Practices of Centers that Include Children with Challenges

1. *Families were being supported in the centers.* Families indicated high levels of satisfaction with child care services, reported feeling confident that their children would be retained in care despite their difficulties, and had close connections with the child care staff. Directors and staff linked families to other needed services in the community, and practiced a comprehensive type of family support.
2. *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.
3. *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, and provided children with positive early experiences of differences in others.
4. *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.
5. *Mental health consultation was essential*. Consultants worked directly with both children and family members, and indirectly with program staff and administrators to insure that children with challenges received appropriate supports.
6. *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, and to become more competent in respecting and dealing with children from different cultures.
7. *Competence in practice created confidence*. The skills administrators and staff used to address safety concerns and to communicate directly with families led to family confidence in the safety of their children and satisfaction with their care.

Organizational Factors that Facilitated Inclusion

1. *Clear goals were primary*. Each center had articulated a clear goal of meeting the needs of all children, including those with emotional or behavioral challenges; this goal informed the design and delivery of services, and was communicated to staff and family members associated with the center.
2. *Administrative leadership was required*. Directors worked to build commitment to inclusion both within their centers and throughout their communities.
3. *Personal values were paramount*. Staff valued their relationships with individual children and families; the warmth and welcoming they conveyed to families were of central importance to parents.

4. *Clear communication was a high priority*. Administrators and staff attempted to establish "personal accessibility" with family members and each other, and strove for frequent and clear communication.

5. *Management practices mattered*. Staff and administrators reported an emphasis on maintaining the highest professional standards for their center, and spoke repeatedly about the importance of improved conditions of employment including health care benefits and flexible working hours.

6. *Teamwork and a supportive culture were fostered*. Staff cohesion at the centers was high, with staff backing each other up in times of crisis and meeting frequently to develop strategies for caring for particular children; a safe climate was created in which staff could ask for help in difficult situations without fear of being seen as a failure.

7. *Openness to learning and change was pervasive*. A wide variety of training modalities was used, ranging from informal supervision and mentorship to formal staff development programs or consultation; family members were frequently included in learning opportunities.

Barriers to Inclusion and the Strategies Used to Overcome Barriers

1. *Lack of resources/creative funding.* Administrators and staff identified resource deficits that affected their ability to provide quality care, including unstable funding, poor salary levels for staff, lack of funding for additional staff to support children in crises, and limited budgets for staff development. These challenges were met by creative funding packages that commingled funding streams, and that were put together with other agencies.

2. *Negative attitudes/ persistent efforts to change views.* Child care providers worked to combat negative attitudes toward children with challenges and their families, particularly on the part of parents of typically developing children or newer staff. Administrators and staff held firm to their strengths-based approach and their belief in inclusion and worked patiently to change these attitudes and decrease the level of blame placed on parents for their children's behavior.

3. *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.

4. *Existing policies/advocacy for policy change.* Such regulatory barriers as inflexible funding streams and policies on the use of restraints were discussed as key obstacles; administrators took on the role of advocate for policy and system improvements.

5. *Service gaps/advocacy and partnership with parents.* Long waits for mental health assessment and treatment were common in communities surrounding some of the centers, and 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.

6. *Difficulties with collaboration/building relationships*. Partnerships with other child and family serving agencies generally went well, but difficulties in finding the time to work through arrangements or differences in approaches were major barriers to collaboration. Directors reported building up relationships with other partners over a period of years, overcoming barriers by patient adherence to a belief in inclusion and faithfulness to best practice to support families.

An Agenda for Action

As our participants repeatedly told us, inclusion is no accident. It is the result of careful planning, organizational development, and intentional actions on the part of administrators and care providers. Based on our literature review, research results, and consultation with the project advisory committee, we offer fifteen recommendations as the basis of an action agenda to promote inclusion, which are discussed in detail in Chapter 9. Ten of the recommendations are focused on the program and community level, and five on the state and national level.

Recommendations for Program and Community Actions

1. **Foster Stable and Qualified Administration and Staff Who Embrace Inclusion.** Incentives should be put in place that will attract and retain staff who embrace inclusion and who have the qualifications and dedication to meet the challenge of providing care for children with emotional or behavioral challenges.

2. **Provide for Professional Development of Administrators.** All professional development curricula for child care administrators of early childhood and out-of-school programs should incorporate specialized information on inclusion of children with emotional or behavioral challenges.

3. **Promote the Professional Development of Staff.** Professional development trainings for providers should include information that supports their work with children experiencing emotional or behavioral challenges, especially successful inclusive practices, handling safety issues, use of mental health consultation, cultural competence, and parents as partners in care.

4. **Create, Document, and Publicize Successful Inclusive Practices.** These best practices should be investigated, documented, and disseminated to parents, care providers, and other supportive professionals so that a more comprehensive set of evidence-based practices can be established and more widely utilized.

5. **Make Mental Health Consultation Widely Available.** Mental health consultation should be available for every early childhood and out-of-school care setting to support the social and emotional development of children.

6. **Deliver Supportive Services in Naturally Occurring Activities in the Care Setting.** Mental health supports should occur in the child care environment as part of naturally occurring events, whenever possible.

7. **Enhance Professional Development for Mental Health Consultants.** Initiatives should support the pre-service and in-service professional development of mental health consultants.

8. **Encourage Family Participation.** Recognizing that parents are the adults with the most extensive experience concerning their children's emotional or behavioral needs, administrators and staff should encourage and support their participation in their children's care.

9. **Expand Family Support.** Although child care serves as a major support for families having children with emotional or behavioral disorders, other types of support should also be made available in conjunction with these services.

10. **Foster Community Partnerships.** The success of inclusive child care providers can be improved through the strengthening of partnerships among family-serving agencies, businesses, and human services organizations in the community.

Recommendations for State and National Level Actions

11. **Increase Accessibility.** In order to provide equal opportunities for children with emotional and behavioral challenges to experience the enrichment and support of child care settings, access should be increased to inclusive early childhood care settings and out-of-school care. Civil rights guaranteed by legislation such as the Americans with Disabilities Act should be enforced.

12. **Enhance Affordability.** Families of children with emotional or behavioral challenges often need assistance to afford child care for their children; therefore new funding initiatives should be undertaken to increase the affordability of this key family support.

13. **Improve Availability.** Numbers of early childhood care programs and out-of-school care programs that provide inclusive care for children with emotional or behavioral challenges should be increased though governmental and private sector supports.

14. **Increase the Capacity of Child Care Settings to Serve Children with Emotional or Behavioral Challenges.** Child care settings need to be recognized as part of the systems of care (Stroul & Friedman, 1996) for children and families struggling with mental health issues, and additional supportive services should be provided in the child care environment.

15. **Fund Ongoing Research on Inclusion.** Organized research programs should be funded by the public and private sectors to investigate the potential of inclusive child care to benefit children's social and emotional development and mental health, and to build on family strengths through putting needed supports in place.

Child Care for the Future

Child care is a natural environment for many families and children, and providers are in a unique position to support families and children, and to identify problems. The child care centers in this study demonstrate how children with emotional or behavioral disorders and their families can thrive in a setting where they receive adequate support. Building inclusive centers requires the investment of time and resources, as well as changes in attitudes and practices.

According to the National Advisory Mental Health Council (2001) childhood mental health disorders will be one of the top five causes of sickness, disability, and death among children by the year 2020. By continuing to exclude families of children with challenging behaviors from supportive child care, many opportunities are wasted and families are forced to cope with their children's mental health needs in isolation (Friesen, 1996). There is an urgent need for action to build on what these child care centers have learned about providing accessible support for families.