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PROMOTING INCLUSION IN CHILD CARE CENTERS: LEARNING FROM SUCCESS

Finding child care that is accessible, affordable, and that fits the needs of individual family members is difficult for many families (Center for Policy Alternatives, 2004). When families have children with challenging behaviors, appropriate child care settings may be almost impossible to find (Rosenzweig, Brennan, & Ogilvie, 2002). Even if parents do find child care, research shows that it is often unsatisfactory (Emlen 1997). Instability and repeated expulsions from child care arrangements adversely affect the well-being of families who may already be dealing

with considerable stress. However, when families have access to the services they need, the experience can be very different.

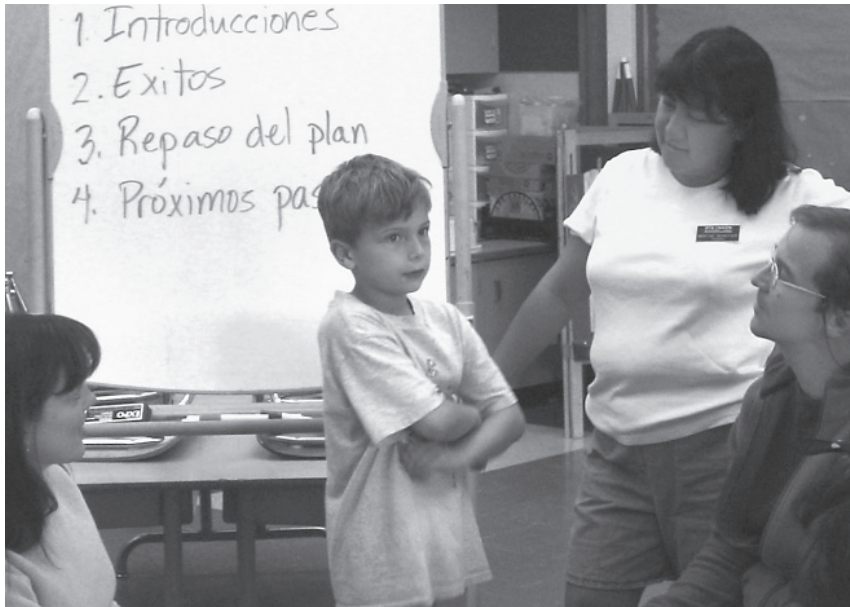
The purpose of this article is to share findings from research on nine child care centers that successfully provided child care for children with emotional and behavioral challenges alongside their peers without specific challenges (Brennan, Bradley, Ama, & Cawood, 2003). Following a brief overview of the research study, we focus a lens on the classroom, where staff selected and developed practices that included all children. The lens is

then widened to view a broader picture of inclusion, such as the ways that the centers work with families, and the structure and culture of the organizations.

Project Overview

The centers that participated in this research were nominated for their success in meeting the needs of families with children who have emotional and/or behavioral challenges. The main objectives of the project were

- to learn from family members, center directors, and center staff, about what made the centers successful.



- to describe promising practices for high quality, culturally appropriate, inclusive child care.
- to understand how families and centers communicate and work together.
- to identify the challenges experienced by staff and families, and how they were addressed.

The results reported here are based on the analysis of 88 interviews with parents of children with and without challenges, with the directors of the nine centers, and with staff members. In addition classroom observations were conducted in five centers.

Promoting Classroom Inclusion

Staff interviews revealed six broad principles that provided the basis for staff members' work with the children and families, and that shaped their practice to include children with challenging behavior in the day-to-day life of the classrooms: "Everyone is included: We find a way." The principles are listed below. Examples of practice strategies that flow from the principles are provided in Table 1.

Value and accept all children. Child care providers made clear that they endorsed the ideal of accepting all children. "We've had... kicking, fighting, biting...I'm going to take what's there and I'm going to

work with it and build on it."

Provide a natural environment for care. Staff members strove to develop high quality, developmentally appropriate settings that benefited all children. They noted that "If you have [the appropriate environment] then inclusion will be a lot easier."

Adapt the program to meet individual needs. Administrators and staff at the centers "put the child's needs first." Learning about the needs of individual children enabled staff to adapt the program and use practice strategies that promoted children's social and emotional development, and that transformed negative emotions and challenging behaviors.

Deliver family-centered services. Child care professionals viewed family members as allies and partners in the care of their children. "We are there to help everybody kind of work together and make that connection for their child's best interest." They exchanged information with parents, sharing strategies that worked for individual children in the classroom and in the home setting.

Promote a successful experience for children and their families. Staff emphasized their desire to have every child succeed in their centers, even children who had previously been asked to leave other centers due to

their behavior. Staff fully expected each child to meet realistic goals that were set for them, and assumed that they would be successful. "Sometimes that would be enough to kind of turn the tide for the child...Kids are very smart and they can read what's going on."

Recognize socio-emotional development as a precursor to school success. Staff members and administrators at the inclusive centers acknowledged that for children with emotional or behavioral challenges, "It is the social-emotional pieces that really make for a child's school success...They are able to attend to task, they are able to cooperate with peers, they are motivated to learn."

Specialist Support

It was evident that many of the children in these centers had complex needs. Access to support from specialists in mental health, language, and other disciplines was crucial to the success of these children and to their child care providers. Consultation from specialists can support staff and enable children to experience success alongside their peers, rather than be separated in a "special classroom" or face expulsion from the center altogether (Donahue, Falk, & Provet, 2000).

In these nine child care centers, mental health consultation was provided by professionals with training in different disciplines (e.g. special education, counseling, or social work) and included both internal and external consultants. As the examples below show, the consultants worked at different levels, including individual and family assessment and consultation, program consultation, and technical assistance.

For example, one director with mental health training described how she provided consultation on environmental changes that might support a child experiencing difficulties in the classroom.

I'll also come in, and sometimes it is just making observations, because... [we want to avoid] be-

havior plans.... [We see] if there are other adaptations we can make to the environment.

Similarly, a director describes how an external consultant provided support to classroom teachers, and worked with the family to develop individualized plans to meet the needs of a particular child.

There have been times when he has just made recommendations to the teachers about rearranging the environment”.... “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... plan to be used at home and at school.

Consultation played a vital role promoting the social and emotional health in children and in supporting the collaboration with families that was the foundation for their success.

Working with Families

Fear is a major barrier to inclusive child care arrangements. Parents worry about their children’s physical safety, the amount of attention their children receive, and about negative consequences of exposure to others’ “bad behavior.” Although the parents we talked to shared these concerns, their fears were alleviated through trusting relationships with the center staff and open discussion of the issues that arose.

Many parents reported a “family atmosphere” in their centers, where all children were valued and parents, children, and staff members were seen as “one big family.” Attention to relationships fostered openness among parents and children so that “everybody helped each other.” Constant communication by any means necessary, including telephone, e-mail, and even home visits, nurtured the family atmosphere. Staff worked with parents to form individual goals for their child. Everyone, including other children and other parents, pitched in to help a child achieve his or her goals. One mother of a child with physical challenges was sur-

Practice Strategies

for Promoting Positive Emotions and Prosocial Behavior

1. Build a relationship with the individual child based on trust and respect.
2. Form a team with family members to work toward the child’s success.
3. Work from knowledge about individual children and their challenges.
4. Deliver a developmentally appropriate curriculum that meets the needs of all children at the center.
5. Create a consistent, predictable environment while maintaining flexibility.
6. Assist children to feel safe and calm by teaching self-soothing and providing quiet spaces.
7. Use multiple sensory channels when working with children with challenges.
8. Support children through times of transition by signaling transitions and teaming with other staff.
9. Provide opportunities for children to master behavior necessary for learning.
10. Create and support a wide variety of out-of-school activities for school-aged children.
11. Set clear boundaries for acceptable behavior while maintaining flexibility for school-aged children.
12. Teach empathy and responsibility through care of animals, plants, and younger children.

for Transforming Negative Emotions

1. Engage in pre-emptive planning to minimize negative feelings and behavior.
2. Develop formal behavior plans to manage challenging behavior, involving family members in planning.
3. Help children to be more verbal and express needs and frustrations in words.
4. Suggest alternative behaviors, including the use of drawings and art as a vehicle of expression.
5. Teach problem solving to children by talking through issues or using drawings and action figures.
6. Employ redirection to stop negative behaviors and distract from distressing emotions.
7. Focus attention appropriately and ignore some negative behavior.
8. Plan strategies to keep children safe from their own actions and those of other children.
9. Work as a team of staff members to address negative behavior: Bring in “fresh patience.”
10. Set consistent limits as a staff and communicates these to school-aged children.
11. De-escalate the emotional level of the classroom by learning to back off and not feed a child’s anger.
12. Have the school-aged child participate in the development of a formal behavior plan.

prised to see “all the smaller kids helping [her daughter] walk around the gym.”

Centers changed their environments to better suit the children enrolled at any given time. If a child was having a problem with circle time, for example, staff and parents would adapt activities until circle time worked for everybody. Centers were willing to try new things based on parental advice. “I’ve seen a lot of positive evolution in the way the staff handles things,” one mother said. This is exactly the type of change that fostered trust among parents for their providers.

Alleviating parents’ fears is the first step toward enabling inclusion. Trusting relationships among experienced staff, parents, and the children enrolled in a center alleviated fears parents brought to new centers. Some parents believed inclusion improved the overall quality of a center. One mother explained,

I think that the program is better now than it was [a few years ago]. It was good [then] but I think that probably they have learned from the various special needs kids who have passed through.

Organizational Culture

A philosophy of inclusion permeated all levels of these organizations, and was integrated into the centers’ activities. These child care centers were “clear what our mission is.” A transparent goal to provide services for all children was important in guiding the decisions that directors and staff faced. Newly recruited staff members were required to commit to working with all children.

Structures were created that enabled staff to be successful in their work. The staff-to-child ratio was sufficient to allow for back-up assistance to be available when necessary, and to allow staff to take “time out” to “de-escalate.” Directors and experienced staff provided mentorship for less experienced co-workers. Professional development and continuous learning were emphasized both



through on-the-job learning and attending training. Some centers had weekly meetings out of the classroom to review each child’s progress, and to develop and agree on new strategies. This was an example of how centers used a single mechanism both for planning and accommodation of individual children, and for staff learning and support.

The support of, and respect for, individual families were mirrored in an organizational culture in which staff were treated well and supervisors were “directly accessible [to staff] all the time.” Directors recognized that working in the classroom could be difficult and demanding. They discussed the importance of avoiding staff burnout, and reminding “each other of our success stories.” Staff talked about the importance of developing trusting relationships with co-workers, such that staff members would “feel safe communicating with each other.” It was also important that the children witness “the adults working together” as a positive model of cooperation and problem solving. This required openness to learning, recognizing that “there’s always more than one way to do everything,” and being able to ask for help when appropriate.

Conclusion

These centers demonstrated that when child care is inclusive and is part of a larger system of family support, the lives of children and families can be substantially improved. Such support needs to be more widely available to enable families to participate in their communities, employ-

ers to retain valuable workers, and children to have opportunities to engage in activities with their peers that support their cognitive, social and emotional development.

In the next phase of the research, we are interviewing state child care administrators about state-level efforts to make child care more inclusive of children with emotional and behavioral disorders. The full report on the inclusive programs and more information on the state level study can be found at www.rtc.pdx.edu/pgProjInclusion.php.

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