

# Week 4: Inclusive Programs for Young Children

## Chapter 3

### I. Highlights

- A. “Quality” programs go beyond basic health and safety requirements to individualize and meet the needs of the whole child, with or without special needs.
- B. When moms are looking for care, their top priorities are: safety, communication, clean environment, positive attention, and warm relationships.
- C. Inclusive programs need the same things other programs need: providing the best possible care for every child according to their individual needs.
- D. Barriers to inclusion = parent attitudes, funding, teacher training, navigating the IEP/IFSP system, affordability for families, advocacy skills for families, collaboration among agencies, state policies
- E. Benefits of inclusion = better and more individualized curriculum for everyone, focus on abilities and development for children with special needs, leadership opportunities for typically developing children, more appreciation for diversity
- F. Challenges of inclusion = meeting everyone’s needs, managing inappropriate behavior
- G. Some programs are more inclusive than others, even if they all claim to be. It’s the law. They all have to serve children with disabilities.
- H. Types of inclusive programs = child care, preschool, Head Start, recreation programs, community-based programs, faith-based programs, any natural environment
- I. Video: The “family systems approach” means looking at the child as part of the whole family unit, with lots of relationships and functions and needs. Each

family is unique. Honoring the whole family and keeping everyone's needs in balance is the best way to serve the child and the whole family in the long run.

## **II. Homework**

- A. Note to clarify any confusion: for each chapter, read the chapter, then choose 3 review questions to answer from each chapter. You don't have to answer all the review questions. You do have to type them.
- B. If you forgot to do the description of your individual project, give her that as soon as possible.
- C. Read Chapters 4 & 5 by next week.
- D. Chapter 3 & 4 review questions due next week.
- E. Parent/child observation and interview due in two weeks.

## **III. Introduction**

- A. Parent/child observation and interview assignment
  - 1. If you're having trouble finding a parent/child with special needs to observe for the project, use a typically developing child if you have to. (Say in the beginning of your paper that you were unable to find a child with special needs.) It doesn't have to be a disability. A child who doesn't speak English in an English-speaking school has a special need.
  - 2. It's important to be able to deeply examine the parent/child relationship. That's the point of this assignment. If you don't know about the relationships, it's very difficult to fully serve a child.

## **IV. Chapter 3: Inclusive Programs for Young Children**

- A. What's the difference between a program and a quality program?
  - 1. "Quality" means it's better in lots of ways:
    - a) Teachers/caregivers are experienced and well-educated

- b) Close, kind, positive interactions where teachers are down on the children's level
  - c) Appropriate areas for different activities/ centers, not just a big free-for-all gymnasium kind of layout
  - d) Low ratio, small group size
  - e) Developmentally appropriate materials and curriculum that are engaging and enriching for that age and stage of development
  - f) Address the needs of the whole child (beyond basic health & safety)
  - g) Culturally sensitive care
  - h) Open communication with parents, parents as partners, two-way relationship with teachers
  - i) Positive discipline
    - (1) "walk please" instead of "don't run"
    - (2) separating the behavior from the child's identity (the child is making unacceptable choices, but they're never a bad child)
    - (3) Letting things go when they're over. Don't bring up this morning's or yesterday's mistakes later in the day.
  - j) An open, inclusive philosophy (whether or not my child actually has special needs) where teachers actively individualize for all children
2. All licensed programs meet at least the basic health and safety requirements. That doesn't mean it's a high-quality program. If it doesn't meet those basic requirements, the state will shut them down.
- B. Moms rank these priorities when looking for quality care:
- 1. Attention to children's safety
  - 2. Teacher's communication with parents about their children
  - 3. Cleanliness of the environment

4. Amount of positive attention children receive (positive feedback, “catch ‘em being good,” not just getting teacher’s attention for misbehaving)
  5. Teachers’ warmth toward children (want child to love the teacher and teacher to love the child, but never to replace the parent relationship: insecurity of working parents, wants child to be happy to stay with the teacher in the morning but also tell mom they missed her in the afternoon)
- C. What would you do if you had a child who just cries all day and no one plays with him because he doesn’t speak English?
1. Teacher can play with him, build blocks with him and invite others to join us, get on a bike to ride with him, sit in the sandbox and play with him to draw other children into playing with him
  2. Can take about 6 months for children to learn English. Learn it by social interaction. Doesn’t help when mom tells him, “Go learn English.”
  3. Teacher can pick up a few words/phrases from the child’s language: ouch, I’m hungry, I’m thirsty, poo poo, pee pee, I’m tired, etc.
  4. Use picture labels
- D. Inclusion environments and programs
1. Elements of inclusion programs
    - a) Inclusive programs = same as other programs. It’s not a whole separate thing. Just provide the best possible care for every child according to their individual needs.
    - b) All children attend the same program.
    - c) Each child succeeds in the environment. (Dr. Montessori put more points on the environment than the teacher. If the environment is set up right, the teacher can step back and the environment will offer the learning experiences.)

- d) Quality = developmentally appropriate practice (DAP) + individualized care + ESERP + culturally sensitive care
2. Barriers to inclusive child care
- a) Parent attitudes, parents who are not willing to be partners with teachers
  - b) Funding for support services, aides, etc.
  - c) Difficulty of getting the child into / through the IFSP/IEP process  
(difficult to get a parent to start the process, or to get through the waiting list and get assessed)
  - d) Need for child care (parents are both working in many families)
  - e) Families accessing child care services (very expensive + can be hard to find openings when needed + needs to be close to home or close to parent's workplace)
  - f) Information for parents (many parents enroll children without realizing how important it is for program philosophy to match the family's child-raising philosophy -- parents can't change our whole program approach, and we can't change families, so it has to be a good match from the beginning, so it's our responsibility to explain our philosophy from the beginning of the tour)
  - g) Advocacy skills for families (we have to empower parents to be the voice for their child, tell them to go tell lawmakers if they want ratios to be better or public school options to be better)
  - h) Collaboration among agencies to efficiently meet needs (and part of our job is to know which agencies exist in our area so we can refer families)
  - i) Training and support of child care providers (including all teachers, aides, directors, office staff, everyone! That way we can give consistent messages to children and parents, and parents will have more respect for our program.)

- j) State provisions, regulations and policies (need to train new teachers and remind existing teachers, because many don't know what the law requires, especially for children with special needs)
  - k) Lack of county planning effort (we need to be stronger advocates for this organized planning in our area; parents often need to complain over and over to be heard; county officials need more training in special needs too!)
3. Benefits of inclusion
- a) Benefits all children and society as a whole because no one is isolated or forgotten, so the children all grow up as part of the community
  - b) If the ultimate goal is for children with special needs to be interacting fully with society, we need to work on this for infancy. The children with special needs learn to function in the real world, and the typically-developing children learn to respect different abilities and interact patiently.
  - c) All children get more stimulating, varied and responsive experiences
  - d) Developmental curriculum for children with special needs, rather than a "deficit model curriculum" (planning curriculum based on what the child can't do, focusing only on what's "wrong" with the child, ignoring their existing strengths and multiple intelligences)
  - e) Opportunities to observe and interact with and imitate typically developing children (example: child with eating issues who can't feed themselves will not learn to feed themselves by being placed in a young toddler room where everyone eats with fingers and gets food everywhere. Can only learn by being with preschoolers who use silverware at every meal.)
  - f) Implicit motivation (naturally motivated to be like the other children when in a group of peers)

- g) Typically developing children experience progress and act as peer tutors (children are sometimes much more effective teachers than we are because their interactions are so natural)
- h) Families are more accepting of human differences (doesn't happen automatically just by enrolling a child with special needs; have to actively educate the parents)
  - (1) Explain it's an opportunity for typically-developing child to become a role model for the other children, more accepting and helpful and less judgmental
  - (2) Acknowledge parents' fears about how this could hurt their child, say, "Yes, those things could happen, but here's what we're doing to prevent that." Don't brush it under the rug.
  - (3) Help them set up playdates between children with and without special needs. Helps parents develop relationships with each other, because parents feel affection for their children's friends.
  - (4) Respect confidentiality when parents come to you with concerns about another child (can't discuss the good or the bad or the diagnosis or anything about the other child -- "I can't discuss somebody else's child with you")
  - (5) Anything we do disclose (including telling the parents and children of the other children ahead of time) must be with parent permission. Most parents will let you say their child has cerebral palsy or is deaf or something, but don't get deeply personal.
  - (6) Emphasize what children with special needs will bring to the classroom that's positive
  - (7) Emphasize that every child is unique and we individualize for all children

- (8) Emphasize that the typically developing children will benefit from the diversity experience, learn to empathize, get outside of themselves
- (9) Do a “disability awareness” workshop night for parents, can run them through simulation workshops
- (10) Example: A high school child was being mistreated, beaten up by other children, etc. The mom came to an assembly and told the whole story, including how excited she was to have a baby, how it felt when the doctor said something was wrong, what they’ve been through with doctors and such, what he needs, what he can do, etc. This turns him into a human, helps everyone feel connected and empathetic. Ended the bullying, brought the school around to support him instead.

i) Society becomes more tolerant; build greater understanding and respect

#### 4. Challenges of inclusion

- a) Needs may not be met adequately (need enough time/planning/resources to meet all children’s needs)
- b) Children may not receive specialized support services (teachers are not always trained, so they’re dependent on the special teachers/therapists coming often enough to provide services)
- c) Concern about inappropriate behavior (typically developing children imitating their behavior, or teachers handling it)
- d) Meeting the needs of all children, with and without special needs, all at once so the typically developing children don’t “fall through the cracks” while your time is spent on the child with special needs

#### 5. Inclusion programs: How inclusive are they?

- a) A lot of programs say they are but don’t practice it



- b) A lot of other programs don't even say they are. They are ignoring the law.  
(You can call social services on them because that's illegal!)
  - c) When we say "inclusive," we have to look at how inclusive they are. Do they speak the languages children speak? Do they find creative ways to meet children's needs?
6. Types of inclusive programs
- a) Child care and education programs
    - (1) Preschool = 4 hours or less usually, serving ages 3-5, maybe publicly or privately funded
    - (2) Child care = longer day (8 hours+), more activities, less academic focus than preschool. Licensed by the state, usually around 1:10 ratio.
    - (3) School-age (grades K-3) = building positive social-emotional skills for children before/ after school, provide activities that integrate all areas of development
    - (4) Corporate child care = run by the business that the parents work for. Parents can visit their kids during the day. Employees have better attendance and better morale. Still under Title 22 licensing.
    - (5) Public preschool = usually housed in elementary school buildings or community centers. Encourage parent participation. Created originally to work with special needs and/or poverty-stricken, still serve them the most often.
  - b) Head Start (ages 3-5, for low-income families, parents had to be involved, was the first program to serve children with special needs, added "Early Head Start" for birth to age 3)
  - c) Recreation programs = extracurricular activities (art classes, dance classes, organized sports, etc.) offer good ways for kids to interact with each other, non-academic so more easily inclusive

- d) Any natural environment
  - (1) Community-based programs, maybe co-op or not, limited to 15 hours/week, licensed through Department of Parks & Recreation instead of Title 22
  - (2) Faith-based programs, usually including basic religion in the curriculum but is also a regular preschool or child care experience (automatically more likely to be culturally sensitive/compatible with home values)
- 7. Strategies for creating inclusive environments
  - a) Figure out how many children you have with special needs, what those needs are, and what adaptations you need to make to meet their needs.
  - b) Example: If a child in a wheelchair enrolls, go through your room sitting down and make sure everything is reachable.
  - c) Example: If a child who is blind enrolls, go through your room to make sure there is plenty of tactile and sensorial materials.
  - d) Not every room has to be set up to meet every special need all the time. It only has to meet your children's needs, but be willing and able to adapt to new needs that come along.
  - e) Educate yourself (the teacher) and prepare the children for what's coming. That way they're not shocked by the way this child looks or moves or talks, they're already familiar with it. This helps the new child feel more accepted.

## V. **Video: Understanding Families and the Family Approach**

- A. Overview: Featuring Dr. Ann Turnbull, illustrates the contemporary view of early intervention using the "family system approach" including family characteristics, interactions, functions, and life cycle. Examines attitudes,

belonging, and sharing of information professionals can use to empower families.

B. How it used to be

1. When serving children with special needs, we used to look exclusively at the child without thinking about the family.
2. "Parent involvement" really meant "mom involvement," and really expected her to put her whole life on hold to do all these therapy activities and fundraisers and helping out with everything. No consideration for her work, her other relationships, her own needs.
3. This narrow focus threw the family off balance. Resentment from siblings toward this child with special needs who is taking all the family's time and attention and resources. Problems in the marriage and other relationships because this child with special needs is the center of everyone's universe.

C. Now we understand that children and parents are part of a whole family that has to be in balance for everyone to thrive. All members and functions of the family are important. This is called "family systems perspective."

D. Analogy: think of a mobile. If everyone's strings are the same weight, the mobile is in balance and moves freely. If the child's string is long and thick, out of balance with the others, the whole mobile gets lopsided and can't move like it's supposed to. Balance is key to family functioning.

E. The child with special needs is not the only valuable part of the family, and relationships with this child are not the only valuable relationships. The best way to support a child with special needs in the long run is to help the family build warm, supportive relationships with each other and with this child.

F. Family characteristics

1. Characteristics = family size, makeup, ages, cultural beliefs, socioeconomic status, religion, etc.

2. All these factors affect the meaning the family will attach to having a disability
3. Substance abuse, poverty, abuse, neglect, teen parents, parents who have developmental disabilities, etc.
4. We can't assume that what works for one family will work for another.

#### G. Family interaction

1. This includes all the different relationships in the immediate and extended family, including friends and neighbors.
2. The attitudes of friends/neighbors/the community/extended family will influence how actively parents seek diagnosis and services for their child.
3. Relationships with parents, stepparents, siblings, grandparents
4. All relationships deserve time and nurturing. Everyone matters.
5. Siblings will have the longest-lasting relationship with their sibling with special needs. (Assuming the kids will outlive the parents.) It's important that they become part of the sibling's support system. If they feel resentful toward the sibling with special needs, they will both miss out on that long-term relationship with each other.

#### H. Seven family functions

1. Economics
2. Daily care
3. Recreation
4. Socialization
5. Self-definition
6. Affection
7. Education

8. Historically, we acted as if education is everything. We now understand that asking moms to put 100% of their time into their child's education takes away time from these other functions. Everyone only has 24 hours every day.
  9. Realize that intervention by an outside party (us!) can influence each of these functions positively or negatively.
  10. Don't assume that non-participation in a particular area means parents don't care. They're doing the best they can to balance all these functions.
- I. Family life cycle = recognizing the changing needs of each member of the family over their lifetimes
1. The child with special needs has different needs, so the family has to help them differently, when they're 3 years old vs. a teenager vs. an adult
  2. Professionals can help families think ahead to plan transitions between programs, into future career/living options for the child when they grow up, and what to plan for after the parents are gone
  3. Professionals can help the parents by reminding them this is a marathon, not a sprint. Help parents not burn out or give up. They will be the parent of a child with special needs for the rest of their lives.
- J. All this is true of every family: each family has different strengths, energy, resources, values, priorities, etc.
- K. The key is empowering families.
1. We need to move beyond just wanting families to "cope" or "adapt." Those mean families are just surviving. We can do better than that. We want to help families get what they want and need to really control their lives.
  2. Support families early in building a hopeful / excited mindset for life.
    - a) "I can do this, I can help my child have a great life, even with their disability."

- b) This starts with how parents are given the diagnosis (it's often cold, impersonal, without any resources or information or hope)
  - c) Emphasize the child's strengths
  - d) Connect them with experienced, empowered families who will help them along the way
3. Fostering a sense of belonging in the community
- a) Helps parents and siblings maintain the relationships and social connections they had before this child with special needs was born
  - b) Benefits the whole family (support, stability, general well-being)
  - c) Everyone wants to belong. This is a basic human need.
4. Sensitive sharing of information between professionals and families
- a) Families *want* information from us
  - b) Make sure information reflects current best practices
  - c) Make it available in multiple languages, make it culturally sensitive
  - d) Avoid jargon
  - e) Share in a collaborative, nonjudgmental way
  - f) Listen to and respect parents as equals
  - g) Delivery / process / experience matters to parents as much as the services they actually receive
  - h) Genuine listening on both sides
  - i) Be more friendly, less distant / clinical, make the parents feel heard and understood
- L. Siblings are important! This is why PHP (Parents Helping Parents) has a special support group for typically-developing siblings of children with special needs. Let the connect with each other and get their needs met too.