DOCUMENT RESUME

ED 334 774 EC 300 520

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TITLE An Interactive Model of Integration in Community-Based Child Care Centres.
PUB DATE Apr 90
NOTE 18p.; Paper presented at the Annual Conference of the Council for Exceptional Children (68th, Toronto, Canada, April 23-29, 1990).
PUB TYPE Speeches/Conference Papers (150) -- Reports - Descriptive (141)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *At Risk Persons; Case Studies; *Community Programs; Consultation Programs; *Day Care Centers; Delivery Systems; *Disabilities; Foreign Countries; Intervention; *Mainstreaming; Models; Preschool Education; Program Development; Social Integration; Teamwork
IDENTIFIERS Ontario

ABSTRACT

The paper describes application of an interactive model to providing services for young children with special needs being mainstreamed in community day care programs. In this model, the resource consultant coordinates service delivery in interactions with: (1) the child and family; (2) early childhood educators; and (3) resource specialists. The model's emphasis is on identifying concerns from the perspectives of all participants, mutual problem solving, and provision of support and training. The consultation process involves screening, referral, a consultation meeting, development of a consultation agreement which identifies goals and roles, development of an assessment plan, provision of feedback, intervention decisions, intervention implementation, and followup evaluation by the consultant. A case study of a 4-year-old child with emotional problems illustrates the model's application. (DB)

An Interactive Model of Integration in Community-Based Child Care Centres

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Presented at the Council for Exceptional Children
68th Annual Convention, Toronto, Ontario
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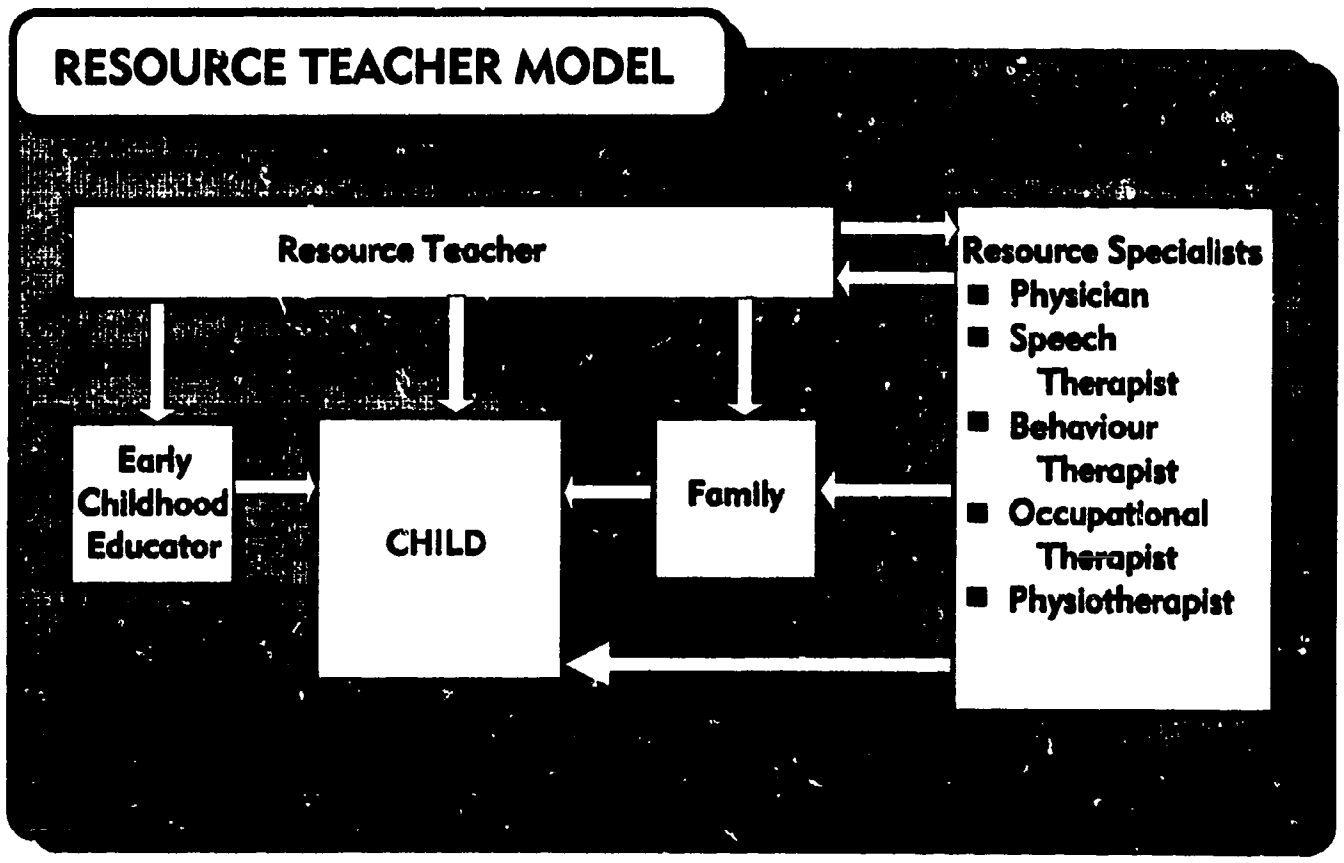
During the 1970's in Ontario early childhood educators began to recognize the value of educating children with special needs in typical child care settings. This movement was spearheaded by a belief in the educational benefits of normalized experiences for preschool children with special needs and an appreciation of the dilemma faced by working parents who require both child care and early intervention services for their child. Community child care centres were the logical sites to fulfill both of these requirements. This paper will consider an interactive model of integration in community-based child care centres which uses a collaborative consultation service being developed at Ryerson Polytechnical Institute, Toronto, Ont.

The Ryerson Integrated Child Care Consultation (RICC) project is available to all staff and parents in Toronto child care programs. The goal of the consultation service is to integrate the child with identified special needs into community child care centres of the parents' choice. As well teachers and families are supported to better serve the needs of children in their centres who may be at developmental risk intellectually, physically or emotionally. The emphasis of the service is on full integration for all children with appropriate coordination of specialized services within the community based centre.

The most prevalent model in Ontario to facilitate the integration of special needs preschoolers in community-based child care settings is a resource teacher model. It was developed with guidelines established in the Ontario Day Nurseries Act (D.N.A.) and its regulations. The resource teacher model is based on a traditional restorative approach to early intervention. The underlying assumption of this model is that children with special needs require the direct expertise of special educators to facilitate development. Children who qualify under the definition of "handicapped child" in the D.N.A. are eligible for resource teacher support. According to Ontario regulations, the resource teacher is responsible for assessing the developmental needs of the identified child, for planning individualized programs to meet those needs, and for directing the implementation and evaluation of individualized programs in the school and the home. The resource teacher works directly with the child on designated goals and instructs the early childhood educators and parents to work on the goals and objectives they describe. In addition, the resource teachers are responsible for making referrals to other resource specialists, and for the coordination of specialized services to the child and the family (Fig. 1).



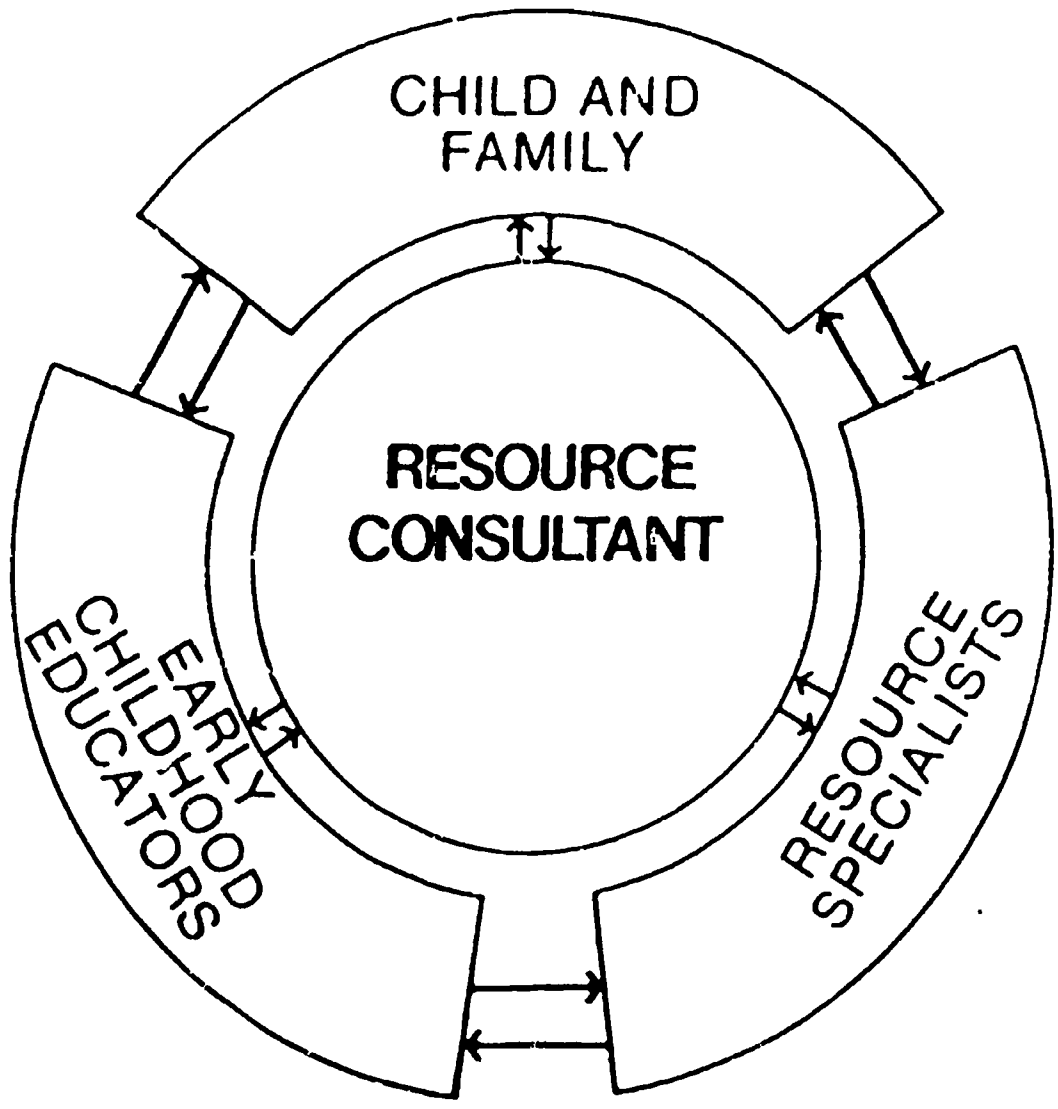
As it has developed in many centres across Ontario this linear model of intervention can be an isolating and segregating experience for resource teachers, the special needs children they serve, and their families. The regular early childhood educators in the centre often feel ineffective and uninvolved with the "resource teacher's children" due to their lack of training and experience in modifying curricular and environments for children with special needs. The issue of ownership and responsibility for meeting individualized needs is made more complex when the resource teacher removes the child to a separate resource room for individualized instruction. Early childhood educators often perceive the resource teacher as imposing additional programming responsibility, on top of an already overburdened schedule. At the same time, they do not see the resource teacher as assisting them with programming for children who are at-risk for developmental delays which cannot be easily labelled and identified under the D.N.A. definition. Issues of differential training between the regular and special educators, lack of access to specialized support services (physio, speech/language, behavior therapists etc.), limited supervisory supports for resource teachers, funding, and inconsistent interpretation of policy across the province further separate resource teachers, children, and families within mainstream child care centres.

An Interactive Model

In spite of these barriers, integration is possible in community-based child care settings. For early intervention services to be incorporated into child care centres there must be a collaborative effort between the early childhood educators, parents, resource

specialists, and resource teachers. An interactive model of service delivery allows for the coordinated efforts of all participants facilitated by a resource consultant (see figure 2).

AN INTERACTIVE MODEL OF INTEGRATION



It involves quality programming that includes screening and assessing the needs of all children, planning individualized programs to meet those needs, and evaluating programs as an integral part of the teaching process.

The emphasis of an interactive model is on clearly identifying concerns from the perspectives of all participants, mutual problem-solving to determine strategies to meet those concerns, and providing support and training to the child care staff and parents as primary care-givers. The end result is to empower child care teachers and families to seek solutions and to provide intervention services to young children. The underlying assumption is that the solutions to problems and the competencies to reach these solutions already lie within the participants. The role of the consultant is to enable the participants to act towards a solution.

Each member brings to the decision-making process a diverse range of expertise. These abilities must be acknowledged and supported by others. All participants are equal members on the team and equally valued in the decision-making process. In this way all participants feel committed to working on implementing and evaluating designated goals in the ongoing process of promoting development.

An interactive model of service delivery involves an interdisciplinary and inter-agency approach. It entails bringing support personnel and services into the decision-making process and into the classroom when necessary to provide programming. This eliminates the need to always send the child out to a myriad of specialized settings. Early childhood

educators can observe these specialized techniques and incorporate them into their programming for the child.

In this conceptualization, of service delivery all children can receive services commensurate with need regardless of whether that need is due to a diagnosed developmental delay, a transient family crisis, or the need to accomplish the next developmental milestone. Children do not need to be tested, labelled, and proven eligible for services. Central to this model is the child care resource consultant who serves as team leader, case manager, and coordinator of services. It is based on a belief that all children and families have the right to early intervention services and the right to these services in their own community.

Development of a Consultation Program

The Ryerson School of Early Childhood Education, has three laboratory children's centres: the Early Learning Centre (a preschool child care centre), the Infant-Toddler Centre, and The Gerrard Resource Centre (a parent/ care-giver/ child resource centre). The child care resource consultants from the Gerrard Resource Centre are assisting the Ryerson laboratory centres and community-based child care centres in integrating children with special needs into their programs.

The Gerrard Resource Centre is an off campus centre whose program has evolved over the past decade from a family drop-in service to one which provides a variety of community services that reflect community needs. These services include an expanded drop-in program that focuses on in-home caregivers, an emergency care service, professional workshops, and a child care consultation service. In its early stages the

consultation service was based on a 'visiting expert' approach to consultation that included on site modelling of developmentally appropriate teaching strategies, development of resources for parents and child care teachers, and developmental assessment services. This approach reflected the consultancy models in use at the time in many mental health consultation projects. Consultants currently have been trained to provide collaborative consultation, based on an interactive model. Consultation is available to child care centres serving children from birth to twelve years of age. One full time consultant and two half time consultants are employed by the centre.

The two laboratory schools have served as teacher training sites for Ryerson's early childhood education program for over fifteen years. They provide services for children from six months to five years of age and their parents. The programs have a developmental focus. The preschool program uses a cognitively based curriculum which has evolved from the High Scope Curriculum. Recently, the staff of the centres have been working with the resource consultants to integrate children with special needs.

Steps in the Consultation Process

Screening is the first step in intervention and should be carried out by all child care centres. After screening, developmentally appropriate programming is continued for the majority of children. But for a few who may be experiencing developmental delays teachers, parents, or ministry program advisors may call in a consultant to consider child-focused, family-focused, and/or program-focused concerns.

The consultation process is set in motion when a referral is made to the consultation program at the Gerrard Resource Centre. A consultant will then arrange to visit the child

care centre. During the initial visit to the centre the consultant meets with all participants including director, teachers, and parents. At this time a clearly defined statement of concern is elicited from the group. It is important to identify underlying feelings that may be getting in the way of resolving a problem. Teachers and parents may be feeling frustrated, angry, threatened, and under a great deal of stress to perform. These feelings must be acknowledged if the group is to move forward in seeking solutions to the problem and in making satisfactory decisions.

A consultation agreement is then developed based on what each member of the team hopes will be accomplished in the consultation process. The consultant clearly describes his/her role, states a time frame for his/her involvement, and deals with any resistance that has the potential to sabotage the process. All participants must agree to these terms and be clear about what is expected of them. For example, observations and informal checklists used by teachers and parents are important sources in the data collection phase. Permission forms to assess the child in the classroom and to receive information from other agencies involved with the child and family are signed at this time by the parent.

Based on the statement of concern, the consultant must now hypothesize about the nature of the problem. Appropriate assessment questions are generated to be answered by assessment techniques that will assist in programming for this child and family. For example:

-Is the curriculum developmentally appropriate for the child or is the child being forced to fit a curriculum that does not meet his/her needs?

-Is the child's language development delayed?

-How does the child's use of language interfere with communications?

-What are the families priorities and goals for the child's development?

-How does the child demonstrate personal responsibility?

-What are the teacher's skills in working with this child?

An assessment plan is then developed and implemented to assess all hypotheses. Techniques include formal and informal measures such as observations, interviews, checklists, and developmental assessments. Information gathered from specialized assessments are sought and considered.

Feedback is then offered at a case conference of all participants. The observations and data collected by supervisor, teachers, parents, and consultant are all given equal importance. Recommendations for solutions are developed by all, using a problem-solving approach. This includes brainstorming all ideas without evaluation. All members of the team are encouraged to contribute openly.

Decisions for action are then made collaboratively. Interventions are determined that may be child-focused, family-focused, and/or centre-focused. For the child an individualized program plan is developed by the consultant and teachers to fit in with the themes of the curriculum. The consultant will model appropriate teaching techniques and assist with environmental modifications as needed in both the school and home settings. Families may require information, relief services, parent education, or a referral to counselling services. Teachers may feel a need for support around behavior management or training in specialized techniques. These are but a few examples of the

kinds of strategies to be employed. At this point it is crucial that all steps in the program are clearly documented and that the team members understand their responsibility in implementing whatever course of action has been agreed upon.

After the plan has been implemented, the consultant does a follow-up visit to evaluate the program plan that was developed. If no concerns are expressed the teachers and parents continue the plan by updating the goals as necessary. Often the child can move into the typical program without support. If additional concerns are noted the consultation process is continued.

A major outcome of this process is that the teachers acquire new skills to use with the child and other children with similar needs as required. The responsibility for the education of all children remains with the classroom teacher and the parents. This interactive model offers teachers ongoing support and skill development while they maintain a high level of commitment to the successful integration of children with special needs in their programs.

Case Study

A request for consultation came from the supervisor of a suburban workplace child care centre. The centre serves families with children from two and half years to five years of age. It includes a full day kindergarten program. There are thirty four children in the centre. The teachers are highly trained and qualified. The staff consists of five teachers, a supervisor and a cook-housekeeper.

The staff and supervisor asked for consultation to assist in a referral of a four year old boy, Carlos, to a treatment program for emotionally disturbed children. They were

concerned about extremely disruptive and angry behavior that disturbed both Carlos' and the other children's programs.

Carlos is an only child. This is Carlos' first experience in a formal child care setting. He has been in the centre for four months. He had been cared for in his home by his paternal grandmother until he started coming to the centre. The parents wanted him in the centre to be with other children. His mother works in the company that houses the child care centre. The father is reported to be very involved with Carlos, but does not have much contact with the centre, because it is distant from his work place. The staff also believed that Carlos presented some problems to his mother. This was based on observations of their interactions at the child care centre.

The consultant met together with the supervisor, the teachers and the mother to identify their concerns and to develop a consultation agreement. The supervisors and teachers presented a shared concern about Carlos' behavior. They were particularly concerned about transition times (e.g. the move from the gym to the class), sleep time, and Carlos' apparent lack of any friends in the centre. The mother said she had no worries at home, but that she was concerned, because the centre's staff were concerned.

The consultation agreement was developed by the teachers, the supervisor, the parents and the consultant. It was agreed that the consultant would:

1. observe Carlos and work along with the teachers in the classroom two to three times at different times of the day.

2. interview the teachers, the mother, and the supervisor separately to discuss their needs and resources in coping with the problem and to develop a list of possible strategies for resolving the concerns.

3. lead a meeting of the whole group to discuss and decide on strategies.

4. assist in the implementation of strategies as appropriate.

It was agreed that the teachers and supervisor would:

1. record the times and details of disruptive incidents.

2. develop a list of strategies for resolving the concerns.

3. meet with the consultant.

It was agreed that the parents would:

1. record any incidents of disruptive behavior outside of the child care centre and note how they respond.

2. develop a list of strategies for resolving the concerns.

3. meet with the consultant (only the Mother).

The consultant observed Carlos twice and worked with his group twice. She recorded her observations and arranged to meet with the staff and the Mother. She did not complete any formal assessments, as screening observations showed Carlos' development to be typical. From her interviews, specific concerns emerged. The teachers documented Carlos' inability to express feelings appropriately, Carlos' refusal to rest quietly during sleep time, Carlos' disruptive behavior during transition times, and Carlos' lack of social skills. The supervisor was worried that Carlos may be the focal point for morale problems that existed among the staff. She also was concerned that Carlos was

caught in the middle of a leadership struggle centering around individual staff differences on how to approach child management in the classroom. Mother was anxious about a lack of consistency between herself and her husband in their approach to Carlos. She expressed feelings of guilt about working and questioned her ability to parent effectively. She identified problems with Carlos' behavior during the bus ride to the centre. At the feedback meeting all concerns and feelings were brought forward. Everyone suggested strategies for resolving the concerns. Out of these suggestions the following list of strategies were generated for discussion:

1. To prepare a communication book for the staff and the mother to complete everyday so that everyone had a sense of what was happening with Carlos.

2. To reduce the sleep time to 15 minutes and develop a behavior management program to reinforce Carlos for resting quietly for the short rest period.

3. Mom will take Carlos out of the centre for lunch.

4. Mom will put Carlos to bed at nap time and stay with him until he is resting quietly.

5. To refer Carlos to a preschool treatment centre.

6. Mom and Dad will enroll in a Dreikurs parent education course.

7. To refer the family to a psychiatrist for family therapy.

8. To find alternative child care arrangements for Carlos.

9. To develop an individualized program plan for Carlos that will assist him in the development of social skills within his current child care centre.

There was extensive discussion of the various proposals to reach mutually agreeable decisions. The consultant led the discussion working towards consensus on a plan of action. She also acted as a resource answering questions about some of the options under consideration. The group made the following decisions.

1. Carlos will remain in the centre.

2. A communication book will be set up for daily information sharing between teachers and mom.

3. Mom will look into parent education courses, following up on some suggestions made by the group.

4. Carlos will spend some time working with the younger group of children. It was hoped that he would find some developmentally appropriate peer models in this group.

5. A checklist was developed for Mom to review the day with Carlos.

6. With the consultant's assistance, Mom and Dad will work out a discipline method for home that reduces the number of material rewards being used.

7. Behavioral issues from home will be resolved at home and similarly issues at the centre will be resolved at the centre.

8. All staff in the centre will be trained by the consultant in behavioral techniques to respond consistently to Carlos' outbursts.

Currently, Carlos is still at the centre. All of the strategies are in place, except Mom's course. (There are no courses available over the summer months, but she is waiting for the fall listing of courses to be published.) Carlos' days still have many

disruptions, but the staff are committed to keeping him in the program and they report that the number of disruptive incidents has decreased. The consultant is keeping in touch with everyone by telephone and will visit the centre and Carlos after the program has been in place for six weeks.

Out of the consultation process there appear to be three positive outcomes.

1. Carlos' Mother is feeling less guilty about working and appears to be developing some confidence in her skills as a parent. She appreciates being closely involved in the planning of Carlos' program.

2. The staff have recognized their skills in planning individualized program plans for all children without dependence on removing the child to specialized agencies. They have started working on redeveloping and clarifying their approaches to child management for all children.

3. Carlos has NOT been labelled or categorized, rather he has been retained in a child care program that he enjoys.

Summary

The Ryerson Integrated Childcare Consultation project has developed a model of integration supported by an interactive approach to consultation. This model promotes teachers and parents as primary caregivers responsible for the development of both children with identified needs and those at risk for future learning problems. It is based on the belief that children and families have the right to have services provided in their own community with all the supports required to meet individualized child and family needs. Through mutual problem-solving, parents and teachers are empowered to seek

solutions to concerns and to provide direct services to children. The role of the consultant is to facilitate the interactive process between children, parents, teachers, and resource specialists (i.e. physiotherapist, behavior specialist, etc.).

Basic to facilitating this process is the acknowledgement that all participants have an equal role in articulating concerns from their own perspectives, in assessing their own needs, and in seeking solutions to these problems. Collaborative decision-making promotes teacher and family commitment to the solutions, because it is not imposed by the consultant. Interventions include actions that are child-focused, family-focused and/or centre-focused. Teachers and parents acquire skills that may be generalized for use with other children in their program. The intent is to allow all children to receive services as they require in the community child care centre of their parent's choice.

Initial evaluation of the RICC project, from anecdotal consultation records, has been highly satisfactory. Referrals from group child care centres and school-age centres have increased each year. Consultants provide ongoing staff development focusing on both program-related and specific child- related problems. The focus is determined by the early childhood educators. Parents receive services based on their own needs and resources and the child is offered the individualized programming necessary for growth and development. The over-riding goal is to allow children with identified special needs and those at risk to be integrated in typical child care environments. Further systematic research is now required to document the benefits of an interactive model of consultation.

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