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KIT

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Resource Article

Some parents are reluctant to enroll their children in child care programs due to concerns that their children may learn and then engage in negative behaviors, such as hitting, pushing, and taking toys from others. This assumption can influence decisions parents make and affect the choices parents make about working outside the home. If parents believe that group child care causes these negative behaviors, they may be less likely to both work outside of the home. If parents need or choose to work, guilt can result from putting their child in child care. This can cause a perceived no-win situation for families. But is this association between negative behaviors and child care true? Is there a link between hours spent in child care and aggressive behaviors in babies and toddlers? Zachrisson, Dearing, Lekhal, & Toppelberg, examined this issue in their article, Little Evidence That Time In Child Care Causes Externalizing Problems During Early Childhood in Norway (2013).

Granted, Norway has one of the most progressive, if not the most, governmental policies in place to enforce high quality child care experiences for young children. Norway provides parents approximately one year of parental leave with nearly full pay. All children may enter child care at the age of one year and the costs are heavily subsidized and dependent upon family income. Child-adult ratios are favorable as well. Center-based care for children under three years cannot exceed child-adult ratios of 10:3 and family-based child care for similarly aged children must be lower than child-adult ratios of 5:1. Additionally, family-based child care workers must participate in weekly supervision from a teacher responsible for educational planning (Ministry of Education, 2006).

Norway's approach to early child care contrasts significantly with that of the United States (US). In the US, parents are generally given the option to take 12 weeks of unpaid leave, with 10 states paying 10 weeks temporary disability benefits (OECD Early Childhood Education Care Home Page, 2004). As a result, children enter individual and group child care at a relatively early age. In 2005, roughly 42% of all children in

Resource Article (continued)

the US enter child care in the first year of life.

Countries throughout the world vary in their approach to provide child care to young children. Beijsterveldt et al, (2005) reported on a couple of countries' approaches. In the Netherlands, parents are offered 16 weeks of paid leave followed by six months of unpaid leave. In Denmark, parents are allowed approximately six months leave with pay at the unemployment benefit rate and another six more months at a reduced rate of pay. In the United Kingdom, maternity leave is generally six months at almost full pay, followed by one year of unpaid leave. In Japan, there exist Baby Hotels, which are available 24 hours to provide care for young children (Anme & Segal, 2004).

In the Zachrisson et al. study, externalizing problems were measured using maternal reports at 18 and 36 months on three different behavior scales. First was the Child Behavior Checklist for Ages 2-3 (CBCL/2-3; Achenbach, 1992). For this scale, parents reflected on their child's behavior and rated items on a scale from, *Not True* to *Very True* or *Often True*. The Attention Problem Scale, includes descriptions such as *punishment doesn't change his/her behavior*, *can't sit still*, *restless or hyperactive*, and *quickly shifts from one activity to another*. And the Aggressive Behavioral scale included terms such as, *defiant*, *doesn't seem to feel guilty after misbehaving*, *hits others*, and more. Additional factors included in the analysis of these scales were, the number of hours in child care, the type of child care, family and prenatal risk factors (e.g., single vs. partnered, family income, non-Norwegian, perceptions of economic hardship), and child risk factors (e.g., APGAR , birth weight and congenital syndromes, etc.).

Results from this study suggested no discernible associations between hours spent in child care and externalizing problems in toddlers at 18 or 36 months. Norway does, however, have an exceptional philosophy regarding their approach to family support and child care.

While these results are encouraging, there is likely great variability in child care options for families living in other countries. As early interventionists, we can encourage families to investigate their options, encourage them to have discussions with child care providers about their child-adult rations, philosophies regarding development and discipline, an encourage them to make classroom observations before making child care decisions. On a grander scale, we can advocate for quality child care options for all children and effective training and support for child care providers.

Zachrisson, H. D., Dearing, E., Lekhal, R., T. & Toppelberg, C. O. (2013). Little Evidence That Time In Child Care Causes Externalizing Problems During Early Childhood in Norway. *Child Development, 84*(4), pp. 1152-

What do the data say?

What are the types of child care arrangements families are using?

To answer this question we look to a report by the U.S. Census bureau published in April 2013, Who's Minding the Kids? Child Care Arrangements: Spring 2011 (Laughlin, 2013). Findings from the Survey of Income and Program Participation (SIPP) were used to determine child care arrangements. Specific to children under the age of five, in the spring of 2011, 61% of 20.4 million children received some type of regular child care that amounted to at least once a week and 39% had no regular type of child care. Findings also showed that about one-quarter of all children participating in child care were cared for in organized facilities, such as day care centers, nursery or preschool, and Head Start. Not surprising, children in regular child care arrangements were mostly of mothers who were employed (72%) versus those not employed.

The number of hours spent in child care averaged out to 33 hours per week and children of employed mothers spent 15 more hours a week in child care versus those of non-employed mothers. Regarding family characteristics, including race, economic status, and child's age the results were varied. For all race and ethnicity groups many relied on relatives to provide child care. For preschoolers of non-Hispanic White employed mothers child care was provided by fathers and grandparents (approximately 30% each respectively). Yet, this was slightly different for preschoolers with Black employed mothers, as they were most likely to be cared for by grandparents versus their fathers. Considering family poverty status, preschoolers of employed mothers were mostly cared for by grandparents and fathers rather than receiving care in organized facilities. Conversely, preschoolers in families, above the poverty line, were more likely to receive child care in organized facilities. This of course may be due to the costs incurred for attending an organized child care facility. In 2011, "Families with children under five paid, on average, $179 per week or over $9,300 a year for child care" (p. 14). The age of the child was also a factor in child care arrangements for working mothers, as a higher percentage of children ages one to two years of age were cared for by grandparents or fathers rather than organized child care. For infants, nearly twice as many were cared for by their grandparents versus participating in an organized day care center. This trend continued for children three to four years of age too, as care by grandparents and fathers was more common than care in child care centers.

Historically, the child care trends for children under five years of age with employed mothers have changed some. For example, the number of working mothers has increased over time and consequently the need for some type of child care has also increased over time. Interestingly, the use of organized child care has fluctuated over the years making it difficult to predict changes in the future. As early intervention providers supporting children in varied child care arrangements and helping families identify quality child care options it is important to understand the diverse picture of child care for all families.

Laughlin, Lynda. 2013. "Who's Minding the Kids? Child Care Arrangements: Spring 2011." Current Population Reports, 70-135. U.S. Census Bureau, Washington, D.C. Retrieved from https://www2.census.gov/library/publications/2013/demo/p70-135.pdf

Consultation Corner

From August 2017 through January 2018 we are excited to have **Dr. Weglarz-Ward** as our Consultation Corner expert. During this series Jenna will address a variety of questions that will help us understand more about ***partnering with child care to support children and families in early intervention.***

This month Dr. Weglarz-Ward addresses the following question from her research study on collaboration with child care. What factors promote and hinder the support of infants and toddlers with disabilities and their families in child care settings from the perspectives of child care and early intervention providers?

Both child care and early intervention were created to help support families and both have evolved dramatically over the past 30 years. From the opening of the first nursery schools, so wives of the fisherman and soldiers could enter the workforce to the establishment of Head Start to universal pre-K (Kamerman & Gatanio, 2003; Shonkoff & Phillips, 2000), child care programs provide children with rich experiences and families with safe environments to seek out employment, education, and respite. Early care and education programs now include private or publicly funded center or family-based child care, home visiting, Early Head Start, Head Start, private preschool, and public school and community-based pre-kindergarten programs (U.S. Department of Health and Human Services and the U.S. Department of Education, 2015).

Concurrent with child care's evolution, services for children with disabilities developed from providing services within specialized schools and institutions to home-based and community programs, so that children have the opportunity to learn through natural environments, daily routines, with peers, and build their parents' capacity to support their lifelong development (Kagan & Neuman, 2000; Mulvihill, Shearer, & Van Horn, 2002). More and more families with young children with disabilities are seeking child care. Commonly infants and toddlers with disabilities receive at least part of their services in child care settings (U.S. Department of Education, 2015). Furthermore, Wolery, Bashers, and Neitzel (2002) noted that quality child care programs are viable settings for intervention as naturally occurring and predictable routines (e.g., hand washing, diapering/ toileting, meals, nap) provide multiple, regular opportunities for children to practice skills and staff members to embed learning opportunities. These two systems have developed separately, however they have emerging overlap and opportunity to collaborate with each other.

Despite the presence of children with disabilities in child care settings, meaningful inclusion of these children and coordination of their services remains inconsistent. Recently, I conducted a study to examine the state of inclusion for infants and toddlers with disabilities in child care. The study included an online survey and focus groups of 620 child care providers and 371 IDEA Part C early intervention (EI) providers from across a mid-Western state. Providers represented both center-based and family child care, directors, owners, teachers, and other early childhood professionals as well as a range of EI providers across disciplines. Eighty-nine percent of child care providers had cared for a child with a disability and 83% of EI providers delivered services in child care settings.

Overall, results indicated that providers felt that inclusion was important and beneficial for children with and without disabilities, families, and professionals. However, actually achieving meaningful inclusion was challenging. Many of the factors that supported and hindered inclusion related to appropriate training and education for providers, facilitating joint planning, and creating inclusive personal philosophies and program missions.

<u>Training and Education for Providers:</u>
Providers with education and training in inclusion held more inclusive beliefs and practices. Therefore, it is important to hire highly qualified staff in both child care and EI as well as support ongoing

Consultation Corner (continued)

professional development. EI providers can learn about child care programs, commonly used curricula (such as Creative Curriculum, Montessori, etc.), policies, and procedures in order to help them best understand the environment in which they are providing services. In addition to gaining training on providing services in child care settings, EI providers can help provide books, articles, and online resources on disability, development and intervention strategies. Child care providers reported that they learn about EI and special education mostly through the providers that visit their programs. Therefore, consider taking time to discuss or provide resources on the EI process and what EI visits may look like. Also, know that child care providers who understand EI are likely to identify and refer children in their care when they suspect a delay.

Facilitating Joint Planning:

Involving all the key players for a child is vital to being able to provide appropriate interventions for that child throughout daily routines, including while at child care. Commonly however, child care providers are not invited into the process and not involved in planning of goals or strategies. This leads to uncertainty of child care and EI providers on how to involve each other in their routines. With parents' permission, discuss IFSP outcomes and seek child care provider input on addressing these outcomes with their programs. It is important to set aside time to plan with child care providers outside of regular visiting times which can often be too busy to engage in adult peer intervention planning conversations. Additionally, consider program policies and procedures to help facilitate planning. Things such as having flexible work hours, substitute staff, and creative communication (e.g., virtual meetings) are essential to being able to plan among child care providers, EI providers, and families.

Creating Inclusive Philosophies and Missions:

As our beliefs and attitudes influence our practice, it is important to reflect on our feelings and barriers of inclusion. Evaluating how both child care and EI programs promote and perhaps hinder inclusion can be instrumental in welcoming families of children with disabilities into child care and effectively coordinating services across settings. Developing clear mission statements on inclusion with policies and procedures to support these missions would allow providers to let inclusion lead their practice. Participants in the study identified having staff that showed, through their actions and practices, that all children are valued and having administrators who are willing to take risks and act creatively to overcome barriers to inclusion would be ideal. Consider how you facilitate inclusion during your EI visits. For example, are EI visits to child care taking place within the common space with peers without disabilities or are visits being done in a separate area or room? Are intervention strategies using familiar people, places, routines, and materials? How do these practices help or hinder your own and others' perception of inclusion?

In conclusion, child care and EI programs are natural and necessary partners for the many children around the world. By considering addressing inclusion for young children, especially starting in infancy, professionals can promote life-long, society-wide inclusion. Collaboration among these programs and across providers can lead to meaningful inclusion for young children with disabilities and their families. Next month, we will discuss the factors that support and hinder professional collaboration as well as strategies to develop strong collaborations.

DEC/NAEYC. (2009). *Early childhood inclusion: A joint position statement of the Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC).* Chapel Hill: The University of North Carolina, FPG Child Development Institute.

Kagan, S. L., & Neuman, M. J. (2000). Early care and education: Current issues and future strategies. In J. P. Shonkoff, & S. J. Meisels (Eds.), *Handbook of early childhood intervention* (pp. 339-360). New York, NY: Cambridge Press.

Kamerman, S. B., & Gatenio, S. (2003). Overview of the current policy context. In D. Cryer, & R. M. Clifford (Eds.), *Early childhood education & care in the USA* (pp. 1-30). Baltimore: MD: National Center for Early Development & Learning.

Mulvihill, B. A., Shearer, D., & Van Horn, M. L. (2002). Training, experiences, and child care providers' perceptions of inclusion. *Early Childhood Research Quarterly, 17*, 197-215.

Shonkoff, J. P., & Phillips, D. A. (2000). *From neurons to neighborhoods: The science of early childhood development.* Washington, DC: National Academy Press.

On the WWW

A useful resource for families looking for child care is the Find Child Care and Preschool link sponsored by the National Association for Young Children (NAEYC). The NAEYC maintains a searchable database of accredited programs.

You can search for programs by name or by address or zip code and radius. The search generates a map that shows the accredited programs. You can then click on the highlighted program/s on the map to learn more, including the program address, age groups, hours of operation, contact information and program website if available. It even highlights how long the program's accreditation is valid for.

This resource is online at:
https://families.naeyc.org/find-quality-child-care

Continuing Education for KIT Readers

The Comprehensive System of Personnel Development (CSPD) is offering a continuing education opportunity for KIT readers.

In line with the focus on Partnering With Child Care To Support Children and Families in Early Intervention readers are invited to receive continuing education contact hours for reading the monthly KIT publications (August—December 2017 and completing a multiple-choice exam about the content covered in these KITs.

KIT readers will receive the exam in January 2018. There is no need to register for the CEUs.

Rather, if you are interested complete the exam online at www.edis.army.mil

Upon successful completion of the exam,

KIT Newsletters are available online at **www.edis.army.mil**

Thank you for your continued interest in the KIT.