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early developments Frank Porter Graham Child Development Center

Summer 1997 | Volume 1, Issue 2

Inclusion in Child Care Centers

From the Director's Office: Inclusion at the Frank Porter
Graham Child Development Center

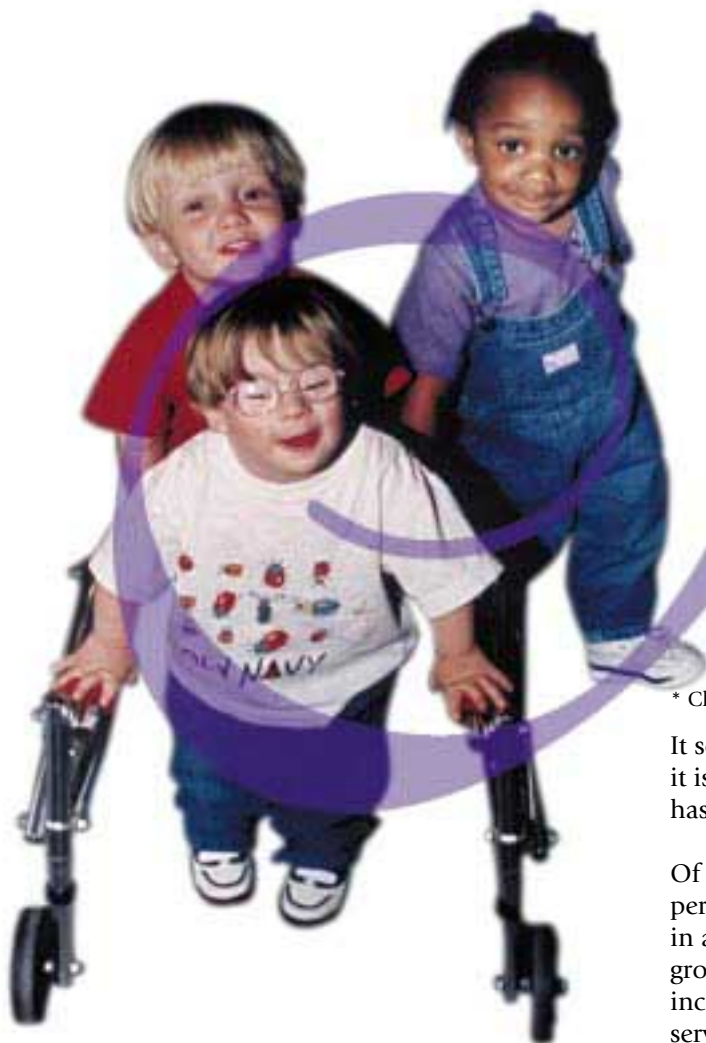
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As the group of three-year-olds sings the verses of "Teddy Bear," they turn around, touch the ground, show a shoe, and jump in the air in a play room at the Frank Porter Graham Child Care Center at the University of North Carolina at Chapel Hill.

During the next series of games, the children maneuver plastic scooters up a low ramp. They bump and struggle and push themselves across the ramp. Occasionally one slips off or runs into the cushioned sides. But they are having a great time.

Roger* is slightly bigger and a bit more coordinated than the others. He is also more rambunctious. Ellen is often hesitant, but once she figures out the game, she is enthusiastic. Leland has a little trouble steering at the same time as going up the ramp. But after several runs, he gets the hang of it. If you look closely, you might notice that he occasionally gives the hand sign for "more" when he wants to repeat something.

Physical therapist Margie Muenzer and occupational therapist Lillie Bonjani pay no particular attention to any one child. They guide, encourage, praise, and help each child whenever needed.

* Children's real names were not used in this article

It seems to be a play period with directed activities. And it is also the delivery of therapy services for Leland who has Down syndrome.

Of the 65 children in the FPG child care center, 25 percent have disabilities. Therapy services are delivered in an inclusive setting. The children are normally grouped by age, and smaller groups, which always include one child with disabilities, receive therapy services together. The center has a physical therapist, an occupational therapist, and a speech and language therapist who work in the classroom and with parents.

On this particular day, some games help develop the children's gross motor skills, and others address their fine motor skills. For example, at one point the therapists give the children plastic tokens to pay a "toll" in order to pass through a tunnel made of cushions.

"Actually, it's quite fascinating to watch because when therapy is going on, you don't know it because all the kids are doing it. No child ever stands out as being an unusual child. It's hard to tell toward whom the therapy is directed," said Debby Cryer, director of the FPG Child Care Center.

The FPG Child Care Center began including children with disabilities 13 years ago, and Don Bailey, now FPG director, remembers that first summer. He had just been named director of early childhood research. "I immediately set about to identify children with disabilities to come into the center and to convince the staff that this was an achievable goal. Both turned out to be interesting challenges. From the parents' perspectives, they had been served by self-contained programs but they were also aware of, and interested in, inclusion. They had concerns about whether their child's needs would be met. They knew FPG had a good reputation, but also they knew that we had not served children with disabilities before. We recruited 8 children, from toddlers to age 5, to enter the center that fall. They had a

that they already had most of the skills needed. I said they should view children with disabilities as children first. And they needed to recognize that the parents had been through many challenges in getting services for their kids. I showed them video tapes about families and their concerns. I tried to convey an attitude that they were capable of doing it and that help would be there when they needed it," said Bailey.

The center hired a part-time speech language pathologist and contracted some physical therapy work. Pam Winton, a UNC doctoral graduate in special education, was hired to help coordinate research efforts. One of the first things she did was a survey of parents of typically developing children and of children with disabilities at the beginning and end of the school year.

Bailey said, "We found that both groups of parents held a lot of expectations. But also some were worried about teachers spending too much time with children with disabilities while others worried that their child might not get the specialized help he or she would need."

Another study looked at family relationships. Would the families of typically developing children and families of children with disabilities get to know each other, and would they become friends?

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range of disabilities including several with genetic disorders, several with cerebral palsy, one with spina bifida and one with Down syndrome."

While the child care staff thought inclusion was a fine idea, some had doubts about whether they had the expertise needed to care for children with special learning needs. Bailey hired a special education teacher to work with the staff and parents and to help develop individual plans for the children. Then he held training sessions for the staff. "The training was focused more on working with families than on individuals. I told them

"In general, we started out with families having positive attitudes and at the end of the nine months we ended up with even more positive attitudes. We also saw that parents of children with disabilities had a moderate level of concern about specialized help for their children. This reflects the ongoing dilemma of all families, especially those with children with disabilities of wanting their child to be in as typical a setting as possible, but also to receive all the specialized services they need. This is a constant tension."

(See *INCLUSION* page 11)

Kids say the darndest things

In 1984, during the first six weeks of the new inclusion program at FPG's Child Care Center, teachers were asked to write down every comment made by typically developing children about children with disabilities.

The teachers reported no negative comments in all that period of time. FPG Director Don Bailey said, "The children were curious about who these children were and why they were the way they were. We recorded comments such as, 'Why is she four and still wearing diapers?' or 'Why can't he talk or walk?' There were also some interesting comments. I remember when one of the children was going for a doctor's appointment, and one of the other children said, 'Will she be able to walk after she gets back from the doctor's?'"

The teachers found that children who had more obvious disabilities received more comments than those who didn't. So a child with braces or a four-year-old who wasn't toilet trained was the subject of a number of comments, whereas a child with

genetic disorders and mild delays was commented on less frequently.

Bailey said, "We had been worried that children with disabilities would be rejected by the other children. That didn't occur. That's more likely to happen with older children. With younger children, all the comments were curiosity comments. They clearly noticed differences, but these differences were presented a context in which teachers could talk about it."

As an extension of these findings, a current study by FPG researchers Virginia Buysse and Barbara Goldman is examining how typically developing children view their peers with disabilities using dolls depicting various types of disabilities.



One of the questions Bailey and the staff struggled with that first year was how to prepare the children for inclusion. "One model would be to show movies, have discussions, or use puppets. But we decided not to do that. We decided to bring children with disabilities aboard like every other child; we didn't want to highlight their disabilities. When children raised the inevitable questions, we wanted the teachers to be prepared to handle them. But we let the children bring it up."

As for how to provide services, traditional specialists were needed, but the way the services were provided is still the subject of debate in the field. Bailey said, "The traditional model is pull out therapy, and it often works quite well. But sometimes, the skills don't transfer back into the regular classroom. The children may do great in the therapy sessions, but if the teachers don't know the goals and the therapy activities, then the services are not as effective. So, we've really try to work on integrating specialized services into the regular routines. This has been interesting because some therapists and some specialists feel that this approach compromises their effectiveness. We don't think that's the case. Robin McWilliam, one of our researchers, has written a book on integrating early childhood services and that provides a good model for us."

Early research at FPG showed inclusion could work. In a 1993 report synthesizing existing research, Bailey and Virginia Buysse, an FPG researcher, found support for the benefits of preschool integration with respect to social and other behavioral outcomes.

Since then, researchers have been studying how best to make it work. FPG research expanded into many aspects of intervention and led to articles, books and assessment scales. These studies also led to new models and implications for early intervention personnel preparation and for family-professional relationships. Winton published reports on effective communication between parents and professionals in early intervention and reports on providing family support in integrated settings. Bailey and R.A. McWilliam published articles on normalizing early intervention programs and on the effects of classroom social

structure and disability on engagement. McWilliam has examined the status and barriers to early intervention and made recommendations for changes in therapy services in early intervention.



Today, McWilliam continues his studies by examining how different teaching styles affect engagement in typically developing children and children with disabilities. For example, early results indicate that children with disabilities have a higher level of engage-

ment if the teacher uses some level of directiveness, although it varies by age. "However, responsiveness in a teacher is important at all ages," he said. McWilliam is now delving into more precise definitions of "directive" and "responsive" teaching.

Sam Odom, who directs his own Early Childhood Research Institute on Inclusion at FPG, is doing naturalistic observations at the child care center to further his studies on the ecology of a classroom and peer/social interaction and these effects on intervention and children with disabilities and their families. (See related article on page 4.) Buysse and researcher Barbara Goldman are conducting a similar study involving community-based programs.

Inclusion brings many benefits as Family and Child Care Center Director Cryer observed on the day the group of three-year-olds were pushing their tricycles around the play room. "Children, even typical children, develop at different rates, so these kinds of exercises help not only the child with disabilities; they also help all the children. It is a true integrated approach, and in reality, everybody benefits from it." 