Case from a Kita in Berlin

The Kita hosts about 185 children in 12 groups[1].

In this case study, the boy Jelani entered his Kita at the age of 2. Jelani developed since then in his preschool group an increasingly aggressive behavior, which resulted in individual care by integration teachers. All his Kita educators, a couple of welfare and care agencies as well as psychiatric institutions gave over 3 years their best to address Jelani's needs but finally failed. Jelani left the Kita at the age of 5 after staying two weeks in a psychiatric clinic.

From the beginning Jelani has played little with other children. He always had a great urge to move and was reluctant to participate in group activities. He was perceived to be a bright boy, who could benefit from extra support. Jelani did not cope well with the transition from nursery to kindergarten. He couldn't deal with the wider age-mix of his preschool group, especially some elder children in his new group. Playing situations with group members often ended as a competition, he desperately wanted to win. In his preschool group he became therefore much more conspicuous and aggressive. Later on, he then ceased to listen to any authorities, increasingly refused to participate in group activities like painting and crafts and showed also no interest in group games. Instead, he began to seek physical contact with selected children, which he touched persistently on the head.

Jelani's mother complained that her child was not invited to birthdays, he would generally be excluded from the group, and no pictures of him would be exhibited in the group room. Conversely, the other children of his group felt more and more threatened by Jelani and therefore the Kita management got an increasing number of complaints from their parents.

Due to tests and behavior Jelani received 10 hour of support from a specialized integration educator. As the gap between his development and that of the other children of his group was becoming more and more divergent, he showed a progressively aggressive behavior (pushing, kicking, scratching and biting). Due to Jelani's rapid bodily growth, other children of his group more often got actually harmed. At that time, he also began to kick and beat adults.

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[1] *(This case is an extract. You can read more about the German child care system (p. xx) and the specific Kita and their pedagogical work (p. xx) here (fx link))*

Jelani got half-day intensive care in the Kita by an integration specialist combined with additional afternoon care in the family on 2 days a week. But even if the integration teacher in the Kita stood all the time next to Jelani, he could suddenly turn around and hurt another child. His behavior was completely unpredictably as he showed no warning indications or signals before he acted. Sometimes he hurt himself by pulling of his skin.

The Kita tried with new educators and peers for Jelani but after a few weeks of improving the situation rapidly worsened again.

Supported by the *Social Pediatric Center* (*SPZ*) and in cooperation with the *Youth Welfare Office*, the parents finally applied for admission to a psychiatric day care clinic for diagnostic evaluation. On the second day, the management of the day clinic saw the safety of their psychiatric staff and the other children they supervise correspondingly endangered by Jelani. The child psychologists were particularly shocked and bewildered by the fact that the then 5-year old described them emotionlessly and in details that he had killed his bird the day before admission by simply crushing the animal with his hands. The day clinic rejected soon after this Jelani's further stay and cancelled the diagnostic process.

His parents wanted to bring him back to the Kita, but its management refused to provide further care without any profound scientific diagnosis. Only under such severe pressure the father finally agreed to his son's clinical in-house admission. The Kita management could arrange with a lot of effort soon after an immediate admittance to a highly regarded psychiatric clinic in the district. But after only one week, at the beginning of the second, its staff reached also their limits, filed a report to the Youth Welfare Office and released the child two days later without any specific diagnosis. A general affective disorder was diagnosed. Therefore it was not possible for Jelani to access specific services i.e. for autism spectrum disorder. His parents refused, as far as the Kita was informed, any further testing.

A joint support conference of all involved stakeholders came together to discuss the further course of action. The mother showed understanding for the raised concerns, but the father scolded at all participants and denounced the failure of the “German system”. Without parental consent and cooperation, this conference ended. The father refused to bring his child back to the Kita, although Jelani had there a reserved place. Jelani's place wasn’t revoked by

the Kita, as no other conceivable solution was found so far, and both parents were fully employed.

Jelani did not return to the day-care center.

Questions

1. What do you think are the key issues about social inclusion in this case?
2. Can you identify situations where the educators in the Kita could have acted differently in order to solve the problems in a different way?
3. Do you have suggestions to actions that might have been taken at certain moments – and which competences would the professionals need for these actions?
4. How well has the Kita balanced in this case the right of inclusion and the right of physical inviolability?
5. As the father complaint about the "failure of the German system" and missing respect for the handling of his indigenous culture (i.e. beating the child to change misconduct), would have been there any better ways for the Kita to communicate differently with the father and might have resulted that in any other outcomes?