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## Models of Inclusion: Standing at the Cross Roads. Building Inclusive Child Care Through Child Care Development Funds

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## Models of Inclusion: Standing at the Cross Roads. Building Inclusive Child Care Through Child Care Development Funds

The passage of the Americans with Disabilities Act (ADA) in 1990 has produced a growing recognition that children with disabilities have the same rights as other children to participate in community-based child care settings (Whitney, Grozinsky, & Poppe, 1999). But even a legal mandate is not sufficient to guarantee access to realistic and suitable child care options for every family, particularly those having children with emotional or behavioral disorders (National Child Care Information Center [NCCIC], 1997).

The presentation addressed governmental policy and planning efforts to include children with emotional or behavioral challenges in settings with typically developing children. Particularly, presenters discussed the policy and planning context that resulted in current Child Care Development Fund plans, reported preliminary results of a content analysis of the plans, discussed a family member's perspective on child care arrangements, and outlined some strategies for and barriers to inclusion gathered from directors of model programs.

### The Policy and Planning Context

Since the mid-1990s, individual states have formed teams of administrators of child care agencies, child care providers, disability service coordinators, and family members to work toward comprehensive plans

that ensure that children with disabilities have access to child care services in those states. These teams have worked in partnership with tribal authorities (Butler, 1997; NCCIC, 1997).

Another team-based planning effort was launched in 1997, through the first national project addressing inclusive child care sponsored by the Child Care Technical Assistance Network of the Child Care Bureau. The Map to Inclusive Child Care Project (MICCP) has provided an opportunity for states to benefit from technical assistance with their efforts to accommodate the special needs of children with disabilities who are to receive child care in settings including their typically-developing peers. "Fueling the project is the premise that efforts to support child care providers in accommodating the individual needs of youngsters with disabilities can go hand in hand with improvements in the quality of care for all children" (NCCIC, 1999a).

MICCP was designed to support teams from each of the participating states in conducting a strategic planning process. This process resulted in work plans with specific priorities for each of the 31 participating states. State teams were given access to consultation through on-site visits, telephone conferences, and referrals to other information sources. Teams were brought together with other states in a conference with national experts.

Additionally, states seeking federal assistance prepared plans in order to receive subsidies through the Child Care and Development Fund. This fund supports the inclusion of children with disabilities in child care programs (NCCIC, 1999b). All state and Native American tribal governments submit comprehensive plans every two years. The planning process requires public hearings and comments and requires public and private partnerships in planning. Each state must also set aside a percentage of its funding for quality initiatives. Additionally, the Child Care and Development Block Grants require that states provide matching funding to subsidize child care for families at 85% below the state median income level and for families having children with special needs. Unfortunately, the funding has not been sufficient to insure that all families have access to quality, affordable child care (Zigler & Hall, 2000).

## Studies of Inclusive Child Care

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As part of the first study of childcare that includes families of children with emotional or behavioral challenges with families of typically developing children, the Models of Inclusion in Child Care Project of the Research and Training Center on Family Support and Children's Mental Health is pursuing two lines of research. The first line of investigation is a study of ten model child care programs, selected from a total of 104, nominated by child care administrators, family support organizations, child care resource and referral directors, and MICCP participants.

The second line of research, the *Study of State Level Efforts toward Inclusive Child Care*, is intended to examine the efforts of states to make child care more inclusive of children with emotional and behavioral disorders. This study will employ the results of the model programs case studies to inform a comprehensive survey which will be conducted to: (a) explore state-level efforts toward inclusive child care; (b) identify barriers in each state to the effective delivery of inclusive child care; and (c) examine communication strategies used to increase access to childcare, involve parents and youth in planning services, and encourage collaboration between family members and providers in training efforts. Additionally, state, territorial, and tribal applications to the Child Care Development Fund (CCDF) are being examined through content analysis to determine the extent to which families of children with emotional or behavioral disorders were targeted to receive child care subsidies.

## CCDF State Plan Content Analysis and Results

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The content analysis of CCDF plans sought answers for the following major questions:

1. Does the definition of special needs child [section 98.16 (f) 1,2] used by each state include children with emotional or behavioral disorders?
2. What is the age limit for child care set by the governmental entity for children with special needs, particularly those with emotional or behavioral challenges? [section 98.20 (a) (1) (i, ii)]

3. What provisions are there for access to a range of child care arrangements for children with emotional or behavioral challenges? [section 98.30, (e), (1)]
4. What priority has been given to children with special needs? [section 98.44]

The content analysis proceeded by having two independent researchers read the state plans and look for data elements related to the major research questions specified for the study. When the researchers disagreed, a third investigator was called in to resolve the conflicting coding of data.

Preliminary results of the study include the finding that only 54% of the states included children with emotional or behavioral challenges through their definitions of either special needs (39%) or physical or mental incapacity (29%). Of these states, only 54% prioritized services to children with special needs. Just 4% of states did not place families of children with emotional or behavioral challenges on a waiting list to receive CCDF subsidies, but instead served them immediately.

Many of the states did not include child care subsidies for children over 12 years of age in their plans, even when children had emotional or behavioral challenges. Our results showed that only 38% of states covered youth from 13 to 19 who had emotional or behavioral disorders. Just over half of the state plans that included children with emotional or behavioral challenges in the special needs categories subsidized their before- and after-school care.

Funds earmarked for quality initiatives in child care were used by only 41% of the states to extend services to children with special needs. Of these, 27% planned to use quality initiative money to extend services to children with emotional or behavioral challenges.

## Strategies and Challenges for Inclusive Child Care Practice

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A critical piece of inclusion identified by family consultant, Sherry Archer, is finding child care arrangements that were individualized and that closely met the needs of all members. She reported that child care settings that were flexible with their rules and that had responded to the needs of individual children were key

in maintaining a workable balance for employed parents of children with emotional or behavioral challenges.

In order to determine how model centers were responding to family needs, we administered a mailed survey to program directors and child care providers of centers and programs that had been nominated for their inclusive practices. A total of 34 directors and providers answered open-ended questions on the strategies they used, the barriers that they found to inclusion, and the ways families were involved in their programs.

**Inclusion Strategies.** Some of the strategies care providers reported using to include children with emotional or behavioral challenges in their programs included the following:

- ◆ Referring children for assessment or mental health intervention
- ◆ Using paid mental health consultants
- ◆ Working with the child's own therapist
- ◆ Engaging social workers to provide family support
- ◆ Providing intensive staff training on children's mental health
- ◆ Communicating with parents about the child's medication
- ◆ Developing innovative and adaptive care strategies

Individualized care and behavioral plans were emphasized by several child care providers, who also used such strategies as designing settings with reduced stimulation, concentrating on positive aspects of the child's behavior, and working with families to develop consistent strategies or techniques to be used at home and at the care facility. Additionally, several programs emphasized the importance of a reduced staff/child ratio so that there would be staff support for children experiencing problems; some centers have applied for and received special funding for these efforts. Small classrooms were also mentioned as a strategy to maintain children with behavioral challenges in care.

The family support programs mentioned several other promising strategies for inclusion: providing centers and family day care with services of behavioral and educational consultants to help them deal with difficult behaviors, arranging for funding to increase

personnel and decrease staff/child ratios, providing home visits and coordination with parents, funding mental health services for children of families lacking insurance coverage, and offering staff development around mental health issues.

**Inclusion Issues.** The respondents identified numerous issues accompanying the inclusion of children with emotional or behavioral challenges in care. Respondents frequently mentioned stigma as a problem for these children, with parents of other child care participants expressing concern for their children's safety. Children's behaviors were also identified as an issue for the physical and emotional demands that they made on staff members and the danger that they posed to themselves, staff, and other children. Staff who were overwhelmed, inexperienced, underpaid, and under-trained were also indicated as a key issue by several respondents. The lack of trained child clinical specialists was also recognized as an important issue, as well as insufficient funding to support the intervention services that were needed.

Respondents also observed that the number of children exhibiting social, emotional, and behavioral needs was increasing; the hours that they were in care were being extended; and the demands on parents' time were unrelenting, all of which added to the challenges of caregivers. One support program noted that children were *disenrolled* at the first sign of behavioral issues in some care settings and that little attention was being given to prevention efforts. In fact, one training program administrator stated that requests for technical assistance in supporting children in care settings often come too late. Finally, two care providers identified the time commitment and organization of collaboration and communication with parents and other professionals as critical issues.

**Family Involvement.** Although nearly all programs and providers reported that they were involved with families, only 14 of the programs evidenced a high level of family participation. Those programs that had the most intense family involvement carved out key roles for families as integral parts of intervention teams, as volunteers within the care program, as members of a parent advisory board, as participants in par-

ent meetings, or as paraprofessional parent coaches. Communication with parents was mentioned by respondents as critical for the successful inclusion of the child in the care setting. Parents were counted on for information about "the child's previous development and behavior, precipitating events or stresses, techniques or strategies that have been previously attempted" and their success. A few programs discussed the need for parent training and registered concern about lack of parent participation. However, the majority stated that they saw parent involvement as paramount, although some reported that language and cultural barriers were obstacles to be surmounted. In the words of one administrator: "It is especially important to form alliances with those families who have children with significant emotional/behavioral issues so that we can work together to help these children succeed."

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