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Departments

- 1 **News**
- 5 **Family Review**
 The George W. Bush Economic Philosophy: How it Might Affect Working Families
 Denise Lindjord, Executive Editor
- 7 **Developmentally Appropriate Practice:**
 Curriculum Disputes in Early Childhood Education
 Lilian G. Katz, Ph.D., University of Illinois, ERIC Clearinghouse on Early Childhood
 Education
- 12 **Issues in Education:**
 Enabling Families of Children with Disabilities to Better Access Quality Child Care
 Yash Bhagwanji, Ph.D., University of Louisville; Dawn Thomas, M.Ed., and Tess Bennett,
 Ph.D., University of Illinois at Urbana-Champaign
- 17 **Teaching Strategies:**
 Fostering Resiliency in Young Children
 Monica Janas, Ph.D. and Martha L. Nabors, Ph.D., College of Charleston
- 22 **Rural, Urban and Minority Education:**
 **Colorless, Tasteless and Odorless? College Students' Perceptions of Their Racial and Ethnic
 Identities**
 Karen Cachevki Williams, Ph.D. and Omowale Okintunde, Ph.D., University of Wyoming
- 33 **Nutrition, Health and Safety:**
 Hungry Families in America
 Bruce W. Klein, U.S. Department of Agriculture

Issues in Education

Enabling Families of Children with Disabilities to Better Access Quality Child Care

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Consider the following scenario of a young mother with two young children: Patty slowly counted out the change for the waiting taxi driver, dreading the moment until she realized she had the required amount. Exhaling slowly, she gathered both children in her arms, exited the cab, and lumbered up the steps of the dilapidated child care center. Pushing open the door with her foot and stooping to pick up the diaper bag she had dropped, Patty gratefully entered the cool lobby of the building. Once inside, she hoisted both children more firmly onto her hips, slid her purse and bag further onto her shoulder, and walked to the reception desk. The waiting receptionist's smile faded as she peered intently, first at Danny, then at Amy. "These are my twins, Amy and Danny," Patty gushed at the woman, in response to her rather questioning glance. "I called to register them last week."

Within a matter of minutes, Patty was ushered into the Director's office, told in no uncertain terms that the center had only one opening that would be perfect for Amy. Danny, however, was a different case as he had special needs that required additional staff, training, and adaptations that the center could ill-afford. Confused, Patty stuttered that she had been told by the Early Head Start program, where her children went to in the mornings, that there were two available slots at this child care center. The center was suggested to her because it offered transportation services and was located in the same rural community where she lived.

It did not seem to matter that Patty was a teenage parent of 17, receiving Temporary Assistance to Needy Families to survive and trying to finish

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her GED at the Adult Center in town. What did seem to matter to the child care center was that Danny was a 14-month-old boy with complications from a premature birth. Diagnosed with spastic paraplegia, Danny went regularly to the local hospital where he received early intervention services. The Director patiently explained to Patty that it was in Danny's best interest that Patty try to find another child care setting for a child with his needs. Tearfully, Patty stammered that there were no other licensed child care centers, and that the family day care homes did not feel adequate to provide for Danny's needs either. She protested, saying

Danny was able to do much of what a typical child might do, simply at a different pace. Nodding understandingly, the center Director encouraged Patty to seek further information from the Early Head Start program about other possible child care slots that would be more appropriate for Danny.

Patty's situation is not unlike the experiences of many parents trying to balance work or school responsibilities and care for their children. Low-income parents, especially, experience significant difficulties in finding child care services that will be supportive of their children's unique care, developmental, and educational needs (Center on Budget and Policy Priorities, 2000). In order to better assist parents such as Patty to achieve both self-sufficiency and appropriate services for her children, disparate child care systems must work together to facilitate families' access to both quality child care and family services.

Two of the nation's largest child care systems are Early Head Start/Head Start and early intervention/early childhood special education. These two are logical, even natural, partners in serving the needs of low-income families who have young children with disabilities. Closer collaboration between these entities have the potential of improving not only accessibility to high quality child care for low-income families of children with disabilities, but also a host of other necessary supports that parents may need to reach and maintain self-sufficiency.

In a recent survey, Head Start programs were asked about their children in community child care (Bhagwanji & Bennett, 1998). Nearly 12,000 preschool children in 142 programs responding were receiving child care subsidies, suggesting important and immediate implications for their families and needed programmatic changes. The programs also identified barriers and supports they experienced as they tried to improve child care services within their

programs and communities. Lack of affordable, flexible and quality child care, transportation problems for families and programs, and lack of skilled personnel and facilities, and financial and turf issues were identified as the main barriers. Helpful supports included coordinated comprehensive services provided at one site, community directories of early childhood agencies to assist in networking, staff trained in early childhood special education, and training and technical assistance in collaborating with community child care agencies and providers. These findings have significant implications for both Early Head Start/Head Start and early intervention/early childhood special education, namely (a) develop trusting collaborative relationships, (b) increase affordability of child care by pooling resources, and (c) implement a unified and effective staff training system.

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Develop Trusting Collaborative Relationships

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Personnel from both systems need to initiate increased contact and build partnerships with each other. Early Head Start programs, already serving pregnant women and infants and toddlers with disabilities, present a unique partnership opportunity because a large percentage of Early Head Start programs are already collaborating with or actually operating a child care setting.

With welfare reform, many low-income parents are entering the workforce or job training and need child care services, especially in the evenings and weekends. Options in the design of these programs include operating a parallel program with a child care center in the same building, designating a certain number of enrollment slots to children in child care or other early education settings in the community, and contracting with family child care providers to provide these services to Early Head Start children in their homes.

As Early Head Start and Head Start programs stretch resources to expand to full-day, full-year, and wraparound care, collaboration with early intervention and early childhood special education programs is essential. Many children with disabilities may need specialized services in centers with appropriate equipment and facilities. Regardless of the design option in the community, early intervention and early childhood special education providers need to be prepared to collaborate. This is necessary to make quality child care available to meet the demands placed on families by welfare reform as well as other legislative issues facing families of children with disabilities. Collaboration will also be a benefit by uniting community providers to lobby for more high quality child care services.

While locally driven programs may be inspired to network, cooperate and coordinate, collaboration requires going beyond the sharing of information, calendars, and awareness for joint training of staff. Collaboration requires the sharing of roles, responsibilities, and resources. These three words reflect a new emergence of thinking born out of inadequate funding, declining family involvement, and the increased need for more effective staff development. Early Head Start, Head Start, early intervention, early childhood special education, and child care agencies need to share resources, information, referrals, and expertise as they work closely in meeting the

child care needs of families. "Role release" has an important application here in that each team member shares expertise and actual job responsibility when working with children and families, particularly children with disabilities. This is a difficult concept for many to accept and invest in emotionally and financially, yet it provides great rewards in a collaborative venture. Collaboration involves trust in the team members themselves and in the viability of the team itself. Resources may be more effectively managed through the sharing of personnel and joint training opportunities. Collaboration should also include blending of funds in order to provide the most appropriate services for children and families.

Increase Affordability of Child Care by Pooling Resources

The fiscal implications of providing high quality child care for all children is enormous. To effectively serve families in a given community, each agency must be driven by the same common goal of delivering the highest quality services in the most effective manner. As families have needs that go well beyond the scope of any one program or agency, collaborative partnerships are central and necessary to ensure the delivery of comprehensive and coordinated community programs. For example, while some states like Illinois and Kentucky are to be commended for making available child care subsidies for parents on Temporary Assistance to Needy Families, quality child care is not frequently available. In rural areas there may be limited choices in child care providers. In urban areas there are often long waiting lists. Other difficulties, such as transportation to child care programs, can be a major impediment for low-income families. Programs may also turn away children with disabilities. When faced with a child care crisis, families may sacrifice work or school and care for the children themselves, disallowing them to receive public assistance. The needs of families

can be better met when programs work together in concert. In order to facilitate the delivery of comprehensive and quality services to children and families, programs must tap into and fully utilize the complement of community resources and funding streams available from local, state, federal, and private sources. Collaborating with community partners, in fact, is a performance standard for Early Head Start/Head Start programs.

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Implement a Unified and Effective Staff Training System

The lack of qualified personnel to staff Early Head Start/Head Start and community child care is overwhelming. Personnel need to be trained as part of an ongoing program training plan, as well as have a career ladder in their field of expertise (e.g., child development, early intervention, etc.). Optimally, this career ladder has pay raises built in for higher degrees. This provides more incentive to the agency and the staff member. Training should not involve attending a one-time training session with little follow-up or little investment by the agency. Training opportunities need to be done in concert with a comprehensive plan of action with follow-up built in so that staff are able to implement the content of workshops in the classroom, child care center, or home visit. These training activities require an organized mechanism of strategic planning and collaborative planning by all of the partners, irrespective of design or funding streams. For example, Indiana has a good model. Indiana has a unified training system which provides ongoing training for Early Head Start, Head Start, early intervention, early childhood special education, and community child care staff. Communities will thrive when local staff are trained in an ongoing fashion with attainable goals, be it a CDA or a university degree. Again, collaboration is required to facilitate training and

educational activities with state or regional training and technical assistance entities, as well as with community colleges and universities. The national priority to have 50 percent of Head Start classroom teachers achieve at least an associate's degree in early childhood education, or related field by 2003, can be facilitated through unified state systems of training.

Conclusion

As illustrated in the scenario at the beginning of the article, multiple challenges face low-income parents as they search for child care. The aftereffects of welfare reform leave many low-income families living in tumultuous times. Taking a broad view of family needs is appropriate and necessary. Using naturally occurring collaborative arrangements such as Local Interagency Councils or investing in Family Resource Centers can ease the burgeoning swell of changes for children and families, as well as for community agencies. Collaborative endeavors have the potential of improving not only access to high quality child care, but a range of children and family supports that parents may need to successfully transition from welfare dependency to self-sufficiency.

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