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INNOVATIVE PRACTICES

A Collaborative Model to Increase the Capacity of Childcare Providers to Include Young Children with Disabilities

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The inclusion of young children with disabilities into childcare and other early childhood programs is a practice that is advocated by many. Recent state (Bruder, 1993b; Fink, 1991, 1992) and national (Wolery, et al., 1993) surveys have documented the growing trend in childcare programs to enroll more children with disabilities, and demonstrations of the effectiveness of such inclusion has provided evidence for its use (Bruder, 1993a; Deiner & Whitehead, 1988). Legislative initiatives and recommended practices within the field of early childhood also support an inclusive model of service provision for children with disabilities. It has been suggested that the important key to the successful use of this approach is the provision of training, technical assistance, and support to the childcare staff (Bruder, Deiner, & Sachs, 1990; Wolery et al., 1993).

Unfortunately, consultative support and ongoing training for childcare providers on the diverse needs of children, in particular children with disabilities, are not always readily available (Craig & Haggart, 1994; Wolery et al., 1993). Although curricula and training models on the inclusion of children with disabilities in childcare have been available for a number of years (Hanson & Widerstrom, 1993; Kontos & File, 1993), few states have systematically attempted to infuse this knowledge base into their childcare community. This article describes a statewide project in Connecticut that attempted to meet the training and support needs of childcare providers as they included greater numbers of children with disabilities into their programs. The program was funded by the Child Care and Development Block Grant (CCDBG).

A Statewide Model

In Connecticut there are over 7,000 licensed childcare providers delivering services through family day care homes, group homes, and centers. The licensing of childcare facilities in Connecticut is presently administered by the Department of Public Health and Addiction Services. Family day care homes are registered to care for one to six full-time children (including the provider's own children) and an additional three children before and after school. Group homes are licensed to care for 7 to 12 children and centers are licensed for 13 or more children. As in many states, there are requirements for head teachers and program assistants, however, these requirements do not

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specifically address the care of children with special needs or disabilities.

Childcare providers in Connecticut have been very vocal about their need for training to accommodate children with disabilities. For example, a state survey of 537 childcare providers documented that 240 had no experience caring for a child with special needs. In addition, the majority of the 297 who did have experience, had no experience with a child with moderate or severe disabilities. These 297 providers also reported no experience participating in the development of an individual family service plan (IFSP) or individual education plan (IEP) for a child with a disability, even when a child's special services were delivered in the childcare setting. Lastly, 80% of the total sample reported a willingness to receive training on the care of children with disabilities if it was provided at no cost and scheduled at a convenient time in a location in, or close to their program.

In another state survey, two hundred families of children with disabilities reported on their need for childcare. Over one half reported using out-of-home childcare and all reported difficulty securing childcare. Many respondents who reported not using childcare indicated that they were out of the work force because of the lack of an appropriate placement for their child with disabilities.

To address these needs, the CCDBG allocated funds to the University of Connecticut's (UCONN) Department of Pediatrics to implement training on the inclusion of children with disabilities into childcare settings. This funding expanded training which had been conducted by UCONN during the previous 8 years in New York, Alabama, Illinois, Pennsylvania, and Connecticut. The initial training was funded by both state and federal grants. The purpose of this article is to describe the UCONN training model and to provide information to other state childcare and early intervention systems desiring to develop and implement training on inclusion of children with disabilities into childcare programs.

Model Description

In order to best address Connecticut's growing needs for appropriate childcare for children with disabilities, a previous model of childcare training (Bruder et al., 1990) was refined to reflect legislative mandates, recommended practice, and state needs. The current model, referred to as the Training for Inclusion Project, utilized validated inservice strategies (e.g., Bruder, Lippman, & Bologna, 1994; Bruder & Nikitas, 1992) while building collaborative relationships for enhanced childcare services for all children, including those with disabilities. This model focused on community capacity building through the use of six regional childcare training teams in the state. These teams included a parent of a child with disabilities, a childcare provider who had successfully included a child with disabilities, and an early interventionist or special educator. Most team members were employed full-time within their communities. Because of funding limitations, the teams were part time. The project had a part-time director as an in-kind contribution from the University of Connecticut.

Model Philosophy

The Training for Inclusion Project was grounded in a philosophy that reflected three basic principles of early childhood intervention. These were family-centered practices, transdisciplinary team process delivery, and developmentally appropriate curriculum for children with disabilities. These three principles were embedded throughout all training content and training procedures, as well as being illustrated continually by the training teams.

Family-Centered Practice. Every child is a member of a family (however the family defines itself) and every child has a right to a home and a secure relationship with an adult

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caregiver. These adults create the family unit and have ultimate responsibility for caregiving, for supporting the child's development, and for enhancing the quality of the child's life. The caregiving family must be seen as the constant in the child's life, and the primary unit for service delivery (Shelton, Jeppson, & Johnson, 1987). A philosophy of family-centered care is based on the premise that the family is the enduring and central force in the life of a child, and has a large impact on his or her development and well-being.

In order to work effectively with infants and young children with disabilities, early childhood service providers must become aware of each caregiving family's priorities, concerns, and resources. Service providers must also be able to communicate with each family in order to establish collaborative goals for the child. A family-centered approach to providing services depends upon a relationship between early childhood service providers and families and this relationship must be based on mutual trust and respect. Empathetic staff and flexible, coordinated family-centered services are crucial to the design of any early childhood service system, especially childcare.

Transdisciplinary Team Process. Maddux (1988) defines a team as a group of people whose purpose and function stem from a common philosophy and shared goals. To effectively meet the needs of families, it has been recommended that professionals from discipline-specific developmental areas combine their expertise and collaborate as a team (Bruder & Bologna, 1993). Such collaboration can occur between two individuals, or between a group of individuals. Creating a team, however, involves more than merely designating a group of individuals as a "team" (Katzenbach & Smith, 1993; Lumsden & Lumsden, 1992), it requires that team members be committed to the process. To formalize the collaborative process McCollum and Hughes (1998) recommend that the involved individuals adopt a team model under which to operate. For a child with disabilities in a childcare program, the team would include developmental specialists, childcare staff, and the family.

The transdisciplinary team approach has been identified as ideal for the design and delivery of services for young children with disabilities (Garland & Linder, 1994; Linder, 1993; McGonigel, Woodruff, & Roszmann-Millican, 1994), however, this approach involves a greater degree of collaboration than other team models (Bruder, 1994). Collaboration within the transdiciplinary model is a process of problem solving by team members each of whom equally contributes his or her knowledge and skills (Vandercook & York, 1990). The primary purpose of this type of team is to pool and integrate the expertise of its members so that more efficient and comprehensive service delivery can occur. Other characteristics of the transdisciplinary approach are a joint team effort, joint staff development to ensure continuous skill development among members, and role release. In a childcare program, the role of team leader should be filled by the childcare teacher who integrates the team's recommendations and interventions into the classroom routine.

Developmentally Appropriate Curriculum. The curriculum provides a basis for intervention which is delivered to children and their families. In particular, curriculum addresses the content of the intervention, the teaching strategies, and the means for assessing intervention (Bailey, Jens, & Johnson, 1983). The designation of "best practice" in curricula for infants and young children with disabilities has been evolving for several years. These curricula are based on input from theories of normal child development and from research with both typical and atypical children and their families.

The most widely used descriptor of early childhood curriculum is Developmentally

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Appropriate Practice (DAP). The concept of DAP in curriculum development for young children was adopted as a position statement by the National Association for the Education of Young Children (NAEYC) in 1986. The fundamental premise of DAP is the belief that "early childhood programs should be tailored to meet the needs of children, rather than expecting children to adjust to the demands of a specific program" (NAEYC position statement, p. 1). This approach emphasizes the unique learning needs of young children and the inappropriateness of academic instruction for this age group. The need for early childhood educators to provide learning opportunities for young children through a play-oriented approach is also highlighted.

DAP has two dimensions: age appropriateness and individual appropriateness (Bredekamp & Copple, 1997). Age appropriateness refers to the logical sequence of behavior that develops from birth to age 9. This sequence is used to guide the development of both the learning environment and learning activities. Individual appropriateness refers to each child's individual personality, learning style, family background, and developmental abilities. In a childcare program that includes children with disabilities, it is important that both developmental appropriateness and individual appropriateness be practiced.

TABLE 1.
Trainer Institute Modules

Trainer Institute Modules
How to train: The difference between teaching and training
Adult learning: Characteristics of adult learners
The presentation: Making training successful and rewarding
Overcoming resistance to change: Readiness and capability
Evaluation: Myths, methods and errors
Training for inclusion: The curriculum

Model Implementation

Training Teams. Five training teams were recruited for the project through statewide mailings sent to child care providers who had participated in a previous federally funded childcare training project. Mailings were also sent to service providers in the statewide early intervention program and the statewide preschool special education program. Families were recruited through the statewide early intervention program.

Candidates for team members were screened on a number of variables which included (a) personal philosophy that matched the model philosophy, (b) experience with families and children with disabilities, (c) experience working collaboratively with others, (d) experience designing developmentally appropriate routines and activities, and (e) availability of time. Teams provided an average of 25 hours a month of training throughout their region.

Prior to beginning the training project, all team members were required to attend an intensive 5-day train-the-trainer institute. The topics of the trainer institute modules are listed on Table 1. Each training team was required to work together to complete all assignments and activities of the institute, and they were required to implement one complete practice session of the training content. All participants received a training manual and fidelity of performance checklists for each training session.

The train-the-trainer institute was conducted by the project director. The director also monitored the progress of the training teams through observations and performance checklists (see Table 2). Following training, the director provided weekly telephone feedback, support, and supervision to each team. Additionally, training teams were required to meet monthly with the director to discuss training and evaluation issues related to model implementation.

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TABLE 2.
Items on Trainer Performance Checklist to Be Filled Out By Trainees

1. Explain things simply.
2. Give explanations we understand.
3. Train at a pace that is not too fast and not too slow.
4. Stay with a topic until we understand.
5. Try to find out when we don't understand and then repeat things.
6. Train things step by step.
7. Describe the work to be done and how to do it.
8. Ask if we know what to do and how to do it.
9. Explain something and then use an example to illustrate it.
10. Explain something and then stop so we can ask questions.
11. Prepare us for what we will be doing next.
12. Give specific details about tasks.
13. Explain something and then stop so we can think about it.
14. Show us how to do the work.
15. Explain the assignment and the materials we need to do it.
16. Stress difficult points.
17. Show examples of how to do course work and assignments.
18. Give us enough time for practice.
19. Answer our questions.
20. Ask questions to find out if we understand.
21. Go over difficult assignments until we understand how to do them.

Participants. Childcare providers were recruited for the training through project brochures mailed to every licensed childcare center or family day care home in Connecticut. These mailings occurred twice a year. Phone numbers were included on the brochure and interested providers were asked to call for information about training opportunities in their region. In addition, members of the training teams attended childcare association meetings to discuss the project and recruit participants. To receive training, participants had to be a childcare provider (administrator, teacher, teacher assistant, or family home provider) with previous or current experience providing care to a child with special needs. Child care providers who had future plans to provide care for children with disabilities also were eligible to receive training.

Training Content. The training teams offered regional training through either a long-term training institute or a shorter workshop. The institute consisted of seven module sessions, each lasting approximately 3 hours. Modules were topic specific, and each contained objectives, activities, and background reading. Modules were formatted by the training teams to facilitate ease of use both by child care providers and by families. The modules were packaged together as a childcare training manual and all participants of the institute received the manual. The topics and objectives for the seven modules are shown in Table 3.

Participants who were unable to commit to the seven-module institute were encouraged to attend a workshop. The workshops usually consisted of one institute module, chosen by the audience through a needs assessment conducted prior to training. The most popular workshop topic was Identifying Children with Special Needs, followed by The Inclusive Child Care Program. Participants who attended a workshop received module handouts.

Training Procedures. The literature on adult learning suggests several principles for delivering training. Knowles (1980) for example, recommends that all training activities follow certain guidelines to insure effectiveness. Shown in Table 4 is a list of guidelines that apply to the Training for Inclusion model.

Training teams provided training to groups of 15-20 participants. To allow for maximum participation by childcare providers, the institute was offered in a variety of formats. For example,

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TABLE 3.
Institute Objectives

Module 1–Inclusion and the ADA
- Define young children with disabilities.
- Define inclusion.
- Provide a rationale why we should include children with disabilities into childcare
- Describe the benefits of inclusion for children, families, and childcare providers.
- Describe the characteristics of an effective inclusive childcare program.
- Discuss the law relating to inclusion.
- Describe how the Americans with Disabilities Act affects childcare and early intervention programs.
- Discuss the rights children with disabilities have.

Module 2–Building Partnerships with Families
- Define a family.
- Define a family system.
- Define cultural sensitivity.
- Discuss how you can design a program to include diversity.
- Discuss how having a child with a disability can affect a family.
- Define family-centered care.
- Describe how to build partnerships with families.
- Describe what skills are required to build partnerships with families.

Module 3–Identifying Young Children with Special Needs
- Define child development.
- Define developmental milestones.
- Identify children who may have developmental delays or disabilities.
- Define screening tools.
- Describe how to approach parents with the concerns you have about their child.
- Communicate effectively with parents.
- Describe what happens to a child after screening.
- Describe how to conduct assessments.
- Describe what happens after a child is assessed and determined eligible for services.

Module 4–What is an IFSP and IEP?
- Define an IFSP.
- Describe the information included in an IFSP.
- Identify persons involved in developing an IFSP and their roles in the process.
- Define the IFSP process.
- Define an IEP and the information included on an IEP.
- Describe the IEP process.
- Define goals and objectives.
- Define collaborative goal setting.
- State the differences between an IEP and an IFSP.
- Identify the successfulness of an IFSP or IEP program.

Module 5–Collaborating with Others
- Define collaboration.
- Discuss the importance of collaboration.
- Describe who is involved in collaboration.
- Describe how to collaborate.
- Define collaborative service delivery teams.
- Define team process.
- Describe strategies childcare providers use to ensure collaboration.

Module 6–Implementing Interventions Through the Daily Routine
- Give reasons why interventions should be implemented during the daily routine.
- Define a naturalistic curriculum.
- List the basic principles of the naturalistic curriculum model.
- Describe the instructional strategies used to accommodate the needs of children with disabilities.
- Define adaptations.
- Describe how materials can be adapted to accommodate the needs of children with disabilities.
- Define assistive technology.
- Define the role of the environment in the teaching and learning process.
- Define the relationship between the design of the learning environment and children's behaviors.
- Describe the principles of behavior management.

Module 7–The Inclusive Early Childhood Program
- Describe an inclusive early childhood program.
- Discuss the importance of program goals.
- Discuss the purpose of program goals and objectives.
- Discuss the importance of staff development as a program goal.
- Describe how to provide learning opportunities to staff in an inclusive early childhood program.
- Discuss how any inclusive program can be certain that it is accessible and meets the needs of children and families.
- Describe how program evaluations are conducted.
- Describe how a child's progress is evaluated.

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TABLE 4.
Adult Learning Guidelines

GUIDELINE	APPLICATION
Establish a climate conducive to learning	Training occurs at convenient places and times agreed upon by all group participants
Training should be mutually planned by trainer and participant	The training curriculum was refined through consumer feedback yearly
	Participants determine the emphasis of certain topics
Individual training needs should be identified	Participants identified individual needs throughout each module
Formulate learning objectives	Participants completed a learning contract
Implement training through a number of techniques	Training occurred through activities and discussion
	Trainers acted as facilitators and coaches
	Case studies were used throughout the training
Continually evaluate participants progress and satisfaction	A variety of measures were used throughout training including competency-based tasks
Provide follow-up on training	All participants were given follow-up

some institutes were conducted over a 2 1/2, half-day weekend and other institutes were spread over seven separate sessions held on evenings or weekends. Training was held in a variety of locations throughout the state, usually at a child care center in the region. Each module session consisted of lectures, discussions, films, practical activities (including case studies), and feedback. Flexibility within the agenda allowed for adaptation to participants' concerns, interests, and immediate issues. For example, if a childcare provider was experiencing a personnel issue around inclusion and accommodation, the trainers allowed group brainstorming to assist the provider in problem solving. Workshops were offered during the evening or on Saturdays. Each lasted approximately 3 hours and accommodated up to 50 participants.

The modules were designed to reinforce good caregiving practices for all children using the elements of the project philosophy as guiding principles. These elements were modeled by the training team. Each module contained an average of five activities which were used for discussion and learning by the group. The training team had discretion over which activities were emphasized during each session, and which, if any, activities were assigned for completion between sessions.

Evaluation. A multidimensional evaluation model was used. This model relied on pre- and post-knowledge questionnaires that measured acquisition of module objectives, as well as competency-based tasks (one for each module), and consumer questionnaires. For the competencies, institute participants designed their own performance criteria specific to the needs of their childcare programs. Individualized training contracts were developed during the first session of the institute and specified the criteria and tasks to be completed. Sample competencies are shown in Table 5. Workshop participants completed consumer questionnaires.

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TABLE 5.
Sample Tasks

FAMILIES–Family partnership is the focus of this session. Participants will look at the many levels of family involvement as well as the reasons for involving families in day care programs. Barriers to effective family-professional interactions and possible strategies to eliminate these barriers will be explored. Additionally, ways to facilitate home-school communication, roadblocks to effective listening, effective communication skills, and rules for talking with parents will be examined.
TASK: Participants will identify the ways families are currently included in the center's activities. From the discussion in class, the participants will then list at least two more possible ways to increase the involvement.
Lists and plans will be submitted and reviewed with the training team.
COLLABORATING WITH OTHERS–This session will focus on the skills needed for successful team development. Characteristics of interdisciplinary, multi-disciplinary, and transdisciplinary teams will be discussed. The elements of an effective team and their functions will be defined, along with major factors that influence team effectiveness.
TASK: Participants will coordinate one team meeting involving staff from their center and other agencies (as appropriate). The meeting process will be followed using a checklist distributed at the session.
IMPLEMENTING INTERVENTION–The topics addressed during this session include a review of various curriculum models and the components of an effective curriculum. Participants will work together to identify how these components relate to their programs. Additionally, participants will explore how to incorporate the IEP objectives across the naturally occurring routines of their programs. Participants will also plan an activity that addresses the needs of several children.
TASK: (a) Participants will select three routines that occur during a typical day at their center. Next, they will describe two activities for each that will enhance development and occur as part of the natural routine. (b) For each of these activities, the participants will use the form provided to write objectives for a specific child, within each of the activities as outlined in the first part of the task. Several objectives should be addressed under as many domains as possible.
Activities and corresponding objectives will be submitted and reviewed with the training team.

The data we collected suggest that the training was well received. Over an 18 month period, 612 participants attended institutes and 1450 attended workshops. Seventy-five percent of the participants worked in child care centers and the remainder were family day care home providers. The majority of participants who attended workshops did so because time constraints prohibited them from attending all sessions of an institute. No demographic differences were found between those who attended institutes and those who attended workshops. Institute participants showed statistically significant improvement on post questionnaires and they completed all competency tasks on their contract. All participants requested follow-up support and an opportunity for ongoing training.

DISCUSSION

The design of a statewide model for training childcare providers to meet legislative mandates and to implement recommended practice demands a commitment to quality, accessibility, and collaboration. There are many challenges unique to the childcare provider. These include time constraints, staff turnover, increasing numbers of children with diverse needs, and dwindling fiscal resources.

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Quality training, in terms of both content and process requires the integration of adult learning principles, inservice training techniques, and recommended practices for childcare and children with disabilities. Such a model was demonstrated through the successful implementation of the Training for Inclusion project. Training also requires financial resources. Childcare programs do not have the resources to sponsor ongoing training, yet the childcare community is being required to make substantial accommodations for children with disabilities. State licensing and regulatory systems must be willing to provide support and technical assistance to the childcare community to enable it to meet both state and federal requirements.

Training for childcare providers must also be accessible. The childcare provider's day is long. Many providers cannot afford substitutes so they can attend training, and many are unable to attend training on evenings and weekends. Statewide service systems must recognize these constraints and provide training at times and in locations convenient for providers. This means that trainers must also be accessible and their schedules must be flexible enough to recognize the many demands of childcare. The Training for Inclusion model was able to demonstrate this commitment to accessibility.

Lastly, training for including children with disabilities must be focused around building collaborative relationships. Children with disabilities need the expertise of many professionals. When designing interventions for a particular child, the family and other caregivers (e.g., childcare providers) are particularly important. The childcare provider also must become comfortable interfacing with a variety of agencies and providers, and must learn to collaboratively provide services to a child with disabilities. The Training for Inclusion model was designed to illustrate such collaboration through its training teams. Because the collaborative process is absolutely essential for effective childcare services for children with disabilities, many of the module activities required collaborative teamwork.

In conclusion, as childcare providers include more children with disabilities into their programs, they deserve to have access to appropriate support and training. This training must be conducted in collaboration with other state initiatives for childcare, such as the CCDBG. As states plan how to utilize their training dollars, it is reasonable to suggest that they design, deliver and evaluate training that facilitates the ability of childcare providers to include children with diverse needs into their programs. The Training for Inclusion model was able to accomplish this formidable task through state funding mechanisms (CCDBG) and regional implementation.

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