+ Inclusion and Beyond

When it comes to inclusion, a lot of changes have occurred in the last thirty years. It has become common knowledge that there are similarities as well as differences in how young children learn. Teachers and parents have seen the positive impact that inclusion has on very young children. They have seen what happens when a parent realizes that her child's severe delays do not prevent him from having opportunities to play with other children. And it is obvious that there are reciprocal benefits when children with disabilities regularly have opportunities to observe and interact with children who do not have disabilities. This does not always mean that inclusion is easy, that everyone values inclusion in the same way, or that there is not more to learn about inclusion. It does mean that people have begun to recognize the importance of inclusion and make sure their values are reflected in public policy and practice.

Because inclusion is an ongoing process, it is not something that can be described as "finished" or "done." In fact, providers who have included children with disabilities for many years would be the first to say their experiences have taught them that there is always more to learn. Everyone's experiences are different, but the results are often quite similar. Children with disabilities are included in early childhood programs because the benefits are much greater than the challenges. In a sense, inclusion is the result of a still-developing philosophy that has evolved from the earliest history with children with disabilities. It is a philosophy that continues to grow and change as knowledge, experience, and understanding of children with disabilities and their families grow and change.

At some point in the discussion about inclusion, it becomes necessary to move away from general statements, identify what inclusion looks like in practice, and compare that picture with what happens in a typical early childhood program. In making this comparison, there are two points to remember: 1) it looks the same, and 2) it is the same. Best practice for young children is best practice, regardless of the abilities of the children enrolled in a program. Inclusion does not change the nature of the program itself. Inclusion simply means that the providers have created a program where children's individual needs, regardless of whether or not they have a disability, are met through appropriate practices and high quality care and education. Children with disabilities enjoy the routines and activities that happen in these programs, not because routines and activities are specialized for their disability, but because they are specialized for each child.

Inclusion becomes possible when early childhood professionals are able to develop and articulate their personal beliefs and attitudes about inclusion as part of their overall philosophy of working with young children. Your philosophy about caring for children guides what you do on a daily basis and is reflected in the kinds of toys you provide, the way you talk with and about children, how you talk with parents, the fact that you do not physically punish children, and the kinds of activities you plan.

In the near future, it will no longer be necessary to define "inclusion" or use it to describe this or that early childhood practice. On this future day, quality early childhood practice will be inclusive by definition. + SLM

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+ FROM THE SOURCE

Aides and Volunteers

Your past experiences with children with disabilities may make you think they require one-on-one care and education. Since this is often not possible in a typical early childhood setting, the solution seems to be to have a full-time aide for the child with a disability. However, an experienced aide is not only expensive, but can set the child apart and/or hinder the child's opportunities to play and interact with peers. Because it is so important that a child with a disability get the full benefit of interaction with other children, it is important to explore many different alternatives to meet the needs of the children and adults in the child care setting.

Sometimes all you really need to make it work is another pair of hands, especially at certain times of the day. This person does not replace you, but supports you by doing necessary, but not always child-related, activities. He or she can make snack or lunch and clean up afterwards, prepare the art area and arrange the "products" on a shelf or wall, or prepare a mailing to parents. Providing this kind of support does not require previous training or experience with young children and could be done by individuals who are retired, students, parent volunteers, or adults with disabilities. This type of "aide" frees you to do what you do best—observe individual needs, provide support for individual children during play and routines, and make instant—and plan future—modifications. + SLM

+ MAKING IT WORK

Using Children's Interests

Embedding children's interests in daily routines and activities is one effective way to individualize your program. You can discover children's interests through questions on your enrollment form, observation, and ongoing communication with parents. Interests can be actions (opening and shutting or stacking), special types of toys (little dolls or puzzles), sensory experiences (listening to music or touching silky fabrics), or themes (trucks or dinosaurs). The following steps can help you customize your play areas and activities to enhance a child's engagement with other children and your environment.

- Identify the child's individual strengths, needs, and current interests.
- Gather more information about the child's interests through observation and parent input/feedback.
- Identify resources already available in your program from the child's parents, and from outside sources.
- Use field trips and visitors to foster learning about the child's interests for the whole group.
- Regularly check the child's progress and adapt routines and activities as interests change. + SHW

+ NOTES FROM HOME:

Every Child Has Special Needs

The child care program our three-year-old attends is really big on family involvement. Although this is my only experience with child care, I guess they do the typical things: a family potluck a couple times a year; an invitation to lunch on my child's birthday; and every other month, they hold an evening "Dialogue with Center Staff." Neither my wife nor I have attended these "Dialogues" but we did fill out the survey of early childhood topics we might be interested in exploring. One day when I picked up Macey, the director mentioned that the topic for this month's "Dialogue" was one we had requested, and so we decided I would go while my wife stayed home with Macey. The topic focused on meeting each child's needs. We knew much had been done to meet Macey's needs, and we were eager to share our take on Macey's current interests and abilities.

We split into groups with our child's teacher and looked at two sections of our child's enrollment form—"any special needs" and "favorite toys/play activities." We were to reflect on how satisfied we were with the teacher's use of that information so far this year, and make additions and changes. Darren's parents exclaimed that they would have to leave "uses a pacifier for nap" because he still did, but that his favorite toys and activities had really changed in the last few months! Bil's grandmother added to the vegetarian foods she had previously listed and mentioned her willingness to continue to contribute recipes. It was at this moment that I realized that I had seriously thought that the only "accommodations" that were being made in this program were for my child! I looked down at Macey's enrollment form. We had carefully outlined her "special needs," and they really had not changed much. However, I knew my wife and I would have to fill in the "favorite toys/play activities" section again because, just like Darren, these had really changed in the last few months! +

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A contract was awarded by the Child Care Bureau, Administration for Children and Families, Administration on Children, Youth and Families, U.S. Department of Health and Human Services to the University of Connecticut Health Center to implement the Map to Inclusive Child Care Project. The project offers an opportunity to ensure that children with disabilities, from birth through 12 years old, have access to early care and education in natural settings. 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.

The Map to Inclusive Child Care Project staff assists teams from each of the selected states to conduct a strategic planning process through which priorities and work plans are developed to address the needs of each state. The project staff supports each state team to meet their strategic planning objectives over the course of a year. The following states are participating in the Map to Inclusive Child Care Project: Alaska, Arizona, California, Colorado, Connecticut, Florida, Illinois, Indiana, Iowa, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, Ohio, Oregon, Puerto Rico, Tennessee, Utah, Vermont, Virginia Islands, Washington, Washington D.C., West Virginia, and Wisconsin.

The Map to Inclusive Child Care Project provides technical assistance to selected states to design, implement, and evaluate child care services to successfully include children with disabilities (birth to twelve years old). The technical assistance is conceptualized around a model of state-specific strategic planning in order to improve child care options and opportunities for children with disabilities and their families. In order to accomplish this effectively, the chosen states convene a state work team to devise a state work plan during a two-day planning retreat, includes key stakeholders with knowledge, power, and resources related to state child care issues. Each state develops a plan based on the individualized needs of the state, creating a road map to high-quality, inclusive child care for children with disabilities.

Individuals interested in obtaining more information on the Map to Inclusive Child Care Project are encouraged to contact:

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QUESTION: I work really hard to look at children individually and develop activities that meet each child’s unique needs and interests. I work well with parents, and they help me succeed. I participate in planning for children with disabilities and collaborate with therapists, etc., about specific accommodations. I did some remodeling to make it easier for a child who used a walker.

This has been very exciting for me and has really rounded out my ability to individualize. I’ve seen the benefits of having children of different abilities. However, I am getting more and more calls from parents of children with disabilities! My program isn’t big enough to take them all, and even if I could, is that right? What can I do to maintain the natural early childhood environment parents are really looking for?

ANSWER: You are to be applauded. Your comments indicate that your beliefs and practice reflect critical foundations for successful inclusion. The dilemma is how to meet the needs of families and at the same time maintain the type of nurturing, learning environment that allows each child to participate and develop fully.

That said, there is no simple answer to your question. Inclusion is not about numbers, it’s about people. Legislation mandating inclusion does not include numbers. These laws are counting on caregivers to look thoughtfully at each child and make sound decisions based on a balance between program resources and the needs of each child and family, and not on the basis of disability.

How do you find a balance? First, get a good sense of the needs of the child you are considering enrolling. With your commitment to individualizing for each child, you probably already have a legitimate process in place—one that includes gathering information from parents and getting to know the child personally. Second, take this information and reflect on yourself, your program, and the needs of children already enrolled. Is there a good fit between this child’s needs and the time, space, and resources you have available right now? Do you have reasonable access to additional resources if necessary to accommodate this child needs? If not now, might your situation change so the child could be enrolled in the future? It is almost certain that honest inquiry will lead to the best possible decision for everyone.

Child Care plus+ staff are available to answer questions, brainstorm, problem-solve, and provide resources and information about inclusion. Call 1-800-235-4122

+ RESOURCE REVIEW

The Child Care plus+ Curriculum on Inclusion: Practical Strategies for Early Childhood Programs is filled with practical strategies for individualizing for young children. It approaches inclusion in the most inclusive way—by focusing on best practices in early childhood. Packaged in a three-ring binder, it includes twelve illustrated chapters on critical early childhood topics and easy-to-use checklists, action plans, self-assessments, and appealing posters which may be copied. Available to newsletter subscribers only for $52.00 from Child Care plus+, MUARD, 634 Eddy Avenue, The University of Montana, Missoula, MT 59812-6696.

CHILD CARE plus+ is designed to support inclusion of children with disabilities in early childhood settings by supporting child care providers, parents, and community service providers including social workers, therapists, physicians, teachers, and administrators.

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