

As our premier national early childhood program, Head Start has provided comprehensive school readiness services to more than 27 million children and their families since its inception in 1965. One aspect of the program that is not widely known by the general public or even by many early childhood practitioners and researchers is Head Start's role as a major provider of services to children with disabilities and their families.

In this *Dialog Brief* Drs. Linda Brekken and Rob Corso tell this less-known Head Start story to practitioners and researchers. They first describe Head Start's historical commitment to serving children with disabilities and their families. Subsequently, Brekken and Corso explain why inclusion is critical to serving these children and their families, how the Head Start Program Performance Standards and Other Regulations provide a useful structure to support the provision of inclusive practices, and how essential community partnerships are in providing inclusive services to children with disabilities and their families. The authors summarize the substantial research on inclusion and describe the Hilton/Early Head Start Training Program (SpecialQuest) and SpecialQuest Birth-Five, two professional development programs funded by the Office of Head that seek to increase access to and the quality of disability services for children with disabilities and their families. Drs. Brekken and Corso conclude that Head Start continues to play a key role in ensuring that young children with disabilities receive the support and services they need to become active participants in the community

Head Start's Commitment to Serving Children with Disabilities and Their Families

Linda Brekken¹

Rob Corso²

Head Start has a long-standing commitment to inclusion of children with disabilities which is demonstrated in the program's delivery of services that provide a variety of benefits to children, families, and communities.³ Examples of such services include the identification of children with

disabilities through the program's screening, assessment, and referral systems, and the active recruitment of children with disabilities and their families to participate in Head Start programs.

Since 1972 Head Start has had a mandate that programs include children with disabilities in at least 10% of their enroll-

continued on page 2

¹ Dr. Brekken is the Director of SpecialQuest Birth-Five: Head Start/Hilton Foundation Training Program, a special project of the Napa County Office of Education.

² Dr. Corso is the Evaluation Coordinator for SpecialQuest Birth-Five: Head Start/Hilton Foundation Training Program. Dr. Corso is also the Project Coordinator at the Center on the Social and Emotional Foundations for Early Learning at Vanderbilt University.

³ Head Start in this paper refers to Head Start (HS), Early Head Start (EHS), Migrant and Seasonal Head Start (MSHS), and American Indian/Alaskan Native Head Start programs.

ment opportunities. *The Improving Head Start for School Readiness Act of 2007* includes the following revised language: "...for fiscal year 2009 and thereafter, not less than 10 percent of the total number of children actually enrolled by each Head Start agency and each delegate agency will be children with disabilities who are determined to be eligible for special education and related services, or early intervention services, as appropriate, as determined under the Individuals with Disabilities Education Act, by the State or local agency providing services under section 619 or part C of the Individuals with Disabilities Education Act." The changes in language tie Head Start's definition of a child with a disability to his or her state's definition under the Individuals with Disabilities Education Act (IDEA).

Head Start Program Information Report (PIR) data for the 2007-2008 program year indicate that over 12% (127,933) of the more than 1 million children enrolled in Head Start programs (1,061,620) have been determined to have a disability. Half of the children entered Head Start with an identified disability or delay; the other half were identified while they were enrolled in Head Start (U.S. Department of Health and Human Services, 2008). In contrast to the 12% of children with disabilities in Head Start programs, recent national data show that 2.3% of children ages birth to 3 years are served in Part C/early intervention services and 5.9% of preschool children are served in early childhood special education (U.S. Department of Education, 2009). The National Early Intervention Longitudinal Study found that the families who had the most difficulty accessing early intervention services were those who had multiple risk factors, particularly low-income families from diverse cultural and linguistic backgrounds – a population similar to the families served by Head Start (Bailey, Hebbeler, Scarborough, Spiker, & Mallik, 2004). Because Head Start programs serve children and families at risk due to poverty and other factors, they are more likely to identify children who may not otherwise have easy access to specialized services.

This aspect of Head Start services provides a variety of significant benefits. We know that early identification of disabilities and early intervention services have positive impacts (Guralnik, 2001). Children with disabilities who

are identified early and receive needed services experience social and cognitive gains and have a reduced need for grade retention and special education in school-age programs (Shonkoff & Phillips, 2000). Specialized services that are provided to children with disabilities in the context of a child's daily routines at home and in early childhood care and education settings provide to the child many more opportunities to practice these skills and generalize the skills to other situations (Bruder & Dunst, 2000; Sandall & Schwartz, 2008).

Inclusion of Children with Disabilities and Their Families

Inclusion is a critical feature for the delivery of services to children with disabilities and their families. A historic step was taken when the Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC) recently published a joint position statement on early childhood inclusion (DEC/NAEYC, 2009). The National Head Start Association and other national professional organizations endorsed the position statement and the following definition of *early childhood inclusion*:

Early childhood inclusion embodies the values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society. The desired results of inclusive experiences for children with and without disabilities and their families include a sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential. The defining features of inclusion that can be used to identify high quality early childhood programs and services are access, participation, and supports.

With this definition in mind, an important step toward successful inclusion is ensuring that every Head Start program across the nation is providing access to children with disabilities. However, the definition pushes us forward to ensure that children with disabilities receive the necessary supports that allow them to participate as fully as possible in play and learning activities. This participation fosters a

sense of belonging for all children, particularly those who have disabilities.

Head Start Structures Support Inclusive Practices

The Head Start Program Performance Standards and Other Regulations provide a structure for effectively serving children with disabilities through partnerships among families, Head Start, early intervention/special education, and related services. Head Start's infrastructure supports inclusion through a combination of comprehensive services (e.g., health, mental health, dental, education, and family support); screening, assessment, and referral processes; coordination with other providers; professional development for staff; and the services of a disabilities coordinator. These structures enable programs to identify children who may have disabilities or developmental delays early and to provide developmentally and individually appropriate services in Head Start with the support of early intervention or early childhood special education services and other community partners. The implementation of the Head Start Program Performance Standards and Other Regulations by Early Head Start programs has been shown to be linked to positive child outcomes (U.S. Department of Health and Human Services, 2009).

Head Start programs provide a variety of inclusive services for children and families that promote optimal development and school readiness for all children. The Head Start Program Performance Standards and Other Regulations assure that children with disabilities and their families are included in the full range of program activities and services. These services must be well coordinated with the Head Start program's community partners, particularly the local education agencies (LEAs) and the Part C agencies responsible for implementing IDEA. The new language in the Head Start Act also requires that children's needs for early intervention or special education and related services are identified promptly and in coordination with the Part C agency or the LEA. Once children are determined to have a disability, early intervention and early childhood special education provide needed services through the implementation of the Individualized Family Service Plan (IFSP) or

Individualized Education Program (IEP) in collaboration with EHS/HS. In addition, families of children with disabilities are to be supported and involved as decision makers, and to receive information and assistance in understanding and advocating for services that are designed to address their child's special needs.

Community Partnerships Are Essential to Providing Inclusive Services in Head Start

Children with disabilities have rights to services through IDEA, and these services should be provided in partnership with families, early care and education programs, and other community services. The requirements of the Head Start Act and IDEA create natural opportunities for community partners to work together to support inclusion. The definition of children with disabilities ages birth to 5 years is determined by each state's early intervention or special education systems. Infants and toddlers with disabilities receive early intervention services under Part C of IDEA, and their services are outlined in an IFSP. These services are to be provided in "natural environments" with their typically developing peers. Preschoolers with disabilities, on the other hand, are served under Part B, section 619, of IDEA; their services are described in IEPs and are to be provided in the "least restrictive environment" (LRE) with their typically developing peers. Often times the most appropriate natural environments and LRE options for families, especially those who are low income, are Head Start programs.

Head Start is a significant partner in supporting young children with disabilities and their families across the country. The annual report provided by the Office of Special Education Programs indicated that across the nation 710,371 preschoolers with disabilities were served in 2007 (U.S. Department of Education, 2009). The 2007-2008 PIR data reports from Head Start indicated that 114,102 preschoolers with disabilities were served in Head Start (U.S. Department of Health and Human Services, 2008). This translates to approximately 16% of preschool children with disabilities and their families being served in Head Start nationally.

continued on page 4

What Do We Know about Research on Inclusion?

Participating in an early childhood environment where all children are respected and valued creates an important sense of belonging for children (Kunc, 1992; Odom & Diamond, 1998). Being with their typically developing peers helps children with disabilities avoid the stigma associated with being in segregated settings and provides them with social acceptance (Guralnik, 2001). The National Professional Development Center on Inclusion (NPDCI) recently produced in 2007 a document entitled “Research Synthesis Points on Early Childhood Inclusion” that synthesizes the research on early childhood inclusion (<http://community.fpg.unc.edu/resources/resources/articles/NDPCI-ResearchSynthesis-9-2007.pdf>). Several of the findings noted by NPDCI have major implications for Head Start and Early Head Start programs:

- Progress has been achieved, but universal access to inclusive programs for all children with disabilities is far from a reality.
- Children with disabilities in inclusive settings generally do at least as well as children in specialized programs. Inclusion can benefit children with and without disabilities, particularly with respect to their social development.
- A variety of factors such as policies, resources, and beliefs influence the acceptance and implementation of inclusion.
- Specialized instruction is an important component of inclusion and a factor affecting child outcomes.
- Collaboration among parents, teachers, and specialists is a cornerstone of high quality inclusion.
- Families of children with disabilities generally view inclusion favorably, although some families express concern about the quality of early childhood programs and services.
- Some evidence suggests that early childhood professionals may not be adequately prepared to serve young children with disabilities enrolled in inclusive programs.

The research findings above highlight the opportunities and challenges that Head Start programs face in implementing inclusive practices. Because Head Start has requirements for inclusion, as well as a supportive infrastructure, Head Start programs are an important source for inclusive services in

many communities. However, Head Start program eligibility is primarily based on income, and Head Start programs are not available in every community because federal funding is far too low to serve all Head Start eligible children and their families. This barrier limits the number of children with disabilities who can access Head Start services. Nevertheless, Head Start, as “the national laboratory for early education,” can lead the way to inclusion for other early childhood and child care programs by providing examples of effective practices and supports for other programs to include children with disabilities and their families.

In addition, research findings highlight the importance of policies, administrative support, and professional development in assuring that children have access to early childhood inclusion. Once children with disabilities are enrolled in inclusive programs, they must receive the needed specialized supports in a coordinated manner through partnerships with families, early intervention/early childhood special education staff, and other community partners. Staff training and support play essential roles in enabling programs to provide high quality, inclusive early childhood services. In addition, professional development enhances staff skills in individualizing services through embedding specialized supports into daily routines and learning activities.

SpecialQuest and Its Accomplishments

In 1997, a unique opportunity arose to proactively address the challenges reflected in these research findings. As Early Head Start was being developed and implemented, the Office of Head Start partnered with the Conrad N. Hilton Foundation and funded the Hilton/Early Head Start Training Program (SpecialQuest) to promote and support inclusive practices. SpecialQuest was a team-based training focused on inclusion for young children with disabilities, partnerships with families, teaming and collaboration to support integrated service delivery, and strategies for continuous improvement. The training required a 4-year commitment from participating EHS programs.

From 1997 to 2007 community teams – with representatives from Early Head Start, families of children with disabilities, child care and early intervention – participated

in intensive training and follow-up to address inclusion in EHS. Evaluation data from more than 500 communities across the nation as well as in-depth case studies have provided insights into effective inclusive practices and the challenges and barriers to inclusion (Brekken, 2004; Corso, Pickard, Brekken, & Bernheimer, 2007).

One of the most significant achievements of SpecialQuest was the increased number of infants and toddlers with disabilities served in EHS/MSHS programs. Throughout their participation in SpecialQuest, EHS/MSHS programs steadily increased the number of children with disabilities in their programs, enrolling at *least* 10% of their funded slots with infants and toddlers who had Part C Individualized Family Service Plans (IFSPs). The mean percentage of children with Part C IFSPs enrolled in programs that attended SpecialQuest rose from 11.3% to 17% by the end of the training program.

A major focus of SpecialQuest related to increasing participants' skills and comfort in serving young children with disabilities and their families. The evaluation findings indicate that EHS/MSHS staff, families, and community partners reported a significant increase in their skills and comfort in serving infants and toddlers with disabilities and their families in natural environments such as EHS and child care.

SpecialQuest participants indicated an increase in their skills related to supporting families to be informed decision-makers and leaders. Families noted feeling supported, informed, and valued by the EHS/MSHS programs. As one family member wrote, "I've been given plenty of information. My role is to voice any concerns that I have and to keep the ball rolling." The individualized access to information, resources, and support provided by EHS/MSHS and other community partners supported family members in their role as leaders and in making informed decisions, particularly for their own family. Family members reported overwhelmingly positive experiences through their participation in SpecialQuest, and they indicated that they became more involved with and took advantage of leadership opportunities because of their participation in SpecialQuest. They felt fully included in their teams and saw themselves as providing

a unique and valuable perspective. Family members left SpecialQuest with increased confidence in their ability to make their voices heard and to find appropriate services for their children. Families gathered important information about resources in their community and identified other parents as their most valuable source of information and support. Overall, 92% of the SpecialQuest participants indicated that their skills in supporting families as informed decision-makers increased *at least* "a fair amount."

As a result of their participation in SpecialQuest, communities reported an increase in the coordination of services among EHS/MSHS, families, and their community partners. Participants indicated that because of their participation in SpecialQuest, coordination between community agencies was strengthened (93%). There was general agreement that increased understanding of roles and responsibilities among community partners led to productive collaboration, which benefited all parties involved. The outcomes of this collaboration included joint trainings, coordination of intake and referral forms, increased referrals from Early Intervention to Early Head Start, and joint planning and delivery of services.

The programs receiving SpecialQuest training also provided training to others in their communities using the materials and resources they had acquired. As a result, more than 166,000 additional people were introduced to inclusion through the SpecialQuest training materials. These training materials and resources, the SpecialQuest Multimedia Training Library (Brekken, Ducey, & Knapp-Philo, 2007), are available to download or order at no cost through www.specialquestlibrary.org. One additional encouraging finding is that many of the programs that participated in SpecialQuest were able to sustain their work on inclusion (Knapp-Philo, Corso, Brekken, & Bair Heal, 2004; Corso, Pickard, Brekken, & Bernheimer, 2007). Since the American Recovery and Reinvestment Act is enabling Early Head Start program enrollment to nearly double, it is hoped that many of the lessons learned through SpecialQuest will guide the new Early Head Start programs in their work to include and serve our youngest and most vulnerable children and their families.

New Opportunities: SpecialQuest Birth-Five Supports to States

In 2007 the Office of Head Start funded a new version of the SpecialQuest program—SpecialQuest Birth-Five—designed to create welcoming, supportive, and inclusive communities for young children with disabilities and their families across the country, with a specific focus on improving practices in Early Head Start and Head Start. SpecialQuest Birth-Five promotes cross-system professional development for inclusion in 10 states by embedding SpecialQuest's approach, resources, and training materials into their systems (www.specialquest.org). Cross-system collaboration and professional development is critical since a variety of systems, disciplines, and supports are involved in services to young children with disabilities – including families, Head Start, child care, Early Intervention (Part C), early childhood special education (Part B, Section 619), health, mental health, and other specialized services.

The response to SpecialQuest Birth-Five has been very positive, with 27 states expressing interest and 18 states submitting proposals. The program is currently working closely with 10 SpecialQuest State Leadership Teams, as well as two SpecialQuest community teams in each of these 10 states. The SpecialQuest State Leadership Team members include stakeholders from Head Start, Early Intervention (Part C), early childhood special education (Part B, Section 619), family support, child care, colleges and universities, and other key partners (health, mental health, etc.). SpecialQuest also maintains connections with SpecialQuest graduates (teams that participated for four years in SpecialQuest) through the work of 70 SpecialQuest Ambassadors across the country. New materials on preschool inclusion are currently being developed to support Head Start programs on inclusion. Faculty from colleges and universities are also exploring the use of the SpecialQuest approach and materials to ensure that students entering the field of early childhood are prepared to provide inclusive services to young children with disabilities and their families.

Evaluation data from the first 18 months of the SpecialQuest Birth-Five program look very promising. The ongoing data collection and case studies on the work of

the SpecialQuest State Leadership Teams will be of interest to the early childhood education policy community as other states are exploring strategies to coordinate professional development efforts aimed at supporting inclusion.

Head Start's leadership is to be applauded for its collaborative work with other state and federal agencies and systems to promote inclusion. At a time when the coordination of early childhood resources on a federal level and within state systems has become a nationally recognized need, many efforts are underway to address the pressing need to coordinate early childhood resources at both the federal level and within state systems. As such, the lessons learned from the SpecialQuest State Leadership Teams and other state early childhood coordination efforts will be valuable.

Conclusion

Head Start serves as a national model with a long history of providing inclusive services to young children with disabilities and their families in partnership with early childhood special education and other community partners. The lessons learned have benefitted all young children, their families, and their communities. Head Start has created the infrastructure, training resources, coordination, and partnerships to make inclusion not only possible but also successful. In this way, Head Start is continuing to lead the way forward in making high quality early childhood education programs and services accessible to young children with disabilities and their families, ensuring they receive the support they need to actively participate in their communities.

References

- Bailey, D., Hebbeler, K., Scarborough, A., Spiker, D., & Mallik, S. (2004). First experiences with early intervention: A national perspective. *Pediatrics*, 113(4), 887-896.
- Brekken, L. Supporting children's possibilities: Infants and toddlers with disabilities and their families in Early Head Start (2004). In J. Lombardi, & M. M. Bogle (Eds.), *Beacon of hope: The promise of Early Head Start for America's youngest children* (pp. 148-167). Washington, D.C.: Zero to Three Press.
- Brekken, L., Ducey, C., & Knapp-Philo, J. (2007). *SpecialQuest Multimedia Training Library*. The Hilton/Early Head Start Training Program. Rohnert Park, CA: Sonoma State University.
- Bruder, M. B., & Dunst, C. J. (2000). Expanding learning opportunities for infants and toddlers in natural environments: A chance to reconceptualize early intervention. *Zero to Three*, 20 (3), 34-36.
- Corso, R., Pickard, E., Brekken, L., & Bernheimer, L. (2007). *Hilton/Early Head Start Training Program 2007 Internal Evaluation Summary*. The Hilton/Early Head Start Training Program. Rohnert Park, CA: Sonoma State University.
- DEC/NAEYC. (2009). Early childhood inclusion: A joint position statement of the Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC). Chapel Hill: The University of North Carolina, FPG Child Development Institute.
- Guralnik, M. J. (2001). *Early childhood inclusion: Focus on change*. Baltimore: Paul H. Brookes Publishing Co., Inc.
- Knapp-Philo, J., Corso, R., Brekken, L., & Bair Heal, H., (2004). Training to make and sustain change: The Hilton/Early Head Start Training Program. *Infants & Young Children*, 17 (2), 171-183.
- Kunc, N. (1992). The need to belong: Restructuring Maslow's hierarchy of needs. In R.A. Villa, J. S. Thousand, S. Stainbeck, & W. Stainbeck (Eds.), *Restructuring for caring and effective education: Administrative guide to creating heterogeneous schools* (pp. 25-39). Baltimore: Brooks Publishing.
- National Professional Development Center on Inclusion. (2007). *Research synthesis points on early childhood inclusion*. Chapel Hill: The University of North Carolina, FPG Child Development Institute, Author.
- Odom, S. L., & Diamond, K. E. (1998). Inclusion of young children with special needs in early childhood education: The research base. *Early Childhood Research Quarterly*, 13, 3-25.
- Sandall, S., & Schwartz, I. (2008). *Building blocks for teaching preschoolers with special needs*. Baltimore, MD: Paul H. Brookes Publishing Co., Inc..
- Shonkoff, J. P., & Phillips, D. A. (Eds.). 2000. *From neurons to neighborhoods: The science of early childhood development*. Washington, DC: National Academy Press.
- U.S. Department of Education, Office of Special Education and Rehabilitative Services, Office of Special Education Programs, *28th Annual report to Congress on the implementation of the Individuals with Disabilities Education Act, 2006*, vol. 1, Washington, D.C., 2009.
- U.S. Department of Health and Human Services, Administration for Children and Families. (2009). *Research to practice: How the Performance Standards support new Early Head Start programs: Lessons learned from research*. Washington, D.C.
- U.S. Department of Health and Human Services, Administration for Children and Families. (2008). *Head Start Program Information Report for the 2007-2008 Program Year, National Level Summary Report*.

Additional Resources on Early Childhood Inclusion

Center on the Social and Emotional Foundations of Early Learning

www.vanderbilt.edu/csefel/

CONNECT: The Center to Mobilize Early Childhood Knowledge

<http://community.fpg.unc.edu/connect>

Early Childhood Learning and Knowledge Center

<http://eclkc.ohs.acf.hhs.gov/hslc>

Head Start Center for Inclusion

www.headstartinclusion.org

National Child Care Information and Technical Assistance Center (NCCIC)

www.nccic.org

National Early Childhood Technical Assistance Center

www.NECTAC.org

National Professional Development Center on Inclusion

www.fpg.unc.edu/~NPDCI

Technical Assistance Center on Social Emotional Intervention for Young Children (TACSEI)

www.challengingbehavior.org



NATIONAL HEAD START ASSOCIATION

1651 Prince Street
Alexandria, Virginia 22314

NHSA DIALOG *Briefs*

Winter 2009

Research and Evaluation Department
National Head Start Association
1651 Prince Street
Alexandria, VA 22314
Phone: (703) 739-0875
Fax: (703) 739-0878

Yasmina Vinci, Executive Director
Ron Herndon, Chairman of the Board
Ben Allen, Director, Public Policy and Research
Julie Antoniou, Managing Editor

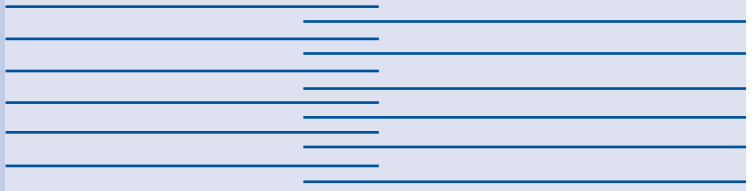
University of North Carolina at Charlotte
Richard Lambert, Editor

The National Head Start Association, an independent membership organization, advocates on behalf of the entire Head Start community and provides training and resources to Head Start programs nationwide.

© 2009 National Head Start Association. All rights reserved.

ISSN 1535-5594

DIALOG



Briefs