Children's Hospital of Philadelphia PolicyLab

Promoting Access to High-quality Early Care and Education (ECE) for Children With Developmental and Behavioral Concerns

Family & Community Health

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For children with developmental and behavioral concerns, access to high-quality early care and education (ECE) provides a critical foundation for reaching their full potential, in school and throughout life.

High-quality ECE can occur in a variety of settings, but it centers on warm, responsive, individualized interactions between children and adults. Children enrolled in high-quality ECE have been shown to demonstrate improved cognitive skills, including literacy and math, as well as stronger relationships and more effective emotional regulation.

As a pediatrician, I have seen the positive impacts of high-quality ECE firsthand. For one of my patients, a toddler with autism, finding the right ECE center made all the difference: with coordinated therapies and knowledgeable, responsive teachers, her communication and social-emotional development flourished, and her mother was able to return to pursuing her own employment goals.

Unfortunately, and not uncommonly, the road to accessing ECE for this family was not smooth. Families of children with disabilities are more likely to report difficulty accessing child care, facing obstacles ranging from cost and lack of available slots to finding ECE providers equipped to safely navigate their child's needs. For my patient, finding a center that could nurture her multiple communication modalities was a critical, yet time-consuming and frustrating process.

In this blog post, I will highlight two key policy opportunities for improving access to high-quality ECE for children with developmental and behavioral differences: 1) promoting systems integration and 2) supporting the ECE workforce.

Early Care and Education Landscape

In the United States, ECE serves children from birth through age 5 and is delivered through a mix of federal, state and private programs. While some specialized or "self-contained" programs exist for certain disabilities, such as Autism Support Classrooms, accessing these programs can be challenging and many children with developmental or behavioral concerns will enroll in "typical" ECE programs. In Pennsylvania, key publicly funded ECE programs include:

- Early Head Start and Head Start: Federal programs that provide free education, health and social services for low-income pregnant people and families with children under 3 years (Early Head Start) or 3 to 5 years (Head Start).
- Child Care Works (CCW): A Pennsylvania program that provides subsidized child care at participating centers for low-income families.
- Pre-K Counts: Pennsylvania's program to provide free pre-kindergarten education to children ages 3 to 5 years from low-income families.

In addition to ECE, many children with developmental delays or disabilities will also receive Early Intervention (EI). EI is a separate system offering specialized services, such as speech, physical, occupational, and behavioral therapies. Although EI is accessed and funded independently from ECE, children can receive EI therapies at their ECE center.

Key Policies

Policies that encourage integration of the many systems serving families and policies that strengthen the ECE workforce can improve access to high-quality ECE for children with developmental and behavioral concerns.

Promoting Systems Integration

To obtain necessary developmental and behavioral supports, families must often navigate multiple programs and systems. In addition to ECE and EI, families may engage with primary, specialty, and behavioral health care. Even within EI, children transition from Infant and Toddler EI (birth through age 3), where services can be provided at home, to Preschool EI (age 3 through kindergarten), where services are all center-based. Policies that promote integration across these systems make it easier for families to identify and access appropriate resources. For example:

- Pediatric care and ECE programs: For many families, pediatric primary care serves as a regular touchpoint. Programs like the Community Clinical Systems Integration (CCSI) pilot at CHOP have partnered with primary care to increase families' knowledge of their child care options. CCSI embeds child care navigators within primary care offices to offer guidance for families navigating child care, which can include tailored advice for children with developmental or behavioral differences..
- Early Intervention and behavioral health: Many families of children with developmental conditions seek support for managing challenging behaviors. A recent statewide project examined how EI and behavioral health can better meet the mental health needs of infants and toddlers in Pennsylvania, and enhanced cross-system collaboration emerged as a key theme. Specific recommendations included creating opportunities for relationship-building between EI and behavioral health providers, funding cross-system coordinators, and educating families and pediatricians about all available services.

Supporting the ECE Workforce

Policies that bring families into ECE programs must be paired with policies that strengthen and expand the workforce delivering those services.

- Adequate funding for ECE and EI providers: Low wages and a lack of benefits contribute to staffing shortages that negatively impact service quality within both ECE and EI. For EI providers, reimbursement rates vary widely by state. In Pennsylvania, a report by the Office of Child Development and Early Learning (OCDEL) found that FY 2022/23 EI rates were underfunded by more than $71 million. For FY2025/2026, the PA state budget included a 7% rate increase for EI providers and also created the Child Care Staff Recruitment and Retention (CCSRR) program, issuing up to $25 million in bonuses for qualified ECE staff and new hires. There is a high demand for child care, but the true cost to operate high-quality ECE exceeds what many families can afford to pay, creating a gap that is often made up through low wages and benefits

for early educators. Greater investment at the federal level, along with state policy change, is needed to ensure that high-quality programs can operate at a level that families can afford.
- Additional classroom assistance: Preschoolers with disabilities are suspended and expelled at higher rates than their peers without disabilities. Infant and Early Childhood Mental Health Consultation (IECMHC) connects child care professionals with trained mental health consultants to create plans to address students' behaviors and developmental needs. Scaling training for IECMH consultants can increase child care provider capacity, improve ECE staff retention and help keep children in the classroom.

As a pediatrician, I see ECE as an invaluable partner in caring for children with developmental and behavioral differences. I meet with families in meaningful moments as I help to evaluate, diagnose and manage their concerns. ECE providers care for my patients day after day, fostering their learning and social-emotional development and providing critical community support. ECE programs are not only an important bolster for children in the short-term; they also uplift children's outcomes in the long-term, as highlighted in a recent PolicyLab brief. To make this partnership possible for every family, children with developmental and behavioral needs must be able to access high-quality ECE programs. This means strengthening coordination across pediatric care, ECE, EI, and behavioral health, and investing in the ECE and EI workforces with the compensation and resources required to meet children's needs.

By championing ECE policies that bolster cross-system integration and sustain child care workers, we can ensure that children with developmental and behavioral differences have access to the resources they need to thrive.

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