PROGRAMS FOR YOUNG CHILDREN IN HAWAII: AN OVERVIEW

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All over the United States the number of working mothers is increasing. During the 1972 hearings before the Senate Finance Committee, it was estimated that four million women in the workforce had children under the age of six. It was projected that by 1980, the female workforce with children under age six would total five million — an increase of 40 percent during this decade. In Hawaii, as in the rest of the country, more women than ever before are working — some because they want to, others because they have to — and, consequently, parents at all economic levels are demanding more and better child-care services. In our state there are, according to the Department of Health, 79,369 children under age five, 38.1 percent of whom have mothers working full-time — and this figure does not include unwed mothers and single heads-of-households. It is no longer a matter of dispute that there is a need for child-care services outside the nuclear home. The key question is: What kinds of child-care programs exist in Hawaii to meet this need?

There are essentially five basic forms of child-care programs for preschool children available. They can be categorized as follows:

- The informal, family day-care situation in which a relative or friend cares for the child.
- The paid babysitter who sits one or two children in her own home, or sits one child in the parental home.
- The licensed or unlicensed family day-care home in which children are cared for in a home setting, among a group of children under the supervision of an adult.
- A full-day, child-care center program which offers the child both educational and recreational opportunities.

All of these serve working parents — and are usually open ten to 11 hours a day, five or six days a week.

Also available are nursery schools which provide social and educational experiences for children whose parents usually include a non-working mother. Head Start classes are available for economically-disadvantaged three-, four- and five-year-olds. These provide a full range of developmental services in either four- or six-hour, four- or five-day programs.

On the premise that, "good and excellent child care comes in many forms, varying with respect to parents' and providers' values and the resources available," this article will briefly survey the major types of child-care programs currently available to preschool children and their families in Hawaii.

Programs and Services Provided by the Private Sector

Approximately 90 percent of all the child-care services available to children aged zero to five are provided by the private sector, either profit or non-profit. Accurate figures are difficult to obtain but it has been estimated that 3,017 children stay with relatives; 17,096 children are placed in some form of family day-care, and 7,329 children attend the approximately 144 private centers across the State. The majority of the private centers are located in urban Honolulu. Approximately 27,442 children are cared for by the private sector. Not all these children have working parents; the figures include children who are cared for only a few hours a day by a paid sitter or friend, and children in nursery school programs.

The figures clearly illustrate that the most popular form of child care, especially for children under age three, is the informal arrangement at home with a friend, relative, or paid babysitter; with the family day-care home running a close second. There seems to be a definite parental preference — traceable perhaps to the Hawaiian extended-family tradition — for small group,
home-like settings for the care and nurturing of young children.

Additional factors that tend to make the informal arrangements popular is that they are usually located near the child's home or the parent's work place and, there, hours tend to be more flexible than regular center care. When these considerations are added to the relatively low cost of the informal child-care network, the reasons for their popularity become clear.

Unfortunately in Hawaii, as in the rest of the country, the informal family day-care network eludes regulation and little is known about the quality of the care-givers, the types of service, or the quality of care they provide. Legally, in Hawaii, family day-care homes must be licensed. The regulations specify that the licensed homes meet health and safety rules. They also require that the family day-care operator be at least 18-years-old and of good moral character. In addition, the rules require that no more than five children, including the operator's own child, may be enrolled. Out of the five children, no more than two can be babes-in-arms. But there are only 200 licensed family day-care homes in the entire state, serving approximately 1000 children. So, we may well ask, along with the rest of the United States, who is minding the children and what kind of care are the children receiving through the informal, barely visible child-care network?

The most visible child-care programs are private-center-based programs. They have a long and honorable local history. Early childhood programs came to Hawaii from Europe and the mainland United States. The first kindergarten in Hawaii was opened in 1892 by the Reverend Frank Damon. He was in charge of the Chinese Mission of Honolulu and, on the basis of need, set up a school for the children of working parents among his Chinese parishioners. The first teacher at the school is quoted as saying that her "equipment consisted of a handful of wiliwili seeds and some bits of chalk, and that there were several pupils whose bound feet required their fathers carry them to and from school." The school became so popular that he asked the Women's Board of Missions, a group of women interested in child welfare, for help. In 1894, the Board took over the administration of five kindergartens for children aged three to seven, which had been run by various missions in Honolulu. In 1895, the group became the non-profit Kindergarten and Children's Aid Association, whose original purpose was, and still is, "to provide for the needs of little children." The Association went on to develop a child-care network and established the first teacher training school for kindergarten teachers in Hawaii.

Private, for-profit, center programs were developed during and after World War II, as the extended family tradition began to break down. Today, the private sector provides 7000+ of the 9000+ licensed day-care spaces in the state.

Center-based programs are operated by private, for-profit, or private, non-profit providers. Private, for-profit, centers may be operated by national franchise operations, or by individuals and/or business corporations. Non-profit centers are usually operated by church groups, community and/or service organizations.

The private-center programs range in size from an average of 40 to 140 children and the majority open ten hours a day, five days a week. There are a limited number of half-day programs and a few parent co-ops. Some full-day centers incorporate part-day options for children of non-working parents. In addition, some private, for-profit centers offer Saturday care, and one center offers night care.

Financially, private-sector programs vary from small community or individual centers, usually operating on a shoestring, which are limited to providing safe, custodial care, to large, well-financed service organizations providing comprehensive child care. Kindergarten and Children's Aid Association, for example, operates nine centers which serve approximately 940 children and their families. Operational expenses are met primarily through tuition fees, along with federal government contributions to the school lunch program. Other support comes from trusts, foundations and endowment funds. The Aloha United Way gives partial support to KCAA's tuition-aid program, which is sustained through income from thrift shop proceeds and KCAA memberships. KCAA's building fund is supported separately through fund-raising efforts. The organization provides full developmental care, including educational, social, nutritional and
psychological services, along the guidelines recommended by the Office of Child Development for quality child care.

In between are the medium to large centers, both profit and non-profit, which offer balanced educational and recreational programs to the children.

Philosophically, programs range from highly-structured to unstructured; from Montessori/Dewey/Piaget to the British classroom.

An informal survey of private operators in urban Honolulu regarding their program goals reveal that most consider that they provide services within a child developmental framework. The profit sector, mainly at the urging of their parent-clientele, tend to emphasize academic skills to a greater degree than state, federal, and other non-profit programs.

Tuition ranges from a high of $120 a month for ten-hours-a-day, five-days-a-week, to a low of $20 a month for a half-day, three-days-a-week care. Costs are relatively low because the non-profit sector, through churches, trusts and community funding, has, in effect, subsidized center-based care. In addition, salaries are very low and the teacher-pupil ratio is high. It averages 1:15, which is still below the 1:20 ratio that the State's Department of Social Services and Housing allows. Both factors, high ratios and low salaries, amount to subsidization by the child-care staff involved.

Public-Sector, Center-Based Child-Care Programs

The two major sources of federal-state money for center-based programs are the Economic Opportunity Act of 1964 and Title XX of the Social Security Act, as amended in 1974.

All centers funded by federal agencies must comply with the federal interagency guidelines for child care. This means that they must take a comprehensive approach to child care and provide medical, dental, social and mental health services, as well as a balanced educational, recreational, social-emotional, motor-developmental program for the children in their care. The guidelines also advocate parental involvement in the life of the center, as well as parental input into the policy decisions that govern the life of the center. In addition, all centers receiving federal funds must maintain a 1:5 ratio of adults to children. Meeting these guidelines in a period of fiscal austerity is not easy.

The four Head Start programs in Hawaii operate on a budget of approximately $1,000,700 — of which approximately $137,000 is provided by the State. Four local community-action programs located in Honolulu, Maui, Kauai, and Hawaii serve the State. Among them they operate 53 centers, serving about 1088 children ages three to five. Honolulu, with the largest Head Start program in Hawaii, operates 32 classes — involving 32 teachers and 32 aides serving 988 children. Also funded partially through the Oahu Head Start program, with a combination of Title XX and Head Start monies, but run independently, are two parent-child centers serving 100 families with children ages zero to four. All Head Start programs require parental involvement, using parent-volunteers to work in the classroom, thus helping to maintain the 1:5 ratio. Head Start mothers, therefore, tend not to be working mothers.

In addition to U.S. Office of Economic Opportunity monies, Hawaii uses approximately $2,000,000 out of its $9,200,000 Title XX allocation to support child-care centers. The Title XX program is run by the Central Administrative Unit of the Department of Social Services and Housing, which has a staff of seven administering the program. Centers receiving these funds are: Family Services Center, Inc., Children's Center, Waianae Coast Day-Care Center, Parent-Child Center (funded by both Title XX and Head Start), Windward Child-Care Federation, Waikiki Community Center, Operation Kokua, Project Keiki, and the Office of Economic Opportunity Day-Care Centers on the islands of Kauai, Maui and Hawaii. Among them they service approximately 1200 children either on welfare or children of the working poor.

The Title XX centers are required to provide comprehensive developmental care and tend to be innovative in their service delivery. In addition, some of them reach out to help and train staff in other local child-care centers. Their emphasis is on the total child and on the early detection of
health, social, educational and mental health problems. The staffs of Title XX programs have combined forces to become child advocates working with other organizations — such as the Hawaii Association for the Education of Young Children, Council for Exceptional Children, etc. — to upgrade the general quality of services for all children in the-community.

Because of the mandated adult-to-child ratio, and the comprehensiveness of the services delivered to the child and the family, Title XX and Head Start programs tend to be expensive. They average in cost between $140 to $180 a month per child. They provide the State with highly-visible comprehensive child care restricted, by eligibility requirements, to low-income families — who lose the service if they improve their earning potential beyond the eligibility criteria.

Programs for Children with Special Needs
Hawaii is following national trends, and beginning to provide more services to young children with special needs. A definite effort is now made to locate and serve handicapped children and their families.

The present services and programs available to the young handicapped child can be divided into three groups: those which serve infants who are handicapped or developmentally delayed; those which serve two-and-a-half to five-year-olds, and those which serve children who are six to eight years old.

Presently, infants in Hawaii who have apparent handicaps or delays are referred by a pediatrician or the public health nurse to the infant stimulation programs which are located on all the major islands in the State. The infant stimulation programs are run by a variety of agencies, such as the Department of Health, the Easter Seal Society, the Parent and Child Center, and the Associations for Retarded Citizens. All of these agencies receive state and federal funds.

At the three-to-five-year level, there are more programs for young handicapped children than at the infant level. There are special programs available for children who are mentally retarded, physically-impaired, neurologically-impaired, emotionally handicapped, speech-impaired, deaf, or blind. These programs are also sponsored by a variety of agencies, such as the Department of Health, Head Start, Easter Seal Society, Associations for Retarded Citizens, United Cerebral Palsy, and others. They operate on a mixture of state and community funding. The types of agencies vary. Most of the programs provide Monday-through-Friday classes for the children; individual speech, physical, and occupational therapy, and family counseling. Diagnostic evaluations for infants and children are usually done by the Department of Health, even when the child is attending a private program.

There is a tendency for the more specialized preschool programs — for example, those serving only the cerebral-palsied child, the neurologically-impaired child, or the emotionally-disturbed child — to be located in urban Honolulu. This creates problems for the families of children who live in the rural sections of Oahu, or on the Neighbor Islands. The Oahu youngster who lives outside of urban Honolulu must either face a daily, two-hour car ride to the specialized program, attend a regular preschool program in his area which takes children with various types of handicaps, or stay at home. On the Neighbor Islands, there are even fewer programs which serve handicapped children; transportation and long-distance travel are very real problems.

According to Hawaii law, the State’s Department of Education has the responsibility of providing an education for every child, under 20 years of age, in the State, regardless of whether the child has a handicap or not. In general, the Department of Health has taken the responsibility for overseeing the education of handicapped children under three years of age. The Department of Education, however, is now trying to provide direct educational services to all young handicapped children. At present the Department of Education has programs for deaf children who are three years of age and older. Most children who are moderately to severely mentally retarded enter public school programs when they reach age four; children who are orthopedically handicapped begin in the public schools at age six. There are currently no early education public school
programs for the four- to six-year-old child who has a learning disability or a mild developmental delay. These children are generally placed in the regular classroom, where they stay until the second or third grade. If they continue to show a learning problem, these children will be placed either in a self-contained special class or be assigned to a resource room which the child visits from one to five hours a day, depending upon need, to receive extra assistance from the special education teacher.

The Ancillary Support System

Both private and public child-care systems look for support and regulation to the three main departments responsible for child-care services in the State of Hawaii. These are the Departments of Social Services and Housing, Education, and Health. Each labors under the disadvantage of inadequate money and staffing to fully articulate and carry out its support functions to the childcare community. Briefly, their responsibilities are these:

- The Department of Social Services and Housing is the child-care licensing and regulating agency. It carries out this function in cooperation with the Department of Health and the counties responsible for zoning and building codes. It also administers and monitors all Title XX programs, as well as aid to families with dependent children and all welfare programs.

- The Department of Health has traditionally been responsible for providing services to children with special needs who are under age four. The Department is also involved in screening four-year-olds in selected private and public child-care centers on Oahu, for developmental and emotional problems. They also provide centers with learning and vision screening. The screening programs are widely-valued by the child-care community, which anticipates that full developmental and emotional screening will soon become available to the whole of Oahu and the Neighbor Islands. The only complaint being that after evaluation, services may not be provided due to lack of facilities and staff.

- The Department of Education has only one childhood education specialist on its staff. She, in conjunction with staff persons in compensatory and special education, provide services to a very limited number of preschool-aged children. In 1973, the Department’s Office of Instructional Services prepared, under the direction of the early childhood specialist and a team of consultants, a proposed plan for early childhood education in Hawaii.

In February 1975, the Board of Education adopted the position that the education of the child would be provided by the existing child-care systems. The role designated to the Department of Education, by its Board, was that it provide services to parents and to other care-givers in both the public and private sectors, except for the handicapped and economically-disadvantaged young children for whom direct services shall be provided as local, State, or Federal funds become available. This policy stance of support services, estimated to cost $4 million annually upon full implementation, was adopted over the second alternative of direct services with a public system costing $40 million annually just for the three- and four-year-olds.7 Under this plan the Department of Education would be involved in providing early education support services to care-givers by developing the Early Education Information Subsystem (basic and educational data gathering and dissemination subsystem for the four-year-old and younger) and the Audiovisual Packages for Inservice Education to accompany the Department’s existing Early Childhood Education Curriculum Guide. Through a proposed expansion of office staffing, the development of a series of Community Resource Centers for care-givers and Regional Resource Centers, the Department would be able to provide early education service to the community in general, the informal child-care community, and public and private child-care centers. It was also suggested, although given lower priority rating, that teams of specialists be hired to support the teachers in private or public centers or family day-care homes.
which care for handicapped children. In addition, it was hoped that education consultive services to the Department of Social Services and Housing for its Day Care and Family Home Care Licensing Divisions on the islands of Oahu, Hawaii and Maui could be provided, and a series of community parent/child seminars be made available to the public.

Except for the Early Education Information Subsystem, the services outlined above are not yet funded. If they were, they would provide additional support services to existing and projected programs; collectively they could provide the basis for a more comprehensive array of decent services as well as an early childhood support system for parents and the formal and informal child-care system in our State.

Conclusion
The preceding survey of child-care programs in Hawaii was not inclusive — it was representative of what is. The overall impression is of a group of uncoordinated programs, regulated and supported by three state agencies, which operate, more or less, independently of each other. The Department of Education has, by necessity, concentrated its attention and funding on existing programs, kindergarten through grade twelve. Other involved agencies also have their priorities. All state agencies have plans to increase and improve services to their age group. All agree on the need, but no immediate change in their funding policies are projected — so plans are likely to remain plans. The child-care community is hopeful that the new Office of Children and Youth, recently signed into law, will make the development of a coordinated system of child-care services, public and private, formal and informal, a possibility — with the necessary state support system as one of its first priorities. At the same time, the new office will need to be careful to retain one of the major strengths of the present haphazard arrangements: its diversity which allows parents a variety of choices as to the type of service and program philosophy they desire for their children.

The survey also reveals some gaps in service. Hawaii has a large tourist industry which employs many women who work either the swing or night shift; yet only one center provides evening services and it is only open until 2 a.m. We have almost no formal licensed child-care services to serve the parent who works odd hours, or the sick parent who may need temporary overnight care for children. These factors may be another reason for the popularity of the informal family-care system.

Gaps also exist in the provision of services to exceptional children. There are no programs for the four- to six-year-old child who has a learning disability or a mild developmental delay, and few for the child who is multiply or severely handicapped. The kindergarten, first-, or second-grade student who enters school with a record of suspected problems and past therapy should not have to wait until he is two years behind the norm before receiving services. Nor should the child who happens to have severe and multiple learning problems be deprived of a public school education. Finally, statewide screening for all three- to four-year-old children should be instituted. This screening should, as it has been doing on a limited basis, identify those children who have possible health, learning, and adjustment problems which may impede their progress. After the screening, there should be immediate follow-up services for the children who have been found to have problems, and a substantial reduction of the present delay of approximately one year for remediation after evaluation.

This brings up the subject of cost — quality care costs. Without substantial subsidy from federal, state or community sources, there is no way to provide quality care. After all, day-care centers and the informal home-care system take care of the young child from breakfast through late afternoon, five days a week. A major part of a young child's life is spent, if he has working parents, outside his home. For some it is the locus for much of their early development and social experiences. Centers which offer comprehensive care are few and the majority are federally-funded and linked to the welfare system. The 1973 Health, Education and Welfare audit sampled day-care facilities in nine states. They examined 552 centers and found most did not meet federal
requirements, even in the basic health and safety areas. Experts in child care claim that $2400 a year is not an unreasonable figure for quality care. In Hawaii, with its high cost of living (second only to Alaska), and relatively low salaries, parents have not been prepared to pay what it would take to provide quality care.

What solutions are there to the dilemma that Hawaii and the rest of the nation faces? Children are our most valuable resource; they are our future. Yet economic necessity, combined with changing attitudes towards the role of women as members of the workforce, are forcing us to change our child-care patterns. Increasingly, women are left with the sole responsibility of rearing children. This means that we must look for ways outside the nuclear family to provide support for childrearing. This forces on the community the need to scrutinize very carefully those services which develop to fill the gap and ensure that the quality of care provided, whatever the costs, will speak to the emotional, social, and educational needs of the child as well as to his health and safety. This is a right of the children and a responsibility of all citizens — general, professional, and governmental — not just parents!

Footnotes

4Fukuda, op. cit., p. 40.
5Fukuda, op. cit., p. 110.

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