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Policy Brief #6: Child Care Quality for Children with Disabilities

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CHILD CARE QUALITY FOR CHILDREN WITH DISABILITIES

Findings from the Midwest Child Care Research Consortium reveal the quality of experiences in inclusive care for children with disabilities and their parents from 4 Midwestern states within both center-based programs and family child care homes.

Number 6

policy brief

Inclusion is a goal that is widely embraced for children with disabilities. The U.S. Dept. Education sets the target for 90% of children with disabilities to be enrolled in general education classes for 80% or more of school day (U.S. Department of Education, 1998). Early educators likewise support the rights of all young children to participate in a variety of natural environments within their communities. If this ambitious goal is to be met, more services must be provided in community child care. Yet quality child care choices are limited in availability, and parents of children with disabilities may have their own unique perspectives on what their children need in child care.

Brief Findings

More than one-third of providers surveyed in 4 Midwestern states are found to include at least one child with a disability in their family childcare home or center-based program. These "inclusive" providers are slightly younger than those who do not include children with disabilities. Despite this, inclusive providers are more experienced working with children, and more likely to be trained in child development and professional in their work orientation than others. Observations of childcare settings reveal that inclusive centers are of higher quality on some dimensions than non-inclusive centers; but inclusive family homes are significantly lower on some dimensions than non-inclusive ones. Inclusive and non-inclusive providers are equally sensitive when interacting with children.

Parents of young children with disabilities are seen to be just as satisfied with the quality of their child's care as are other parents. However, these parents of children with disabilities are more selective about child care quality, looking more closely at such factors as staff training, physical facilities, and program accreditation. They also experience more stress about child care.

Recommendations for Policymakers

- *Facilitate partnerships among community agencies* to promote their capacity to include children with disabilities. For example, partnerships between Head Start/Early Head Start providers and community providers are especially effective at promoting quality of care for all families, including families of children with disabilities.
- *Dedicate resources to training child care providers* to include children with disabilities. In particular, target some of this training to family home providers.

Recommendations for Providers and Administrators

- *Provide training for providers in a range of community-based settings* to include children with disabilities. In particular, provide training focused on use of space and furnishings, promoting language and reasoning, and enhancing interactions between adults and children.
- *Expand community partnerships* to facilitate inclusion of children with disabilities in a variety of early care and education settings. Build on the foundation that providers in

Background

In 2000, university researchers at the University of Nebraska-Lincoln, Iowa State University, University of Kansas and the University of Missouri along with state child care and early education program partners in four states (Missouri, Iowa, Kansas, and Nebraska) initiated the Midwest Child Care Research Consortium (MCCRC). The focus of the Consortium's work is to conduct a multi-year study on a range of issues associated with child care quality and conditions. Across the four states, a stratified random selection of 2,022 child care providers participated in a telephone survey conducted by the Gallup Organization, representing licensed child care centers, licensed family child care homes, registered child care homes, subsidized care, and license-exempt family and (in one state) license-exempt center care. Providers responded to questions about background and practices often associated with quality. Of those providers, 36% reported serving at least one child with a disability. From this pool of provider respondents, 365 were randomly selected for in-depth observations to assess quality. Of those observed, 52% of centers and 24% of the family homes included one or more children with a disability. The following year, 1,325 parents in these observed centers (6% of the parents reported to have a child with a disability) were asked to complete a survey about their experiences with child care.

Providers Who Include Children With Disabilities Are More Experienced, Trained, and Professional

The phone surveys found inclusive providers to be younger than non-inclusive ones (a mean of 37 years vs. 40 years). Despite that, inclusive providers are significantly more likely to report 5 or more years of experience with children, specific child development training, and a greater number of training hours over the most recent 12-month period. Also, they have a more professional orientation—significantly more likely to view their work as a career/profession or a personal calling, less likely to see it as a job with paycheck.

The Quality of Inclusive Care in Centers and Family Child Care Homes

Nationally recognized and validated measures of child care quality were used in this study. For child care centers, the measure for classrooms serving infants and toddlers is the Infant/Toddler Environment Rating Scale (ITERS), and the measure for children 3-5 is the Early Childhood Environment Rating Scale-Revised (ECERS-R). For child care provided in homes, the measure is the Family Day Care Rating Scale (FDCRS). Previous studies have supported the validity of these scales for measuring program features that are linked to positive outcomes for children. Possible ratings range from 1 to 7, with ratings from 1 to 2.9 indicating poor care (do not meet basic custodial care needs), 3 to 4.9 being minimal care (meet basic care and safety needs), and 5 to 7 indicating good-to-excellent care (provides developmentally appropriate, personalized care, and has good materials for children's use). Provider emotional sensitivity was rated by observers using the Arnett Caregiver Interaction Scale (CIS).

The overall quality of care received by children (including children with disabilities) is not significantly different in inclusive versus non-inclusive childcare settings. However, in preschool centers, significant mean differences (favoring inclusive centers) are found on subscales of Space and Furnishings, Language and Reasoning, and Interaction. In family homes, significant mean differences (favoring non-inclusive homes) are found on subscales of Space and Furnishings, as well as Language and Reasoning. Providers are rated similarly in emotional sensitivity (warmth) across inclusive and non-inclusive settings.

What Do Parents Say?

In reporting on the quality of care their children receive, the two groups of parents are equally satisfied on most dimensions, except that parents of children with disabilities are significantly happier with their formal parent-teacher conferences. When choosing childcare, the parents of children with disabilities are more selective; they place more importance on the dimensions of provider training/credentials, program accreditation, staff turnover rate, physical facilities and equipment, and providers' willingness to accept subsidy payments and children with disabilities. Parents of children with disabilities also report more stress related to child care, although they are not significantly different from other parents in their satisfaction with their child care subsidies. Finally, parent reports suggest that the children with disabilities have experienced a greater number of different care settings than have children without disabilities.

The Principal Investigators of the Midwest Child Care Research Consortium are: Kathy Thornburg (Missouri), Helen Raikes, Brian Wilcox, Julia Torquati, Carolyn Edwards, and Lisa Knoche (Nebraska), Susan Hegland and Carla Peterson (Iowa), and Jean Ann Summers and Jane Atwater (Kansas). Funded by HHS Child Care Bureau and the Ewing Marion Kauffman Foundation.