

Inclusion of Children with Special Needs in Dutch Daycare

Bachelor's thesis

2014 – 2015

Anouk G. J. Vermeeren (3936430)

University of Utrecht

Supervisor: Louise H. J. van de Venne

Utrecht, June 9, 2015

Abstract

Inclusive education is a present-day topic worldwide. Various studies showed positive results of inclusion for children with and without special needs, both in primary school and in daycare. This study investigated inclusion in Dutch daycare centres, following the recent changes in the primary educational system, by questioning 50 pedagogical staff members and interviewing seven daycare managers. The mixed method research indicates Dutch daycare centres to be on the right track to offering inclusive daycare, but investments in education of pedagogical staff and collaboration with supportive organisations will be essential.

Furthermore, several conditions required to gain benefits from inclusion still need to be improved. Overall, more knowledge about the possibilities of inclusive daycare in the Netherlands is gained. Implications for future research and limitations of this study were mentioned.

Key words: inclusive education, children with special needs, conditions, daycare, competences

Inclusion

Inclusive education is a present-day topic worldwide. The United Nations Educational, Scientific and Cultural Organization (UNESCO) defines inclusive education as a ‘school for all’: schools are institutions who have to include everyone, accept differences between pupils, support learning, and respond to special needs (UNESCO, 1994). UNESCO is an organisation that takes an active role in supporting this concept of inclusion. She is committed to address exclusion from and inequality in educational opportunities (UNESCO, 2014). This is why UNESCO collaborates with local governments and experts on the domain of education and children with special needs. An important reason for UNESCO to support inclusion in education is that “inclusion and participation are essential to human dignity and to the enjoyment and exercise of human rights” (UNESCO, 1994, p. 11).

Apart from this, research also indicated factors, which emphasize the importance of inclusion. In early childhood, *children with special needs* in inclusive settings improve their social skills (Allen & Cowdery, 2011), are more equally valued by their peers (Howard, Williams, Port, & Lepper, 2001), and can learn more advanced skills by observing and imitating typically developing children (Allen & Cowdery, 2011). When in high school, they can further expand their social network (Mastropieri & Scruggs, 2001).

Typically developing children also benefit from inclusion. In childcare, their cognitive and language development proceeds faster (Stahmer & Carter, 2005) and they positively alter their attitude towards children with special needs (Allen & Cowdery, 2011). In preschool, they gain more knowledge about types of disabilities (Diamond & Hestenes, 1996). Furthermore, no negative effects of inclusion were observed in typically developing children from inclusive primary schools (Kalambouka, Farrell, Dyson, & Kaplan (2007). Altogether, inclusive programs have been shown to be beneficial to children with and without special needs in different age groups (Allen & Cowdery, 2011; Diamond & Hestenes, 1996; Howard et al., 2001; Kalambouka et al., 2007; Mastropieri & Scruggs, 2001; Stahmer & Carter, 2005; UNESCO, 1994, p. 11).

Conditions of Inclusion

However, there are some *conditions* that are important to acquire the mentioned benefits (European Agency for Development in Special Needs Education [EADSNE], 2003; Frazier Cross, Traub, Hutter-Pishgahi, & Shelton, 2004). First, effective inclusion is dependent on teachers’ attitudes towards children with special needs, their ability to encourage social relations in the classroom, their vision on differences among children, and their willingness to cope with these differences effectively (EADSNE, 2003; Frazier Cross et al., 2004). Second,

to effectively address diversity among children, teachers require different skills, expertise, knowledge, pedagogical approaches, appropriate teaching materials and methods, and enough time (EADSNE, 2003; Frazeur Cross et al., 2004). Third, a supportive environment both inside and outside the school is essential and agencies and parents need to collaborate with each other (EADSNE, 2003; Frazeur Cross et al., 2004). Fourth, the government needs to have a clear vision on inclusion and has to enable a flexible use of resources (EADSNE, 2003). For effective inclusion, all these conditions have to be addressed.

Adaptive Education in the Netherlands

Recently, a type of inclusion was introduced in the Netherlands (Nationaal Regieorgaan Onderwijsonderzoek, 2014), when the Dutch government decided to change the educational system for children in primary and secondary school (Ministerie van Onderwijs, Cultuur en Wetenschap, 2015). Previously, children with special educational needs received education in segregated schools. At August 1st, 2014, the law ‘Adaptive Education’ changed this into a system where an appropriate solution for these children will be created within the possibilities of regular education (Ministerie van Onderwijs, Cultuur en Wetenschap, 2015). This implies that schools have the responsibility to offer good education to every child, despite a possible need for additional educational support, corresponding with UNESCO’s vision about inclusion (UNESCO, 1994). With the earlier mentioned benefits of inclusion and in view of the current development in the Dutch educational system, it is relevant to examine the organisational structure of daycare centres.

Daycare in the Netherlands

Nowadays, every daycare centre in the Netherlands offers childcare for a specific group of children, depending on the policy the organisation has set. The management team of a daycare centre is responsible for the admission of children (Rijksoverheid, 2015a), which has led to three types of daycare: (a) daycare for typically developing children, (b) daycare for typically developing children and, when possible, children with special needs, and (c) medical daycare for children with special needs.

Children with special needs can be identified as not being able to benefit from regular education for children of the same age without additional support or adaptations (UNESCO, 2012). The needs can be related to physical or mental disabilities and to cognition or educational impairments. In this study, children with special needs will be constrained to children with a physical or mental impairment, a chronic disease, a disorder, or behavioural problems (Rijksoverheid, 2015d). These children are, when possible, included in education on regular schools from the age of four, since the implementation of the law ‘Adaptive

Education' (Ministerie van Onderwijs, Cultuur en Wetenschap, 2015). To create an overlap between children in primary education and daycare, the same constraints will be used in this study to define children with special needs in daycare.

Competences of Pedagogical Staff

Pedagogical staff in daycare needs numerous *competences* to execute different core tasks of their profession. The Dutch collective labour agreement for pedagogical staff defines nine competences (see Table 1; Overleg Arbeidsvoorwaarden Kinderopvang [OAK], 2011).

Table 1

Competences of Pedagogical Staff

Competence	Characteristics of a competent performance
1. Take care of emotional well-being and safety of children	Provide children a safe foundation; offer flexibility in structure and approach; provide emotional support to children
2. Take care of physical well-being and safety of children	Create a safe environment to explore and practice; guide children in the physical area
3. Support and stimulate the development of competences of children	Respect independency of children; respond to child development
4. Support and stimulate playing and learning of children	Stimulate development of children; offer opportunities for children to share, experience, discover, explore, and expand; promote positive interactions between children; provide balance between new and familiar things; offer opportunities for children to learn in a planned way
5. Influence the behaviour of children	Set structure and boundaries with the children; guide children in a process oriented way; be responsive to unique characteristics of children
6. Achieve a cooperative relationship with parents	See and hear the parent(s)/caregiver(s); exchange information with parent(s)/caregiver(s); collaborate with parent(s)/caregiver(s); work towards a joint responsibility and commitment with parent(s)/caregiver(s)
7. Achieve collaboration with colleagues and environment	Work towards a unified approach/counselling with colleagues; encourage each other as colleagues; collaborate with other professionals
8. Watch over and work on the quality of the own work and services of the organisation	Maintain quality of work; monitor personal working conditions; evaluate work; justify work and actions; improve work
9. Becoming a pedagogical professional	Develop themselves; use expertise

Note. Adapted from OAK (2011).

The competences of pedagogical staff can be influenced by the type of special needs and the severity of these needs. Children with physical disabilities elicit more positive attitudes from the pedagogical staff, as well as children with a mild disability (Huang & Diamond, 2009). Staff members with a more positive attitude towards such children, feel more competent in taking care of them (Everington, Stevens & Winters, 1999; Minke, Bear, Deemer, & Griffin, 1996).

In addition to the competences stated by the OAK (2011), pedagogical staff working with special needs children requires extra qualities to offer the additional needs to the children, similar to teachers working with children with special needs (Van Overveld & Eelman, 2014). However, the specific abilities needed by Dutch pedagogical staff for taking care of children with special needs has not yet been researched.

Inclusion in Daycare in the Netherlands

Because of the positive results of inclusive daycare in earlier studies, the recent changes in the Dutch educational system, and the lack of research on required abilities of Dutch pedagogical staff to care for children with special needs, it is highly relevant to study the following question: *'To what extent are daycare centres in the Netherlands able to care for children with special needs?'*. Answering this research question, creates the possibility to obtain a better overlap between the organisational structure of adaptive education and the organisational structure of daycare centres. Furthermore, the management teams of daycare centres gain information on what can be changed in the policy of their organisation to become a more inclusive daycare centre.

In this study, three sub hypotheses were stated. At first, it was expected that none of the conditions stated by the EADSNE (2003) and Frazier Cross and colleagues (2004) are present in the Dutch daycare centres, as no evidence of inclusive daycare in the Netherlands exists. Secondly, in accordance with other studies (Everington et al., 1999; Huang & Diamond, 2009; Minke et al., 1996), it was expected that the type and severity of special needs influence the ability of the pedagogical staff to care for the children. Third, it was expected that age and work experience do not influence the ability of pedagogical staff to care for children with special needs and that level of education and completed additional training have a positive influence on the ability of pedagogical staff members. Age and work experience were previously shown to be unrelated to the ability of pedagogical staff members (Avramidis, Bayliss, & Burden, 2000; Everington et al., 1999; Minke et al., 1996; Rafferty & Griffin, 2005), while level of education and completed additional training were found to be positively related (Everington et al., 1999; Huang & Diamond, 2009; Minke et al., 1996; Rafferty &

Griffin, 2005). Based on these sub hypotheses, the main expectation was that several factors contribute to the ability to offer inclusive daycare, videlicet various conditions, type and severity of special needs, and different demographic variables.

Method

In this study, pedagogical staff members filled in a questionnaire, while managers were interviewed. The results of the questionnaires were used to gain insight into the abilities of pedagogical staff members to care for children with different mild or severe special needs. The quantitative results were integrated with the qualitative results from the interviews, which were used to gain insight in the presence of all conditions.

Participant Characteristics

The participants in this study were 50 pedagogical staff members and seven managers of seven daycare centres in the municipality of Utrecht. Initially, the centres were divided into two groups: regular daycare centres and broad daycare centres. This grouping was based on information about the target group of the daycare centres, as stated in the policies of the centres, which is explained in more detail in this section. However, the data showed no relevant differences in the target group between the two groups and the group sizes differed to a large extent. The centres were therefore considered as one group in the continuation of the study. The number of participants per daycare centre is shown in Table 2.

Table 2

Number of Participants per Daycare Centre

Daycare centre	Number of pedagogical staff members	Number of participants	Percentage of participants
#1	50	10	20.0
#2	15	12	80.0
#3	15	6	40.0
#4	14	7	50.0
#5	9	4	44.4
#6	20	10	50.0
#7	12	1	8.3
Total	135	50	37.0

The participating pedagogical staff members were 50 women between the ages of 21 and 60 years old ($M = 35.00$, $SD = 8.53$). They were mostly educated at senior secondary vocational education (SSVE) level 4 and higher vocational education (HVE), while some of them were educated at SSVE level 3 and university education (UE). Ten participants received an additional training on children with special needs, of which the duration ranged from half a

day to five days or more. The average years of work experience in daycare was 10.86 years ($SD = 5.52$).

The participating managers were seven women between the ages of 27 and 48 years old ($M = 40.14$, $SD = 8.11$). They were educated at HVE or UE. Two of them received an additional training on children with special needs, of which the duration ranged from one to three days. The average years of work experience in daycare was 10.43 years ($SD = 6.24$). More detailed information about the pedagogical staff and the managers can be found in Tables 3 and 4.

Table 3

Age and Years of Work Experience of Pedagogical Staff (N = 50) and Managers (N = 7)

Characteristic	Pedagogical staff			Managers		
	Min.	Max.	<i>M</i> (<i>SD</i>)	Min.	Max.	<i>M</i> (<i>SD</i>)
Age	21	60	35.00 (8.53)	27	48	40.14 (8.11)
Years of work experience in daycare	3	26	10.86 (5.52)	5	21	10.43 (6.24)
Years of work experience in current job function	0	26	9.66 (5.71)	1	17	7.00 (4.90)

Table 4

Level of Education and Completed Additional Training of Pedagogical Staff (N = 50) and Managers (N = 7)

Characteristic	Pedagogical staff		Managers	
	<i>n</i>	%	<i>n</i>	%
Level of education				
SSVE level 3	8	16.0	0	0.0
SSVE level 4	22	44.0	0	0.0
HVE	17	34.0	5	71.4
UE	3	6.0	2	28.6
Completed additional training				
None	39	79.6 ^a	5	71.4
Half a day	2	4.1 ^a	0	0.0
One day	4	8.2 ^a	1	14.3
Two to three days	0	0.0 ^a	1	14.3
Four to five days	0	0.0 ^a	0	0.0
More than five days	4	8.2 ^a	0	0.0

^aValid percentage, because of one missing value for this variable.

Sampling Procedures

A complete list of all 196 daycare centres in Utrecht was consulted to select the participating daycare centres (Rijksoverheid, 2015b). The policies of all 143 registered centres on this list were examined to determine the group the centre belonged to. If the policy stated that all children were admitted, the centre was placed in the broad group. If the policy stated restrictions to admission of children with special needs or it was not mentioned at all, the centre was placed in the regular group. This resulted in two lists of daycare centres.

The total intended sample size was determined by an a priori analysis of power. For effect size $d = .50$, $\alpha = .05$, power = .80, and allocation ratio $n_1/n_2 = 1$, a total sample size of 102 was recommended. Therefore, 51 participants in each group were required. Twelve regular and 14 broad daycare centres were randomly selected to be approached for the study. Six regular daycare centres and five broad daycare centres with respectively 123 and 74 pedagogical staff members approved to participate. The final sample, however, consisted of seven daycare centres with 50 participating pedagogical staff members and seven participating managers. Because of the completely random sample, the results of the study were externally valid and therefore generalizable in the municipality of Utrecht.

The data was collected at the daycare centres. The privacy of the pedagogical staff, the managers, and all children was guaranteed. Therefore, all received information was processed confidentially and anonymously, which minimized a possible effect of social desirability and increased the validity of the study.

Measures

The data was collected by questionnaires and interviews. All participating daycare centres received questionnaires for their pedagogical staff. They received these questionnaires digitally or on paper, depending on their own preference.

To the authors' knowledge, no existing instrument was able to measure the desired variables. Therefore, a questionnaire was especially designed for this study. The questionnaire started with questions about the nine required competences of pedagogical staff in Dutch daycare centres (see Table 1; OAK, 2011). In this study, competences were defined as "a cluster of related abilities, commitment, knowledge, and skills that enable a person (or an organisation) to act effectively in a job or situation" (Business Dictionary, 2015). Subsequently, 10 imaginary children were described. Each description included a systematically varied combination of two child characteristics, namely the type of special need and the severity of this special need. These characteristics influence the competences of the pedagogical staff (Everington et al., 1999; Huang & Diamond, 2009; Minke et al., 1996).

The mediator of this influence, the attitudes of the pedagogical staff, was not included in the study, because attitudes were difficult to measure. The participants were asked if they were able to take care of each of the imaginary children. If they were not, they were asked what kind of help or adaptation they desired in order to be able to do so. The questionnaire ended with demographic questions about sex, age, highest level of education, completed additional training about children with special needs, job title, and years of work experience in daycare and in their current job function. The questionnaire can be consulted in Appendix A.

To enhance the quality of the questionnaires, a pretest was performed. Four participants for this test were selected by a convenience sample. These pedagogical staff members provided information about the extent to which the interpretation of the questions corresponds to the intended meaning and they verified the sufficiency of the answer choices (Neuman, 2012). Based on the results, the questionnaire was improved.

The managers of the daycare centres were interviewed. The central question was how the conditions stated by the EADSNE (2003) and Frazeur Cross and colleagues (2004) contribute to the current level of inclusiveness. Therefore, these conditions were used as a guideline to create the topic list of the interview, except for the attitudes of the pedagogical staff members. Furthermore, the wishes and the limit of the organisation, related to caring for children with special needs, were discussed. Unprepared subjects that arose during the interview were also valued in the semi-structured interview (DiCicco-Bloom & Crabtree, 2006). The topic list of the interview can be consulted in Appendix B.

Research Design

The study was designed as an investigation of the state of affairs with regard to daycare for children with special needs. The pedagogical staff and managers participated without being manipulated.

After gathering the data, various quantitative analyses were conducted for the questionnaires. The data was therefore jointly entered into a statistical program by the researchers, which decreased the chance of random measurement errors and consequently ensured a high reliability. First, descriptive analyses of all data were performed. Second, a Friedman two way ANOVA was conducted to test the significance of the differences in the ability of the pedagogical staff to care for children with five types of special needs Third, a paired samples *t* test was conducted to test if there was a significant difference between the extent to which pedagogical staff can take care of children with mild and severe special needs. The latter two analyses were therefore used to test the second hypothesis. Fourth, correlations were calculated to test the influence of age, level of education, completed additional training,

and work experience on the level of competence of the pedagogical staff, that is, the third hypothesis.

Simultaneously, the interviews and parts of the questionnaires were qualitatively analysed. Before the definite coding, a standard was set. The interviews were then jointly coded by the researchers with the mutually agreed standard. The goal of this method was to achieve consensus, which is why no numerical reliability rating was calculated (Harry, Sturges, & Klinger, 2005, p. 6). The analysis of the interviews lead to insight in the state of affairs and in the factors influencing inclusion. This was used in testing all hypotheses. From the questionnaires, the help pedagogical staff desired in caring for children with specific special needs, was examined for testing the second hypothesis.

Results

This study focused on the factors contributing to the possibilities of pedagogical staff members to care for children with special needs. The factors being analysed were (a) the conditions of inclusion (EADSNE, 2003; Frazeur Cross et al., 2004), (b) type and severity of special needs, and (c) average level of competence, age, level of education, completed additional training, and years of work experience in daycare and in the current job function. The results of both the quantitative and qualitative analyses of these factors were integrated.

The Influence of the Conditions of Inclusion

The EADSNE (2003) and Frazeur Cross and colleagues (2004) stated four conditions, which are essential to acquire the earlier mentioned benefits of inclusion. The first condition includes the attitudes of the pedagogical staff towards children with special needs, their abilities to encourage social relations, their vision on differences between children, and their willingness to cope with these differences effectively (EADSNE, 2003; Frazeur Cross et al., 2004). With regard to the *ability to encourage social relations*, 76.0% of the pedagogical staff completely agreed to being able to and 22.0% slightly agreed. Only 2.0%, one staff member, slightly disagreed. Furthermore, the managers explained their *vision on children with special needs* in their organisation. All emphasized the openness of their organisation towards these children. One manager even said “pedagogical staff members become motivated to offer something more to these children by working with them” (manager #6, personal communication, May 8, 2015). A specific policy, however, is still absent in the participating centres.

The second condition covers the competences of the pedagogical staff and the available materials, methods and time (EADSNE, 2003; Frazeur Cross et al., 2004). The pedagogical staff rated themselves as *being competent in their profession*. The detailed levels of

competence per daycare centre are shown in Table 5. With regard to *materials and methods*, all managers noticed that no specific materials or methods for special needs children were present, but all available materials could be used flexibly depending on the development of the children. Furthermore, the accessibility of the building was appropriate for all children in five daycare centres. When the building was not appropriate for a specific child, daycare centres were flexible in finding a solution. “Caring for children with special needs does not have to be difficult” (manager #6, personal communication, May 8, 2015), for instance, “a bedroom can be used as a calm place” (manager #7, personal communication, May 13, 2015). Additionally, all managers hinted that *time* is a crucial aspect in the possibilities to care for children with special needs. The staff to child ratio currently constrains these possibilities.

Table 5

Average Level of Competence per Daycare Centre

Daycare centre	<i>N</i>	Minimum	Maximum	<i>M</i>	<i>SD</i>
#1	10	3.33	5.00	4.62	0.53
#2	12	3.78	5.00	4.74	0.37
#3	6	4.00	5.00	4.67	0.37
#4	7	3.89	5.00	4.60	0.42
#5	4	3.89	4.78	4.33	0.41
#6	10	4.11	5.00	4.72	0.38
#7	1	5.00	5.00	5.00	0.00

Note. The level of competence was rated on a scale from one to five, with one being not competent and five being competent.

The third condition includes a supportive environment and collaboration with parents and helpful agencies (EADSNE, 2003; Frazeur Cross et al., 2004). Pedagogical staff was asked to what extent they agreed with the statement of themselves being able to provide a *supportive environment*. In total, 72.0% completely agreed, 22.0% slightly agreed, 4.0% was neutral, and 2.0% slightly disagreed. They were also asked to what extent they were able to *collaborate with parents*. From all pedagogical staff members, 72.0% completely agreed with themselves being able to, 26.0% slightly agreed, and 2.0% was neutral. The managers confirmed that they always consulted with the parents of a child with a special need about their possibilities and wishes. “Certainly when medical treatment is necessary, parents need to contribute to arranging this” (manager #2, personal communication, May 11, 2015). With regard to the *collaboration with helpful agencies*, the pedagogical staff in six daycare centres was able to consult specialists, for example, a pedagogue or a physiotherapist.

The fourth condition includes the vision on inclusion and the available resources of the government (EADSNE, 2003; Frazier Cross et al., 2004). All managers said to receive no *resources from the government*, but receiving it “would enable hiring extra staff members” (manager #7, personal communication, May 13, 2015) or “would facilitate more additional training possibilities” (manager #1, personal communication, May 11, 2015).

The Influence of the Type of Special Needs

When testing for the significant difference in the ability to care for children with special needs between five types of special needs, namely physical impairment, chronic disease, disorder, externalizing behavioural problem, and internalizing behavioural problem, the assumption of normality was violated. Therefore, a Friedman two way ANOVA with an α of .05 was conducted instead. This indicated that the ability to care for children with special needs varied significantly for the five types of special needs, $\chi_F^2 = 84.59$ (corrected for ties), $df = 4$, $N - \text{Ties} = 48$, $p < .001$.

Follow-up pairwise comparisons with the Wilcoxon Signed Rank test and a Bonferroni adjusted α of .005 showed significant differences in the extent to which pedagogical staff can care for children with different types of special needs in seven out of ten comparisons. The effect sizes of these significant differences were large to very large (Cohen, 1988). Only three differences were not significant. The detailed test results can be consulted in Tables 6 and 7.

Table 6

Mean Ranks of the Types of Special Need

Type of special need	Physical impairment	Chronical disease	Disorder	Ext. behavioural problem	Int. behavioural problem
<i>Mean Rank</i>	3.69	4.02	2.81	2.94	1.54

Note. The lower the *Mean Rank*, the better pedagogical staff can take care of children with this special need.

Table 7

Results of Wilcoxon Signed Rank Tests and Power Analyses

Types compared		<i>T</i>	<i>z</i> ^a	<i>N</i> -Ties	<i>p</i>	<i>r</i> ^b	Power ^b
Physical impairment	Chronical disease	171.5	-1.83	32	.068	–	–
Physical impairment	Disorder	143.0	-2.90	35	.004	-.49	0.66
Physical impairment	Ext. behavioural problem	132.5	-2.75	33	.006	–	–

(continued)

Types compared		<i>T</i>	<i>z</i> ^a	<i>N</i> -Ties	<i>p</i>	<i>r</i> ^b	Power ^b
Physical impairment	Int. behavioural problem	8.5	-5.66	42	< .001	-.87	1.00
Chronical disease	Disorder	85.0	-3.85	35	< .001	-.65	0.93
Chronical disease	Ext. behavioural problem	162.5	-3.40	40	.001	-.54	0.78
Chronical disease	Int. behavioural problem	0.0	-5.79	43	< .001	-.88	1.00
Disorder	Ext. behavioural problem	277.5	-0.36	34	.722	–	–
Disorder	Int. behavioural problem	16.0	-4.57	30	< .001	-.83	1.00
Ext. behavioural problem	Int. behavioural problem	63.5	-4.48	37	< .001	-.74	0.98

Note. Significant differences, with a Bonferroni corrected α of .005, are in boldface.

^aCorrected for ties. ^bEffect sizes and power for non-significant differences were not reported.

In contrast to these findings, the managers did not suggest that children with specific special needs would be better cared for than children with other special needs. They all stated that they are open to every child, regardless of a special need. Every child is individually taken into consideration upon deciding if it is feasible for the pedagogical staff to contribute to the wellbeing of that child. A child that requires medical attention during daycare will most probably not be cared for, according to two managers, due to a lack of medical knowledge of the pedagogical staff. To determine if a child with a specific special need can be cared for, the managers take several factors into consideration. For instance, three managers mentioned that the care for the child needs to fit into the dynamics of the group and two managers stressed the importance of the child being fully appreciated.

The Influence of the Severity of Special Needs

To test if a significant difference exists between the extent to which pedagogical staff can care for children with a mild special need ($M = 6.96$, $SD = 1.26$) and a severe special need ($M = 8.92$, $SD = 1.90$), a paired samples *t* test with an α of .05 was conducted. The assumption of normality was slightly violated, but this was of little concern due to the sufficiently large sample size. The assumption of normality of difference scores was not violated. On average, participants were 19.6%, 95% CI [-2.41,-1.51], better able to care for children with a mild special need than they were for children with a severe special need. This difference was statistically significant, $t(48) = -8.83$, $p < .001$, and very large (Cohen, 1988), $d = -1.24$. For $d = -1.24$, $\alpha = .05$, and a sample size of 50, the power of this analysis was 1.00.

The managers also implied this difference. According to three managers, pedagogical staff cannot perform medical treatments because they lack medical training. Furthermore, pedagogical staff has to meet the needs of a child and has to have enough experience to be able to care for the child, which was mentioned respectively by three and two managers.

Besides the previously shown differences between types of special needs and the severity of these needs, some pedagogical staff members indicated to require assistance to provide better care for specific children. For children with mild disabilities, most staff members do not need any help. Pedagogical staff does need help in caring for children with severe externalizing behavioural problems. Despite any possible kind of help, most of the pedagogical staff members mentioned not to be able to care for children with severe physical impairments and severe chronic diseases (see Table 8).

Table 8

Desired Help in Caring for Children with Different Special Needs in Valid Percentages

Disability	Desired help						
	No	Internal	External	Adaptation	Training	Different	Makes no difference
Mild physical impairment	49.0	6.1	2.0	38.8	0.0	2.0	2.0
Severe physical impairment	4.4	15.6	15.6	24.4	0.0	2.2	37.8
Mild chronic disease	39.6	18.8	6.3	4.2	22.9	2.1	6.3
Severe chronic disease	2.1	22.9	14.6	0.0	25.0	2.1	33.3
Mild disorder	52.2	10.9	6.5	6.5	17.4	0.0	6.5
Severe disorder	49.0	18.4	6.1	2.0	16.9	0.0	8.2
Mild ext. behavioural problem	72.0	12.0	0.0	12.0	2.0	0.0	2.0
Severe ext. behavioural problem	21.7	28.3	19.6	4.3	10.9	4.3	10.9
Mild int. behavioural problem	96.0	4.0	0.0	0.0	0.0	0.0	0.0
Severe int. behavioural problem	85.7	6.1	4.1	2.0	2.0	0.0	0.0

Note. The highest percentages per disability are in boldface. In total, 20 values were missing.

The Influence of Age, Education, Training, and Work Experience

Correlations between the average level of competence and respectively age, level of education, completed additional training, years of work experience in daycare, and years of work experience in the current job function, were calculated using bivariate Spearman's correlation coefficients (r_s), because the assumptions of normality, linearity, and homoscedasticity were violated. The correlation between average level of competence and level of education was significant, with a medium effect size (Cohen, 1988), the other variables showed no significant correlation with the average level of competence (see Table 9).

Table 9

Correlations between Average Level of Competence and Different Demographical Variables

Variable	<i>N</i>	r_s	<i>p</i>
Age	50	.16	.260
Level of education	50	.35	.012
Completed additional training	49	.06	.664
Years of work experience in daycare	49	.06	.664
Years of work experience in current job function	50	.12	.422

Note. All correlation tests were conducted two-tailed. The significant correlation, with an α of .05, is in boldface.

The non-significant correlations were not supported by the managers, as three of them mentioned that work experience and additional training of the pedagogical staff support their abilities to care for children with special needs. One manager even said “experienced staff is required to be able to take care of children with special needs” (manager #5, personal communication, May 19, 2015).

Missing Data

The results of the study were based on the collected data. The frequency of the missing data was 22 out of 1300 answers to questions, corresponding to 1.69% of the total data set. The most important cause for missing data was the inappropriate answers. Some participants filled in more than one answer choice, while only one was permitted. These participants all completed the questionnaire on paper, which enabled them to fill in more than one answer choice. This was not possible in the online questionnaire. Another cause of missing data was randomly skipping questions, which occurred only twice.

Discussion

The results of the questionnaires and interviews were used to answer the research question of the study, namely *'To what extent are daycare centres in the Netherlands able to care for children with special needs?'*. In this section, the conclusions will be related to literature and implications will be discussed. Finally, the limitations of the study will be mentioned.

The Influence of the Conditions of Inclusion

The results of the study indicated that the conditions stated by the EADSNE (2003) and Frazeur Cross and colleagues (2004) are partially present in the investigated daycare centres. The first and third conditions were fully met. More specific materials, more time, and a clear view and more resources from the government are still needed to meet the second and fourth condition as well.

To conclude, the first sub hypothesis, which stated that the conditions of the EADSNE (2003) and Frazeur Cross and colleagues (2004) are not present at all, can be rejected. This can be explained by the open attitude of daycare centres towards children with special needs. The managers hinted that this is a reason for them to look for solutions for these children and to do whatever they can to give effective care to these children.

The Influence of the Type and Severity of Special Needs

The results of the study also indicated an influence of the type and severity of special needs on the extent to which pedagogical staff can care for children with special needs. Pedagogical staff can take the best care of children with an internalizing behavioural problem, followed by children with a disorder, an externalizing behavioural problem, and a physical impairment. They experience the most difficulties with caring for children with a chronic disease. Furthermore, children with a mild special need are easier to care for than children with a severe special need.

The availability of help eases the care for children with special needs. However, even with help, most pedagogical staff mentioned not to be able to care for children with a severe physical impairment or a severe chronic disease. This is consistent with the results that show that children with severe special needs, physical impairments, or chronic diseases are the hardest to take care of.

To conclude, the open attitude of daycare centres towards all children with special needs cannot prevent that there is an influence of the type and severity of special needs on the ability of pedagogical staff to care for children with special needs. This conclusion confirms the second sub hypothesis, as type and severity indeed have an effect on the abilities of

pedagogical staff. This was supported by several earlier studies, which strengthens the assumption (Buysse, Wesley, Keyes, & Bailey, 1996; Everington et al., 1999; Huang & Diamond, 2009; Minke et al., 1996).

The Influence of Age, Education, Training, and Work Experience

The results of the study indicated a significant effect for the level of education on the level of competence of the pedagogical staff. Other demographic variables were shown not to affect the competences significantly.

To conclude, the third sub hypothesis, which stated that additional training also has a positive influence on staff competence, can be rejected. This corresponds with earlier studies, where age and work experience of the pedagogical staff were not significantly correlated to their competences (Avramidis et al., 2000; Rafferty & Griffin, 2005). Moreover, the significant influence of education was supported by scientific evidence (Rafferty & Griffin, 2005). Completed additional training, however, was not positively related to the abilities of pedagogical staff. This is in contrast to earlier research (Baker-Ericzén, Garnand Mueggenborg, & Shea, 2009; Engelbrecht, Oswald, Swart, & Eloff, 2003; Huang & Diamond, 2009), which may have been caused by the low amount of pedagogical staff members having completed any additional training.

Caring for Children with Special Needs in the Netherlands

This study investigated the extent to which daycare centres in the Netherlands are able to care for children with special needs. Four conditions, stated by the EADSNE (2003) and supported by Frazier Cross and colleagues (2004), were taken into account. These are partially present in the investigated daycare centres and Dutch daycare centres can therefore partially acquire benefits of inclusion in daycare (EADSNE, 2003).

Several additional factors were included to test their influence on the extent to which pedagogical staff was able to care for children with special needs. Results showed a significant influence of the type and severity of special needs and of the level of education of the pedagogical staff. Together, these three factors affect the extent to which pedagogical staff can take care of children with special needs.

Overall, Dutch daycare centres are on the right track to being able to care for children with special needs. They meet more than half of the necessary conditions to obtain benefits from inclusion and some factors influencing the care for children with special needs – type of special needs, severity of special needs, and level of education of pedagogical staff – are now known. This main hypothesis can therefore be confirmed, with note that there is only one significantly contributing demographic variable.

Implications and Future Research

The aim of this study was to investigate a better fit between the organisational structure in Dutch education and daycare centres. Education has become more inclusive by means of the law ‘Adaptive Education’, but in daycare this has not yet been started. This caused two different types of services for children with special needs: in daycare they are mostly in separate groups (Rijksoverheid, 2015c), while in education they are ideally in regular groups (Rijksoverheid, 2015e). The importance of continued services for young children with special needs was already emphasized in the 1990s in Canada (Bouchard, 1991; Herry, Sauv , & Vincent-Leblanc, 1994). As Dutch daycare centres are on the right track towards inclusion and because of the importance of continued services, it is relevant to broaden the current possibilities of Dutch daycare centres regarding the care for children with special needs.

Pedagogical staff is able to care for children with mild special needs without any help. In the current situation, in which children with severe special needs are cared for in medical daycare centres (Rijksoverheid, 2015c), this is sufficient. However, when pedagogical staff has to care for children with severe special needs in future, a higher level of education will be required, which will ensure better care for these children. Training and development of pedagogical staff was also stimulated in Canada, in order to improve the quality of caregiving to children with special needs (Goelman, Doherty, Lero, LaGrange, & Tougas, 2000). Especially in inclusive settings, knowledge was found to be an important factor contributing to the ability to offer inclusive daycare (Dinnebeil, McInerney, Fox, & Juchartz-Pendry, 1998). Higher and more specialized education will therefore be a first step towards more inclusive daycare in the Netherlands.

Caring for children with severe special needs and some types of special needs turned out to be difficult for pedagogical staff in the current situation. Many state that they need help in these situations, though some think that extra help would not make any difference. In Rotterdam, pedagogical staff in daycare centres experimented by collaborating with several organisations to improve the care for children with special needs, mainly focusing on children with behavioural problems (Stuurgroep GBBG, 2013). Pedagogical staff received coaching, while children were guided by experts. This collaboration resulted in better guidance of children with special needs by pedagogical staff and in fewer problems later in life for these children. Moreover, other children in the group gained advantages of the collaboration as well (Stuurgroep GBBG, 2013). This experiment proved that collaboration between supporting organisations and daycare staff results in advantages for both pedagogical staff and children with and without special needs. Better care for children with (severe) special needs through

these collaborations is one of the goals of adaptive education in the Netherlands (Oberon & NJI, 2015).

Looking at the future, it will be important to examine the options of education for pedagogical staff and of collaboration between daycare centres and organisations in their neighbourhood. Simultaneously, the conditions needed to acquire benefits of inclusion (EADSNE, 2003; Frazeur Cross et al., 2004) need to be improved. These three elements will strengthen the possibilities that Dutch daycare centres already have to care for children with special needs. Overall, this provides a more continuous road, from daycare to education, for children with special needs.

Limitations of the Study

Several limitations have to be taken into account in future research, regarding the conclusions and implications of this study. First, attitudes of the pedagogical staff towards inclusion and children with special needs were not measured in this study. They appeared, however, to be a mediating factor in the relationship between the competences of pedagogical staff and respectively the type and severity of special needs, the age of pedagogical staff, their years of work experience, and their level of education (Avramidis et al., 2000; Everington et al., 1999; Huang & Diamond, 2009; Minke et al., 1996; Rafferty & Griffin, 2005). Additionally, the attitudes of pedagogical staff are part of the conditions of inclusion (EADSNE, 2003; Frazeur Cross et al., 2004). Because of the substantial importance of these attitudes of pedagogical staff, it is relevant to further investigate this factor in future research.

Second, when educating the pedagogical staff, the practical experiences of lower education should not be forgotten. According to Avramidis and colleagues (2000), such experiences can broaden and deepen the knowledge and skills of prospective pedagogical staff members. In this study, pedagogical staff educated at SSVE level 3 or 4 was designated as being lower educated. Although it is true that SSVE is a lower level of education than HVE or UE, the practical experiences included in SSVE could have had an unexpected influence on the results.

Third, pedagogical staff in Dutch daycare centres does has little experience with children with severe special needs. Nowadays, children with severe special needs are often involved in medical circuits and therefore end up in specialized daycare services more often than in regular daycare (Rijksoverheid, 2015c). Research has stressed the importance of experience in working with children with special needs (Dinnebeil et al., 1998), which was related to the confidence of pedagogical staff in working with these children. These experiences were the most important for pedagogical staff working with children with severe

special needs (Buysse, Bailey, Smith, & Simeonsson, 1994; Dinnebeil et al., 1998). Because pedagogical staff has a lack of experience with children with severe special needs, their answers on questions regarding severe special needs were potentially influenced.

Fourth, the age of children with specific special needs was not incorporated in the study. Pedagogical staff was asked to what extent they were able to care for children with specific types and extents of severity of special needs. The age of the child with a specific disability can potentially influence the extent to which pedagogical staff is able to care for the child. For example, a baby who cannot walk because of a severe physical impairment can be better cared for than a four-year-old who cannot walk because of the same impairment. This influence of age was not taken into account in this study.

Fifth, the conclusions of this study cannot be fully generalized to daycare centres in the Netherlands, as the participating daycare centres were all located in the municipality of Utrecht and in an urban neighbourhood. This is worth the note that the situation in other municipalities and in small villages can deviate from the conclusions in this study. However, the sampling procedure was completely random, which strengthens the external validity.

Finally, the study was mainly based on the answers pedagogical staff and managers gave on questionnaires respectively in interviews. This introduced the chance of socially desired answers.

Despite the limitations, this study is highly relevant, both practically and scientifically. The newly gained knowledge about the care for children with special needs in Dutch daycare centres fits well with the recent development in the Dutch educational system. The study can serve as a starting point for further examination of the possibilities to provide more continuous services to young children with special needs. Furthermore, it enlarges the scientific framework regarding inclusive daycare for children with special needs in the Netherlands.

References

- Allen, K. E., & Cowdery, G. E. (2011). *The exceptional child: Inclusion in early childhood education* (7th rev. ed.). Belmont, CA: Wadsworth Cengage Learning.
- Avramidis, E., Bayliss, P., & Burden, R. (2000). Student teachers' attitudes towards the inclusion of children with special educational needs in the ordinary school. *Teaching and Teacher Education, 16*, 277-293, doi:10.1016/S0742-051X(99)00062-1
- Baker-Ericzén, M. J., Garnand Mueggenborg, M., & Shea, M. M. (2009). Impact of trainings on child care providers' attitudes and perceived competence towards inclusion. What factors are associated with change? *Topics in Early Childhood Special Education, 28*, 196-208. doi:10.1177/0271121408323273
- Bouchard, C. (1991). *Un Québec fou de ses enfants: Rapport du Groupe de travail pour les jeunes*. Québec: Ministère de la santé et des services sociaux, Direction des communications.
- Business Dictionary (2015). *What is competence? Definition and meaning*. Retrieved at March 11, 2015 from <http://www.businessdictionary.com/definition/competence.html>
- Buysse, V., Bailey, D. B., Jr., Smith, T. M., & Simeonsson, R. J. (1994). The relationship between child characteristics and placement in specialized versus inclusive early childhood programs. *Topics in Early Childhood Special Education, 14*, 419-435. doi:10.1177/027112149401400404
- Buysse, V., Wesley, P., Keyes, L., & Bailey, D. B., Jr. (1996). Assessing the comfort zone of child care teachers in serving young children with disabilities. *Journal of Early Intervention, 20*, 189-203. doi:10.1177/105381519602000301
- Cohen, J. (1988). *Statistical power analysis for the behavioural sciences* (2nd ed.). Hillsdale, NJ: Erlbaum.
- Diamond, K., & Hestenes, L. (1996). Preschool children's understanding of disability: The salience of disability in children's ideas about others. *Topics in Early Childhood Special Education, 16*, 458-475. doi:10.1177/027112149601600406
- DiCicco-Bloom, B., & Crabtree, B. F. (2006). The qualitative research interview. *Medical Education, 40*, 314-321. doi:10.1111/j.1365-2929.2006.02418.x
- Dinnebeil, L. A., McInerney, W., Fox, C., & Juchartz-Pendry, K. (1998). An analysis of the perceptions and characteristics of childcare personnel regarding inclusion of young children with special needs in community-based programmes. *Topics in Early Childhood Special Education, 18*(2), 118-128.

- Engelbrecht, P., Oswald, M., Swart, E., & Eloff, I. (2003). Including learners with intellectual disabilities: Stressful for teachers? *International Journal of Disability, Development, and Education*, 50, 293-308. doi:10.1080/1034912032000120462
- European Agency for Development in Special Needs Education (EADSNE). (2003). *Inclusive education and classroom practices: Summary report*. Retrieved on March 5, 2015 from https://www.european-agency.org/sites/default/files/inclusive-education-and-classroom-practices_iecp-en.pdf
- Everington, C., Stevens, B., & Winters, V. R. (1999). Teachers' attitudes, felt competence, and need of support for implementation of inclusive educational programs. *Psychological Reports*, 85, 331-338. doi:10.2466/pr0.1999.85.1.331
- Frazeur Cross, A., Traub, E. K., Hutter-Pishgahi, L., & Shelton, G. (2004). Elements of successful inclusion for children with significant disabilities. *Topics in Early Childhood Special Education*, 24, 169-183. doi:10.1177/02711214040240030401
- Goelman, H., Doherty, G., Lero, D. S., LaGrange, A., & Tougas, J. (2000). *Oui ça me touche!* Toronto: Centre d'études sur la famille, le travail et le mieux-être, Université de Guelph.
- Harry, B., Sturges, K. M., & Klingner, J. K. (2005). Mapping the process: An exemplar of process and challenge in grounded theory analysis. *Educational Researcher*, 34, 3-13. doi:10.3102/0013189X034002003
- Herry, Y., Sauv , C., & Vincent-Leblanc, L. (1994). *Le projet Partir du bon pas pour un avenir meilleur: Int gration des services offerts   l' cole et dans la communaut *. Communication au 15e congr s de l'Association du pr scolaire de Qu bec. Montr al: Universit  du Qu bec   Montr al.
- Howard, V. F., Williams, B. F., Port, P., & Lepper, C. (2001). *Very young children with special needs: A formative approach for the 21st century*. Upper Saddle River, NJ: Prentice Hall.
- Huang, H., & Diamond, K. E. (2009). Early childhood teachers' ideas about including children with disabilities in programs designed for typically developing children. *International Journal of Disability, Development, and Education*, 56, 169-182. doi:10.1080/10349120902868632
- Kalambouka, A., Farrell, P., Dyson, A., & Kaplan, I. (2007). The impact of placing pupils with special educational needs in mainstream schools on the achievement of their peers. *Educational research*, 49, 365-382. doi:10.1080/00131880701717222

- Mastropieri, M. A., & Scruggs, T. E. (2001). Promoting inclusion in secondary classrooms. *Learning Disability Quarterly*, 24, 265-274. doi:10.2307/1511115
- Ministerie van Onderwijs, Cultuur en Wetenschap (2015). *Passend onderwijs*. Retrieved at February 19, 2015 from <http://www.passendonderwijs.nl/over-passend-onderwijs/in-het-kort/>
- Minke, K. M., Bear, G. G., Deemer, S. A., & Griffin, S. M. (1996). Teachers' experiences with inclusive classrooms: Implications for special education reform. *Journal of Special Education*, 30, 152-186. doi:10.1177/002246699603000203
- Nationaal Regieorgaan Onderwijsonderzoek (2014). *Programmering evaluatie Passend Onderwijs. Deel I Korte termijn programmering 2014-2015*. Retrieved at March 5, 2015 from <http://www.nro.nl/wp-content/uploads/2014/07/Programmering-Evaluatie-Passend-Onderwijs.pdf>
- Neuman, W. L. (2012). *Understanding research*. Boston, MA: Pearson Education, Inc.
- Oberon & NJI (2015). *Handreiking Verbinding passend onderwijs en zorg voor jeugd*. Retrieved at June 6, 2015 from http://www.onderwijsjeugd.nl/home/#.VXRMqM_tmKq
- Overleg Arbeidsvoorwaarden Kinderopvang (OAK) (2011). *CAO kinderopvang. Profiel pedagogisch medewerker kindercentra 0 – 4 jaar*. Utrecht: FCB.
- Rafferty, Y., & Griffin, K. W. (2005). Benefits and risks of reverse inclusion for preschoolers with and without disabilities: Perspectives of parents and providers. *Journal of Early Intervention*, 27, 173-192. doi:10.1177/105381510502700305
- Rijksoverheid (2015a). *Kinderopvang*. Retrieved at February 19, 2015 from <http://www.rijksoverheid.nl/onderwerpen/kinderopvang/vraag-en-antwoord/welke-vormen-van-kinderopvang-zijn-er.html>
- Rijksoverheid (2015b). *Landelijk Register Kinderopvang en peuterspeelzalen*. Retrieved at March 6, 2015 from <http://www.landelijkregisterkinderopvang.nl/pp/zoeken/KdvZoekResultaten.jsf?currentPage=0&naam=&straat=&postcode=&woonplaats=&verantwoordelijkeGemeente=344&zoekHistorischeNaam=false>
- Rijksoverheid (2015c). *Medisch kinderdagverblijf*. Retrieved at May 31, 2015 from https://www.regelhulp.nl/bladeren/_/artikel/medisch-kinderdagverblijf/
- Rijksoverheid (2015d). *Passend onderwijs*. Retrieved at March 5, 2015 from <http://www.rijksoverheid.nl/onderwerpen/passend-onderwijs/vraag-en-antwoord/wat-is-speciaal-onderwijs.html>

- Rijksoverheid (2015e). *Passend onderwijs voor elk kind*. Retrieved at June 1, 2015 from <http://www.rijksoverheid.nl/onderwerpen/passend-onderwijs/passend-onderwijs-vanaf-schooljaar-2014-2015>
- Stahmer, A. C., & Carter, C. (2005). An empirical examination of toddler development in inclusive childcare. *Early Child Development and Care*, 175, 321-333.
doi:10.1080/0300443042000266231
- Stuurgroep GBBG (2013). *Gewoon en Bijzonder wordt Bijzonder – Gewoon in de kinderopvang. Proeftuin in het kader van de decentralisatie jeugdzorg in de stadsregio Rotterdam*. Rotterdam: Stuurgroep GBBG.
- UNESCO (1994). *The Salamanca statement and framework for action on special needs education*. Paris: UNESCO.
- UNESCO (2012). *International Standard Classification of Education*. Montreal: UNESCO.
- UNESCO (2014). *Inclusive education*. Retrieved at February 25, 2015 from <http://www.unesco.org/new/en/education/themes/strengthening-education-systems/inclusive-education/>
- Van Overveld, K., & Eelman, N. (2014, August). Zorgen voor of zorgen over passend onderwijs [Web log post]. Retrieved from <http://wij-leren.nl/passend-onderwijs-leerkracht.php>

Appendix A Questionnaire

Beste mevrouw, meneer,

Voor ons afstudeerproject van Onderwijskunde doen wij onderzoek naar inclusieve kinderopvang. Dit betekent dat kinderen met speciale behoeften binnen de reguliere kinderopvang worden opgevangen. Speciale behoeften houden in dat het kind een lichamelijke of mentale beperking, een chronische ziekte, een stoornis of een gedragsprobleem heeft.

Voor ons onderzoek zouden wij u willen vragen om de onderstaande 27 vragen te beantwoorden. Dit zal ongeveer 15 minuten duren. Bij elke vraag kunt u maar één antwoord invullen. Alle informatie die u geeft, is geheel anoniem en zal vertrouwelijk worden verwerkt. Na afronding van het onderzoek zullen wij de algemene resultaten aan uw organisatie toesturen.

Alvast vriendelijk bedankt voor uw medewerking!

Met vriendelijke groet,

Miranda Bink, Anouk Vermeeren en Christien de Vries

Vraag 1 tot en met 9

Bij vraag 1 tot en met 9 volgt steeds een stelling. Hierbij zijn de antwoordmogelijkheden als volgt:

- 1 = helemaal oneens
- 2 = een beetje oneens
- 3 = neutraal
- 4 = een beetje eens
- 5 = helemaal eens

1. Ik ben in staat om zorg te dragen voor het emotioneel welbevinden en de veiligheid van de kinderen.

Denk aan: kinderen een veilige basis bieden; flexibiliteit in structuur en aanpak bieden; emotionele ondersteuning bieden aan kinderen

1 2 3 4 5

2. Ik ben in staat om zorg te dragen voor het lichamelijk welbevinden en de veiligheid van de kinderen.

Denk aan: een verantwoorde omgeving creëren voor ontdekken en oefenen; kinderen begeleiden op lichamelijk gebied

1 2 3 4 5

3. Ik ben in staat om de ontwikkeling van competenties van de kinderen te steunen en stimuleren.

Denk aan: onafhankelijkheid van kinderen respecteren; inspelen op ontwikkeling van kinderen

1 2 3 4 5

4. Ik ben in staat om het spelen en leren van de kinderen te steunen en stimuleren.

Denk aan: ontwikkeling van kinderen stimuleren; kinderen laten delen, ervaren, ontdekken, onderzoeken en uitbreiden; positieve interacties tussen kinderen bevorderen; evenwicht bieden tussen nieuwe en vertrouwde dingen; kinderen op planmatige wijze laten leren

1 2 3 4 5

5. Ik ben in staat om het gedrag van de kinderen te beïnvloeden.

Denk aan: structureren en grenzen stellen bij de kinderen; kinderen procesmatig begeleiden; inspelen op bijzonderheden van kinderen

1 2 3 4 5

6. Ik ben in staat om een samenwerkingsrelatie met de ouder(s)/verzorger(s) van de kinderen te realiseren.

Denk aan: de ouder(s)/verzorger(s) zien en horen; uitwisselen van informatie met ouder(s)/verzorger(s); samenwerken met ouder(s)/verzorger(s); met ouder(s)/verzorger(s) werken aan een gezamenlijke verantwoordelijkheid en betrokkenheid

1 2 3 4 5

7. Ik ben in staat om samenwerking met collega's en andere professionals te realiseren.

Denk aan: werken aan een eenduidige aanpak/begeleiding met directe collega's; elkaar als collega's stimuleren; samenwerken met andere professionals

1 2 3 4 5

8. Ik ben in staat om de kwaliteit van mijn eigen werk en de dienstverlening van de organisatie te bewaken en hieraan te werken.

Denk aan: kwaliteit van het werk op peil houden; eigen arbeidsomstandigheden bewaken; werk evalueren; werk en handelen verantwoorden; werk verbeteren

1 2 3 4 5

9. Ik ben in staat om mezelf mijn vak eigen te maken.

Denk aan: jezelf ontwikkelen; je vakkundigheid inzetten

1 2 3 4 5

Vraag 10 tot en met 19

Bij de vragen 10 tot en met 19 wordt steeds een denkbeeldig kind beschreven. Probeer uzelf dit kind voor te stellen. De vraag is steeds of u voor dit kind in de groep zou kunnen zorgen. Mocht dit niet het geval zijn, dan kunt u aangeven wat u nodig heeft om wel voor dit kind te kunnen zorgen. De mogelijkheden hierbij zijn als volgt:

- Interne hulp: hulp van iemand die al in uw organisatie werkzaam is, bijvoorbeeld een collega, een intern begeleider of de locatieleider.
- Externe hulp: hulp van iemand die buiten uw organisatie werkzaam is, bijvoorbeeld een verpleegkundige, een psycholoog/pedagoog of een maatschappelijk werker.
- Aanpassing: een aanpassing op de locatie, bijvoorbeeld een lift, een rolstoeltoilet of aangepast meubilair.
- Scholing: een training of cursus voor uzelf om meer kennis/vaardigheden te leren met betrekking tot de zorg voor dit kind.
- Anders, namelijk ...: hier kunt u een vorm van hulp invullen die u denkt nodig te hebben en die niet onder bovenstaande categorieën valt.
- Echt niet: u kunt echt niet voor dit kind zorgen, ook niet met een vorm van hulp.

10. “Dit kind zit in een rolstoel, omdat lopen en staan vermoeiend is. Het kan wel korte stukjes lopen, maar na een kwartier of half uur wordt het vermoeiend. Het kind is wel goed in staat zichzelf te verzorgen, net als leeftijdgenoten.”

Kunt u in de groep voor dit kind zorgen?

- Ja
- Nee, maar wel met ...
 - Interne hulp
 - Externe hulp
 - Aanpassing
 - Scholing
 - Anders, namelijk:
- Echt niet, ook niet met hulp

11. “Dit kind is meerdere keren per week driftig. Tijdens een driftbui slaat, schopt en bijt dit kind leeftijdgenoten die in de buurt zijn en schreeuwt het kind door de ruimte. Het kind is moeilijk in bedwang te krijgen door een volwassene.”

Kunt u in de groep voor dit kind zorgen?

- Ja
- Nee, maar wel met ...
 - Interne hulp
 - Externe hulp
 - Aanpassing
 - Scholing
 - Anders, namelijk:
- Echt niet, ook niet met hulp

12. “Dit kind heeft meerdere keren per week een epileptische aanval. Dit voelt het kind zelf niet aankomen, maar ook voor anderen is het niet goed zichtbaar wanneer er een aanval aankomt. De aanvallen kunnen soms wel 20 minuten duren.”

Kunt u in de groep voor dit kind zorgen?

- Ja
- Nee, maar wel met ...
 - Interne hulp
 - Externe hulp
 - Aanpassing
 - Scholing
 - Anders, namelijk:
- Echt niet, ook niet met hulp

13. “Dit kind heeft een vorm van autisme. Hierdoor maakt het kind weinig contact met anderen, maar reageert wel op anderen wanneer zij iets vragen. Sommige opmerkingen worden door het kind heel letterlijk opgevat, terwijl dit niet zo bedoeld is.”

Kunt u in de groep voor dit kind zorgen?

- Ja
- Nee, maar wel met ...
 - Interne hulp
 - Externe hulp
 - Aanpassing
 - Scholing
 - Anders, namelijk:
- Echt niet, ook niet met hulp

14. “Dit is een stil kind. Het kind speelt altijd rustig en antwoordt netjes op vragen van anderen. Het kind zal niet gauw zelf een vraag stellen aan u of aan leeftijdgenoten.”

Kunt u in de groep voor dit kind zorgen?

- Ja
- Nee, maar wel met ...
 - Interne hulp
 - Externe hulp
 - Aanpassing
 - Scholing
 - Anders, namelijk:
- Echt niet, ook niet met hulp

15. “Dit kind is af en toe boos. Het kind schreeuwt dan en reageert zich af op spullen, een deur of de muur. Als dit kind op een rustige plek met weinig prikkels wordt gezet, neemt de boosheid snel af en kan het kind verder gaan waar het mee bezig was.”

Kunt u in de groep voor dit kind zorgen?

- Ja
- Nee, maar wel met ...
 - Interne hulp
 - Externe hulp
 - Aanpassing
 - Scholing
 - Anders, namelijk:
- Echt niet, ook niet met hulp

16. “Dit kind is verlamd vanaf halverwege de rug. Hierdoor kan het kind niet staan of lopen. Dit zorgt ervoor dat het kind in een rolstoel zit en hulp nodig heeft bij een groot deel van de dagelijkse verzorging.”

Kunt u in de groep voor dit kind zorgen?

- Ja
- Nee, maar wel met ...
 - Interne hulp
 - Externe hulp
 - Aanpassing
 - Scholing
 - Anders, namelijk:
- Echt niet, ook niet met hulp

17. “Dit kind is erg stil en teruggetrokken. Het kind speelt altijd alleen op een rustige plek. Als er andere kinderen bij komen zitten, zoekt dit kind een andere rustige plek op. Het kind antwoordt niet veel of erg zachtjes en binnensmonds wanneer iets wordt gevraagd.”

Kunt u in de groep voor dit kind zorgen?

- Ja
- Nee, maar wel met ...
 - Interne hulp
 - Externe hulp
 - Aanpassing
 - Scholing
 - Anders, namelijk:
- Echt niet, ook niet met hulp

18. “Dit kind kan af en toe een epileptische aanval krijgen. In zulke gevallen voelt het kind dit aankomen, maar ook voor de omgeving is goed zichtbaar dat er een aanval aankomt. De aanvallen zijn vaak redelijk kortdurend.”

Kunt u in de groep voor dit kind zorgen?

- Ja
- Nee, maar wel met ...
 - Interne hulp
 - Externe hulp
 - Aanpassing
 - Scholing
 - Anders, namelijk:
- Echt niet, ook niet met hulp

19. “Dit kind heeft een vorm van autisme. Het kind zoekt geen contact met anderen en wil altijd alles volgens vaste rituelen laten gebeuren. Als iemand iets vraagt, moet diegene het kind goed aanspreken en aankijken, want anders begrijpt het kind het niet.”

Kunt u in de groep voor dit kind zorgen?

- Ja
- Nee, maar wel met ...
 - Interne hulp
 - Externe hulp
 - Aanpassing
 - Scholing
 - Anders, namelijk:
- Echt niet, ook niet met hulp

Vraag 20 tot en met 27

Tot slot volgen bij vraag 20 tot en met 27 een aantal algemene vragen.

20. Wat is uw geslacht?

- Vrouw
- Man

21. Wat is uw leeftijd?

..... jaar

22. Wat is uw hoogste opleidingsniveau?

- MBO-1
- MBO-2
- MBO-3
- MBO-4
- HBO
- WO
- Anders, namelijk

23. Heeft u training gevolgd over de opvang van kinderen met speciale behoeften?

- Nee
- Ja, namelijk (naam training), dit duurde 1 dagdeel / 2 dagdelen / 3 tot 6 dagdelen / 7 tot 10 dagdelen / meer dan 10 dagdelen

24. Wat is uw huidige functie?

- Stagiair(e), opleiding
- Groepshulp
- Pedagogisch medewerk(st)er, differentiatie 1 / 2 / 3 / 4 (omcirkel wat van toepassing is)
- Anders, namelijk

25. Hoeveel jaar werkervaring heeft u in de kinderopvang?

..... jaar

26. Hoeveel jaar werkervaring heeft u in uw huidige functie?

..... jaar

27. Heeft u nog opmerkingen?

.....

.....

.....

Appendix B Topic list of the interview

- Korte toelichting op onderzoek
- Definitie van kinderen met speciale behoeften
- Doelgroep van kinderdagverblijf
- Opvang van kinderen met speciale behoeften
- Grens voor plaatsen van kinderen met speciale behoeften
- Beleid voor plaatsen van kinderen met speciale behoeften
- Geld voor opvang van kinderen met speciale behoeften
- Houding/visie ten opzichte van kinderen met speciale behoeften
- Materialen
- Toegankelijkheid gebouw
- Tijd
- Schaling inclusiviteit tussen 1 en 10