

Inclusion of Children with Special Needs in Dutch Daycare

Bachelorthesis

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Abstract

Inclusive education is a current topic worldwide. Various studies show positive results for children with and without special needs, both in primary school and in daycare. This study investigates inclusion in Dutch daycare centres, following the recent changes in the primary educational system. Pedagogical staff members and managers of daycare centres of the district of Utrecht were participating in this mixed methods study. Results show that (a) the conditions which contribute to the ability of daycare centres to offer inclusive daycare are not all available at Dutch daycare centres, (b) the type and the severity of special need influences the ability of pedagogical staff to take care of children with special needs, and (c) level of education has a significant effect on the ability of caring for children with special needs.

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 organization who takes an active role in supporting this concept of inclusion. She is committed to address exclusion from and inequality in educational opportunities (UNESCO, 2014). That 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).

Beside the reason of UNESCO, research has indicated factors which emphasize the importance of inclusion as well. 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 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 alter their attitudes towards children with special needs in a positive way (Allen & Cowdery, 2011). When in preschool, they gain more knowledge about possible types of disabilities (Diamond & Hestenes, 1996). In addition to these positive outcomes, Kalambouka, Farell, Dyson and Kaplan (2007) did not find any negative effects on typically developing children when they are in inclusive primary schools. According to the mentioned studies, inclusive programs are 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* which 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 the attitudes of teachers 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 need many different skills, expertise, knowledge, pedagogical approaches, appropriate teaching materials and methods and enough time (EADSNE, 2003; Frazeur Cross et al., 2004). Third, the environment within and from outside the school needs to be supportive 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, it is important to keep these conditions in mind.

Adaptive education in the Netherlands

A type of inclusion was introduced in the Netherlands (Nationaal Regieorgaan Onderwijsonderzoek, 2014). The government namely 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. The law ‘Adaptive Education’ changed this since August 1st, 2014 into a system in which an appropriate solution for them 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, in spite of a possible need for additional educational support. 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, which depends on the policy the organisation has set. The management team of a daycare centre is responsible for the admission of children (Rijksoverheid, 2015a). This has led to three types of daycare: (a) daycare for typically developing children, (b) daycare for typically developing children and, when possible, for 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 cognition or educational impairments. In this research, children with special needs will be constrained to children with a physical or mental impairment, a chronic disease, a disorder or behavioural problem (Rijksoverheid, 2015c). This group of children is, 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 (Overleg Arbeidsvoorwaarden Kinderopvang [OAK], 2011). These competences, with corresponding characteristics for a competent performance, are positioned in table 1.

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).

Two factors, relevant for this study, can influence the competences of pedagogical staff, videlicet the type of special need and the severity of this need. 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 these 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 children with special needs, require other qualities to be able to offer the additional needs to the children, because teachers also need additional qualities to be able to work with children with special needs (Van Overveld & Eelman, 2014). However, there is no research available about specific abilities of Dutch pedagogical staff related to the care of children with special needs.

Inclusion in daycare in the Netherlands

Because of the proven positive results of inclusive daycare, the recent changes in the Dutch educational system and the lack of research on 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?'*. By answering the research question, a possible overlap can be created between the organisational structure of Adaptive Education and the structure of daycare centres. The management teams of daycare centres also gain information on what they can change in their organisation to become a more inclusive daycare centre. When they consider offering inclusive daycare, they can use this information in their policy.

There are three hypotheses stated. At first, it is expected that none of the conditions stated by the EADSNE (2003) and Frazier Cross and colleagues (2004) are present in the Dutch daycare centres. This is expected because no evidence of inclusive daycare in the Netherlands exists. Secondly, it is expected that the type and severity of the special need influences the ability of the pedagogical staff to care for the children (Everington et al., 1999; Huang & Diamond, 2009; Minke et al., 1996). In third place, it is expected that age and work experience do not influence the ability of pedagogical staff to care for children with special needs (Avramidis, Bayliss, & Burden, 2000; Rafferty & Griffin, 2005) and that the level of education and completed additional training do have a positive influence on the ability of pedagogical staff members (Everington et al., 1999; Huang & Diamond, 2009; Minke et al., 1996; Rafferty & Griffin, 2005). Based on these sub hypotheses, the expectation is that

several factors contribute to being able to offer inclusive daycare, videlicet various conditions, type and severity of special need and different demographic variables.

Method

For this study, the pedagogical staff members filled in a questionnaire and the managers were interviewed. The results of the questionnaire 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 organised 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. One group consisted of regular daycare centres, the other group consisted of broad daycare centres. This grouping was based on information about the target group of 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 large extent. The centres were therefore considered as one group in the continuation of the study. The number of participants can be found in table 2.

Table 2

Number of participants per daycare centre

Daycare centre	Number of pedagogical staff members	Number of participants	Percentage 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	37.04

The participating pedagogical staff members included 50 women between the ages of 21 and 60 years ($M = 35.00$, $SD = 8.53$). 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 is 10.86 years ($SD = 5.52$).

The participating managers included seven women between the ages of 27 and 48 years ($M = 40.14$, $SD = 8.11$). They were educated at HVE or UE. Two managers 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 is 10.43 years ($SD = 6.24$). More detailed information of 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 (SD)</i>	Min.	Max.	<i>M (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	5	71.4
Half a day	2	4.1	0	0.0
One day	4	8.2	1	14.3
Two to three days	0	0.0	1	14.3
Four to five days	0	0.0	0	0.0
More than five days	4	8.2	0	0.0

Note. For ‘completed additional training’, the valid percentages for the pedagogical staff were calculated because of one missing value.

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 which of the two groups the centre belonged to. If the policy stated that all children are 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, from each group 51 participants needed to take part. Twelve regular and 14 daycare centres were randomly selected to be approached to participate in the study. Six regular daycare centres and five broad daycare centres with respectively 123 and 74 pedagogical staff members approved to participate in the study. The final sample consisted of seven daycare centres with 50 participating pedagogical staff members.

The data was collected at the daycare centres. The privacy of the pedagogical staff, the managers and all children is guaranteed. Therefore, all received information was processed confidentially and anonymously.

Measures

The data was collected by questionnaires and interviews. All participating daycare centres received questionnaires for their pedagogical staff. Depending on their own preference, it was possible to receive these questionnaires digitally or on paper.

To the authors' knowledge, there were no known instruments which were able to measure the desired variables. Therefore, a questionnaire was especially designed for this study. The questionnaire started with questions about the nine competences pedagogical staff in Dutch daycare centres needs to possess (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 the special need. These characteristics influence the competences of the pedagogical staff (Everington et al., 1999; Huang & Diamond, 2009; Minke, Bear, Deemer, & Griffin, 1996). The mediator of this influence, the attitudes of the pedagogical staff, is not included in the study, because attitudes are 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 required to be able to. The questionnaire ended with demographic questions about sex, age, highest level of education, completed additional training on 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. They 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 of the pretest, the questionnaire was improved.

The managers of the daycare centres were interviewed. The central question was how the conditions stated by EADSNE (2003) and Frazeur Cross and colleagues (2004) contribute to the current level of inclusiveness. These conditions were all used as a guideline to create the topic list of the interview, except for the attitudes of the pedagogical staff members. Thereby, the wishes and the limits of the organisation relating to caring for children with special needs were discussed. Unprepared subjects that arose during the dialogue 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 gathered data is entered by the researchers, which ensures 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. This analysis was used to test the second hypothesis. 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. This analysis was also 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. This analysis is used to test the third hypothesis.

Besides the quantitative analyses, the interviews and a part 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, this is why no numerical reliability rating was calculated (Harry, Sturges & Klingner, 2005). The analysis of the interviews leads to insight in the state of affairs and the factors influencing inclusion. This was used in testing all hypotheses. The part of the questionnaire about the type and severity of special needs was qualitatively analysed as well. The help pedagogical staff possibly needs in caring for children with specific special needs, was examined. This analysis was used to test the second hypothesis.

Results

The analyses focused on the factors contributing to the possibilities of pedagogical staff members to care for children with special needs. The factors being analysed are (a) the conditions of inclusion (EADSNE, 2003; Frazeur Cross et al., 2004), (b) type and severity of special need 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 the quantitative and qualitative analysis of these factors were integrated in this section.

The influence of the conditions of inclusion

EADSNE (2003) and Frazeur Cross and colleagues (2004) stated four conditions which are important 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. Besides, the managers explained their *vision on children with special needs* in their organisation. They all emphasized the open attitude of the 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 includes 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 can be found 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 the 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 is not appropriate for a specific child, daycare centers are 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 in some way that *time* is a crucial aspect in the possibilities to care for children with special needs. This is because of the constraining possibilities between staff to child ratio.

Table 5

Average level of competence per daycare centre

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

Note. The level of competence is 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 supportive 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 also mentioned they always consulted with the parents of a child with a special need about the 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 supportive agencies*, the pedagogical staff in six daycare centres can 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; Frazeur Cross et al., 2004). All managers said not to receive any *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 need

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 a 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 indicated 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	Chronic disease	Disorder	Ext. behavioural problem	Int. behavioural problem
Mean Rank	3.69	4.02	2.81	2.94	1.54

Note. The lower the Mean Rank, the better pedagogical staff can take care.

Table 7

Results of Wilcoxon Signed Rank tests and power analyses

Types compared		T	z	N-Ties	p	r
Physical impairment	Chronic disease	171.5	-1.83	32	.068	
Physical impairment	Disorder	143.0	-2.90	35	.004	-.49

Types compared		<i>T</i>	<i>z</i>	<i>N</i> -Ties	<i>p</i>	<i>r</i>
Physical impairment	Ext. behavioural problem	132.5	-2.75	33	.006	
Physical impairment	Int. behavioural problem	8.5	-5.66	42	< .001	-.87
Chronical disease	Disorder	85.0	-3.85	35	< .001	-.65
Chronical disease	Ext. behavioural problem	162.5	-3.40	40	.001	-.54
Chronical disease	Int. behavioural problem	0.0	-5.79	43	< .001	-.88
Disorder	Ext. behavioural problem	277.5	-0.36	34	.722	
Disorder	Int. behavioural problem	16.0	-4.57	30	< .001	-.83
Ext. behavioural problem	Int. behavioural problem	63.5	-4.48	37	< .001	-.74

Note. The *z* values are corrected for ties. Significant differences, with a Bonferroni corrected α of .005, are in boldface. Effect sizes for non-significant differences were not displayed.

In contrast with 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, despite of a possible special need. They take every single child into consideration to decide if it is feasible for the pedagogical staff to contribute to the wellbeing of the child. A child who needs medical attention during daycare will not likely 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 account. 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 there was a significant difference between the extent to which pedagogical staff can care for children with a mild special need ($M = 6.96$, $SD = 1.26$) and the extent to which they can care for children with a severe special need ($M = 8.92$, $SD = 1.90$), a paired samples *t* test with an α of .05 is conducted. The assumption of normality was slightly violated, but this was of little concern because of the sample size. The assumption of normality of difference scores was not violated after outputting and visually inspecting the relevant histograms. On average, participants mentioned to be 19.6%, 95% CI [-2.41,-1.51], better able to care for children with a mild special need than they mentioned 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.

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

Besides the proven differences between types of special needs and the severity of these needs, some pedagogical staff members indicated to need help in caring for specific children. For children with mild disabilities, most of them do not need any help. Pedagogical staff mostly 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. More detailed information about the desired help pedagogical staff needs, can be consulted in table 8.

Table 8

Desired help in caring for children with different special needs in valid percentages

Disability	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

Continues

Disability	No	Internal	External	Adaptation	Training Different	Continues Makes no difference
Mild externalizing behavioural problem	72.0	12.0	0.0	12.0	2.0	2.0
Severe externalizing behavioural problem	21.7	28.3	19.6	4.3	10.9	10.9
Mild internalizing behavioural problem	96.0	4.0	0.0	0.0	0.0	0.0
Severe internalizing behavioural problem	85.7	6.1	4.1	2.0	2.0	0.0

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

The influence of age, education, training and work experience

To test if there were significant 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, the bivariate Spearman's correlation coefficients (r_s) were calculated. Prior to calculation of the correlations, the assumptions of normality, linearity and homoscedasticity were assessed and found to be violated. Because of the violations, Spearman's rho was calculated. Only the correlation between average level of competence and level of education was significant, with a medium effect size (Cohen, 1988). The other measures showed no significant correlation with the average level of competence. The detailed test results can be found in table 9.

Table 9

Correlations between average level of competence and different demographical measures

Measure	N	r_s	p
Age	50	.16	.260
Level of education	50	.35	.012
Completed additional training	49	.06	.664
Years of work experience in daycare	49	.07	.637
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 many non-significant correlations were not supported by the managers. Three of them namely mentioned that work experience and additional training of the pedagogical staff would support their abilities to care for children with special needs. One manager even said that “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 of some participants. 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

As previously outlined, this study investigates to what extent daycare centres are able to offer inclusive daycare in The Netherlands. Three hypotheses were stated. The results of each hypothesis will be shown.

The influence of the conditions of inclusion

As mentioned before, EADNSE (2003) and Frazeur Cross and colleagues (2004) have outlined four conditions, which daycare centres should take into account if they want to become an inclusive daycare centre. It was firstly hypothesised that not all conditions stated by EADSNE (2003) and Frazeur Cross and colleagues (2004) were present in Dutch daycare centres.

It was founded that the pedagogical staff is able to meet the first condition. The pedagogical staff feels competent in their job and is able to encourage social relationships of children in daycare.

The second condition is not met in daycare centres. There are no specific materials and methods available for children with special needs in regular daycare centres, since not enough money is available for this. Furthermore, time is a scarce aspect. This has to do with the staff: child ratio. Only the required number of pedagogical staff members is available. Due to this, there is not an extra pedagogical staff member at the group who can pay extra attention to the child with a special need.

The third condition is met by the pedagogical staff. They can offer a supportive environment for every child. They are also able to maintain good contact with supportive agencies, for example a pedagogue or a physiotherapist, and the parents to arrange extra possibilities for the child with a special need.

The fourth condition is not present in the daycare centres. The government has no clear vision of inclusion in daycare. An explanation for this might be, that inclusive daycare does not exist in The Netherlands (Rijksoverheid, 2015a). Furthermore, no extra resources are available to help daycare centres with giving extra help for children with a special need.

In summary, the first and the third condition are met, however the second and fourth conditions are missing. It can be concluded, that not all conditions of EADSNE (2003) and Frazeur Cross and colleagues (2004) are available at the daycare centres. The first hypothesis has found to be correct.

The influence of the type and the severity of special need

It was secondly hypothesised that the type and the severity of the special need influences the ability of the pedagogical staff to care for the children (Everington et al., 1999; Huang & Diamond, 2009; Minke et al., 1996).

Concerning the type of the special need, a significant effect has been found. The pedagogical staff is more able to take care of children with a specific type of special need. They are most able to take care of children with an internalizing behavioural problem, followed by children with an externalizing behavioural problem and children with a disorder. The staff is the least able to take care of children with a physical impairment or a chronic disease. The managers, however, did not fully agree to this ranking. They indicated that every child is unique, which is why it depends if the pedagogical staff is able to care for the specific child. It is also indicated by Booth and Kelly (2002) that it is important to look at the possibilities of the child and his or her special need and adapt the care to that specific child. All managers and pedagogical staff members have an open attitude to every child, also for children with a special need. The positive attitude towards these children is important for feeling more competent in caring for children with a special need (Everington et al., 1999; Minke et al., 1996).

Concerning the severity of the special need, it is revealed that pedagogical staff can take better care of children with a mild special need than they can take care of children with a severe special need. This effect was significant. The managers also confirmed this outcome. If the severity of a special need increases, the chance of the need of medical treatments increases as well. Pedagogical staff is not educated to do medical treatments.

In summary, it can be concluded that the type and severity of the special need influences the ability of the pedagogical staff to care for children with a special need. The second hypothesis has found to be correct.

The pedagogical staff indicated that they sometimes need extra help with caring for children with a special need. It can be concluded that in most cases, pedagogical staff need extra intern help or additional training to be able to care for children with a special need.

The influence of age, education, training and work experience

The influence of the factors age, level of education, additional training and work experience on the ability to take care for children with a special need is studied. It was hypothesised that age and work experience do not influence the ability of pedagogical staff to care for children with special needs (Avramidis, Bayliss, & Burden, 2000; Rafferty & Griffin, 2005) and that level of education and completed additional training do have a positive influence on the ability of pedagogical staff members (Everington et al., 1999; Huang & Diamond, 2009; Rafferty & Griffin, 2005).

This study revealed no significant effect for the factor age. Age has no effect on the ability of pedagogical staff to care for children with special needs. This finding is in line with Avramidis, Bayliss, & Burden (2000).

There is a significant effect for the factor of education. The level of education has an effect on the ability of pedagogical staff to care for children with special needs. The more highly educated a pedagogical staff member is, the more able that person is to care for children with a special need. This effect is positive and is in line with Everington et al., (1999) and Minke et al., (1996).

No significant effect is revealed for the factor of additional training. This result differs from earlier research from Rafferty and Griffin (2005), who showed a significant effect of additional training on the ability to care for children with a special need. Also Knoche, Peterson, Pope Edwards and Jeon (2006) stated that pedagogical staff of inclusive daycare centres has received more training and training hours over one year, than regular daycare centres. Having more training on caring for children with a special need, takes extra needs and barriers of pedagogical staff away (Mulvihill, Shearer, & Van Horn, 2002). They are then more comfortable with caring for children with special needs. An explanation for this difference with the finding of this study might be the small amount of participants who received additional training.

This study showed no significant effect for the factor work experience. This finding is in line with Rafferty and Griffin (2005). An explanation might be that work experience only

in regular daycare does not influence the ability of caring for children with special needs. However, the work experience with children with a special need in daycare does influence the ability to care for children with a special need (Campbell, Gilmore & Cuskelly, 2003; Leatherman & Niemeier, 2005). In this study, the work experience in a regular daycare is measured and the pedagogical staff does not have much experience with caring for children with special needs. This might be an explanation for not finding a significant effect of the factor work experience.

In summary, only a significant effect is revealed for the level of education. No significant effect is showed for the factors age, additional training and work experience. These factors do not influence the ability of pedagogical staff members to offer inclusive daycare. Therefore, the third hypothesis has to be rejected.

Conclusion

This study sought to answer the following question *'To what extent are daycare centres in The Netherlands able to care for children with special needs?'*. Unfortunately, it cannot be conclusively said in what extent daycare centres in The Netherlands are able to care for children with special needs. However, the findings suggest that pedagogical staff members are feeling competent enough to care for children with a special need, but they sometimes need extra help with caring for those children. They are also willing to care for these children. However, time and government funding are crucial aspects to optimize the possibilities to care for children with a special need in a regular daycare centre. Currently, these aspects are lacking.

Strengths and Limitations

The first strength of this study is that the studied subject is a topic which has not been researched often. Therefore, the relevance of this study is very high. In addition, this study connects with the changes in primary education due to the law 'Adaptive Education'.

A second strength of this study was the random selection procedure. The participating daycare centres were randomly selected of a list of all daycare centres in the district of Utrecht.

Despite these strengths, a few limitations came forth while conducting this study.

Firstly, a few questionnaires were not filled in completely. Some participants, who filled in the questionnaire on paper, did not answer all the questions. Therefore, some data had to be reported as missing data, or had to be excluded out of the data set.

In addition, there is a high possibility that pedagogical staff and managers have given social desirable answers. Due to the way the survey was set up, the pedagogical staff was able to make themselves look more competent than they really are.

Furthermore, only daycare centres of the district of Utrecht were participating in this study. Despite the fact that daycare centres were randomly selected, it is difficult to generalize the results of this study to all daycare centres in The Netherlands. Therefore, the external validity is not high.

Implications

When implementation of inclusive daycare in The Netherlands is considered, a few factors should be taken into account. First of all, offering inclusive daycare does not only depend on the abilities of pedagogical staff members to care for children with special needs. Daycare centres are also dependent of their environment. The centres need to have registrations of children with special needs because nowadays daycare centres does not have a lot of children with special needs at their daycare. This is due the fact that children with a special need have grown up in a medical environment, especially children with a physical impairment or a chonical disease. Therefore, it is easier for parents to stay in this medical environment and registrar their child at a medical daycare centre instead of a regular daycare centre. The centres have to promote themselves more as an inclusive daycare.

Another factor which should be to taken into account, is the young age of children who are at daycare. They are very young and thereby they are not diagnosed yet or the special needs even develop during their time at daycare.

It is important to realize that children with special needs can be registered at a regular daycare centre to an extent. It is important for the development of children with and without special needs to be at a regular daycare centre. Therefore, daycare centres have to promote themselves as an inclusive daycare and thereby parents of children with a special needs also know that this type of daycare exist.

Further study recommendations

This study gives a new insight in the abilities of pedagogical staff members to offer inclusive daycare in The Netherlands. Hereby, the competences of the pedagogical staff and their influencing factors of age, education, additional training and work experience have been taken into account.

Further study is required to get a more complete understanding of the overlap between the daycare system and the adaptive educational system of The Netherlands. It is valuable to study whether the development of children with a special need will improve when there is an

overlap between the inclusive daycare centres in the Netherlands and the adaptive educational system in The Netherlands. Thereby, the system of The Netherlands will be more inclusive.

Another recommendation of further research is to study why parents of children with special needs do not always apply their child at a regular daycare centre. With the new educational system of The Netherlands it is valuable to investigate whether parents are willing to get a more inclusive system of daycare, when they promote themselves more as inclusive.

Furthermore, it is interesting to study the effects of inclusive daycare on the development of children with and without a special need. This study focused mainly on the ability of the pedagogical staff to care for children with special needs. It did not focus on the effects for children with and without a special need in a regular daycare centre. The effects of inclusive education are previously outlined, but it is necessary to keep on study the effects of inclusive daycare, because new knowledge is valuable.

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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 (omcirkel wat van toepassing is)

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 het interview
- 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
- Toegankelijk gebouw
- Tijd
- Schaling inclusiviteit tussen 1 en 10