Current state of inclusion of children with special needs in child care programmes in one Canadian province

Lesley Wiart[a], Heather Kehler[b], Gwen Rempel[c] & Suzanne Tough[d]

[a] Glenrose Rehabilitation Hospital and Department of Physical Therapy, Faculty of Rehabilitation Medicine, University of Alberta, 10230-111 Ave, Edmonton, Alberta, Canada T5G 0B7

[b] Independent research consultant, 5332 Silverdale Drive NW, Calgary, Alberta, Canada T3B 3M8

[c] Faculty of NursingUniversity of Alberta, Edmonton Clinic Health Academy, 11405-87 Ave, Edmonton, Alberta, Canada T6G 1C9

[d] Departments of Paediatrics and Community Health Sciences, Faculty of Medicine, University of Calgary, Calgary, Alberta, Canada
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Lesley Wiart[a]*, Heather Kehler[b], Gwen Rempel[c] and Suzanne Tough[d]

[a]Glenrose Rehabilitation Hospital and Department of Physical Therapy, Faculty of Rehabilitation Medicine, University of Alberta, 10230-111 Ave, Edmonton, Alberta, Canada T5G 0B7; [b]Independent research consultant, 5332 Silverdale Drive NW, Calgary, Alberta, Canada T3B 3M8; [c]Faculty of Nursing, University of Alberta, Edmonton Clinic Health Academy, 11405–87 Ave, Edmonton, Alberta, Canada T6G 1C9; [d]Departments of Paediatrics and Community Health Sciences, Faculty of Medicine, University of Calgary, Calgary, Alberta, Canada

Background: Access to quality child care is an important support for families with children with disabilities. The objectives of this study were to determine: (1) the current state of inclusion of children with special needs in child care programmes, and (2) the presence of child care staff practices and programme characteristics that support inclusion. Methods: Mail survey. Results: Centre based day care programmes ($n = 318$) and family day home agencies ($n = 25$) responded to the survey (47% response rate). Participants reported positive attitudes towards the philosophy of inclusion; however, 36% of the centre-based programmes and 29% of the family day home agencies that had been contacted by families of children with special needs did not accept them into care. A significant proportion of centre-based programmes (36%) and family day home agencies (40%) were unaware of how to access specialised support services for the children in their programmes. Many programmes (i.e. 54% of centre-based programmes and 96% of family day homes) reported they were not physically accessible. Conclusions: Child care providers require improved access to supports to increase their capacity to provide child care for children with special needs.

Keywords: early learning and care; child care; disabilities; special needs; Canada

Introduction

Quality early childhood education and care is beneficial to children with and without disabilities and their families. These settings provide natural opportunities for children with disabilities to experience social interaction and engagement with peers. Children with disabilities engage in more social interactions in inclusive settings compared to segregated settings (Kwon, Elicker, and Kontos 2011), suggesting that inclusive settings offer increased opportunity for the development of communication and social skills and friendships (Buysse, Goldman, and Skinner 2002). Service providers have also reported positive benefits of inclusion including preparation for the 'real world', increased acceptance of children with disabilities in the community, improved development of self-help skills, and increased opportunities to participate in activities (Rafferty

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*Corresponding author. Email: lesley.wiart@ualberta.ca

and Griffin 2005). Research also suggests benefits to typically developing peers including increased acceptance of children with disabilities (Odom et al. 2006), enhanced understanding of diversity, increased sensitivity to others, and increased awareness of their own weaknesses and strengths (Rafferty, Boettcher, and Griffin 2001). In addition, inclusive environments are conducive to established, specialised, instructional practices such as peer-mediated interventions (Robertson et al. 2003) and opportunities for embedded learning (Horn and Banerjee 2009).

Quality child care provides many benefits to families. Child care programmes can provide opportunities to extend and complement cultural and social values taught within the home (Tougas 2004). In addition, child care programmes provide a civic/democratic function by providing equal opportunities for children of different ethnic, religious, and socio-economic backgrounds to participate in shared activities with common objectives (Tougas 2004). Child care providers can be a resource for families as they may provide families with strategies for enhancing child development. Clearly, child care also enables primary caregivers to work in paid employment. Child care as a means to support parent employment may be of particular importance to those families who experience financial hardship as a result of caring for a child with a disability. Families with children with disabilities have lower family incomes and greater financial costs than other families (Burton and Phipps 2009; Heywood 2010; Parish and Cloud 2006). A large proportion of Canadian families with children with disabilities (58%) report employment-related 'opportunity costs' such as working fewer hours and not taking or quitting jobs (Burton and Phipps 2009). Challenges with employment may include the time required for medical appointments, increased care giving demands and finding, accessing, and coordinating services and supports for their children (Raina et al. 2005; Ray 2002; Resch et al. 2010). In addition to facilitating employment, child care can be a form of respite care which may reduce parental stress (Chan and Sigafoos 2002).

In the context of child care programmes, general structural and process indicators such as higher staff to child ratios (Helburn and Howes 1996; Phillipsen et al. 1997), higher staff salaries (Phillipsen et al. 1997), and staff with early childhood education training (Burchinal et al. 1996) are considered important aspects of quality for early education and care for all children. Research evaluating the contributors to successful inclusion of children with disabilities suggests that quality of child care for children with disabilities is improved with targeted staff training and support (Knoche et al. 2006; Mulvihill, Shearer, and Van Horn 2002). Meaningful collaboration with families and access to coordinated, goal-focussed, specialised support services are generally considered important components of support for young children with disabilities (Turnbull et al. 2007).

Objectives

The two objectives of this research were: (1) to determine the current state of inclusion of children with special needs, and (2) to describe the extent to which attitudes, staff practices, and programme characteristics that support inclusion are reported among directors, family day home agency coordinators, and providers of child care programmes.

Material and methods

The two research questions were addressed through a province-wide survey of child care programmes. Approval to conduct the study was obtained from the two University Research Ethics Boards in the province.

Survey development

Three sections of questions on attitudes towards inclusion from the Attitudes and Experiences Regarding Inclusion of Children with Special Needs in Child Care Programmes questionnaire (Irwin, Lero, and Brophy 2000) were included in the survey. The remaining questions were developed by the researchers based on inclusive practices and supports identified from the literature, local issues (e.g. knowledge of the presence of provincial funding mechanisms), and the results of focus group interviews to explore parents', child care service providers' and directors' experiences with inclusion. For example, in the focus groups providers and directors spoke about the specific barriers to inclusion that they experienced and these were included as options for reasons for not accepting a child into care or asking a parent to withdraw a child from the centre. The survey is included in the appendix.

A child care programme director and a family day home agency coordinator participated in a cognitive interviewing process (Desimone and Carlson Le Flock 2004) to provide insight into potential validity issues related to respondents' interpretation of the survey questions. Four expert reviewers provided feedback regarding survey format and content. The survey was pilot tested with eight centre-based programme directors and one family day home agency coordinator to determine appropriateness of the questions and completion time. The survey was revised to resolve unclear wording and shortened following the results of the pilot test to ensure it could be completed in approximately 20 minutes.

The final version of the survey included questions about respondent role in the programme, years of child care experience, experience working with children with special needs, education and training, programme capacity, age range of children in the programmes, profit structure, child care services offered, and the number of children with and without special needs currently enrolled. Questions about attitudes towards providing care to children with special needs, ability to accept and to provide care to children with special needs, funding, specialised supports, physical accessibility, goal-setting processes, and collaboration with parents were also included. A child with special needs was defined as a child with a medical diagnosis or a delay or a disorder in one or more developmental domain (social, physical, emotional, cognitive, and communication) that affected their ability to participate in regular child care programme activities.

Sampling

The survey sample was selected from a provincial government database of licensed child care programmes and approved family day homes. At the time of data collection, 1877 licensed child care centres (505 licensed daycares, 555 out of school care centres, and 700 preschools) and approved family day home agencies ($n = 117$) were operating in the province. The family day home agencies provided child care in the homes of providers for children aged 0–12. Programmes were stratified by geographical region ($n = 10$) and by child care programme type (regular daycare, family day home, out of school care, and preschool). A stratified sample of 801 programmes was randomly selected using the select random sample of cases feature in Predictive Analytics Software, Version 18.0.

Data collection and management

Survey packages containing an information letter, a consent form, the survey, and a stamped, addressed return envelope were mailed to each programme. A $5 coffee shop

gift certificate was also enclosed in recognition of the time required to complete the survey and to increase the response rate (Dillman, Smyth, and Christian 2009). A second survey package was mailed four weeks following the first mail out to non-responders. During this mail out, programmes were provided with the option of completing the survey online. The researchers contacted 350 non-responding centre-based programmes by telephone to encourage participation. It was confirmed that 65 centre-based programmes did not receive the surveys. Family day home agencies were not contacted because their telephone numbers were unavailable to the researchers. The 65 programmes that confirmed they did not receive surveys were removed from the sample reducing the potential sample size to 736 (683 centre-based programmes and 53 family day homes).

Data from the returned paper surveys ($n = 331$) were entered into an Excel database using Cardiff Teleform (Version 10.1) which scans and converts paper-based survey data into electronic format. Every entry was verified with the hard copy by a research assistant who scanned the surveys. Data from the web-based surveys ($n = 12$) were downloaded directly into Excel and subsequently merged into a common database with the data from the paper responses.

Data analysis

Frequencies and percentages were calculated for categorical variables and means, standard deviations and ranges were calculated for continuous variables. All statistical analyses were conducted using Stata SE version 11(StataCorp 2009).

Results

Three hundred and forty three surveys were returned from centre-based programmes ($n = 318$) and family day home agencies ($n = 25$). Among centre-based programmes and family day home agencies that were presumed to have received the survey, the overall response rate was 47% (i.e. 343/736). The response rate for centre-based programmes was 46.6% and the response rate for family day homes was 47.2%.

The number of children enrolled in centre-based child care programmes ranged from 3–170 (mean = 42.5, SD = 29.1). Sixty-one percent operated as not-for-profit centres. Family day home agencies represented 1–85 family day homes (mean = 23.7, SD = 22.6). Table 1 summarises the characteristics of the 318 child care programmes and 25 family day home survey respondents. The remaining survey results are organised by the two research questions.

(1)What is the current state of access to child care for children with special needs?

The majority (91%) of centre-based programmes had provided care to children with special needs in the two years prior to completing the survey and 74% were currently providing care to children with special needs. Among family day home agencies, 17(68%) agencies reported that day homes within their agency had provided care to children with special needs in the past two years and 15(60%) were currently providing care to children with special needs. Child care centres and family day homes most frequently provided care to children with diagnoses of attention deficit hyperactivity disorder (39% of centres and 32% of day home agencies), developmental delay (33% of centres and 17% of day home agencies), and autism (29% of centres and 36% of day home agencies).

Table 1. Descriptive characteristics of child care centre and family day home survey respondents.

	Child care centre (n = 316) n (%)	Family day home agency (n = 25) n (%)
Role		
Childcare provider	70 (22.2)	4 (16.0)
Director/coordinator/supervisor/consultant	230 (72.8)	21 (84.0)
Owner	16 (5.1)	n/a
Experience working with children with special needs		
Yes	269 (85.4)	17 (68.0)
No	46 (14.6)	8 (32.0)
Missing	1 (0.32)	
Education		
High school diploma	10 (3.2)	2 (8.3)
Certificate or diploma (early childhood education)	162 (51.3)	18 (75.0)
Some post-secondary		0 (0.0)
University degree	39 (12.3)	3 (12.5)
Other	99 (31.3)	1 (4.2)
Missing	6 (1.9)	1 (0.04)
	Mean (SD), Range	Mean (SD), Range
Childcare experience		
Number of years	15.6 (9.0), 0–41	13.9 (9.3), 1–42

Fifty seven percent of centre-based programmes and 58% of family day home agencies had received requests to provide care to children with special needs within the past two years. Among the programmes that had received requests, 36% of centre-based programmes and 29% of family day homes reported being unable to accept children with special needs into care. The most frequently reported reasons for not accepting a child with a disability into care were: the centre was at capacity for all children (66%), the child required more attention than could be provided with staffing levels at the time (34%), staff were not adequately trained (26.7%), and the physical environment was unsuitable (22%). Sixteen percent of programmes cited inadequate access to support services as a reason for not accepting a child with a disability into care.

Survey results indicated that 19% of centre-based programmes and 13% of family day homes had asked a parent of a child with special needs to withdraw from the programme in the past two years. The two most common reasons for asking parents to withdraw their children were the child's behaviour was harmful to other children (90%), and the child required more attention than could be provided with staffing levels at the time (71%). Other frequently reported reasons for asking parents to withdraw their children were inadequate staff training (22%) and inadequate access to specialised support services (16%).

The survey included questions about whether the centre (1) should, and (2) could provide care to children with different special needs (survey questions 37 and 38). Responses from the centre-based programmes are presented in Table 2.

Disparities between reports that programmes 'should' and 'could' were largest for children with multiple disabilities, children who are deaf or legally blind, children with severe cognitive impairments, children who require 1:1 assistance, children who use a walker or crutches, and, in particular, children who use wheelchairs.

(2) To what extent are attitudes, staff practices, and programme characteristics that support inclusion reported among directors and providers of child care programmes?

Attitudes of directors and providers towards inclusion of children with special needs.

Survey respondents indicated the extent to which they agreed or disagreed with statements designed regarding their attitudes towards inclusion (survey question 34). The responses are summarised in Table 3.

Table 2.   Centre-based programme participant attitudes towards providing care to children with different types of special needs ($n = 302–307$)[a].

Attitudes towards providing care to a child...	Feels programmes *should* provide care to a child... *n* (%)	Feels confident their programme *could* provide care to a child... *n* (%)
Who uses a walker or crutches	271 (89.1)	237 (77.2)
Who uses a wheelchair	256 (84.2)	191 (62.2)
Who is hyperactive	264 (86.3)	250 (82.0)
With inappropriate social behaviour	221 (73.2)	204 (66.9)
Who is noticeably withdrawn	273 (89.8)	263 (85.7)
Who at times, is uncontrollably aggressive	169 (55.4)	161 (52.6)
With visual impairment (can be somewhat but not fully corrected with glasses)	277 (90.8)	259 (84.6)
Who is legally blind	214 (70.2)	161 (52.4)
With a hearing impairment	265 (87.2)	240 (78.4)
Who is deaf	233 (76.4)	177 (57.7)
With a mild cognitive impairment	288 (94.4)	280 (91.2)
With a severe cognitive impairment	207 (68.3)	157 (51.3)
Who has difficulty with bowel control	187 (61.1)	180 (59.2)
Who requires assistance with self-help skills (e.g. dressing and feeding)	254 (84.1)	240 (78.4)
Who has impaired communication skills	278 (91.8)	263 (87.1)
Who requires 1:1 attention	241 (79.3)	208 (67.8)
With multiple disabilities	204 (67.1)	155 (50.5)

[a]Denominator varies from 302 to 307 due to missing data.

Collaboration with families

Sixty-seven percent of centre-based child care programmes reported they met formally with parents of children with special needs to discuss goals. Thirty-one percent of family day home agencies reported conducting formal meetings with families.

Respondents indicated that support services were arranged by the programme staff with the exception of hearing and vision consultants who were contacted primarily by parents (survey question 24). The results are presented in Table 4. In response to the statement 'It is the role of the centre to provide parents of children with special needs with information on supports and services in the community and to help them navigate services' 58% of respondents agreed or strongly agreed.

Access to specialised support services

Sixty percent of child care programmes and 53% of family day homes had accessed specialised support services for children with special needs. Thirty-six percent of centre-based respondents and 40% of family day homes were unaware of how to access specialised support services. Among programmes that were aware of how to access specialised support services, 43% of centre-based programmes and 57% of family day home agencies reported they did not consistently receive the supports requested.

Physical accessibility

Forty six percent of centre-based programmes and 4% of family day homes reported that indoor and outdoor areas of their facilities were accessible for children who use wheelchairs. Sixty two percent of child care centre respondents indicated they could provide care to a child who uses a wheelchair while 84% felt that they should provide care to a child who used a wheelchair (Table 2).

Formalised goal-setting with families

Respondents rated the extent they agreed or disagreed with the statement 'all children with special needs should have individual programme plans that document goals, strategies and progress'. While 81% of respondents agreed, 56% of programmes and 27% of family day homes that had children with special needs enrolled at the time of the survey reported that they had individual goal and/or programme planning documents for those children. Responsibility for the development of goal and programme plans was most often shared between the programme staff and parents (59%) rather than being the sole responsibility of the programme staff (21%), the parents (4%) or another arrangement (17%).

Response bias

To determine if responders differed from non-responders on the extent to which they included children with disabilities, the researchers contacted 50 programmes that did not respond to the survey and inquired as to whether they had cared for at least one child with special needs within the past two years. Of the fifty programmes contacted, 31 (62%) indicated they had cared for at least one child with special needs in the past two years; 38% had not. These proportions were significantly different from the

Table 3.   Centre-based programme participants' responses to statements regarding perceptions and attitudes towards inclusion ($n = 292-308$)[a].

Statement	Strongly disagree or disagree N (%)	Neutral N (%)	Agree or strongly agree N (%)	Don't know N (%)
It would be better to have specialised programmes for children with special needs rather than have all programmes be inclusive	185 (60.5)	64 (20.9)	40 (13.1)	17 (5.6)
Having children with special needs in child care benefits children without special needs	11 (3.6)	30 (9.8)	259 (84.4)	7 (2.3)
Having children with special needs in child care creates opportunities for all children to learn about the value of individual differences	8 (2.7)	10 (3.3)	287 (93.2)	3 (1.0)
Support required for children with special needs takes away from other children at the centre	186 (61.0)	48 (15.7)	57 (18.7)	14 (4.6)
Parents of other children might not like it if we have children with special needs in the centre	160 (51.9)	40 (13.0)	84 (27.4)	24 (5.2)
Staff in the centre might not like it if we have children with special needs in the centre	197 (62.7)	57 (18.6)	37 (12.1)	16 (5.2)
Having children with special needs in the child care centre benefits the centre staff	20 (6.6)	60 (19.7)	216 (70.8)	9 (3.0)
I am interested in having children with special needs in my child care centre	8 (2.7)	75 (24.7)	209 (68.8)	12 (4.0)
Liability issues present a significant barrier to providing child care for children with special needs	118 (38.7)	79 (25.9)	51 (16.7)	57 (18.7)
I feel confident in the ability of my centre to provide care for children with special needs	34 (11.2)	67 (22.0)	190 (62.4)	14 (4.6)
Centres should collaborate with service providers in other service sectors (e.g. health and education) who work with children with special needs in the centre	0 (0.0)	19 (6.2)	279 (90.6)	10 (3.3)

[a]Denominator varies ($n = 292-308$) due to missing data.

Table 4. Primary responsibility for arranging the specialised support services among centre-based child care programmes.

Specialised support services	N	Arranged by parent N (%)	Arranged by centre N (%)	Arranged by both N (%)
Early childhood education consultant	57	10 (17.5)	43 (75.4)	4 (7.0)
Education consultant/ teacher	41	9 (22.0)	30 (73.2)	2 (4.9)
Hearing consultant	30	17 (56.7)	9 (30.0)	4 (13.3)
Nurse	14	3 (21.4)	11 (78.6)	0 (0.0)
Nutrition consultant	19	7 (36.8)	11 (57.9)	1 (5.3)
Occupational therapist	75	27 (36.0)	45 (60.0)	3 (4.0)
Physical therapist	47	15 (31.9)	31 (66.0)	1 (2.1)
Psychologist	38	15 (39.5)	18 (47.4)	5 (13.2)
Speech language pathologist	10	39 (36.5)	60 (56.1)	8 (7.5)
Vision consultant	14	10 (71.4)	4 (28.6)	0 (0.0)
Emotional/behavioural consultant	50	17 (34.0)	32 (64.0)	1 (2.0)

proportions in the study sample in which 259 (91%) reported they had cared for at least one child with special needs in the past two years (chi square, $p < 0.01$). Therefore the results of this study likely represent the attitudes and practices of programmes who have provided care to children with special needs.

Discussion

Child care providers in this study reported positive attitudes towards including children with disabilities in their programmes, however, the results suggest that children with special needs continue to experience barriers to participation in child care programmes. These findings are consistent with other studies that suggest that service providers in early education and care settings have positive attitudes towards the philosophy of inclusion (Hadadian and Hargrove 2001; Rafferty and Griffin 2005) particularly after having gained experience working with children with disabilities (Mohay and Reid 2006). While positive attitudes towards inclusion of children with disabilities in early learning and care settings is a positive step towards successful inclusion of children with disabilities, this research suggests that a significant gap exists between beliefs and practices of child care centre directors. While this gap may be a result of social desirability bias in the responses related to attitudes towards inclusion, it does suggest that programmes continue to experience barriers to inclusion.

Many of the child care programmes and family day homes reported being unable to accept children with special needs into their programmes. While many of these programmes indicated that the reason for refusal was the programme had reached capacity, a large proportion of programmes cited inadequate staffing, inadequate staff training, and unsuitable physical environments as reasons for declining children with disabilities. In addition to challenges with initial access, a significant number of respondents indicated they had asked parents to remove their child with special needs from the

programme primarily because of issues associated with staffing levels, staff education and training, and inaccessible physical environments. Directors reported the largest gap between reports of 'should' and 'could' provide care for children who use wheelchairs or hearing or vision impairments. The perception that many (38%) could not provide care for children who use wheelchairs may be a direct result of inaccessible physical environments. This finding is consistent with other research that demonstrates that lack of wheelchair accessible environments creates a significant barrier to inclusion in child care programmes (Killoran, Tymon, and Frempong 2007).

The need for increased staff training was evident in the findings. Ensuring that early education and care staff have access to education and training are believed to be associated with overall quality in child care programmes (Bricker 2000). While there have been few high quality studies evaluating the effects of training on effective inclusive practices, available research suggests that training is an important component of quality in programmes that provide care for children with special needs (Buysse, Skinner, and Grant 2001). In a survey of 400 child care providers (Killoran et al. 2007), lack of knowledge (70%) and lack of confidence (29%) were the most significant barriers to providing care to children with disabilities. The results of the current study suggest the possibility that improved access to targeted education and training for providers could increase the capacity of programmes and family day homes to provide care to children with special needs. Other research suggests that increased amounts of training are associated with more positive attitudes towards working with children with disabilities (Baker-Ericzen, Garnand Mueggenborg, and Shea 2009) and directors and teachers who have received education related to inclusion may be more likely to include children with disabilities in their programmes (Essa et al. 2008).

Peer coaching may be an effective model for enhancing the capacity of child care centres to provide effective programming for children with disabilities. Early intervention or special education providers could support child care providers by modelling strategies for successful inclusion. Research suggests that the provision of a comprehensive model of training including on-site coaching, may result in increased participation of children with disabilities (Schepis et al. 2003). Successful implementation of strategies may require a higher 'dose' of coaching than is often provided in traditional consultation models. In one study to evaluate the implementation of a teaching model for enhancing social-emotional competence of young children (Fox et al. 2011), teachers required up to 10–14 60 minutes sessions following 18 hours of training to achieve acceptable implementation of the practices.

A large proportion of those who work in child care and family day homes were unaware of how to access specialised support services for children with special needs. The challenge of ensuring that families with children with disabilities have adequate information about supports and services has been reported elsewhere in the literature (Buran et al. 2009; Darrah et al. 2012; Miller, Colligan, and Colver 2003; Mitchell and Sloper 2002). Research conducted with early childhood education and care programmes in Australia (Grace et al. 2008) suggests that special needs facilitators could potentially assist with service system navigation and information provision and improve access to inclusive child care for children with disabilities. Service coordination is viewed as a crucial component of family-centred service delivery (Dunst and Bruder 2002; Trute 2007) since information exchange and access to coordinated services are central components of family-centred care (Rosenbaum et al. 1998). While research evaluating the outcomes of service coordination is sparse, some research suggests that service coordination may improve access to services (Nolan, Orlando,

and Liptak 2007), and reduce need for psychosocial supports for mothers (Trute, Hiebert-Murphy, and Wright 2008). Qualitative research suggests that involvement of service coordinators may improve home-school relationships, facilitate inter-agency working of teachers, and improve inclusive practice by improving the ability of schools to meet the individual needs of teachers (Sloper et al. 2006).

A large proportion of programmes reported inaccessible physical environments. Although Canadian legislation protects against discrimination of people with disabilities under the Canadian Charter of Human Rights and Freedoms (Canada, 1982), there is no specific legislation that mandates universal access to public buildings. In another Canadian study, 38% of programmes that were identified as providing care to children with special needs would turn away a child based on a physical disability (Killoran et al. 2007). Considering the low number of child care programmes that reported being fully physically accessible and the finding that 38% of respondents reported that they could not provide care to a child who uses a wheelchair, it is evident that children with physical disabilities experience even greater challenges accessing inclusive child care. Efforts towards improving physical access to child care programmes may increase the ability of centre-based programmes to provide care to children with physical disabilities.

While our findings indicated that individualised goal-setting in collaboration with families was deemed important for the provision of early learning and care services, formalised goal-setting practices were not wide-spread in practice. In this province, there are currently no requirements for individualised goals for children with disabilities in child care unless their programming is supported by the Ministry of Education (for children aged two and a half to six years who meet the eligibility requirements). Formalised goal-setting processes can facilitate the development of goals that are meaningful to families and identification of the supports needed to meet those goals. In addition, the individualised plan provides a formalised mechanism for evaluating individual progress. While it would likely be beneficial to support child care programmes in the development of formalised goal-setting documents, it is important to consider goal-setting processes from the perspectives of families. Since many children receive services from multiple service providers, the integration of goal-setting processes and intervention strategies could decrease service fragmentation for families.

Despite the many potential benefits of inclusion to society, barriers to access to inclusive child care continue to exist. Additional emphasis will need to be placed on ensuring adequate support services in child care settings through education and training of providers to increase their confidence and skills with working with children with special needs, ensuring that funding mechanisms enable providers the flexibility to meet the individual needs of the child in the context of their programme, and ensuring that child care centres are physically accessible to children with physical disabilities. Addressing these barriers would ensure that families can pursue employment and that children with disabilities have access to high quality early education and care environments to enhance their development and foster social relationships with their peers.

Limitations and implications for future research

Specific instructional strategies to support inclusion were not explored in this study. To gain a greater understanding of the strategies that support inclusion, more information on the use of specific strategies (e.g. peer mediated, embedded learning opportunities)

would be needed. It is likely that the programmes who responded to the survey exhibit more positive attitudes than the directors who did not respond. Future research could focus on evaluating effectiveness of strategies to reduce barriers to inclusion. In addition, future research could explore why providers experience more significant barriers to the inclusion of children with particular disabilities (e.g. children with hearing and vision impairments) and the supports that would increase their willingness to provide care to children with behaviour concerns.

Acknowledgements

Notes on contributors

Lesley Wiart PhD is Site Lead, Clinical Outcomes at the Glenrose Rehabilitation Hospital and Assistant Clinical Professor, Department of Physical Therapy in the Faculty of Rehabilitation Medicine at the University of Alberta in Edmonton, Alberta, Canada.

Heather Kehler MSc is an independent research consultant in Calgary, Alberta, Canada.

Gwen Rempel PhD is Associate Professor in the Faculty of Nursing at the University of Alberta and Alberta Innovates Health Solutions Population Health Investigator.

Suzanne Tough PhD is Professor, Departments of Paediatrics and Community Health Sciences, Faculty of Medicine, University of Calgary in Alberta, Canada and an Alberta Innovates Health Solutions Health Scholar. Dr, Tough is also the Scientific Director for the Alberta Centre for Child, Family and Community Research.

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