

# Key Findings & Implications

## Child Care for Children with Disabilities: Experiences of Chicago Parents and Providers



May 2024

In summer of 2023, Illinois Action for Children surveyed and heard from over 100 parents in the Chicago area about their experience finding and using child care for their children with disabilities. We also surveyed Chicago child care providers, both centers and homes, about their experience providing care for children with disabilities. Over a fifth of Chicago child care programs responded. The following is what we learned about the current state of child care for some of our least included children.

The full reports are available at:

<https://www.actforchildren.org/about/research-data/reports/child-care-for-children-with-disabilities>



## Key Findings: Parent Experiences

### 1) The majority of parents found it very difficult to find child care for their children with disabilities or developmental delays.

Only half of parents successfully found child care and enrolled their child the last time they looked for care. Most parents (65%) said finding care was very difficult and 85% said that their child's disability made finding care more challenging.

### 2) Parents felt positive about their most recent child care arrangement, but over half had at least one experience where they had to leave a program.

Parents valued providers who were caring and patient toward their child, supported their child's development, and helped their child integrate with other children.

However, nearly three out of five parents (58%) had at least one experience where they or their child care provider discontinued care because the provider could not meet their child's needs.

Parents wish providers were better prepared to work with children with disabilities, had more understanding and respect for their children, and had additional staff to offer their children more support.

### 3) Families experienced financial hardship and mental and physical health challenges because of child care difficulties.

Parents reported not being able to meet living expenses and even becoming homeless because child care difficulties prevented them from being employed or working enough hours.

They described their stress and worry over whether their children were well cared for while they worked and how it was hard to watch their children being treated differently. Those without child care experienced physical and mental exhaustion from having no respite from caring for their children.

### 4) Parents felt child care and therapy services could work better together.

Working parents can find it challenging to coordinate child care with their children's special education and other therapy services. Some wish their children could receive both at the same site or have improved transportation options between the two. Parents also wished for better communication between their children's service providers and child care providers.

## Key Findings: Child Care Provider Experiences

### 1) The top reason providers could not serve a child with a disability was that they did not have enough staff.

Another common reason among centers was concern for the safety of the child or the other children in care. Home providers cited lack of wheelchair accessibility and not feeling confident or knowledgeable.

### 2) Providers' most common challenges when serving children with disabilities were managing children's behavior and balancing staff time among all the children in care. Lack of training, lack of parent cooperation and slow access to Early Intervention services for children also create stress.

Providers can feel stretched thin trying to give children the individualized care they need while also meeting the needs of other children in care. They must ensure that children with aggressive behaviors do not hurt themselves or others and do not always know how to calm children during emotional outbursts. These demands coupled with a lack of specialized training can cause providers to feel overwhelmed.

Parent resistance to having their child assessed for possible developmental delays and long wait times for children to receive Early Intervention evaluations or services contribute to provider stress.

### 3) The cost of training, lack of staff coverage during training, and not finding relevant training content can prevent providers from building their capacity to care for children with disabilities.

Over a third of center providers (38%) report being unable to send staff to a needed disability-related training because they lacked the funds. Both training fees and the cost of substitutes for the classroom are barriers for teachers to attend.

Trainings do not always meet providers' needs because they can be too general or not applicable to providers' specific children and situations. Providers responded positively to the idea of individualized, on-site support or coaching as an alternative or complement to group training.

### 4) Lack of funds prevents providers from purchasing materials or modifying their facilities to accommodate children with disabilities.

Over a third of center and home providers had to forgo purchasing materials or equipment to support a child because they did not have the funds. Examples include special furniture and mobility equipment, items to create a calming environment, and adaptive outdoor play equipment.

Providers described facility changes they could not afford to make to accommodate children, such as widening doorways, enlarging classrooms, and adding ramps, wall rails, accessible bathroom fixtures, or a wheelchair elevator.

### 5) Child care providers see Early Intervention and Early Childhood Special Education providers as important resources, but collaboration could be improved.

Most providers say Early Intervention (EI) specialists share helpful information or strategies when they are at their child care site. But some providers wish there was more opportunity for this type of collaboration or say it does not happen.

Many center providers wish for more communication with the school district's Early Childhood Special Education (ECSE) program, specifically about the child's progress on their goals and effective strategies and activities providers can use at their child care program.

Finally, some providers could benefit from more information on how to connect families to EI and ECSE.

## Ways Illinois Can Invest in its Child Care System to Increase Access for Children with Disabilities

Parents and child care providers pointed to many ways Illinois can better support them to ensure children with disabilities can access care. It is important that they continue to be part of the conversation as the state considers or implements improvements. Our findings are consistent with a number of policy approaches. We offer these recommendations to invite responses and advance discussion of policies that work better for children with disabilities and their families.

### Offer Families More Support with their Search for Child Care

In addition to wanting more child care options and better prepared providers, parents want a simpler way to navigate their options to find programs prepared to welcome and support their child.

Illinois' statewide network of Child Care Resource and Referral (CCR&R) programs assist parents by providing custom lists of local child care providers. Parents of children with disabilities receive enhanced services, meaning consultants call providers on the parents' behalf to inquire about available slots for their children. Yet parents still report difficulty with finding programs that can meet their children's special needs.

Illinois could offer more hands-on support for parents seeking care for children with disabilities. This could include:

- A warm hand off with the child care provider
- Ensuring the parent and provider have the resources they need
- A follow up to identify and help resolve any issues with the care arrangement and to connect provider to additional resources as needed
- Tracking and regularly assessing parent and provider challenges and unmet need (by community and disability type) to inform improvements and measure progress

- Collecting more detailed provider data to support more successful referrals. Such data might include whether a center has a nurse on site, provider experience with specific needs such as g-tube feeding or insulin administration, a program's food policy, and more.

### Address Provider Staffing Levels

Staffing levels must be able to keep pace with children's needs if programs are to serve more children with special needs. The state could determine what circumstances warrant an additional aide to be placed in a child care home or classroom and set aside funds that could be accessed quickly by programs for this purpose. Ideally, funds would be substantial enough to attract staff with special education skills or experience.

Second, through the Smart Start Quality Support grants (currently in development), programs could be funded to raise their staff-to-child ratios across their program so that more adults would be available per child to support children's individual needs. This would enhance the overall quality of a child care program, too. Such grants could also fund the hiring of additional staff such as social workers, nurses, disability coordinators or other specialists that could support teachers in meeting children's special needs. Similar support networks could be made available to home-based providers.

### Support Ongoing Training and Preparedness of Child Care Providers

There are multiple strategies to increase staff preparedness for serving children with disabilities. First, we can incentivize the early childhood workforce to obtain degrees, minors, specializations or credentials in special education by providing scholarships and offering higher pay in return, possibly through the Smart Start grants. Illinois does not currently have an inclusion or special education credential and could consider establishing one.

Second, we can ensure that providers can access the ongoing training that they need. CCR&Rs can continue to help providers find trusted local and online trainings and access professional development funds available to them. The state can address the problem of staff coverage during training, possibly by funding substitutes or addressing this in new staffing models. CCR&Rs and state-level staff who coordinate provider training can be tasked with regularly assessing provider training needs specific to the care of children with disabilities and work to reduce any gaps.

Third, we can ensure providers can draw on expertise they need in individual circumstances. Mental health consultation is an existing resource that supports providers with children’s social-emotional needs and challenging behaviors and with assessing possible developmental delays. We can expand the reach of mental health consultation by increasing provider awareness of this resource and increasing the number of available consultants.

A network of other specialists could be developed and funded to support providers. This could include Inclusion Specialists who meet with providers and parents when a child first enrolls in a child care program, is first diagnosed, or as needs arise. Inclusion specialists could guide providers on best practices and link them to resources, including to other specialists such as health consultants that could support providers with children’s special healthcare needs or specialists with expertise on specific disabilities.

Ideally, larger child care programs, like most centers, would develop in-house expertise. As mentioned, the state could fund centers to employ their own disabilities coordinators (as exist in Head Start programs) or similar positions to support teachers with the care of children with disabilities. These coordinators could also maintain partnerships with parents and service providers including Early Intervention (EI) and Early Childhood Special Education (ECSE).

### Support the Material Needs of Child Care Programs

Providers need to create accessible facilities and spaces that support children’s development. The state could designate that a percentage of Early Childhood Construction Grants be used to improve accessibility in child care programs or in some other way prioritize these projects. In terms of support to purchase adaptive equipment and materials that children need, quality grants are currently available to some providers that can be used for this purpose (providers working toward or maintaining a silver or gold circle in the ExceleRate program). The state could establish a special set of funds dedicated to supporting inclusion that is available to *all* providers. Finally, the sharing of equipment could be facilitated by establishing local lending libraries.

### Offer Families Full-Day Preschool and Early Childhood Special Education at a Single Location

Families with 3- to 5-year olds need an easier way to meet their children’s special education needs *and* child care needs. The state can support school districts to provide special education services to children at their child care programs through itinerant teacher models. This would help districts meet their legal obligations to offer special education services in a child’s “least restrictive environment.” Further, if the state also housed more Preschool for All (PFA) programs at child care sites, working families would have greater access to high quality preschool, special education and child care at one location.

Additionally, expanding the number of full-day PFA programs, such as PFA-Expansion programs, in schools could reduce the need to transport children between sites, as could wrap-around child care services offered at school-based PFA sites.

### Increase Funding for Early Intervention

Substantial new investments in our Early Intervention (EI) system can help address the ongoing shortage of specialists who deliver EI services to our youngest children. With additional funds, EI can pay higher wages to its workforce, allowing it to attract and retain qualified personnel. This will alleviate the long delays that families face in receiving evaluations and services, which also affect child care providers' ability to best support the children.

### Encourage Collaboration between Child Care Providers and Early Intervention and Early Childhood Special Education Providers

Child care providers view EI and ECSE providers as resources. Policies could be developed to facilitate greater collaboration among them. For example, funding for more staff at child care programs could allow teachers time away from the classroom to meet with EI or ECSE providers. Similarly, allowing EI specialists to bill for more time spent collaborating with child care programs can encourage them to work more closely together.

### Continue to Educate Providers on the Benefits of Inclusion

Finally, it is unclear from our research the extent to which provider beliefs and attitudes are barriers to enrolling children with disabilities. Yet we can promote a greater openness to serving children with disabilities by continuing to educate providers on how inclusion can benefit all children in their care and about families' rights under current laws. We can encourage providers to adopt policies and practices that support inclusion, and ensure providers are aware of the range of supports available to them in this endeavor.