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Title: Inclusive daily childcare services for children with disabilities in England: review of conditions, standards and practice

Creators: Devecchi, C., Trory, H., Murray, J. and Evans, R.

Example citation: Devecchi, C., Trory, H., Murray, J. and Evans, R. (2013) *Inclusive daily childcare services for children with disabilities in England: review of conditions, standards and practice*. (Unpublished)

Version: Presented version

<http://nectar.northampton.ac.uk/5262/>



Inclusive daily childcare services for children with disabilities in England: review of conditions, standards and practice

Working paper commissioned by the Deutsches Jugendinstitut.

16th January 2013

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Abstract

Considerations about the importance of early childhood education and care (ECEC) have grown considerably in the last three decades in England, in Europe and at the wider international level. Located within the fast pace of European enlargement, new social, political and economic factors created the conditions for an increased focus on the benefits of affordable and effective childcare. This working paper outlines the UK (England) context in relation to policy, standards and practice of childcare for all children, and, in particular, it examines the extent to which childcare provision is inclusive for children with disabilities. Based on the data and research, this paper argues that while much has been achieved, there are still many challenges to be overcome. While inclusion, as the right of all children to have access to education and care and participate in it are enshrined in legislation, recent policy development in education and welfare and the variety and variability of childcare offer and provision do not seem to be conducive to establishing clear guidelines or reliable generalisations. This latter problem is further compounded by a lack of systematic and rigorous research, and a lack of reliable statistical data. This paper, therefore, suggests that more research should be carried out to gain a better understanding of the extent to which childcare in England supports the inclusion of children with disabilities and special educational needs.

Acknowledgements

We would like to thank the Deutsches Jugendinstitut for enabling us to carry out this study and Tina Gadow for supporting us throughout.

Introduction

Early Childhood Education and Care (ECEC): every child matters

Considerations about the importance of early childhood education and care (ECEC) have grown considerably in the last three decades in England, the country this paper focuses on, in Europe, and at the wider international level. In the European context, but also mirrored by development in UK (England), a driver towards an increased interest in the nature, quality, affordability and availability of provision for childcare stem from the 2002 Barcelona targets (European Commission [EC], 2002), which set the level of provision EU member states should have achieved by 2010. Located within the fast pace of European enlargement, new social, political and economic factors created the conditions for an increased focus on the benefits of affordable and effective childcare. The initial reason was that of promoting gender equality both in relation to an acknowledgement of the challenging and not always effective relationship between employment duties and family care responsibilities, and also in relation to the envisaged expansion of women's active participation in the labour market as outlined in the 2000 Lisbon Strategy targets (EC, 2000). A second reason has been the need to reduce child poverty and tackle social exclusion, including exclusion of people (and children) with disabilities. Closely related to both social and economic imperatives, there has been a development of the appreciation of the long term impact of providing quality pedagogical experiences for young children.

While undoubtedly social and economic imperatives have had a great impact in shaping EU and UK (England)'s policies and practice, a major change influencing childcare services has been the shift from a solely adult led perspective to one which is progressively more informed by children's views and experiences. Side by side with recent developments in our understanding of children's cognitive capacity, there has been an understanding of the position of children as citizens in their own rights (OHCHR, 1989). More recently, however, there has been a shift in the policy direction and discourse of the present UK Coalition Government. Whilst the empowering features of the Children Act 2004 (HMG, 2004) remains the law, it can be argued that current policy has drawn back from children's participation and therefore changed the parameters by which inclusion is defined, as this paper will detailed later on.

Specifically to the situation in UK (England), economic and labour market changes show that women in England made up 50% of the workforce (The Economist, 2011). While no statistics are available from the Office for National Statistics (ONS) on how many of such women have children and how many work full or part time, the increased number of women in the workforce has had an impact on the expansion of daily childcare services. A report published by the OECD (2012a) reiterates the fact that women with children pay a high price for motherhood. With regards to the UK, the report states that 'Despite gains in education and employment among women in the UK over the past decade, the high costs of childcare continue to be a major constraint to many mothers working full-time' and that 'The high costs of childcare continue to be a barrier for many seeking full-time work. In the UK, before accounting for childcare, the cost of entering work for an average-wage family's second earner is lower than the OECD average. But after accounting for childcare, over two-thirds of

the family's second wage (68%) is effectively taxed away, a rate that is well above the OECD average (52%)' (OECD, 2012b; see also, Truss, 2012). Moreover, changes in the population and an increase in older population have focused interests in the future economic role of children.

All such issues are valid to a great extent to understanding the reasons for caring for all children including those with disabilities; there is still a dearth of knowledge and understanding of childcare needs for children with disabilities and their parents and families. This is partly due to the relative recent development of the ECEC field, and partly due to a predominance of a medical model of disability, and, consequently, practice and provision are led mainly from the medical profession. This latter is informed by a view of disability as individual physical and/or intellectual impairment, which is located within the child. Inclusion, as it will be explained later in the paper, does on the other hand focuses on barriers to participation and therefore draws from a social model of disability. Better still, we argue, policy and practice should avail themselves of new developments in the field of disability such as the bio-psycho-social model (WHO, 2007).

This working paper outlines the UK (England) context in relation to policy, standards and practice of inclusive childcare. It argues that while much has been achieved, there are still many challenges to be overcome.

Focus, themes and research questions

The Deutsches Jugendinstitut commissioned this working paper with a specific focus on the conditions, standards and practices of inclusion and inclusive settings for children with disabilities in England. In answering the main question of 'How inclusive are daily childcare services in England?', this working paper reviews policy and practice in childcare services in relation to the following themes and specific research questions:

I. Basic conditions of inclusion for children with disabilities and special educational needs in daily childcare services

- What is the objective and purpose of childcare services in England?
- What have the major policy developments been in England with regard to early years and childcare services during the present coalition government?
- What major policy developments have occurred in relation to childcare services for children with disabilities and inclusion?
- How have social expectations regarding daily childcare services changed?
- How relevant are these changes to the care of children with disabilities and special educational needs?

II. Standards of inclusion for children with disabilities in daily childcare services

- What is the nature of childcare services for children with disabilities?
- Where are children with disabilities cared for?
- What is the nature of the qualifications held by those working in child day care services and specifically what qualifications do they have to work with children with disabilities?

- Are there special services informing or counseling daily childcare services in any aspect of inclusion?
- In what ways do childcare and primary schools cooperate during the transition to primary education?
- What funding is available to daily childcare services to include children with disabilities?

III. Practice of inclusion for children with disabilities in childcare services

- How effective is the practice of inclusion for children with disabilities in daily childcare services?
- What works and what are the barriers to further inclusion?
- How are parents with children with disabilities supported in choosing daily childcare services?

Terminology: identification and classification issues

A note on terminology is due. In UK (England) both disability and special education needs (SEN) are used, at times carrying distinct meanings, at times interchangeably and at times as synonymous. While disability usually refers to a physical or intellectual disability with a clear etiology, SEN refers to a learning difficulty, which requires additional and different provision from that is otherwise available to other children of a similar age (HGM, 1981). The term SEN was introduced by the Warnock Report (DES, 1978) and further enshrined in legislation. The term has come under criticism and scrutiny recently for being unhelpful for the allocation of resources and provision, and for pedagogical practice (Warnock, 2010).

So as to enable readers from other countries to appreciate the English context, we draw from the OECD (2000) four basic patterns (Norwich, 2007: 57):

1. 'Use of disability only (for example, France and Germany)
2. Use of disability categories + disadvantaged students (for example, Greece and New Zealand)
3. Use of disability categories + disadvantaged students + gifted students (for example, Spain, Turkey)
4. Base provision on the need to respond to exceptionalities rather than defining students (for example, New Brunswick, UK, Denmark)'

UK classification system can be understood as being non-classificatory. However, since 2004 the then Department for Education and Skills (now Department of Education) has been collecting data on the four categories of SEN of Cognition and Learning; Behaviour, Emotional and Social Development; Communication and Interaction; Sensory and/or Physical/Needs (DfES, 2003a). However, the data collected refers only to children with a statement of SEN and therefore limited in its usefulness. Furthermore, while hinting at a disability-based classification, the data still make use of the broad needs-based classification.

For the purpose of this paper and mindful of the present and ongoing lack of clarity, we have kept the terminology used in the legal and research literature.

Outline of paper

The paper is divided in three sections. The first section reviews past and present policy and practice of childcare for all children. This sets the context in which provision of childcare for children with disabilities and/or special educational needs (SEND) need to be understood. This section draws attention to the major positive development of childcare in England, but also highlights worrying present policy trends which have the potential to undermine the quality and inclusive practices achieved so far.

The second section focuses on the provision of childcare for children with SEND. The section reviews policies specific to this group of children while reminding the reader that these policies needs to be viewed within a more general context of policies for all children. The third, and last section concludes the paper. It draws from the literature and policies to argue that while there has been a positive development towards ensuring that childcare for children 0-5 years old, much still needs to be done and known. The lack of systematic and far reaching knowledge about the conditions of childcare is particularly noted as an area which demands concerted study.

Overview of childcare services, conditions, standards and practice for all children

Although this working paper focuses specifically on childcare for children with disabilities, its conditions, standards and practice cannot be detached from policy developments, which apply to all children. In this sense, the system can be said to be 'inclusive' in as much as it assumes that any child, regardless of disability, ethnicity, race, or social background has equal access to childcare services and provision. Yet, there are barriers to access and participation which, as this paper will show, relate to affordability and accessibility of childcare provision.

This section opens with (a) an overview of the current English legal definition of childcare (Her Majesty's Government [HMG], 2006) before providing (b) a recent historical overview of English childcare services for children 0-5 years within that definition. Consideration is then given to (c) current conditions and practice in English childcare services, including costs (d) current standards in English childcare services and (e) current workforce issues in English childcare services. Within the scope of this paper, focus is given to childcare services for children aged 0-5 years, but it is important to note that this is one subset of the wider picture of childcare services for children aged up to 14 years in England, or 17 years in the case of disabled children (HMG, 2006).

Defining childcare services for 'all children'

In making international comparisons an unavoidable challenge is the fact that available statistics on childcare services published by the Department for Education (DfE, 2012a), OECD (2007) and European Union (EACEA, 2009; Eurofound, 2009; European Commission, 2009) vary in their definition of childcare and consequently they show much variability across

years and source (Brind, et al., 2012). For this reason, this section begins with a definition of relevant terminology.

English law provides a definition of 'childcare' (Her Majesty's Government, 2006: Section 18) which is adopted as the working definition for this paper. 'Childcare' is defined as any form of care, education and supervised activity for children, excluding:

- Care, education and supervised activity provided by a school during school hours for registered pupils aged 5 and older
- Any form of health care for a child
- Care provided to children by an appropriate children's home or a care home,
- Care provided by a child's parent or step-parent, a person with parental responsibility for the child, a relative of the child, a person who is a local authority foster parent in relation to the child, a parent with whom the child has been placed by a voluntary organisation or a person who is a foster person who fosters the child privately.

Alongside '...social services and health services relating to young children, their parents and prospective parents; employment services for parents and prospective parents; and advice services for parents and prospective parents, "childcare" constitutes one element within "early childhood services"' (DfE, 2011a).

'Young children' are defined as children aged 0-5 years, while 'older children' are defined as children aged 5-14 years (HMG, 2006).

Conditions and Practice of Childcare Services (0-5 years)

This sub-section begins with (i) figures outlining the take-up and costs of childcare services in England in recent years before providing (ii) a brief historical overview of childcare services in England. The historical overview is important because it provides a context against which to track the exponential pace of change in English childcare over the past fifteen years. It includes minimal allusion to policy which is discussed in greater detail elsewhere in the paper. This subsection then goes on to consider (iii) current conditions and practices of childcare services for children aged 0-5 years in England.

(i) The take-up and costs of childcare services in England

In England in 2010, 4,154,000 families (78%), including 5,725,000 children under 15. Of these, 63% had used 'formal' childcare or early years provision as identified by HMG (2006) (Ipsos Mori, 2012). Specifically to children 0-5, statistical data by the Department for Education (DfE, 2012a) reports that roughly 98% of four year olds have benefitted from free early years education, although only 93% of three year olds have done so. However, the percentages need to be read with care since a) they include only the number of children benefiting from 15 hours of free early year education; b) the number of children are calculated on full time equivalent (FTE) basis; c) the percentages do not include all children attending non government funded childcare providers. In this regard such statistics provide only a snapshot of the real uptake of childcare services since the majority of childcare provision in England is privately run.

Notwithstanding such limitations, the number of 3-4 year olds benefiting from some early years education and childcare has steadily increased (see table 1 below, DfE, 2012a: 2).

		2008	2009	2010	2011	2012
The number of 3 and 4 year olds benefiting from some free early years education	Number	1,137,560	1,158,760	1,186,370	1,224,470	1,264,420
	% of population	95	95	96	95	96
The number of 3 year olds benefiting from some free early years education	Number	558,650	563,440	585,480	604,320	625,440
	% of population	92	92	93	93	93
The number of 4 year olds benefiting from some free early years education	Number	578,920	595,310	600,890	620,150	638,970
	% of population	98	98	99	98	98

Table 1: Summary of key Figures for the number of 3-4 year olds benefiting from some free education places, 2008-2012 (DfE, 2012a: 2).

Table 2 reports the distribution of the number of 3 and 4 year olds benefiting from some free education by type of providers (adapted from DfE, 2012a: 3).

Type of provider	Percentage
Private and voluntary providers	38%
Independent schools	3%
Nursery schools and nursery classes in primary schools	27%
Infant classes in primary schools	32%

Table 2: distribution of number of 3 and 4 year old benefiting from some free early years education by type of providers

It is important to note, however, that there is national variation across different Local Authorities (LA) and across social classes. For example, LAs in the North of the country report a higher uptake of free education, and overall middle classes parents make more use of the free education entitlement (Alakeson and Hurrell, 2012), while less use is made by disadvantaged families and families with children with disabilities (Speight, et al, 2010). As shown later, this variation in availability and take up is also evident in the childcare provision for children with disabilities.

(ii) Recent historical overview of childcare services in England

Wide variation has prevailed in English childcare provision for children aged 0-5 years (ECEP, 1998; ECF, 2003; Ipsos Mori, 2012; Truss, 2012), which now includes the following:

- Combined nursery centres
- Homes (nannies, au pairs, babysitters and childminders)
- Opportunity groups

- Private day nurseries
- Private schools
- Community nurseries
- Hospital schools
- Out-of-school clubs
- Private schools
- Early Years units
- Maintained nursery, infant, special, first and primary schools
- Playbuses
- Social services day nurseries
- Family centres
- Nursery centres and classes
- Pre-schools and playgroups
- Workplace crèches
- Children's centres
- Early excellence centres
- Play centres
- Sure Start local programmes
- Nursery schools
- Special day school/nursery/unit for children with SEN
- Informal care (family/friends)

This variation in English childcare provision for children aged 0-5 years developed within a relative policy vacuum over which successive English governments presided (Pugh, 2010). Each of the childcare models ECEF included had 'their distinct purpose and functions' and were 'financed, staffed and organised differently' (Dowling, 1995:5), leading to inequitable experiences for children ahead of the statutory school starting age in England: the term after which children reach their fifth birthday. Moreover, the diverse state of childcare in England identified by ECEF (1998) meant that it was difficult for parents to have confidence that they could rely on available and affordable childcare that was of good quality. When a neo-liberal (New Labour) government came to power in 1997, it began to address this inequity with a Comprehensive Spending Review focused on childcare up to age seven (Glass, 1999) and with the National Childcare Strategy consultation (DfEE, 1998), focused on childcare up to age fourteen. 'Sure Start' was conceived: 'a radical cross-departmental strategy to raise the physical, social, emotional and intellectual status of young children through improved services... targeted at children under four and their families in areas of need' (Glass, 1999: 257). Sure Start introduced integrated childcare services and aimed to address child poverty by freeing parents to work and enhancing young children's lifetime opportunities through high quality early education and care experiences (Docking, 2000). In relation to 'older children', the government's National Childcare Strategy charted an out-of-school childcare place for all children aged 3-14 between the hours of 8am to 6pm each weekday by 2010.

In this respect the new Labour government was ahead of its time since it tackled issues related to social inclusion and women labour market participation ahead of the Barcelona Childcare targets which took place in March 2002. In that meeting the Barcelona European

Council acknowledged the importance of childcare in terms of growth and equal opportunities calling on Member States to

'remove disincentives to female labour force participation and strive, taking into account the demand for childcare facilities and in line with national patterns of provision, to provide childcare by 2010 to at least 90% of children between 3 years old and the mandatory school age and at least 33% of children under 3 years of age' (European Commission, 2002: 12).

Whilst it was recognised that the most effective way to secure uptake of Sure Start services for disadvantaged children was to create fully universal childcare services for all children under 5 years (Ambler, Armstrong and Hawksworth, 2003), the proposed integrated childcare services were funded according to household need through a system of 'tax credits' to assure affordability (Glass, 1999). This meant that, although all four year olds have been entitled to a free early education place since 1998 and all three year olds since 2004, children living in socio-economic disadvantage remained the prime focus for Sure Start (Eisenstadt, 2012).

In the period from 1999 to 2003, 524 Sure Start Local Projects emerged across England, with their work focused on improving learning, health, social and emotional development for children aged 0-4 years as well as 'strengthening families and communities' (Lloyd and Harrington, 2012: 94). Nevertheless, further legislation (HMG, 2004) pledged 3,500 integrated Sure Start Children's Centres (SSCCs) in communities across England, with existing services at local level, including the third sector (charities and voluntary sector), providing the foundations for the new wave of differentiated childcare provision for children and their families, according to local need (Rudge, 2010). SSCCs are defined as:

'A place or group of places, managed by or on behalf of the local authority, through which each of the early childhood services as defined in the Childcare Act 2006 are made available (either on site or by providing advice and assistance in accessing them elsewhere) and at which some activities for young children are provided on site' (HMG, 2006: Sections 5A[4] and [5]).

SSCCs are regarded by government as '...substantial investment with a sound rationale, and it is vital that this investment is allowed to bear fruit over the long term' (House of Commons Select Committee for Children, Schools and Families (HoCSCCSF), 2010: 3). By November 2011, there were 3057 SSCCs across England (DfE, 2011a), ranging from the Phase One 'full service' and Phase Two models within which additional childcare places were a requirement to the Phase Three model for which there was no requirement for childcare places. Many children's centres have housed extant provision, such as sessional and full day care and myriad services for families and parents (National Audit Office, 2006; Rudge, 2010). In this way, children's centres brought a level of coherence to provision for young children in England (Whalley, 2006). Nonetheless, since 2010, budget cuts have depleted services (Williams, 2012). Equally, the apparent progress diminished some models of childcare provision. For example, local authorities tended to favour primary schools as sites for the development of SSCCs; and, by the end of 2003, numbers of childminders and maintained nursery schools had reduced (Baldock, 2011) although latest statistics show an increase (Brind, et al, 2012) probably as a consequence of the economic recession.

With regard to quality and standards, an influential longitudinal research report conducted in England – the EPPE study - found that maintained¹ nursery schools are among the most successful settings in providing pre-school experiences that seem to enable children to fare best once they get to school (Sylva, Melhuish, Sammons, Siraj-Blatchford and Taggart, 2004; 2010). The study also found that those settings which integrate care and education, where ‘educational and social development (are regarded) as complementary and equal in importance’ and where ‘intellectual and social/behavioural development’ are combined constitute the most ‘effective pre-school provision’ (Sylva, et al, 2004: 1).

Inter alia, three key documents strongly influenced changes in the conditions, standards and practice of childcare services for children aged 0-5 years a few years into New Labour’s jurisdiction:

- *Curriculum Guidance for the Foundation Stage* (Department for Education and Employment [DfEE] and Qualifications and Curriculum Authority [QCA], 2000)
- *Day Care and Child Minding (National Standards) (England) Regulations 2001* (HMG, 2001a)
- *Birth to Three Matters* (DfES, 2002).

As a suite, these statutory documents for government funded provision drew on established traditions and principles in the ECEC field, including the recognition of children as valued individuals who are competent from birth and the value of play as a key learning medium. They also began to address the key principle that young children develop and learn holistically (Ball, 1994) and started to move practice from discrete silos of education and care towards an integrated model, regarded as indicative of high quality practice (OECD, 2001; 2006; Kaga, Bennett and Moss, 2010). Nevertheless, DfEE and QCA (2000) was concerned with learning and development, while *Day Care and Child Minding (National Standards) (England) Regulations 2001* (HMG, 2001) was concerned with care. In an attempt to address this bifurcation, in 2008 the three documents were replaced by one universal framework for children aged 0-5 years, providing statutory requirements and practice guidance for settings in regard to ‘learning, development and care’: the *Early Years Foundation Stage* play-based approach to practice (EYFS) (DfES, 2007; DCSF, 2008). The EYFS focused on five welfare requirements:

- Safeguarding and promoting children’s welfare
- Suitable people
- Suitable premises, environment and equipment
- Organisation
- Documentation

and six Areas of Learning and Development:

- Personal, Social and Emotional Development
- Communication, Language and Literacy Development

¹ ‘Maintained’ settings are those which are publicly funded. These differ from ‘non-maintained’ settings which are privately funded and run ‘not for profit’ usually by a charitable body and ‘independent’ settings which are generally privately funded for profit.

- Problem Solving, Numeracy and Reasoning Development
- Development of Knowledge and Understanding of the World
- Physical Development
- Creative Development.

The EYFS also culminated in 69 outcomes - termed 'Early Learning Goals' - that children should statutorily have achieved by the end of their time in the EYFS phase: in other words, at four or five years of age. However, focus on universal outcomes is inconsistent with the EYFS recognition of children as 'unique' individuals and has the potential to disadvantage children with disabilities and/or SEN. Furthermore, the EYFS curriculum, unlike the National Curriculum for children 5-16 years old does not make use of the p-scales²

A new regulatory framework was introduced alongside the EYFS, designed to quality assure models of working that integrated education and care: OFSTED³ (2009) for EYFS school settings and OFSTED (2010a) for 'childminders, day nurseries, playgroups, children's centres not deemed to be schools and any other type of childcare for which registration is due on the Early Years Register that provide for children from birth to the 31 August following their fifth birthday' (p. 5). Both schedules focused on effectiveness, capacity for improvement, leadership and management, quality and standards and outcomes in relation to the *Every Child Matters* agenda (DfES, 2003) which identified five outcomes for all children:

- Being healthy
- Staying safe
- Enjoying and achieving
- Making a positive contribution
- Economic well-being

Against a continuing landscape of diverse provision for young children, then, it may be argued that the EYFS framework (DfES, 2007; DCSF, 2008) within a regime of accountability brought the strongest coherence to education and care practice for 'all' children aged 0-5 years in England to date. Two points need to be made at this stage. The first one is that the fast pace of policy development shows both the readiness of policy-makers to engage with the issue of quality childcare provision, but also, as it has been the case for education more in general (Ball, 2008), a tendency to micro-management. The second point is that, the flurry of fast changing policies does not allow professionals on the grounds to implement changes and reflect in ways which have a positive effect on the quality of provision. In this sense, there might be a gap between policy development and implementation in which professionals are constantly catching up in their attempt to fulfil legislative expectations.

² 'The P scales are a set of descriptions for recording the achievement of pupils with special educational needs (SEN) who are working towards the first level of the National Curriculum (level 1). They are split into eight different levels with P1 being the lowest and P8 the highest. Level P8 leads into national curriculum level 1. Levels P1 to P3 are not subject-specific, as they describe early learning and conceptual development' (DfE - [online] available at <http://www.education.gov.uk/popularquestions/childrenandfamilies/specialeducationalneeds/a005395/what-are-p-scales-and-how-do-i-get-hold-of-a-copy>, accessed 13.1.13.

³ The Office for Standards in Education, Children's Services and Skills (Ofsted) is an independent inspectorate body which evaluates and regulates services which care for children and young people, and those providing education and skills for learners of all ages, and which reports directly to the UK Parliament

(iii) Current conditions and practices of childcare services for children aged 0-5 years in England.

More recently, a reiteration of the EYFS (DfE, 2012c) has emerged under the jurisdiction of a Conservative and Liberal Democrats coalition government, which assumed power in May 2010. This version of the framework was presaged by the Tickell Review (2011), commissioned by the present government, which views the key rationale for early childhood education and care as 'school readiness'. Tickell (2011) recommended, *inter alia*, less detail, fewer Early Learning Goals and the exemption of some 'independent' – private – settings. Each of these aspects has the potential to undermine the cohesion established in the earlier versions of the EYFS (DfES, 2007; DCSF, 2008), and the accountability process ensuring quality across the sector. Other changes, which will have an impact on future standards and practice, include an adjustment to the EYFS structure. The most recent version (DfE, 2012c), for example, includes three sections, with twice the number of categories in the Safeguarding and Welfare Requirements section, now including 'Managing Behaviour' and 'Child Protection', instead of 'Safeguarding and promoting children's welfare'. Furthermore, changes were made to the Learning and Development Requirements section give primacy to Personal, Social and Emotional Development, Physical Development and Communication and Language, which detracts from the key ECEC principle of holistic development and learning (Ball, 1994). While principles and play remain features of the current version of the EYFS (DfE, 2012c), there is less focus on these aspects than was the case previously. For example, only twelve direct allusions to play appear in the current version, whereas there were twenty-one in the preceding version. Assessment is the significant third strand within the revised EYFS (DfE, 2012c) and, similarly to schools in England, providers working with children at the end of the EYFS phase must assess and report their achievements against 17 *Early Learning Goals*, according to stringent requirements (Standards and Testing Agency, 2012c).

As for the rest of Europe (European Commission, 2009) provision in England for the under 3 year olds is more patchy. Thus, while all children aged three- and four-year-olds became entitled to 15 hours a week of free early education in 2010, this is currently being expanded to two-year-olds (DfE, 2012d). While this development has its merits, one negative consequence is that young children in England are often the objects of adult surveillance during their daily lives (Foten and Thomsen, 2004; Parton, 2008; James, 2009; Murray, 2009), which may sideline their authentic needs (Boyle, 2001) and may explain why well-being among England's children is particularly poor (Green, McGinnity, Meltzer, Ford and Goodman, 2005; UNICEF, 2007; Layard and Dunn, 2009). Another feature of impoverishment in young English children's lives is the diminished freedom, time and opportunity to play unsupervised in comparison with previous generations (Smith and Barker, 2000); in England, '...more than one third of children never play outside' (NFPI, 2005: 3) and consequently miss important developmental experiences (Hutt, Tyler, Hutt and Christopherson, 1989; Meadows, 2006).

Murray (2012) suggests that the variety of ECEC settings in England has also resulted in diversity in the physical environments experienced by its young children; the physical environment is often overlooked in considering the quality of young children's experiences in their settings (Penn 1997; Bilton, 2010). Yet the physical environment is recognised as significant for young children's development (Piaget, 1936; Fischer and Hencke, 1996;

Gandini, 1998; Nicholson 2005). Clark (2010) notes that the lives of young children ‘...are deeply involved in the physical reality of their environments (p.12), while artefacts that young children may encounter are also regarded as potentially valuable for their learning and development (Hart, 1997; New, 1998).

Outdoor experiences have long been advocated as essential for young children’s development and learning (Froebel, 1826; McMillan, 1919) but only became statutory for children five and younger from 2000 (DfEE and QCA, 2000), although, as Penn (forthcoming) argues, variably implemented in the private sector. Recently, there has recently been a significant increase in literature focusing on outdoor experiences for children aged up to eight years in their settings, (*i.a.* Ouvry, 2003; Dymont and Bell, 2007; Waller, 2007); this has run contemporaneously with discourse noting the demise of free outdoor play for English children away from their settings (*i.a.* Valentine and McKendrick, 1997; Tandy, 1999; Clements, 2004). However, children aged five years and older have fewer opportunities for free time to play during the school day (Moyles, 2010): Gleave (2009) identifies that school playtimes ‘...may have decreased by as much as 50 per cent since the 1970s’ (p. 4). This denies children their right to play (OHCHR, 1989) as well as diminishing the potential for play to make ‘...a major contribution to, and sophisticated impact on, the development of individuals and humanity over time’ (Bruce, 2010:288).

In regard to play, England seems to focus more on controlling children than many other countries. Whilst England aligns itself with other ECEC frameworks internationally by featuring play, the English model puts comparatively strong emphasis on practitioners directing children’s play (DfE, 2012d). English practitioners plan and provide ‘purposeful play’ for English children (DfE, 2012d: 6) whereas children ‘plan, do and review’ their *own* play in the United States (Schweinhart, Barnes and Weikart, 1993), express their ‘personality and uniqueness’ through play in Australia (Australian Government Department of Education, Employment and Workplace Relations for the Council of Australian Governments, 2009), experience agency ‘to control and form goals’ and engage spontaneously in their own play in Sweden and New Zealand (Samuelsson and Johansson, 2006:47; Skolverket, 2006; New Zealand Ministry of Education, 1996). Yet there is evidence to suggest that once adults attempt to control children’s play, children no longer regard the experience as play and their participation reduces (Emilson and Folkesson, 2006; Howard, Jenvey and Hill, 2006), so the English model may often deny children their full rights to play and participation (OHCHR, 1989). Equally, although DfE (2012d) posits that characteristics of young children’s learning are ‘playing and exploring...active learning...creating and thinking critically’, it also states that these are to be taught (pp.6-7), again advocating adult hegemony.

In this regard, Ball and Niven (2005) suggest that the development of children’s centres in England has generally improved the physical environments where many young children regularly spend time. Equally, during the time that New Labour were in power in England (1997-2010), a large-scale building programme was launched to rebuild or renew 45% of England’s primary schools by 2023 (Richardson, 2009) so that thousands of children aged 4-11 years could experience buildings better suited to their learning needs (Peck, 2007). However, this project ended abruptly under the coalition government in 2010 (Harrison, 2010).

As indicated in the introduction, and at the beginning of this section, provision for 0-3 year old children is less developed. While this data is generally valid across Europe with the exception of some Scandinavian countries (European Commission, 2009), the UK Government funded childcare provision is currently undergoing a period of expansion in England for children aged two years termed 'least advantaged' (DfE, 2012d). Government defines these children as those who are 'looked after... (from) low-income families, two-year-olds with special educational needs or disabilities, and those who have left care but are unable to return home' (DfE, 2012d). This expansion of funded childcare to two-year-olds began under New Labour in 2009, driven by the recognition of the importance of high quality experiences in the earliest years for lifetime outcomes (Gammage, 2006). From September 2013, 20 per cent of disadvantaged two-year-olds will receive 'between 10 and 15 hours free early education' (DfE, 2012d). From September 2014, at a cost of £760 million, 40 per cent of two-year-olds from socio-economically disadvantaged homes, who are 'looked after' or have special educational needs or disabilities will become eligible for 10-15 hours of government funded nursery provision per week. This expansion of provision is complemented by a two-year-old progress check required as part of the revised EYFS (DfES, 2012e): when a child is between 2 and 3 years, providers are required to present parents and carers with a written summary of their child's development in the three prime learning and development areas of the EYFS (DfES, 2012e). Simultaneously, the *Healthy Child Programme: pregnancy and the first five years of life* (Department of Health [DoH], 2009) provides preventative services to families and children, such as immunization, screening, health and development reviews.

Current Standards of Childcare in England

Under the current government administration, regulation of early years settings has moved away from the integrated model introduced alongside the first EYFS (OFSTED, 2009; 2010a) to different models. OFSTED (2012a; 2012b) is responsible for the inspection of '...childminders, nurseries, pre-schools, private nursery schools, before-and-after school care and holiday playschemes for children... aged from birth to 31 August following their fifth birthday...school provision where children under three attend and/or where no child attending is a pupil of the school; and/or it is not part of the school's activities' (p.4). Early Years regulation inspection focuses on the effectiveness of provision for meeting the needs of all children, including disabled children, children's well-being and leadership and management (OFSTED, 2012b).

Further regression to bifurcated models of early years provision seems inevitable in England: some will focus on care whilst other provision will emphasise 'scholarisation' (Alexander, 2010:87; Matthes, 2007; DfE, 2010; 2012b), an issue that seems particularly prevalent for English children aged 4-5 years in EYFS reception settings in primary schools (Cleave and Brown, 1990; Moyles and Worthington, 2012).

Following the introduction of the EYFS in September 2008 (DCSF, 2008), the following data were tracked by OFSTED (2011b) across 49,111 Early Years Providers, excluding maintained nursery settings and EYFS settings in schools, indicating a gentle upward trend in quality:

	Ofsted Judgments of Early Years Providers' Quality			
	Outstanding	Good	Satisfactory	Inadequate
September 2008-December 2009	9%	57%	30%	3%
September 2008 – September 2010	10%	59%	30%	2%
September 2008 –March 2011	10%	60%	28%	1%

Table 3: Quality of childcare 2008-2011 (OFSTED, 2011b)

Also in 2011, OFSTED (2011a) surveyed data from almost 54,000 routine inspections of early years provision, 12 local authorities, 68 early years providers, including childminders, childcare providers on non-domestic premises and schools, as well as 140 parents of young children. The survey evaluated the impact of the EYFS on the quality of provision and developmental outcomes for young children from birth to five years and focused particularly on two areas of learning and development: personal, social and emotional development and communication, language and literacy. On a four point scale (Outstanding, Good, Satisfactory and Inadequate), outcomes in personal, social and emotional development were satisfactory or better in all the schools and childcare providers surveyed (OFSTED, 2011a).

Notwithstanding these generally positive findings, coupled with policy shifts to raise childcare quality (HMG, 2004; HMG, 2006), much remains to do to make childcare for children aged 0-5 years both affordable and consistently high quality in England (Price Waterhouse Cooper, 2011; Truss, 2012). Equally, it is important to bear in mind that inspection imperatives may not necessarily accord with 'sound educational (or early childhood) practices' (Møller, 2009: 45; Gammage, 2003).

The Early Years Workforce in England

Sylva *et al.* (2004) identified that early years' 'settings that have staff with higher qualifications have higher quality scores and their children make more progress' (p.1). This was borne out by OFSTED's survey of early years providers (2011a) in which 75% of childminders were judged 'good' or 'outstanding' and had early years qualifications above the required minimum, although the proportion of childminders with no relevant qualification remains higher when compared with other staff in early years settings (DfE, 2012). Furthermore, in a review of early years workforce qualifications, commissioned by the current government, Nutbrown (2012b) reasserts this. The House of Commons cross-party Select Committee for Children, Schools and Families posits that 'The involvement of early years qualified teachers is essential to the ambitions of Children's Centres to provide the highest quality early years experiences' (HoCSCCSF, 2010: 4). Moreover, commitment of practitioners to professional development, coupled with external support and challenge are identified as key factors for improvement of early years provision in England (OFSTED, 2011a). Yet unlike some other countries, the early years workforce in England has traditionally been populated by low skilled, low status, low paid practitioners (Nutbrown, 2012a), a class-ridden, gendered positioning (Osgood, 2009) within which professional

identities have remained indistinct, not helped by the varied monikers applied to early childhood workers in England (McGillivray, 2008:248) as shown below,

Nursery school helper	Nursery nurses	Nursery staff	Day nursery workers
Nursery assistants	Adults	Staff	Workforce
Nursery matron	Other adult staff	Those working with under fives	Early years workforce
Childminder	Those working with young children	Nanny	Early years professionals
Qualified nursery nurses	Workers	Speaking adults	Pedagogues
NNEB trained personnel	Professionals	Practitioners	'New' teachers

Table 4: variety of terminology used for childcare workforce

As part of the Ten Year Strategy (Her Majesty's Treasury *et al.*, 2004) and in the wake of ECEF's key publication (1998), these issues began to be addressed. Early Years Sector-Endorsed Foundation Degrees were introduced by government in 2002, enabling increasing numbers of early childhood practitioners to achieve Level 5 qualifications and aspire towards Level 6 and beyond, while remaining in the workforce (Mathers, Ranns, Karemaker, Moody, Sylva, Graham and Siraj-Blatchford, 2011).

The Ten Year Strategy (Her Majesty's Treasury *et al.*, 2004) proposed that 'Working with pre-school children should have as much status as a profession as teaching children in schools. (p. 45) and called for '...radical reform of the early years and childcare workforce through a new qualification and career structure' (p.43). To date, since the Childcare Act 2006 (HMG, 2006), the English government has provided £555 of funding to develop a graduate-led workforce and professionalisation of the early years workforce. Funding is planned to continue to 2015 and has focused on private, voluntary and independent (PVI) settings where quality has tended to be poorest (Mathers, Ranns, Karemaker, Moody, Sylva, Graham and Siraj-Blatchford, 2011). This process has included the roll out of Early Years Professional Status (EYPS), providing leaders and "change agents" to improve and lead practice, support and mentor other practitioners and model the skills and behaviours that safeguard and support children' (Mathers *et al.*, 2011: 28; Hadfield, Jopling, Royle and Waller, 2011). In settings for children aged up to five years, EYPs have been shown to raise quality significantly in relation to interactions between children and staff, children's individual needs, children's communication, language and literacy development, reasoning and thinking skills and scientific understanding and the provision of a schedule for young children that is developmentally appropriate (Mathers *et al.*, 2011).

Hadfield *et al.* (2011) report that the highest qualifications of their respondent cohort of 988 presented as follows:

Highest Qualification	Frequency (n=988)	Percentage
Cert Ed	36	4%
Degree	725	73%
PGCE	135	14%
Masters Degree	84	9%
Doctorate	8	1%

Table 5: distribution of workforce qualifications (Hadfield, et al, 2011).

Nevertheless, Nutbrown (2012b) notes that only ‘70 per cent of the (English early years) workforce holds a level 3 qualification or higher’ (p.4). Indeed, there seems little monetary incentive for practitioners to gain EYPS: Hadfield *et al.* (2011) found that 60 per cent of EYPS responding to their survey ‘...earned under £24,000 per annum (full-time) and many earned significantly less, particularly if they worked in the PVI sector, or as childminders’. Moreover the role of the EYP remains ill-defined and poorly recognised, despite the evidence showing significant impact of the role on outcomes for young children in England (Hadfield *et al.*, 2011; Mathers *et al.*, 2011).

Because pay and conditions of EYPS have remained poor and the career structure in early years is not clear, Nutbrown (2012a) made the following recommendations, *inter alia*:

- ‘Recommendation 16: A new early years specialist route to QTS, specialising in the years from birth to seven, should be introduced, starting from September 2013.
- Recommendation 17: Any individual holding Early Years Professional Status (EYPS) should be able to access routes to obtain QTS as a priority’ (p.72).

Nutbrown’s recommendations are congruent with other findings that children’s learning and development can be positively affected by high quality teachers (Sylva *et al.*, 2004; Fler, 2008; Barber and Mourshed, 2007). The nature and supply of teaching is impacted on by policymakers (DfE, 2010) but in England there is little policy distinction between teachers working with children of different ages. However, for early years’ teachers, high quality pedagogic practice is characterised by caring *and* education, principles, knowledge of individual children, child development, teaching skills, curriculum and safeguarding, assessment practices, reflection, reciprocity, partnerships and teamwork (Siraj-Blatchford *et al.*, 2002, Moyles, Adams and 2002; MacNaughton and Williams, 2008).

Childcare Services for Children with Disabilities

Building on an established legal definition of childcare in an English context, the previous section has provided a generic overview of the complex issue of childcare provision for children aged 0-5 years in England. It has included a recent historical outline of English childcare services for young children and has considered current conditions, practice, standards and workforce issues in English childcare services. Although standards, quality and availability of provision have improved, there remain challenges in making it a truly

affordable and accessible service. One such challenge remains the high cost of securing full time day care provision. Although, much has been done to make provision affordable for children from socio-economic disadvantaged families, this is limited to 15 hours per week for 3-5 year olds. Very recently, the coalition government has announced plans to develop further childcare services, but they did not disclose draft plans of how they intend to do so. Without doubts, the present economic situation and the unavailability of financial resources is a factor. Another challenge is that of developing the workforce through a more cohesive professional development plan which moves beyond ad hoc training towards a requirement for a graduate educated workforce. Finally, the nature of childcare provision portrays a varied and multi-faceted service. While the availability of a myriad of providers increases parental choice, it also creates confusion. Moreover, variety of childcare provision differs across local authorities, thus preventing equality for all parents and their children.

The overview of childcare for 'all' children was necessary to locate childcare for children with disabilities within its broader context, and in particular to locate their care and education within an inclusive perspective. This section presents a more focused discussion on the childcare provision available for children with disabilities, its standards and quality. It begins with an outline of policy development specific to this group of children, although the principles of inclusion can be found in the principles guiding many of the policies already discussed. It then examines childcare specifically for children with disabilities. In doing so, it presents available statistical data with a discussion about the challenges of collecting evidence on this group of children. It concludes with a representation of childcare provision by following a 'case study' family.

Policies and practice concerning inclusive childcare

The term inclusion represents a social philosophical position that opposes segregation of children and adults into separate forms of provision based on their abilities, disabilities, race, ethnicity, gender, culture and religious belief. It posits the consequence of separation as leading to continued stereotyping of children and the ghettoization of provision. Inclusion is essentially concerned with social justice. Despite some fundamental shared principles about justice, equity and equality, defining inclusion is a complex enterprise. This failure partly concurs in failing to provide clear guidelines for the implementation and evaluation of inclusive practices, and to a certain degree it has been the cause for a change in rhetoric of the present coalition government. Yet, the problem is not with a lack, but rather with a proliferation of definitions each one dependent on different values about the role of education, the practice of teaching, but also on varied conceptions of disability, and the nature and causes of learning difficulties (Devecchi, 2007).

In 1998 Florian summarised some of the then available definitions (Box 1.1) concluding by saying that 'to date, none of the proposed definitions have gained currency in the field, suggesting that a truly satisfactory definition has yet to emerge' (1998: 16). Her comment has lost none of its initial truth. However, it begs the question of why this might be the case. As Pring (2000) points out, while the clarification of terms is essential, 'certain words can rarely be defined in a way that attracts universal agreement' (9). According to him, this is because certain terms 'embody values which themselves are contestable within society' (9).

Box 1.1: Definitions of inclusion (Florian, 1998: 16)

Being with one another How we deal with diversity. How we deal with difference (Forest and Pearpoint, 1992)

Inclusive schools are problem-solving organisations with a common mission that emphasises learning for all students (Rouse and Florian, 1996a)

Being a full member of an age-appropriate class in your local school doing the same lessons as the other pupils and it mattering if you are not there. Plus you have friends who spend time with you outside of school (Hall, 1996)

A set of principles that ensures that a student with a disability is viewed as a valued and needed member of the school community in every respect (Uditsky, 1993)

Inclusion can be understood as a move towards extending the scope of 'ordinary' schools so they can include a greater diversity of children (Clark, Dyson and Millward, 1995)

Inclusive schools deliver a curriculum to students through organisational arrangements that are different from those used in schools that exclude some students from their regular classrooms (Ballard, 1995)

Increasing participation and decreasing exclusion from mainstream social settings (Potts, 1997)

Inclusion describes the process by which a school attempts to respond to all pupils as individuals by reconsidering its curricular organisation and provision (Sebba, 1996)

An inclusive schools is one which is accepting of all children (Thomas, 1997)

According to Ainscow *et al.* (2006: 25) inclusion is:

- Concerned with all children and young people in the school;
- Focused on presence, participation *and* achievement;
- Is seen as a never-ending process

Despite the many ways in which we can define it, inclusion is the right to participate. However, much of the debate about inclusion has centred on issues of placement, that is, where the child is educated or looked after, whether in mainstream or special school/childcare settings. The law does not mandate where a child should be educated or looked after and therefore parents can choose forms of childcare different from mainstream if they feel that it better suits their needs. The issue of placement has a long history and while the report *Inclusion: does it matter where pupils are taught?* (OFSTED, 2006) claims that children with difficulties in learning do better in mainstream schools, parents in particular still perceive special schools as a better option. The assumptions that special schools or specialist childcare setting are better rests, paradoxically, on the same inclusive discourse of care and support for the personal well-being of the child and the right to participation. Hornby (1999), for example, argued that where children are educated does not matter as long as the child gets a good educational experience.

The requirement of Inclusive practice is now fundamental to all statutory provision relating to the care and education of children within both education and the care system more widely. Provisions, however, differ in England from the devolved parliaments of Wales, Scotland and Northern Ireland –although such variations reflect the special circumstances and fiscal arrangements adopted in these countries of the Union.

From the perspective of ‘other than mother care’, provision is non-statutory and may take a variety of forms including day nurseries, nursery schools, Sure Start facilities, play groups, extended day facilities, drop in centres, family service centres and play facilities more generally. Provision may be within a state funded (Local Authority) facility or through private ‘for profit’ organisations.

Whilst historically the schism between day nurseries and nursery schools has reflected differing family needs for services, all are now governed by the requirement that service provision is non-discriminatory, culturally sensitive and fit for purpose. For most of the 20th century, child care in Day Nurseries, whether controlled by Local Authorities, child-care charities, such as Barnardos, or private facilities, were concerned essentially with the provision of quality care in safe environments. Local authority provision is administered through Social Service departments of Local Authorities – exemplifying the historical perception that these facilities were not concerned with childhood education. This is exemplified by the fact that staff were not and are not required to hold teaching qualifications being essentially further education trained - involving non - advanced work in child development and the basic health care needs of children. Senior managers normally have a professional qualification in health or social work.

In contrast, nursery schools (or nursery classes in ordinary schools) are primarily educationally oriented and require formal teaching qualifications for staff working directly with young children and supported by assistants with an appropriate FE qualification. The Head of the nursery facility would be a trained teacher. Currently, all preschool facilities whose provision is such that it is eligible for government grants to families for fee relief, are required to operate a curriculum approved by the Her Majesty’s Department of Education and are routinely inspected by OFSTED as already mentioned. The early childhood curriculum is designed to be inclusive and appropriate for all children, and centres need to have strategies in place to accommodate and develop children with disabilities according to their identified needs. However, since provision of education at this stage is non-statutory, the prescription of inclusive practice as it applies to the formal phases of education is less prescribed. Private care facilities which do not adopt the identified early years curriculum will not be eligible for fee support, but have more independence in filling available places. They are, however, open to OFSTED inspection to assure quality of provision, non-discriminatory practices and compliance with statutory regulations controlling provision of services.

Moreover, services for all those children taken into the care of the local authority - including those with disabilities – are covered by specific regulations. Children may be taken into care at any stage of their lives. Such provision may be short term to meet a specific family need or crisis – or longer term in response to the need to assure the child’s safety and continued healthy development. Revised regulations and guidance came into force on April 1st 2011 are intended to streamline processes to increase the emphasis on more effective care planning, with a focus on the child, and are designed to improve the quality and consistency of care

planning, placement and case review for looked after children. They also aim to improve the care and support provided to care leavers. The revised regulations and guidance aim to improve the clarity of the regulatory framework for looked after children and care leavers for practitioners and offer them one coherent and easily accessible package relating to care planning and case review for looked after children. The originating Act is the Children Act 1989 whose purpose was to:

‘reform the law relating to children; to provide for local authority services for children in need and others; to amend the law with respect to children’s homes, community homes, voluntary homes and voluntary organisations; to make provision with respect to fostering, child minding and day care for young children and adoption; and for connected purposes’.

Deriving from the Act, the Children Act 1989 - [Volume 2: Care Planning, Placement and Case Review \(England\) Regulations 2010 and statutory guidance](#) outlines what is required of local authorities in care planning, placement and case review and supporting care leavers.

This document specifies the requirements for care plans, including health and education plans, placement decisions and monitoring and case reviews. It consolidates previous regulations and guidance, providing a central source of reference for local authority work with looked after children. For such children the educational aspects of the care plan may be delivered in mainstream schools –or otherwise. To this extent, cared-for children with disabilities have access to the inclusive educational practices that all state maintained schools and academies are required to operate and monitor. Provision is inspected by OfSTED and the educational progress of these children is reported along with all children on roll. These data are transparent, recorded on a National database accessible to school Governors and used to determine the value added to the educational development of each individual child. In this way the educational development of looked after children, including those with disabilities contributes to the effectiveness measure derived for the whole school in accord with national statistical measures.

For children in Local Authority (LA) care the same considerations exist as for all children in relation to the decisions made regarding placements made and the contexts deemed appropriate to meet the identified needs of each child. Whilst inclusion is a key policy objective, the nature of a child’s special educational need may not result in ordinary school / childcare placement as a preferred option – either for the parents, guardians, or the LA. As in all legislation over the past 5 decades, the key determinant is the principle of the ‘child’s best interest’. This is often contested ground where the wishes of one party for an inclusive setting are counterbalanced by arguments from other parties concerning the character of the setting in which the child will experience least restriction. Within the UK legislative framework the concepts driving inclusive practices derive from the need to identify and remove barriers to participation. Within the school system the identification of a child’s special educational needs is concerned with removing barriers to participation (DfES, 2004) in the entitlement curriculum (Education Reform Act 1988). The concept of special educational need makes sense only when expressed in curriculum terms. More generally, disabled children in care are served by policies designed to ensure that the rights of each child as enshrined in the UN Convention on the Rights of the Child which entered force in 1990 are reflected in the practices of care institutions –specifically Article 5 relating to disability.

The goal of inclusive practice is to assure no hindrance exists to the full healthy development of the child and that no opportunities for self-development are denied the child on the basis of an existing disability (Special Education Needs and Disability Act, 2001, Disability Discrimination Act 1995, Disability Discrimination Amendment Act 2005). However, since the inception of the concept of Special Education Need in 1978 within the context of the Warnock Report (HMG, 1978) and its legislative force through the 1981 Education Act (Children with Special Educational Needs) - later repealed and replaced by Education Act 1996, the operationalisation of this conceptual framework in serving the interests of children and parents has proved problematic, resulting in often obscure educational and care plans, legal contests between parents and Local Authorities, and lack of coordination of services where health and social service provision has been implicated alongside education. Joint commissioning of appropriate multiprofessional services has proved problematic even in those cases where lead professional agencies have been identified. Lack of financial resources is implicated to a degree whilst lack of sufficient numbers of suitably trained staff contributes to the general uncertainty over the delivery of identified provision. Perennial issues of service rivalry in collaborative ventures contribute to the perceived unsatisfactory nature of existing arrangements. After almost 30 years of implementing and guiding the legal framework deriving from the Warnock recommendations embedded in the 1981 Act, the present Coalition Government is committed to the reform of the SEN and disability arrangements, which will have implications for all children from birth to the age of 25.

Arising from the consultative Green paper *Support and Aspiration: A New Approach to Special Educational Needs and Disabilities* (DfE, 2011c), published in March 2011, the Children's Minister unveiled proposals on 20th Dec 2012 which will mean the biggest reform of the arrangements for children with disabilities and SEN since the 1981 Act. This followed on from *Support and Aspiration – A new Approach to Special Educational Needs and Disabilities - Progress and Next Steps* (DfE, 2012f) which was published in May 2012 and considered the next steps following the consultation on the Green Paper (DfE, 2011c) and the feedback – still partial- from the Pathfinder exercises trialled in a number of areas throughout England.

'Too many parents have faced bureaucratic barriers. We are making it easier for parents to access help for their children. And we will empower parents and young people, giving them greater control over the services they receive, by putting them in charge of personal budgets'.

Key proposals of the draft legislation currently before parliament include:

- Replacing existing arrangements for SEN and disability planning with a single system to ensure that all children receive the support they need for all children from birth to 25 irrespective of where they are taught and live with comparable statutory rights and protections throughout.
- a requirement on Local Authorities in England to work with local health services, to plan and commission support across education, health and social care. They would also be required to set out a local offer of the services available to children, young people and their families.
- The current SEN statements and learning difficulties assessments would be replaced by a single assessment process. The resulting *Education, Health and Care Plans* would provide a commitment from all services to support educational and other outcomes.

- All young people and parents of children with an Education, Health and Care Plan (EHC plan) would have the option of holding a personal budget, giving them greater control over how their support is delivered.

The draft regulations aim to make the following provisions and requirements in respect of the Education, Health and Care plans:

(1) Where, as a result of an EHC needs assessment, a local authority decides that it is necessary for special educational provision to be made for a child or young person in accordance with an EHC plan.

- (a) the authority must secure that an EHC plan is prepared for the child or young person, and
- (b) once an EHC plan has been prepared, it must maintain the plan.

(2) An EHC plan is a plan setting out:

- (a) the child's or young person's special educational needs;
- (b) the outcomes sought for him or her;
- (c) the special educational provision required by him or her;
- (d) any health and social care provision of a prescribed description required by him or her.

The government intends that these reforms will be in effect from 2014.

Whilst the principles of social justice encapsulated in the inclusion agenda will operate, there is an overriding consideration that proposed EHC plans are presented to parents, principal caregivers and - where appropriate the young people themselves. The proposed EHC may NOT specify an institution for educational purposes. This must ultimately take into account the wishes of parent / advocate / principal caregiver / the child or young person. Where a child is in the care of the Local Authority – and maintained in a children's home, the LA is essentially the legal guardian of the child.

In relation to inclusion, it is noteworthy to mention that the Coalition Government position, encapsulated in the Green Paper (DfE, 2011c, p. 5) is to 'remove the bias towards inclusion and propose to strengthen parental choice by improving the range and diversity of schools from which parents can choose'.

Childcare Services for Children with Disabilities

Issues regarding evidence: disability, special educational needs and variability in statistical data

If defining inclusion is problematic, defining disability is also fraught with problems. With regard to the UK (England) system of classification, disability competes, conflates and, at times, is a synonymous of special educational needs (SEN). The confusion, as Norwich (2007) suggest, lies in the fact that the term SEN refers both to features of the child and at it is, simultaneously, a bureaucratic requirement for the allocation of provision and resources.

Matters are further complicated by the fact that the term SEN was used to refer to children in education (5-16 years old) and not to young children not in formal education. Consequently, this problem with the terminology has an impact on the reliable collection of data for statistical purposes (Department of Education, <http://www.education.gov.uk/lamb/module4/M04U02.html#>); the allocation of provision and resources; and, the question of how best to care and educated all children with disabilities and/or special education needs (SEND).

The Disability and Discrimination Act [DDA] (HMG, 1995) states that the phrase ‘disabled children and young people’ refers to those ‘who have a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities’. Newman, McEwen, Mackin and Slowley, (2010:13) noted that within the Department for Education and Skills (DfES) and the Department of Health (DoH) (2003a):

‘A child under 3 years of age shall be considered disabled if he/she: (i) is experiencing significant developmental impairment or delays, in one or more of the areas of cognitive development, sensory or physical development, communication development, social, behavioural or emotional development; or (ii) has a condition which has a high probability of resulting in developmental delay.’

Russell, P. (2007: 4) acknowledges this is not a legal definition but it is a ‘practical working definition for early years providers’.

However, a study conducted by Porter, et al (2008, p. 33) stresses the ‘the complexity of providing a definitive profile of responses that lead with absolute certainty to the identification of a child with a disability’ when using the DDA definition. Both the DDA and the DfES/DoH definitions apply a medical model to the identification of disabilities. More recent developments have highlighted the complex connectedness of various factors at the biological, psychological and social levels. In this regard the WHO’s International Classification of Functioning for Children and Young People (ICF-CY) (2007) develops a bio-psycho-social model of disability which takes into account the impairment and how this impacts on both daily activities and participation (see figure 1 below).

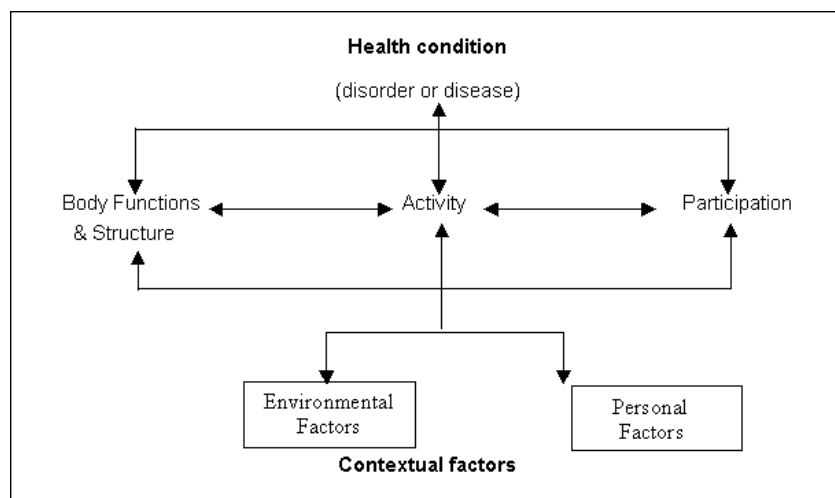


Fig 1: ICF model of disability (WHO, 2002, <http://www.unescap.org/stat/meet/widd/icfcommon.htm>)

The matter is further complicated by the fact that the Warnock Report (HMG, 1978) removed the 1944 Education Act list of 11 disabilities with the single non-classificatory term of special educational need (SEN). The revised Code of Practice (DfES, 2001) and 1996 Education Act state that:

“Children have special educational needs if they have a learning difficulty which calls for special educational provision to be made for them”.

Children have a learning difficulty if they:

- Have a significantly greater difficulty in learning than the majority of children of the same age: or
- Have a disability which prevents or hinders them from making use of educational facilities of a kind generally provided for children of the same age in schools within the area of the Local Authority
- Are under compulsory school age and fall within the definition at a) and b) above or would do so if special educational provision was not made for them.

Notwithstanding such challenges, according to the Office of Disability Issues (ODI) the Family Resources Survey 2009/2010 estimated 0.8 million children 0-15 years old have a disability (Department for Work and Pensions [DWP], 2011). The charity Contact a Family (2012) notes that over 15,000 children are born with a disability each year. A report produced by OfSTED (2010b) notes that 1.7 million children are identified with special educational needs. Furthermore the summary of Early Year Foundation Stage Profile data from 2007-2011 (DfE, 2011b) notes that 58,612 children are having special educational needs provision made at the end of the Early Years Foundation Stage. In addition Speight, Smith and Coshall (2010: 21) identify that ‘7% of 3 and 4 year children eligible for the entitlement to free early years provision were identified by their parents as having a long standing illness or disability’. They further note that ‘5% of 3 and 4 year old children eligible for the entitlement to free early years provision were reported by parents as having special educational needs’ (Speight *et al*, 2010:21). However, Mooney, Owen and Statham (2008) suggest that the number of children with disabilities is identified through collation of statistics for children identified as being statemented and in receipt of a state funded benefit of the Disability Living allowance. They estimate there are between 288,000 and 523,000 disabled children in England and such wide variance, as already noted, may stem from aspects such as differing definitions of the term disability (Mooney *et al*, 2008).

According to the DoH and DCSF (2009) the average size primary care trust will have 80,000 children up to the age of 18 requiring its services. Within this figure it will have approximately:

- 7,800 children with asthma, 300 with epilepsy, 100 with diabetes, 35 with sickle cell disease and 300 with cystic fibrosis
- 7,500 5-15 year olds with a diagnosable mental disorder
- 4,000 with a physical disability, 130 of whom will require wheelchair services (DoH and DCSF 2009:65)

Pinney (2007) states that Sure Start local programmes, serving children under 4 years old, report the highest incidence of need as being speech delay, followed by behaviour issues, autistic spectrum disorders (ASD), development delay, hearing or visual impairment and Down's syndrome.

Support for children with disabilities: childcare services, guidance and choice for parents

Given the afore mentioned variability in childcare services, parents might have on the one hand the opportunity to choose, while on the other the confusion deriving from choice itself. While choice, quality, and standards for all children 0-5 years old has improved, Campbell-Barr, et al (2010, p. xiii) found that 'Appropriate childcare for disabled children is scarce and expensive. This varies according to the disability of the child'. According to the Daycare Trust (2010) besides suitability and appropriateness, affordability and costs are also major barriers. A survey of parents on the cost of childcare (Daycare Trust, 2010) shows that nursery costs, for example, have risen by nearly 6%; 44,000 fewer families are getting help with childcare costs since April tax credit cut; and that there are major gaps in childcare despite legal duties on local authorities

The charity Every Disabled Child Matters produced a briefing paper for the second reading of the Welfare Bill (EDCM, 2011). As part to its argument it cited two surveys that had been completed the previous year. The charity Contact a Family had produced a survey called 'Counting the Costs' (2010) about the costs for families with disabled children. It noted that from 1,100 respondents 45% were paying more for their childcare for their disabled child and one parent is cited as commenting 'I found over the years that childcare for a child like mine is virtually non-existent. I found a lady in my area who charged three times the normal rate for afterschool childcare for children with special needs' (Contact a Family, 2010: 8). The Daycare Trust survey (2010) noted that insufficient childcare for disabled children was identified by half of the local authority respondents.

Speight *et al.* (2010) further suggest that the accessibility of information to parents about childcare offer can also be a barrier in accessing childcare. A report produced by Phillipa Stopes for the Council for Disabled Children (CDC) (2008) summarizes a number of factors identified by parents that may present barriers to disabled children's participation in extended schools and children's centres. Such barriers include: lack of information, staff attitudes, concerns about safety and staff skill levels; lack of appropriate staff training, transport and funding charges (CDC, 2008). It is in this context, that effective multiprofessional working practices are necessary as they not only support the child, but they enable parents to access information and make appropriate choices. Given the complexity of the context in which parents have to operate, this section outlines a case study family's journey in accessing childcare for their child with disabilities.

For the case study family their journey of experiencing support services will have been influenced during maternity care, through birth and from the point of any diagnosis of a disability. The involvement of medical and social services professionals would have been determined through the implementation of the National Service Framework for Children,

Young People and Maternity Services (DfES/DoH, 2004). This was a ten-year strategic plan and had at its core putting children and their families first. The framework noted that the design of service implementation should be focussed on the needs of children and families rather than organisations providing services. Within the eleven standards identified, standard eight particularly mentions disabled children and young people and those with complex needs. It notes that the standard of care to be provided should ensure that children and young people who are disabled or who have complex health needs should receive 'co-ordinated, high quality child and family-centred services which are based on assessed needs, which promote social inclusion and, where possible, which enable them and their families to live ordinary lives' (DoH, 2004: 9).

This report had been preceded by the development and publication of two reports, which also considered the issues of professional provision for children with disabilities and their families. These earlier reports were particularly aimed at local authorities in England and Wales within their role as educational and social service providers. *Developing Early Intervention/Support Services for Deaf Children and their Families* (DfES/HoD, 2003) and *Together From the Start* (DfES/HoD, 2003a) were developed and issued in tandem and considered the central themes of:

- Initial assessment of need
- Co-ordination of multi-agency support for families
- Better information and access for families
- Improved professional knowledge and skills
- Service review and development
- Partnership across agencies and geographical boundaries

Both documents fed into the 'Early Support Pilot Programme' which subsequently became the Early Support Programme used currently with families of children with disabilities. Early identification and early intervention had also been noted as themes within the Special Educational Needs Code of Practice (DfES, 2001) and are presently central to the reform of the provision for children with SEN and disabilities (DfE, 2011c; 2012f, 2012g).

The case study family should have, therefore, experienced co-ordinated support services. Bachmann et al (2005) note that The Children Act 2004 and National Service Framework for Children, Young People and Maternity Services (DfES/DoH, 2004) required fuller integration of health, education and social services for children and young people in England and Wales. The UK government at this time supported the establishment of 35 experimental children's trust pathfinders in England. This model is now employed throughout England although the organisation and structure of Children's Trusts may have been replaced in some areas by joint commissioning boards. Newman *et al.* (2011) identify that recent statutory guidance issued to Children's Trusts has sought to emphasise the need to prioritise disabled children, especially with regard to the provision of information, consultation and support (DCSF, 2010a).

In order to obtain information about childcare settings the case study family should be able to contact their local family information service. The DCSF (2010c: 11) notes that 'The Childcare Act 2006 stated that authorities are under a duty to provide mothers, fathers and

other carers with accessible information about the services, support and advice available to help them support their children up to their 20th birthday'. This is usually delivered through the provision by the local authority of a Family Information Service. This should fulfil the role as a central information point with links to information and services such as: local NHS provision, Sure Start Children's Centres, schools, youth clubs, and libraries etc. Non-statutory guidance issued by the government in 2010 provides guidance on how best to plan, organise and deliver effective services to mothers, fathers, carers and families (DCSF, 2010c:8). 'Under the auspices of the Children's Trust cooperation arrangements systems and process should be in place which enable early identification of need and referral to additional support if required' (DCSF, 2010c: 11).

If the case study family requires further information about educational settings and support specific to their child with disability then they should be able to contact a parent partnership service. In addition to a Family Information service, further guidance from the government states that every local area should also have a Parent Partnership Service to provide parents of children with special educational needs (SEN) with information and advice to make decisions about their child's education and to achieve their potential (DCSF, 2010:11). The Lamb Inquiry (DCSF, 2009) investigated in 2008 – 2009 a range of ways in which parental confidence in the SEN assessment process might be improved. It made 51 recommendations to support special educational needs and parental confidence and provided a catalyst force for present policy development.

Newman *et al.* (2011:9) note that a national sample survey of parents which measures parental experiences of services provided to disabled children is compiled as the "Disabled Children's Services National Indicator (NI 54)". Newman *et al.* (2011) argue there is currently limited information available about the impact of early interventions on improvements in the wellbeing of disabled children up to age 8 and their families. However, parental comments indicate that parents value family centred services, especially where there is a keyworker available to work alongside 'skilled, knowledgeable and efficient professionals' (Newman *et al.*, 2011:19). This kind of skilful and supportive inter-agency working had already been noted as something to be achieved by government and was highlighted again through the publication of the *Aiming High for Disabled Children: Better Support for Families* (HM Treasury, DfES, 2007). Within the report the government pledged to improve outcomes for disabled children and their families through the identification of 'three priority areas: access and empowerment; responsive services and timely support; and improving quality and capacity' Mooney *et al.* (2008: 8).

To this end the publication noted that a core offer would be made to the families of children with disabilities encompassing minimum standards on such areas and services the families could expect to receive as: information, participation, assessment and feedback. It also expressed the intention that some families would be asked to pilot individual budgets as is now suggested in the draft legislation Support and Aspiration (DfE, 2012f). The funding period was set from the government from 2007 until 2011. £340 million pounds was committed to 'ensure that disabled children and their families are enabled and empowered to make a full contribution to the society of which they are part' (HMTreasury/DfES, 2007: 9).

The earlier Children Act of 2004 had seen the introduction of the Common Assessment Framework. This was designed to help professional staff, who worked across a range of

services a way to record and, where appropriate, to share with others including parents and families their assessments, plans and recommendations for support for a child or young person.

The case study family may have been offered an additional means of facilitating professional involvement and support of families through the implementation of the Early Support programme. The DCSF (2010c: 31) note that the programme 'is targeted at families with babies or children under five with additional support needs associated with disability or emerging special needs'. The programme was designed to help families in accessing services that were better co-ordinated from both local authorities and the health service. One of the team around the child and family is designated as the lead professional and this serves as a way which may facilitate the key worker role for families, previously acknowledged as being well received.

Additional earlier research (University of Manchester and University of Central Lancashire, 2006) has noted that, due to the increase in numbers of children surviving neonatal periods with complex needs and the increased ability to detect and diagnose impairments sooner, there is even greater imperative for early support that is effective for parents and children. Young et al (2008) noted in their evaluation of the Early Support Pathfinder programme that it was important that the Early Support approach became embedded within mainstream approaches. Therefore the case study parents should have been offered the Early Support materials including developmental journals (DfES, 2008) and professional support in completing them.

One of the services that may have been offered to the case study family as it is often offered to the families of children with special needs in the early years is Portage. The Portage home visiting model was an approach first devised in Portage, Wisconsin, USA in the early 1970s (Shearer and Shearer, 1972). This was a way to involve parents directly with the education of their disabled child. During home visits, the proponents of the project sought to teach parents what to teach and reinforce with their child; and how to observe and record behaviour. During the early visits the setting of prescriptive teaching tasks was determined at a level that the visiting teacher thought would be achieved (Shearer and Shearer, 1972). Within the current Portage model the early aims of structured teaching continue and have been developed to include an emphasis on child led play; family focus; as well as structured teaching. The focus of each element varies in order to respond to a family's particular needs during the visit (Russell, F., 2007). Use is now also made of the Early Support Developmental Journal (DfES, 2008) to record progress, replacing the earlier Portage checklist.

When considering the educational provision for a child with disabilities aged between 3-6 a number of factors need to be considered. The focus age range of 3-6 covers two distinct periods of provision within the English educational setting. The EYFS (DfE, 2012c) up to the end of the year in which the child is aged 5. The child then enters National Curriculum Year 1 and continues up to Year 13. The implementation of this curriculum may then determine the educational experiences of the child. However, there has been the introduction of the free school/academy approach whereby the National Curriculum (DfEE/QCA, 1999) does not have to be followed in educational settings that have been given academy status. Further for those pupils who are working at below level 1 of the National Curriculum performance (P

scales) (QCA, 2009) are used to measure attainment. Special Schools are also able to apply for special academy status.

A further variable in the consideration of educational provision for a child with disabilities aged between 3-6 is the current change in legislation being enacted by the Government. Since 2002 the Special Educational Needs Code of Practice (DfES, 2001) has informed the decisions made by settings, schools and local authorities about how they fulfil their functions relating to children with special educational needs. The purpose of the Code was seen to allow effective decisions to be made (DfES, 2001). However following the introduction of draft legislation entitled Support and Aspiration (DfE, 2012f) a new code of practice is expected to be issued this year with both the new code and legislation to be implemented from 2014 onwards.

This will see a number of changes from what a family and their child would currently experience. There were 925 community special schools in England in July 2011 (DfE, 2012b). If the parents wanted to seek special school education for their child then admission to a community special school is normally through what is termed a statement of educational need except in cases of emergency placements (DfES, 2001). A statement is a document which has within it details of the child's biographical details; their special educational needs; special educational provision thought necessary to meet the child's special educational needs; placement; non-educational needs as agreed with social services or health services; non-educational provision; and must be dated and signed by an officer of the local authority (DfES, 2001). This document would then be reviewed annually other than for children who aged under two.

According to the current Code of Practice (DfES, 2001) as a statement is being drawn up, during the consideration of placements, the family may express a preference for the school or setting they wish their child to attend. They may prefer to have their child attend a mainstream school which has resourced provision or special educational units attached. Access to these resources is not necessarily dependent upon a statement. Within England in 2011 3,755 primary aged pupils with a statement are noted as attending SEN units and 4,790 are placed in resourced provision. For primary aged pupils who are identified with special educational needs but who have not had a statement issued 2,025 pupils are attending SEN units and 4,475 are placed in resourced provision (DfE, 2011b). However, the ability of the family to access such provision depends on where they live and whether this type of provision is available.

It is unclear at this point what the future ramifications are for accessing special educational provision under the new legislation. The draft legislation replaces the statement of special educational needs with an Education, Health and Social Care Plan (DfE, 2012f; 2012g). Also unclear are processes for transitions from early years settings when the child is three or under into primary school settings from age four onwards.

The thinking behind the revision in the legislation was evident when the Green Paper on special educational needs and disability (DfE, 2011c) was issued. Farrell (2012) notes how the paper has no mention of the definition of inclusion and seems to indicate that it should be defined in terms of educational provision for all children with SEN in mainstream schools. Indeed the Green Paper states that there has been a bias towards inclusion (DfE, 2011c).

However, the current legislation is also open to challenge. Jones (2004) argues it focuses on how a child's needs are being met rather than 'how those needs can be created or exacerbated by interactions or circumstances within the school itself' (Jones, 2004:51). As noted earlier recent policies have emphasised that the family and child should be at the centre of planning and delivery of services. The converging of this and the understanding of inclusive practices within the revised legislation are challenges for which the outcomes are yet unclear.

Conclusion

This paper has charted the development of policy and practice with regard to childcare provision for young children 0-5 years old in England with a view to focus on childcare provision for children with disabilities. In this regard one of the main findings is that the proliferation of policies and reforms in the last two decades have created multiple and competing requirements. Overall policy has embraced the fundamental principles of inclusion, such as equality of opportunity and the right to participation regardless of children's ethnicity, gender and disability. On the other, disagreement and uncertainty with definition of terms, such as disability and special educational needs, contribute to gaps in our knowledge with regard to the features of the target population and, consequently, with the evaluation of provision made for them.

With regard to whether childcare provision in England is inclusive, this working paper defined inclusion as the practice of removing barriers to access and participation. In this sense, the English system is grounded on firm inclusive policy despite the more critical stance taken by the present Coalition Government. Yet, in practice there remain challenges in ensuring that all children with disabilities have access to childcare and can participate. Although, as shown, multi-professional working practices are beneficial in supporting parents, issues around affordability, accessibility and quality of workforce qualifications can still create barriers for parents and their children. It has to be said, however, that such barriers are valid for all children.

This final section summarises the main findings and proposes areas for further research and inquiry.

Basic conditions of inclusion for children with disabilities and special educational needs in daily childcare services

The main purpose of childcare services in England with regard to children is that of fulfilling all children's potential and optimising their participation in society. This purpose has been set out in a number of policies throughout the past two decades and in more recent Coalition Government policy developments such as the Welfare Bill, revised EYFS. Future changes especially in relation to the training and qualifications of the workforce will follow the publication of the Nutbrown review (2012a).

Children with disabilities can access any type of childcare as other children, although there are resourced provision/units/special schools available. With regard to children with disabilities, the present major policy development has been the publication of the Green Paper *Support and Aspiration* (DfE, 2011c). Following the process of consultation, the changes proposed in the Green Paper are now part of the draft Bill *Reform of provision for children and young people with Special Educational Needs* (DfE, 2012g).

Although during the past Labour administration there had been a general shift towards acceptance of disability and diversity, and an understanding of the relationship between child poverty and the early years education and childcare, the present Coalition Government has sent out mixed messages. While on the one hand it has recently re-asserted a commitment to improving childcare services, its ideological commitment to a neo-liberal market and consequent deregulation approach has the potential to undermine universal childcare by making both accessibility and affordability of childcare more difficult and costly. In regards to children with disabilities, past cuts to LAs' finances and new proposed legislation has the potential to change how and whether families with children with disabilities will be provided with the childcare they need and a cost they can afford.

Standards of inclusion for children with disabilities in daily childcare services

Although England has a strong system of accountability and inspection, the nature and standards of childcare services remains variable. Partly, this is due to the variety of providers, partly to the lack of consistent and long-term financial security. Although the government has renewed their commitment to invest in early years and childcare, there is still much confusion and variability across the country in relation to funding. Findings from the review show that it is at times the poorest families who have more difficulties accessing funding, and there is still a lack of knowledge as to whether parents with children with disabilities access and make use of the Disability Living Allowance they might be entitled to.

Partly standards are also variable due to the unevenness of workforce qualifications. The issue of workforce training and education is particularly important for those working with children with disabilities. While the academic debate as to whether children with disabilities require a different pedagogical approach is still open, staff working with children with disabilities should be prepared and knowledgeable so as to ensure that these children have access and can participate fully. In this respect, it is disappointing to notice that present regulations do not expect early years settings' Special Educational Needs Coordinators (SENCOs) to gain a master level SENCO Award. More can also be achieved by providing training for childminders.

Despite these shortcomings, childcare providers can access information with regard to inclusion from their Local Authorities, or in many cases from charities and associations.

Practice of inclusion for children with disabilities in childcare services

One of the major findings in this paper has been the lack of systematic and rigorous research and, consequently, reliable data on the nature and effectiveness of daily practice with regard to the inclusion of children with disabilities. Although data from parental surveys show that the practice is variable, issues with how to define disability and a lack of reliable statistical data warn against hasty generalisations. As a result, there is an over-reliance on inspections and inspection reports carried out by OFSTED. However, although an independent body, OFSTED is not immune to policy changes and their inspection criteria reflect such changes.

Yet, there is now a systematic body of knowledge on what works in fostering and developing inclusive schools. First, successful inclusion depends on establishing a school/setting culture which accepts diversity and which is able to create a positive attitude towards children with disabilities which can be achieved through the education and training of its workforce. Second, effective inclusion requires agencies and professionals from education, health and social services to work together in the best interest of the child and his or her family. Positive collaboration with parents is also essential. While there are systems in place to work with parents and provide them with support and information, there is still variability across the country. Third, there have to be systems in place to ensure smooth transition between phases of education, and within childcare settings as some children might attend more than one between the age of 0-5. Finally, there is a need for more systematic research whose findings can influence policy and impact on daily childcare practice. Besides large scale statistically sound research at the national level, there is a need to engage with settings and professionals at the local and individual level. Case studies can be used to explore inclusive practices by seeking the views and attitudes of practitioners in early years' settings; seek the views of parents and children; and evaluate the nature, impact and future development of training for the workforce.

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