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

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

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Dr Cristina Devecchi, Senior Lecturer, SEN and Inclusion, University of Northampton
(corresponding author) cristina.devecchi@northampton.ac.uk

Dr Jane Murray, Senior Lecturer in English and Early Years Education, University of Northampton

Helen Trory, Senior Lecturer, SEN and Inclusion (Early Years), University of Northampton

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Abstract

The most recent UNICEF (2013) publication on the state of the world's children is dedicated to the rights of children with disabilities to an education and a meaningful and productive life. The report stresses the importance of building an educational system based on the fundamental principles of inclusion, which are the respect for the rights, aspirations and potential of all children. While inclusion has been practiced and researched in primary and secondary school, much still needs to be done with regard to childcare provision. Despite envisaged changes and setback, concerns for improving childcare's conditions, provision and offer remain pivotal issues both in relation to educational practice and to the need of the economy. Thus, it is not surprising that 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.

Introduction

The most recent UNICEF (2013) publication on the state of the world's children is dedicated to the rights of children with disabilities to an education and a meaningful and productive life. The report stresses the importance of building an educational system based on the fundamental principles of inclusion, which are the respect for the rights, aspirations and potential of all children. While inclusion has been practiced and researched in primary and secondary school, much still needs to be done with regard to childcare provision. Despite envisaged changes and setback, concerns for improving childcare's conditions, provision and offer remain pivotal issues both in relation to educational practice and to the need of the economy. Thus, it is not surprising that considerations about the importance of early childhood education and care (ECEC) have grown considerably in the last three decades in England.

A number of economic and labour market changes, such as women accounting for 50% of the workforce (The Economist, 2011), have had an impact on the expansion of and demand for daily childcare services although women with children do still pay a high price for motherhood (OECD, 2012). The expansion of childcare also served the purpose of reducing child poverty and tackling 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 (Schweinhart *et al.*, 2005; Nutbrown, 2012).

Nevertheless, a dearth of knowledge and understanding of childcare needs for children with disabilities and their parents and families remains. 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, which conceives disability as the individual child's physical and/or intellectual impairment. Inclusion, conversely, focuses on removing the social, physical and cultural barriers to every child's 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). Of more concern, is the fact that whilst policies embracing the fundamental principles of inclusion have proliferated in England over the last two decades, these have not translated universally to practice. In this context, the current English government's Children and Families' Bill (HMG,

2013) has responded by indicating an era of potentially regressive policy in relation to inclusion and created a period of uncertainty.

The study

In 2012 the Deutsches Jugendinstitut commissioned us a working paper with a specific focus on the conditions, standards and practices of inclusion and inclusive settings for children with disabilities in England as part of a broader study on the topic of inclusion and childcare in Europe. In answering the main question of 'How inclusive are daily childcare services in England?', the working paper reviewed policy and practice in childcare services in England in relation to the following themes:

- I. Basic conditions of inclusion for children with disabilities and special educational needs in daily childcare services
- II. Standards of inclusion for children with disabilities in daily childcare services
- III. Practice of inclusion for children with disabilities in childcare services

While these paper reports findings relevant to answering questions under themes II and III, data were collected through systematic and focused reviews of national and European statistics databases, academic literature databases and government specific websites. Review is an established methodology that systematically draws together extant work in a given field and by doing so may provide a basis for further work in the field (Borg and Gall, 1979; Merriam, 1988). Nonetheless, a number of challenges arose from this reviewing exercise. Firstly, there was the need to clarify terminology, such as inclusion and childcare, which could have been interpreted differently by our German colleagues. Second, the researchers were faced with a lack of systematic statistical data. Finally, there is still a limited literature on ECEC and more specifically on the quality of care and provision for young children with disabilities and SEN. To overcome such limitation, each of the four researchers took responsibility for searching, reviewing, analysing and reporting data on their professional area of strength and expertise prior to incorporating it in a unified document.

In reporting the findings, the paper starts with an outline of the changes to childcare services since 1997. This serves the purpose of contextualising the nature, features and quality of childcare services for children with disabilities.

Overview of Childcare provision in England

Present childcare provision for children aged 0-5 years is marked by great variability and a range of settings, ranging from care at home (nannies, au pairs) to private forms of provisions, to maintained nurseries or school led provision, to other locally specific settings. This variation developed within a relative policy vacuum over which successive English governments presided (Pugh, 2010). The New Labour government, elected in 1997, addressed 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. One of the consequences was the conception of 'Sure Start' which 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 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). Although children’s centres brought a level of coherence to provision for young children in England (Whalley, 2006) since 2010 budget cuts have depleted services (Williams, 2012) and diminished some models of childcare provision, such as a decrease in childminding (Baldock, 2011) and maintained nursery schools provision. Nevertheless, since 2010, English government has been vociferous on the subject of affordable childcare (Truss, 2013; HMG, 2013).

Three key documents strongly influenced changes in the conditions, standards and practice of childcare services:

- *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, 2001)
- *Birth to Three Matters* (DfES, 2002).

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). In this regard, the EPPE study (Sylva, Melhuish, Sammons, Siraj-Blatchford and Taggart, 2004; 2010) found that maintained nursery schools and settings, which integrated care and education are among the most successful settings in providing pre-school experiences. In an attempt to address the bifurcation between education and care, in 2008 the three documents were replaced by the *Early Years Foundation Stage* play-based approach to practice (EYFS) (DfES, 2007). The EYFS focused on five welfare requirements and six Areas of Learning and Development (Table 1) and 69 learning outcomes:

Welfare requirements	Areas of Learning and Development
<ul style="list-style-type: none"> • Safeguarding and promoting children’s welfare • Suitable people • Suitable premises, environment and equipment • Organisation • Documentation 	<ul style="list-style-type: none"> • Personal, Social and Emotional Development • Communication, Language and Literacy Development • Problem Solving, Numeracy and Reasoning Development • Development of Knowledge and Understanding of the World • Physical Development • Creative Development.

Within a regime of accountability which brought the strongest coherence to education and care practice for ‘all’ children aged 0-5 years in England to date, a focus on universal outcomes based on standardised assumptions about child development is, however, inconsistent with the EYFS recognition of children as ‘unique’ individuals and has the potential to disadvantage children with disabilities and/or SEN (Devecchi, 2013). Moreover, the fast pace of policy development showed both the readiness of policy-makers to engage

with the issue of quality childcare provision, and a tendency to micro-management (Ball, 2008) which prevented professionals on the grounds to implement changes and reflect in ways which have a positive effect on the quality of provision.

One of such attempts is the recent revision of the EYFS (DfE, 2012a), based on the Tickell Review (2011). The key rationale espoused in the review is 'school readiness' while the revised EYFS comprises 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), and the accountability process ensuring quality across the sector. Other changes to the framework, for example, include 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'; and the new 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) and from the importance of play.

While the above can have implications for the inclusion of children with SEND, changes in the evaluation of quality can also have consequences. For example, high quality settings are now those where children aged 4-5 years present with 'school' behaviours, for example, using phonic knowledge to write words and listening attentively with sustained concentration in a large group (Standards and Testing Agency, 2012). This view of quality in ECEC is highly contested (Early Childhood Action, 2012; TACTYC, 2013). While requiring early years teachers to 'Set goals that stretch and challenge children of all backgrounds, abilities and dispositions'; 'Be accountable for children's progress, attainment and outcomes' (NCTL, 2013); and, 'adapt education and care to respond to the strengths and needs of all children' (NCTL, 2013: 4) are a positive step, the process does not take into account how to achieve this in the case of children with SEND.

Childcare Services for Children with Disabilities: issues with definitions and identification

Evaluating the inclusiveness of childcare services is therefore problematic. A first challenge lies in the difficulty to define theoretically and practically what inclusion means; and a second challenge is to know which children are and should be in receipt of provision. In both cases, definition of terms is key. In broad terms, inclusion represents a social philosophical position about social justice 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.

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

Therefore, inclusion is concerned with the fulfilment of 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. Although legislation does not mandate where a child should be educated, the issue of

placement has a long and troubled history. Parents, in particular, still perceive special schools as a better option since they believe that special schools or specialist childcare settings are better because of the perceived focus on care rather than education (Bajwa-Patel and Devecchi, 2013). The failure to translate such principles of justice into recognisable and distinctive practice 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).

Whether specialised or mainstream, all forms of childcare provision are now governed by the requirement that service is non-discriminatory, culturally sensitive and fit for purpose. Yet, there are historical differences between, for example, Day Nurseries and Nursery Schools that can impact on the nature and quality of the inclusiveness of the provision on offer. For most of the 20th century, for example, childcare in Day Nurseries, whether controlled by Local Authorities, child-care charities, or private facilities, were concerned essentially with the provision of quality care in safe environments. Consequently, staff were not, and are not, required to hold teaching qualifications. 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.

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 Department of Education and are routinely inspected by OFSTED as already mentioned. Besides being accountable through the inspection process, the early childhood curriculum they follow 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.

A slightly different set of regulations applies for looked after children and taken into care by the Local Authority. Revised regulations and guidance that 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. 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.

Despite increased and ongoing regulatory frameworks (e.g. Special Education Needs and Disability Act, 2001, Disability Discrimination Act 1995, Disability Discrimination Amendment

Act 2005), the operationalisation of this conceptual framework has proved problematic, resulting in often obscure educational and care plans, legal contests between parents and Local Authorities. A lack of coordination of services where health and social service provision, a lack of financial resources and of suitably trained staff contribute 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.

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) suggests, 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 educate 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.’

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).

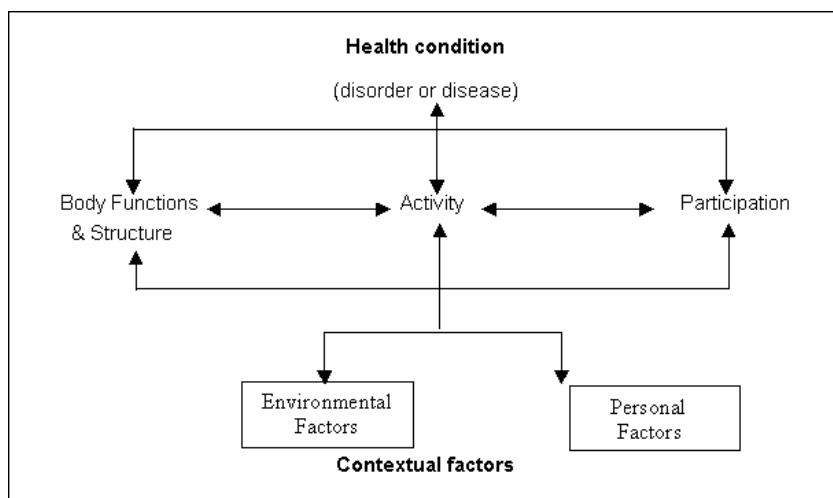


Fig 1: ICF model of disability (WHO, 2007, <http://www.unescap.org/stat/meet/widd/icfcommon.htm>)

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 (2010) 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, 2011a) 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. 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.

Reforming SEN offer: implications for childcare services

Arising from the consultative Green paper *Support and Aspiration: A New Approach to Special Educational Needs and Disabilities* (DfE, 2011b), and followed by *Support and Aspiration – A new Approach to Special Educational Needs and Disabilities - Progress and Next Steps* (DfE, 2012b), the present coalition government has considered the next steps in reforming the provision for children with disabilities and SEN. Key proposals of the draft legislation currently before parliament include reforms of the systems for adoption, looked after children, family justice, childcare and special educational needs. With regard to the latter, the draft legislation proposes:

- Replacing existing arrangements for SEN and disability planning with a single *Education, Health and Care Plans* system to ensure that all children receive the support they need for all children from birth to 25.
- A requirement on Local Authorities in England to work with local health services, to plan and commission support across education, health and social care and set out a local offer.
- The revision of the SEN Code of Practice (DfE, 2013a)
- Giving all young people and parents of children with an EHC plan the option of holding a personal budget, giving them greater control over how their support is delivered.

However, there are potential problems with some aspects of the proposed legislation that may detract from an inclusive approach for young children with SEN and disabilities. The Children and Families Bill is proposing to offer the EHC plans exclusively to those with diagnosed SEN so that children with only a diagnosed disability will receive the plan (Special Needs Jungle, 2013). Moreover, engagement and support and regard for the views, wishes and feelings of children parents and advocates is likely to be impeded because of ongoing cuts to LA funding (NASUWT, 2013). This limitation may be exacerbated by the lack of

specified time frames within the Children and Families Bill (Special Needs Jungle, 2013). Furthermore, the Children and Families Bill draws on extant definitions of SEN and disability which have been identified as lacking rigour and clarity (Ellis, Tod and Graham Matheson, 2008; 2011). Equally those definitions and interpretations may not account for the broader additional needs of many children that might inhibit their access to education and care (NASUWT, 2013).

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. Campbell-Barr, et al (2010, p. xiii) suggest 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 Contact a Family (2010) noted that from 1,100 respondents to their survey 45% were paying more for their childcare for their disabled child. The Daycare Trust survey (2010) noted that insufficient childcare for disabled children was identified by half of the local authority respondents. While as part of the new Children and Families Bill child-minders agencies will be introduced to help more child-minders become available for parents to use, previous research (DfE, 2013b) found that sometimes child-minders may not be equipped to support children with SEN. Speight *et al.* (2010) further suggest that the accessibility of information to parents about childcare offer can also be a barrier. A report produced by Stopes (2008) for the Council for Disabled Children (CDC) identified the following barriers for parents: lack of information, staff attitudes, concerns about safety and staff skill levels; lack of appropriate staff training, transport and funding charges. 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.

A family's journey of experiencing support services will have been influenced during maternity care, through birth and from the point of any diagnosis of a disability through the implementation of the children and family's focused National Service Framework for Children, Young People and Maternity Services (DfES/DoH, 2004). Both this document and the Children Act 2004 required fuller integration of health, education and social services for children and young people in England and Wales. Furthermore, 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). The family with a child with disability can seek information about childcare settings by contacting their local family information service since 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' (DCSF, 2010b: 11). If the 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.

Despite legislative efforts, 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, 2012b). 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 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 (2010b: 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'. 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.

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, 2007). Use is now also made of the Early Support Developmental Journal (DfES, 2008) to record progress, replacing the earlier Portage checklist.

However, the current changes in legislation add further variables and unknowns regarding the educational provision for a child with disabilities aged between 3-6 is. Since 2002 the Special Educational Needs Code of Practice (DfES, 2001) has informed the decisions made

by settings, schools and local authorities. However, following the introduction of draft legislation (HGM, 2013), a new code of practice (DfE, 2013a) has been drafted. This will see a number of changes from what a family and their child would currently experience. One of such changes might be the way parents expressed school preferences with regard to children's placement options.

The draft legislation replaces the statement of special educational needs with an Education, Health and Social Care Plan (DfE, 2012b; 2012c), which will have the same statutory protections offered by a statement. This will include the introduction of a co-ordinated assessment process across education, health and social care. Changes to the system will need to be implemented by local authorities embracing education and social care services, clinical commissioning groups and health service providers (DfE, 2013b). Furthermore there will be the option for parents and young people to be able to request a personal budget for purchase of appropriate local services. A pilot has also been suggested for children to be able to make appeals in relation to their SEN assessments and statements/plans and to be able to make disability discrimination claims (DfE, 2013)b. At this point it still remains unclear about processes for transitions from early years settings when the child is three or under into primary school settings from age four onwards. Furthermore the role of the special needs co-ordinator for the early years has not yet been clarified (DfE, 2013a).

The thinking behind the revision in the legislation was evident when the Green Paper on special educational needs and disability (DfE, 2011b) 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, 2011cb). 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

The findings of the review of childcare services portrays a variable provision with respect for all children, and a lack of a systematic pool of knowledge especially with regard to provision for children with SEND. 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. Nevertheless, overall policy to date 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. However, 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 paper defined inclusion as the practice of removing barriers to access and participation. In this sense, to date, the English system has been grounded on firm inclusive policy despite the more critical stance taken by the present Coalition Government. Yet the current government's Children and Families' Bill (HMG, 2013) indicates a direction of policy travel that is potentially regressive in regard to inclusion, not least because it devolves particular responsibilities to local authorities whilst at the same time reducing their funding. Therefore, whilst in practice

there have been challenges in ensuring that all children with disabilities have access to childcare and can participate, proposed policy may exacerbate these challenges. As shown, whilst multi-professional working practices are beneficial in supporting parents, issues around affordability, accessibility and quality of workforce qualifications have created barriers for parents and their children, and the Children and Families Bill (HMG, 2013) does not provide confidence that it will reduce such barriers. 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 and that findings from that research might be used to inform policy in a rigorous and scientific manner.

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 report 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 accept 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 system 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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