Abstract

A policy-to-practice paper is presented of early childhood inclusion in England. The paper aims to report the benefits of early intervention services and early childhood inclusion for children with special educational needs and disabilities (SEND), document the chronology of policy development, discuss research evidence about policy-to-practice considerations for early childhood inclusion. Policy development for children with SEND in England has been informed by international human rights and European inclusion agendas and has been significantly revised and reformed recently with a new Children and Families Act (2014) which places families at the centre of individual education, health and care plans for children SEND. The paper discusses the practicalities of delivering policy initiatives for children with SEND in a diverse and fragmented early childhood market and suggests possible future directions for policy and practice.

Key words: Early childhood; inclusion; early intervention; complex needs; integrated working; families; policy.

Introduction

It is a realistic expectation that early intervention (EI) programmes can prevent risk factors from exerting negative influences on children’s development and even for children with intellectual disabilities, early intervention can not only minimize intellectual delay, but other secondary complications as well (Guralnick and Albertini, 2006). Given the wide variability
in the nature and quality of EI programmes internationally, Pretis (2006) argues for a common set of principles to guide them. These would include but not be limited to inclusion, child and family-centred activities and empowerment. In England, early childhood inclusion (ECI) is conceptualised within this broader EI agenda that has been the subject of a growing policy focus over the last 20 years beginning with an extremely interventionist New Labour government who took office in 1997, followed by a Conservative and Liberal Democrat Coalition government from 2011 onwards and a Conservative government in 2015.

In 1997, high numbers of children were living in poverty which was acknowledged to place children’s cognitive, social and emotional and language development at risk. Because of this, and a perception from government that society was fragmented and families’ dysfunctional, early childhood became a central focus for government policy, planning and development for the first time. Early childhood was perceived by Government to be the period during which the foundations for future success and happiness to be laid:

The early years of a child’s life are critical to their future success and happiness. We are determined to invest in better opportunities for our youngest children.... we need to do more to provide help to parents with the difficult job of raising children successfully throughout their childhood and adolescence. (Home Office, 1998: 15/16)

This led to the development of new universal services for all children alongside targeted specialist provision for children with special educational needs and disabilities (SEND).

**Development of universal services and SEND policy**

In terms of universal services for all children including children at risk of developing SEND, the provision of childcare and nursery education for under-fives and strengthening parental responsibility have been prioritised by successive English governments, in part so that more
women could join the workforce, but also to ensure that all children had equal opportunities to succeed (Henricson, 2012).

Funding for childcare was provided initially for all children aged four years (in 2000) and three years (in 2005) old of up to fifteen hours per week to facilitate maternal employment and improve children’s language and cognition outcomes. This funding was extended to disadvantaged or at risk two year-olds in 2007 and there are currently proposals (under public consultation) for children (aged three and four) of working parents to receive thirty hours of funded childcare per week. The provision of a range of high-quality early childhood provision became a key government and Local Authority (LA) target. The introduction of the *Every Child Matters [ECM]* (DfES, 2004a) and the *Children Act 2004* (birth to eighteen) aimed to ensure that all children had the opportunity to: be healthy; stay safe; enjoy and achieve; make a positive contribution to community and society, achieve economic well-being.

The UK SEND policy development has been influenced by international human rights agendas and the need to reduce the social cost of failing to provide sufficient support to children with SEND early enough to improve their future success and life chances. Therefore, in line with the international agenda of United Nations Convention on the Rights of the Child [UNCRC] (1989) and the children’s rights and inclusion agenda of the Salamanca Statement on Special Educational Needs (UNESCO, 1994), New Labour produced the Green Paper *Excellence for All Children: Meeting SEN* (DfEE, 1997) in order to link SEND policies in the UK with international policy trends. Following this, the *Special Educational Needs and Disability Act SENDA* (HMT, 2001) provided protection for children with SEND against discrimination, and the right to education in mainstream settings. The resulting *SEN Code of Practice* (CoP) (DfES, 2001) for education settings placed emphasis

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on the role of early childhood practitioners to support families in identifying children’s needs through observation and monitoring and required settings to appoint a Special Educational Needs Co-ordinator (SENCO) with overall responsibility for children with SEND. The SENCO is responsible for ensuring that the setting collects and records all relevant background information about individual children with SEND, liaising closely with parents and other professionals when identifying children’s needs and planning for intervention and support and ensuring that effective intervention plans are implemented for children with SEND.

Further to this Together from the Start (DfES/DH, 2003) and the Early Support Programme (DfES, 2004b) focused on co-ordinated services for children under the age of three and their families through children’s centres. The aim was to:

- Promote effective early intervention services for meeting the needs of very young disabled children and their families;
- Identify and promote existing good examples of effective partnership working; and
- Support the strategic development of services for this population.

Full participation and equality of opportunity for children with disabilities was explicitly stated in line with New Labour’s social cohesion agenda as shown below:

Effective early intervention and support can produce improvements in children’s health, social and cognitive development and help tackle some of the many social and physical barriers families of disabled children face to full participation in society (DfES, 2003b: 4)

Although originally focusing on children from birth to three years of age, this range was extended to five years of age in 2007-8. Removing Barriers to Achievement (DfES, 2004c) set the agenda for children with SEND within the Every Child Matters (ECM) policy agenda, focusing on EI and professional training and monitoring of children’s progress. Further to
this, the Childcare Act 2006 stipulated that LAs must ensure sufficient provision for children with SEND in order to comply with parental childcare needs. Current ECI practices and policies

**Policy reform**

Currently in England the rights of young children (aged birth to five) with developmental delays and disabilities are embodied within The Special Educational Needs and Disability Code of Practice: 0 to 25 years (DfE/DOH, 2014) (CoP) and Part 3 of the Children and Families Act (2014), both of which relate to provision for children with SEND that have been informed by successive EI reports. The Children and Families Act and CoP are cornerstones of recent SEND reforms, the aspiration for which was the equal participation of children, young people and their parents in decisions being made about local services, and a focus on improving education and outcomes for children and young people. The Code (section 5.1) states that:

…all children are entitled to an education that enables them to achieve the best possible educational and other outcomes.

Early childhood providers must have regard for the revised CoP and ensure that they also comply with associated duties in the:

- Equality Act (GB 2010)
- Early Years Foundation Stage (DfE 2014)
- Working Together to Safeguard Children (DfE, 2015).

The Equality Act (2010) consolidated and replaced previous legislation in relation to disability, gender and race discrimination, providing clear guidelines to early childhood settings about inclusion and diversity. The Early Years Foundation Stage (2014) provides standards for the learning, development and care of children from birth to five years old. All schools and early childhood settings registered with OFSTED (England’s regulatory and
inspection body for education settings) must follow the EYFS, including childminders, preschools, nurseries and school reception classes. The EYFS stipulates that children’s learning and development is monitored under three prime areas of learning (personal, social and emotional development; physical development; and communication and language) underpinned by specific areas of literacy, mathematics, understanding the world and expressive arts and design. Working Together to Safeguard Children (DfE, 2015) specifies the welfare requirements under the EFYS for early childhood settings. It requires staff to undertake safeguarding and child protection training and have a named practitioner responsible for safeguarding within the setting.

Professional responsibility of early childhood practitioners who work with young children is to focus on EI, joined-up working with other professionals and parent engagement. Practitioners are also required to undertake an assessment of two-year-olds’ learning and development jointly with Health Visitors (HVs) with a summary of progress against the three prime areas of learning being provided to parents through the Healthy Child Programme run by HVs (DCSF/DH, 2008).

There is also a responsibility of duty on LAs to set out in their Local Offer including funding arrangements for early years education and what early childhood care and education providers are expected to make available to children with SEND and their families. Operating as an organising document for services to work together is a new co-ordinated assessment process and Education, Health and Care (EHC) plan to replace assessments and statements for children with more complex needs. Further to this there is a new Early Intervention Foundation (http://www.eif.org.uk/) whose mission is to champion and support the effective use of EI to tackle the root causes of social problems for children from conception to early adulthood with a focus on EI that is shown to improve the social and emotional development of children and young people. Their early childhood work focuses on parent-child
relationships in the home. The EIF was established following an independent report (Allen, 2011) with an aim of providing a source of independent, assessment, advice and advocacy on early intervention. The overall aim was to:

… breaking the inter-generational cycles of dysfunction … resulting from social disruption, broken families and unmet human potential. (Allen, 2013: 2)

The EIF has established an evidence-base of effective EI programmes and a network professionals and members of communities and the general public who advocate for early intervention.

**Current ECI practices**

Key to the function of the new CoP is parental choice about the type of early care and education provision their child attends. Currently parents can choose from a range of different types of provision for their child all of which operate under the same EYFS framework and SEND CoP. These include private, voluntary and independent (PVI) settings:

- Home-based childminders;
- Community-based pre-school provision;
- Private day nurseries;
- Pre-schools/nurseries located in Children’s Centres.

Or LA maintained settings:

- LA maintained nursery schools;
- Special education provision (either LA maintained or managed/funded by charities).

The level of qualifications and post-experience training held by staff in early childhood settings varies widely. Qualifications in England range from Level 1 (entry level) to Level 8 (doctorate level) with ‘A’ level being equivalent to Level 3 and qualified teacher status requiring a post-graduate qualification equivalent to Level 7.
In theory, parents can choose where their child is educated provided. In practice, for children with developmental delays that are considered short-term and transient, it may be recommended by LAs and education and health professionals that children attend combined early care and education placements, for example two days per week at a specialist language centre and three days at a mainstream early care and education provider. For children with complex SEND (for example children who have co-existing conditions such as Autism and Attention Deficit Hyperactivity Disorder or severe Autism), special education is likely to be recommended.

Approximately 18% of all children in England have SEND (DfE, 2014). Although data is not readily available on the proportions of children with SEND attending different types of early care and education, Bercow (2008) found that for children with speech, language and communication needs (SLCN) prevalence is 6 – 8% of all children with 1% of these having long term persistent disorders that require specialist services and education, and 50% of children living in socially disadvantage areas having poor receptive language skills on entry to reception class (between the age of four and five) to the extent that they understood little of what was said to them by adults. Blackburn (2014) found that the number of children with SLCN attending early care and education settings was 12.5% of all children and that a small number of these (7%) attended special education settings with the remainder attending mainstream early childhood settings.

*Characteristics of early childhood inclusion in both mainstream and special education settings*

In terms of adult-to-child ratios, the EYFS (DfE, 2014) stipulates the following for mainstream early care and education providers:
• 1:3 for children under the age of two – one member of staff must hold a Level 3 qualification
• 1:4 for children aged two – one member of staff must hold a level 3 qualification
• 1:8 for children aged three or 1:13 where a practitioner with a level six qualification is working directly with children

This applies to all mainstream early care and education providers except for LA maintained nursery classes for children aged three to five years old where the adult-child ratio is 1:3. Typical class/group sizes for mainstream settings are between 15 and 25 children and in special education settings between six and eight children. The qualifications of professionals working in early childhood settings have been identified as one of the key indicators for quality of early childhood provision in the UK. Currently PVI settings can be led by early childhood practitioners with national vocational qualifications at Level 3, whilst maintained and special education provision must be led by a qualified teacher with post-graduate qualifications. A fundamental difference between these qualifications is the focus on child development that is inherent in vocational qualifications but has historically been absent from teacher qualifications where the focus has been on delivery of a prescribed National Curriculum (either Primary or Secondary).

In special education settings, there is no statutory adult-child ratio other than the ratio stipulated for LA maintained settings which applies to the majority of special education settings. However, Blackburn (2014) found that the ratio in special education was 1:2 or 1:3. This was necessary to support children’s care and hygiene needs and was in all cases led by a qualified teacher with a post-graduate qualification and in most cases additional post-experience training (training whilst in post) in augmentative and assistive communication.
methods as well as intensive interaction. Intensive interaction is an approach to teaching the pre-speech fundamentals of communication (such as giving attention to another person, sharing attention, taking turns, sharing eye contact) to children and adults who have severe learning difficulties and/or autism, and who are still at an early stage of communication development.

In terms of working with other professionals, PVI settings are dependent upon LA SENCOs to assess and support children’s developmental delays and disabilities and refer children to other professionals such as Speech and Language Therapists and Educational Psychologists. In special education settings, these services are part of the support package offered to children within their early care and education setting. This means that communication between early childhood practitioners and other professionals is much more immediate and proximal in special education settings than mainstream settings and can mean that practitioners in mainstream early care and education settings do not necessarily have access to specialist knowledge and support strategies to enrich their knowledge and curriculum in the same way that practitioners in special education settings do.

Tools used to monitor children’s progress and success also vary from mainstream to special early education. For example in PVI settings, the EYFS (DfE, 2014) is used in combination children’s learning journeys or speech and language checklists. In special education settings a range of specialist materials are used for this purpose including specialist speech and language tools and Early Support materials in combination with the EYFS (DfE, 2014).

In addition, Blackburn (2014) found that in special education settings, activities offered to children with developmental delays and difficulties were planned for small-groups of children (3-5 children) or 1:1 adult/child activities, closely matched to children’s
developmental age, of short duration, focused on communication and cognition and planned for children’s individual needs. By contrast activities planned by mainstream practitioners were for large groups (five or more children) much broader in context focused on a range of learning outcomes such as social and emotional or communication and language, of longer duration and planned for broad age categories, generally birth to two, three to five of two to five. Practitioners in special education generally had a wider range of pedagogical strategies organised a higher number of structured adult-led activities than child-led/initiated play activities than mainstream practitioners. Activities organised in mainstream settings were more likely to child-led or child-initiated than in specialist settings. However, activities in special education settings were more likely to be planned for individual children and therefore more (individual) child-centred. All of this had an effect on children’s communicative interactions and inclusion in activities.

For example, as a result of the above, the number of child communicative initiations was higher in mainstream settings than specialist settings. In both mainstream and specialist settings, fewer peer interactions were observed in structured activities than unstructured as there were more opportunities for them to occur during unstructured activities. Adult initiations were also higher in structured activities in mainstream settings, but not noticeably different between mainstream and specialist settings for unstructured activities. The number of adult initiations did not appear to relate to the adult-child ratio in settings or children’s age, although children’s cognition inevitably was influential. In addition adults allowed more time for children’s responses in specialist settings before they initiated another interaction. In mainstream settings, the focus was on providing a language-rich environment which aimed to promote all aspects of development. In specialist settings, activities were closely targeted to children’s individual education plans with a focus on particular aspects of speech, language and communication and cognition, such as intention to communication, social interaction,
vocabulary, speech sounds or grammar. The influence of smaller class/group sizes and higher adult-child ratios in special education settings meant that there were more adults for children to interact and communicate with. Children who were learning English as an additional language were observed to be passive participants in large-group adult-led activities.

In terms of working with families, Blackburn (2014) found that both mainstream and special early care and education settings endeavoured to work in an empowering way with parents by for example involving parents in children’s individual plans and the use of home-school diaries as well as sharing support strategies from setting to home. However, in special education settings an additional strategy was to involve parents and families in activities within the setting such as ‘messy play’ activities and training to use assistive and augmentative communication systems.

**Challenges and future directions**

According to Robertson and Messenger (2010) the most significant challenges for the UK in delivering inclusive early childhood provision for children with disabilities have been:

- Maintaining effective communication with all parties involved;
- Developing a clear understanding of roles and responsibilities between professionals and families;
- Maintaining a high level of professional specialism;
- Developing trust between families and professionals and inter-professionally;
- Empowering parents and families.

Currently qualifications for the early childhood workforce are undergoing change with the introduction of a new Early Years Teacher qualification (which includes a focus on child
development from birth to five) and Early Years Educator (national vocational qualification level three). These are part of a Government policy drive to improve quality for early childhood provision and reduce the number of children entering compulsory education at the age of five who are identified with SEND. There are as yet no distinctive qualifications for professionals who work with young children with complex needs, for example early childhood intervention degrees at either undergraduate or post-graduate level, although there are qualifications that include or focus on SEND to varying degrees, some of which relate to particular conditions such as autism. This is an area for future development as a specific ECI qualification with a focus on inter-professional relationships, working and communicating with families and specialist approaches to monitoring and assessment of children’s progress has the potential to address the concerns raised (for example Pretis, 2006; Robertson and Messenger, 2010) as well as reduce the variability in early childhood inclusion reported by Blackburn (2014). Alongside this specialist provision for children with complex needs could be enhanced to include the relationship-based approaches currently employed at the Champion Centre in New Zealand where families are involved in therapeutic approaches to care and education (see Blackburn, 2015). Finally a focus on empowering parents and families and ECI as a means to enhancing young children’s future potential, ensuring inclusion for all children and promoting improved parental choice in relation to early childhood provision by raising the qualifications and status of professionals working in all early childhood settings would be a worthwhile goal. Indeed in line with international inclusion and disability agendas and goals in relation to human rights, it is simply the right thing to do for children, families and society (Brown and Guralnick, 2012; World Health Organization & UNICEF, 2012).
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