

Perspectives of parents of children with LI, ASD

Meeting the educational and social needs of children with language impairment or autism spectrum disorder: the parents' perspectives.

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Abstract

Background

There is increasing interest in examining the perspectives of parents of children with special educational needs (SEN). Exploring the view of parents of a child with language impairment (LI) or autism spectrum disorder (ASD) is particularly important because of their high prevalence, at over 30% of children with SEN in England, and the increasing evidence of overlapping profiles of their needs.

Aims

To examine the similarities and differences between the perspectives of parents of children with LI or ASD on three issues: i) their child's educational progress, and their behavioural, emotional and social development, ii) the provision made to support their child's education and meet their SEN; and iii) their own involvement in decision making about provision for their child.

Method and procedure

The parents of 129 children with LI ($n = 76$) or ASD ($n = 53$) were interviewed using a semi-structured protocol that gathered both quantitative data (parent ratings) and qualitative, in depth explorations of their perspectives.

Outcomes and results

There were no significant differences between the perspectives of parents of children with LI and parents of children with ASD with respect to their child's educational progress; the provision made to meet their child's educational needs; or their involvement in decision making during the statutory assessment procedure, including the determination of a statement of SEN, and the current provision made by their child's school. Both parent groups were generally positive about these but

parents of children with ASD were more concerned about their child's peer relationships. Parents whose child attended a mainstream school with a specialist resource tended to be more positive about the provision made than parents whose child was included individually into a mainstream school.

Conclusions and implications

Although previous research indicates that parents of children with ASD are overrepresented among those that express dissatisfaction with provision made to meet their child's needs, our study indicates high levels of satisfaction and overlap between the perspectives of parents of children with LI or ASD regarding their child's educational progress and their own involvement in decision making about the child's provision. Our findings indicate the importance for policy and practice of focusing on identified needs rather than diagnostic category; and the importance of practitioners and administrators engaging meaningfully with parents in collaborative decision making.

What this paper adds

What is already known on the subject

Several studies have examined the perspectives of either parents of children with language impairment (LI) or autism spectrum disorder (ASD). Parents of children with ASD are more likely to have concerns about the provision made to meet their child's SEN.

What this paper adds

Parents of children with LI or ASD recruited via mainstream schools showed similar, generally positive perspectives of their child's progress, and the provision made to meet their child's needs, although parents of children with ASD were more concerned about their child's social and emotional development. Contrary to previous research, the parents of children with ASD were generally positive about their involvement in decision making about the provision made for their child, and no less so than parents of children with LI.

Introduction

The importance of engaging with and accessing the perspectives of parents in order to optimize children's educational development are increasingly recognized and are based on three main premises. First, a child's educational development may be increased by engaging parents in supporting their child's education; second the appropriateness of provision may be increased by parents' involvement in decisions about the support received by their own child and children in general, particularly those with special educational needs (SEN); and third there is increasing appreciation of the need to recognise parents' rights to be actively involved in the decision making about provision to meet their child's needs. Hence, there are arguments for accessing parents' perspectives based on questions of *effectiveness* and other arguments based on *parental rights*.

Examining the perspectives of parents of children with speech, language and communication needs (SLCN) or autism spectrum disorder (ASD) is particularly important as these children comprise a substantial proportion of school students with SEN in England: 19.5% of school students with SEN have SLCN as their primary need and 10.4% have ASD (Department for Education 2013). The SLCN category is broad and includes children with a range of communication difficulties; the present paper focuses on those with primary language difficulties, here referred to as language impairment (LI). Evidence for overlapping behavioural profiles of children with LI and children with ASD (Ellis Weismer 2013) has motivated interest in comparing the children's needs and the provision made to meet those needs, especially as parents of children with ASD are more likely than parents of children with other SEN to be dissatisfied with the provision made (Lamb 2009). This paper extends this research and to the best of our knowledge this is the first study that

compares the perspectives of parents of children with LI or ASD about the provision made for their child and their own engagement in decision making about the provision being made.

Parental engagement

The benefits of parental engagement with their child's education may be direct, for example a parent working with a speech and language therapist (SLT) on an intervention with their child (Watts Pappas *et al.* 2009). Evidence for the effects of parents' indirect involvement is evident from the positive relationship between parents' expectations and post-school outcomes for education and employment of parents of typically developing children (Chen and Gregory 2010, Gorard *et al.* 2012) and children with SEN (Doren *et al.* 2012).

Parental engagement may include not only decisions specific to their own child but also activities to influence local and national policy. Regarding the former, parents' rights are recognised in some jurisdictions, including the U.K. and U.S., by statutory requirements to access parental views as part of the assessment and decision making processes when determining their child's SEN and the provision to meet those needs (Department for Education and Department of Health 2014, Individuals with Disabilities Education Improvement Act 2004). However, the complexity of the system for identifying, assessing and making provision for children's SEN is a matter of concern for many parents during the school years, particularly Key Stages 1 and 2 in England, equivalent to grades 1-6 in the U.S. (Band *et al.* 2002, Lamb 2009) and at transition from primary (elementary) to secondary (high) school (Dillon and Underwood 2012, Stoner *et al.* 2007). For example, parents in the U.K. have criticized the SEN system as slow, cumbersome, and not parent friendly; furthermore, many parents are dissatisfied with the provision

made for their children with SEN, including concerns about the operation of inclusive education (Dunhaney and Salend 2000, Lindsay and Dockrell 2004) and have concerns about their lack of involvement in decision making about the provision to meet their child's needs.

Accessing parents' views may help improve policy regarding the system of provision. For example, as a response to the level of parental dissatisfaction, the UK government set up the Lamb Inquiry into parents' confidence in the SEN system (Lamb 2009). The Lamb report influenced the Children and Families Act 2014, which now provides the legal framework for the SEN system in England. Parents also influenced this legislation through submissions to the Department for Education (DfE) and to the House of Commons Education Committee, which scrutinised the Bill, leading to changes in the resulting Act (House of Commons Education Committee 2012). This law has broadened parental influence as it requires not only that parents must be involved in decision making about the provision made for their own child but also that parents' views must be included in the creation of the *local offer*, which specifies the provision available to all children and young people with SEN in each local authority (LA), equivalent to a school district in the US.

Parents of children with LI or ASD

The prevalence of parents with concerns about their child's speech and language development is substantial, with estimates of about one fifth of parents in the U.K. (Hall and Elliman 2003). Many children with LI do not receive early intervention, putting them at enhanced risk of impairment of later language development and educational progress (Law *et al.* 2013) and contributing to parent stress (Brookman-Frazee *et al.* 2012). Furthermore, many parents of children with LI report that professionals were dismissive of their concerns, thereby delaying

intervention (Lindsay and Dockrell 2004). As their child engages with preschool provision and then with school, parents' concerns also include social and educational progress and the provision made to meet their child's needs, especially if the child is included individually in a mainstream school rather than attending a mainstream school with specialist provision (Kasari *et al.* 1999, Lindsay and Dockrell 2004).

The concerns of parents of children with LI are not limited to language development. For example, there is a high prevalence of behavioural, emotional and social difficulties among children with LI and parents' concerns may increase as their child reaches adolescence (Pratt *et al.* 2006). At the time of transition from school to post-school and early adulthood, parents' concerns about employability, independent living and peer relations may be particularly prevalent (Conti-Ramsden *et al.* 2008), although the young people themselves may have more positive self-concepts as they enter post-compulsory education (Carroll and Dockrell 2012, Lindsay and Dockrell 2012, Palikara *et al.* 2009).

Parents of children with ASD also have concerns about accessing early identification of and intervention for their child's difficulties (Tissot 2011). They are also more likely to experience higher levels of stress, associated with their child's social and behavioural difficulties, than parents of children with other developmental disabilities, which may affect the marriage and family as a whole (Bromley *et al.* 2004, Hastings 2007). Furthermore, parents of children with ASD are more likely than parents of children with other disabilities to experience a range of additional sources of stress, including a greater economic burden and their child's challenging behaviour (Meadan *et al.* 2010).

Relative to parents of children with other types of SEN, parents of children with ASD are more active in expressing concerns about their children's educational

provision and the decision making process that determines this (Peacey *et al.* 2009). Since the Special Educational Needs and Disability Tribunal (from 2011 the First Tier Tribunal for Special Educational Needs and Disability) was set up in England, ASD has consistently been the SEN category with the highest percentage of parental appeals against decisions concerning assessment of their child's needs and the provision proposed to meet those needs: 26% of appeals compared with 10% for the SLCN category, despite higher prevalence of children with SLCN (Ministry of Justice 2013). These findings indicate a disproportionate level of dissatisfaction and challenge to the system by parents of children with ASD, also indicated by the U.K. government's Lamb Inquiry where 49% of respondents to its open survey on parents' confidence in the SEN system had a child with ASD (Peacey *et al.* 2009).

The study

Although there are well established differences between language impairment and autism spectrum disorder as diagnostic categories, there is also increasing recognition of the overlap in the characteristics of children with LI and those with ASD (Bishop 2010, Ellis Weismer 2013). Previous studies have typically examined the perspectives either of parents of children with LI or of parents of children with ASD (Auet *et al.* 2012, Brookman-Frazee *et al.* 2012, Carroll 2010, Dillon and Underwood 2012). The present study, by contrast, was designed to compare the perspectives of parents of children with either LI or ASD who were placed in comparable types of mainstream educational provision.

Previous studies of parents' perspectives have either been large scale quantitative studies, which have typically used postal questionnaires (e.g. Tissot 2011, Kasari *et al.* 1999), or small scale qualitative research (e.g. Brookman-Frazee *et al.* 2012, Dillon and Underwood 2012). Our study by contrast was large scale and

comprised a combined methods approach using individual interviews, comprising both qualitative and quantitative methods to explore the parents' perspectives, and individual child assessments against which to compare parents' perspectives. This methodology incorporates the strengths and addresses the limitations of both quantitative and qualitative methods (Lindsay 2013).

Our study was designed to examine the similarities and differences between the perspectives of parents of children with LI or ASD on three issues: i) their child's educational progress and behavioural, emotional, and social development; ii) the provision made to support their child's education and meet their special educational needs; and iii) their own involvement in decision making about provision for their child.

Method

Design

This study was part of a prospective longitudinal study of children with LI or ASD, within the Better Communication Research Programme (Dockrell et al. 2014a). The prospective study utilised a cross-sequential design, allowing both longitudinal (Time 1 vs. Time 2) and cross-sectional (pupils recruited in four school years: Year 1, Year 3, Year 5, and Year 7) comparisons. This allowed comparison of the development of the LI and ASD groups including their literacy (Dockrell et al. 2014, Ricketts et al 2015) and behavioural, emotional and social difficulties (Charman et al. 2014). The present study examined the parents' perspectives through individual interviews, whose results could be compared with the individual assessments reported in these accompanying papers and summarised in the present paper.

Participants

Participants in the present study comprised the parents of 157 school aged children with LI ($n = 93$; 73% male) or ASD ($n = 64$; 89% male) who were recruited to

the prospective longitudinal study. We first describe the child sample and then the sample of their parents.

Children

During this study, children in England with the highest level of SEN, requiring special education provision not normally made within the school from its own resources, had a statement of SEN under the Education Act 1996 (since September 2014 an education, health and care plan under the Children and Families Act 2014). Those with lesser but substantial additional needs, requiring support from specialist services outside the school, for example an educational (school) psychologist (EP) or speech and language therapist (SLT), had a level of need designated during this study designated as school action plus. Children with a lower level of SEN had provision made from within the school's own resources designated as school action but with no requirement to specify the primary type of SEN.

Children were recruited from 74 mainstream primary and secondary schools across five LAs in the South East of England. State schools in England are required to notify the DfE through the School Census whether each child having a statement or at school action plus or school action has SEN and, if so, the primary type (e.g. ASD) and level of their special educational need; their academic achievements in National Curriculum tests; and other child level data. We were able, therefore, to ensure that the five LAs reflected national averages of academic achievement; the proportion of students with SEN in general, and SLCN or ASD in particular; and eligibility for a free school meal, a measure of social disadvantage (Dockrell *et al.* 2014b).

A total of 338 children were identified by the schools as meeting the inclusion criterion of being in Year 1, 3, 5, or 7 (age 6, 8, 10, or 12 years) and having either

SLCN or ASD as their primary special educational need. Children with SLCN had been identified as having speech, language and communication needs as their primary SEN following assessment by an SLT, community paediatrician, EP, and teachers. As this category includes children with a range of needs relating to speech, language and/or communication difficulties, we identified and included children in this study only if they obtained a standardised score at least one standard deviation below the test mean on either the Recalling sentences or Word classes subtest from the Clinical Evaluation of Language Fundamentals (CELF-4 U.K: Semel, Wiig, and Secord 2006). Levels of language learning need were confirmed by administration of further CELF-4 subscales, the British Picture Vocabulary Scale (BPVSII: Dunn *et al.* 2009): and the Test of Reception of Grammar (Trog II: Bishop 2005): for full details see Dockrell *et al.* 2014b). Children with a primary classification of ASD will have received a medical diagnosis of an autism spectrum disorder using ICD-10 (World Health Organization 1993) or DSM-IV (American Psychiatric Association 2000) criteria via a community or specialist clinical service.

The exclusion criteria were that the child's primary special educational need was not LI or ASD (an error of referral to the study by the school); or that they had English as an additional language, hearing impairment, or their language ability was better than -1 *SD* below the mean on the Recalling sentences and Word classes subtests of the CELF-4. Of the remaining 270 children, 99 were excluded as parents did not give their consent for inclusion in the study, and a further 14 dropped out of the study, primarily because of moving and not being contactable (e.g. having left the country) resulting in a final sample of 157 children. One hundred and fifteen children (73.2%) were attending mainstream schools, 42 (26.8%) were attending mainstream schools which also had designated specialist provision funded by the LA, either for children with LI or for children with ASD.

Further individual assessments were conducted to assess the children's nonverbal ability, Matrices subtest from the British Ability Scales (BAS II: Elliott *et al.* 1997); reading accuracy, Single Word Reading Test (SWRT: Foster 2007) and its extended version (Stothard *et al.* 2010) for children attending primary and secondary schools respectively; and reading comprehension, York Analysis of Reading Comprehension (YARC: Snowling *et al.* 2009, Stothard *et al.* 2010); see Dockrell *et al.* (2014b) for details. Both teachers and parents were asked to complete the Social Responsiveness Scale (SRS; Constantino and Gruber 2005) to broadly confirm the clinical diagnosis of ASD and as a continuous measure of autistic symptomatology.

Parents

The parents of 129 of the 157 students (82.2%) agreed to be interviewed, 76 LI, 53 ASD. Those that were not interviewed did not respond to phone calls, voice mail messages or emails, had gone abroad, or had personal difficulties and so declined to be interviewed. The sample interviewed provided good representation of the total sample: 78% of the LI cohort and 88% of the ASD cohort; and type of school attended: 85% of the children who attended mainstream schools and 74% of the children who attended mainstream schools which had specialist resources to support children with language difficulties or ASD. A series of ANOVAs indicated that there were no significant differences ($p > .05$) between children of the parents who were interviewed and those not interviewed on any of the measures described above.

Interview materials and procedure

A semi-structured interview schedule was created for the present study. The topics addressed included: the nature of the child's SEN; the child's educational progress and relationships with peers and teachers; provision made to meet the

child's needs; and parental involvement in decision making about their child. The interview comprised a series of questions requesting ratings on 3, 4, or 5 point Likert type scales or yes/no answers, each of which was followed by open ended questions and then by probes, designed to provide the opportunity for parents to elaborate their views. This approach has been found to produce complementary quantitative data that can enhance the benefits derived from qualitative interviews alone (Lindsay, 2013).

All interviews were pre-arranged by a letter that provided information about the interview and assured the parents of confidentiality and anonymity. This was followed up by a phone call in which the researcher, a qualified and experienced SLT blind to the cohort designation, arranged an appointment to conduct a telephone interview. At the start of the interview parents were again provided with information on the purpose of the interview, confidentiality, and anonymity of the parent and child, and the parent's right to withdraw at any time with no negative consequences.

Parents' responses to the interview questions were transcribed, analysed thematically, and emergent themes were identified and coded. Initial codings were made by the researcher, who had interviewed all the parents (LP); these were then reviewed by the senior author (GL). We report statistically significant differences for the rating scales as indicated by χ^2 or Fisher's exact probability test, as appropriate. Ethical agreement was provided for the study by the University of X Humanities and Social Science Research Ethics Committee, which adheres to the British Psychological Society guidelines.

Results

There were no significant differences between the LI and ASD children of parents that were interviewed with respect to age, (LI: $M = 8$ years 11 months, $SD =$

2 years 4 months; ASD $M = 9$ years 7 months, $SD = 2$ years 2 months, $t(127) = 1.61$, $p = .111$), gender (105 male, 24 female, Fisher's exact test, $p = .170$) or eligibility for a free school meal, $p = 1.00$. The final sample comprised 76 children with LI and 53 with ASD. Children with ASD had significantly higher levels of autistic symptomatology when rated by teachers and by parents; children with LI had significantly lower scores on all other measures indicating lower levels of language, reading accuracy, reading comprehension, and nonverbal ability, although the latter was within the average range (Table 1).

<Table 1 about here>

Most of the parent sample (93%) were mothers, 7% were fathers or male partners. The level of social disadvantage of the sample was comparable to the profile for their home LAs, as indicated by eligibility for a free school meal and the Income Deprivation Affecting Children Indices scores, and there was no significant difference between the parents of a child with LI and parents of a child with ASD on either measure.

We present the parents' perspectives thematically. The ratings of parents who provided a perspective are presented first, including statistical comparisons, followed by the parents' elaborations of their views. We mainly compare the perspectives of parents of children with LI with those of parents of children with ASD. Where pertinent, we compare results by the type of provision attended by the child. Quotations are used to illustrate the issues raised and are coded by group (LI or ASD) and the school year of the child (1, 3, 5, or 7 equivalent to age 6, 8, 10, or 12 years). These quotations have been carefully selected to be representative either of a common parental perspective or where an infrequent perspective makes an important point.

Educational progress

Overall, as expected from the children's SEN designation and by the results of the individual assessments (Table 1), parents of children with LI were more likely to report that their child had language and educational difficulties. Parents of children with ASD rarely mentioned speech or structural language problems; they were more likely to report that their child's main area of SEN was social communication.

However, the interviews revealed a more complex picture. For example, 41% of parents of children with LI were concerned primarily about their child's literacy. Of these, 7% referred specifically to dyslexia whereas 34% referred more generally to aspects of literacy: reading, writing, and/or spelling in various combinations.

Reference to dyslexia was also made by parents of children in the ASD cohort but these parents went on to note other difficulties, for example, in organization, especially with respect to time: "He cannot understand and has no feel for it [time]. He wouldn't know what five minutes was – he never knows what day of the week it is" (ASD, Year 7).

The majority of parents were positive about their child's educational progress over the previous year, with no significant difference between the LI and ASD parents: $\chi^2(3, N = 127) = 6.68, p = .083$ (Table 2). However, many parents expressed caveats such as: "He's making progress but it's slow" (LI, Year 5). Parents in both groups also distinguished between different aspects of the curriculum, for example: "Reading has improved, he's moved up three levels last year; Maths – I'm not so sure" (LI, Year 5). Negative views about progress either compared the child with peers, for example: "(Child) is starting to struggle because reading and writing are falling behind" (LI, Year 3) or referred to the transition from

primary to secondary school (at 11 years): “He has not progressed academically since he left primary school” (ASD, Year 7).

<Table 2>

Parents of children attending mainstream schools with specialist provision (MSp) were more positive about their child’s educational progress than parents whose child’s mainstream school had no designated specialist provision (MNSp), $\chi^2(3, N = 127) = 15.70, p < .001$ (Table 3). Central to parents’ satisfaction was the support provided; for example, one parent commented that, “all teachers are supportive” (LI, Year 1) and another said, “He’s been lucky with his LSA (learning support assistant) for two years” (ASD, Year 1).

<Table 3>

Peer relations

Reflecting the results of the SRS (Table 1) parents of children with LI were significantly more likely to report positive peer relations, $\chi^2(3, N = 125) = 13.79, p = .003$ (Table 2). Parents of children with LI highlighted friendships, for example, “She makes friends at the drop of a hat” and “[child] has lots of friends and goes to parties (Year 3).” However, parents of children with ASD who were positive gave rather different elaborations: difficulties with the interpretation of others’ feelings, intentions and behaviour; lack of appropriate skills to negotiate or behave in a way acceptable to other students; and lack of engagement, or restrictive interactions, for example: “No troubles as he doesn’t interact (Year 1).”

Parents who rated peer relations negatively referred to verbal communication, “Speech and language problems are still there – he can seem ‘foreign’” (LI, Year 3); to maturity, “[Child] is not like an 8 year old – is like a 6 year old” (ASD Year 3) and “Some children take advantage of him – he’s easily led” (LI, Year 5); or social

engagement, “He doesn’t mix and is not interested in other children” (ASD, Year 7). Reports of overt victimization (12% of all parents) were about twice as common among parents of children with ASD than LI. Victimization was typically described in a general way, being “picked on” or as relational bullying, being left out and isolated. Only one parent (of a child with LI) reported physical bullying, although another reported that her son with LI had been threatened by other children, and a third parent reported that other students had demanded money from her son (ASD). Very few parents in either group reported concerns about conduct problems: 7% referred to Attention Deficit with Hyperactivity Disorder (ADHD) and 3% specifically related behaviour problems either to frustration: “He screams in class (because) he gets frustrated – he’s distracted easily (ASD, Year 5)” or to autistic characteristics: “[He] flaps his wings and cannot control his emotions. [He has] behaviour problems in a group – he can’t relate to that, can’t communicate and interact” (ASD, Year 1).

Meeting the child’s learning needs

School provision

Parents’ perspectives on how their child’s needs were being met related to both the school and its teaching staff, including whether their child attended a mainstream school (M_{Sp}) or a mainstream school with a specialist resource (M_NSp), and also to additional support provided by teaching assistants (TAs) and professionals from outside the school: SLTs and EPs. The majority of parents considered that the school was meeting their child’s learning needs (64% LI, 70% ASD) with a further 30% LI and 26% ASD parents reporting this occurred *sometimes*, and just 6% and 4% respectively stating their child’s learning needs were not being met at all, with no significant difference between the groups, Fisher’s exact test $p = .765$ (Table 2), or by provision, $p = .468$ (Table 3). Parents referred

positively to teachers' general level of support, good organization, the input of TAs, and support from SLTs. Parents of children with LI were also generally positive about provision meeting their child's social and emotional needs but parents of children with ASD were less positive: 75% LI and 57% ASD parents reported their child's needs were being met and 22% LI and 35% ASD parents reported this occurred *sometimes*; however, this difference was not significant, Fisher's exact test $p = .117$ (Table 2), nor by provision $p = .136$ (Table 3).

Parents also noted commitment and increasing knowledge and skills by teachers and TAs. "They are trying; the SENCO [special educational needs coordinator] is good... ASD is on the way up" (ASD, Year3). One particularly positive parent commented: "The school is brilliant – the amount of help he's got! Four individual teachers including two assistant teachers" (LI, Year 7). About three quarters of the parents who offered an opinion gave positive ratings of the teachers' understanding of their child's needs, with no differences by group, Fisher's exact test $p = .51$ (Table 4), or provision $p = .623$ (Table 5) or type of provision attended, ($p = .623$) (Table 5). However, not all teachers were rated positively: "The present teacher – definitely, but ASD relates to an individual – if a child cannot relate, they [the teachers] should be able to relate" (ASD, Year 5 attending specialist resource).

Parents of children in mainstream schools with a specialist resource were more positive about their child's social and emotional needs being met than parents of children attending mainstream schools: 77% MSp v 62% MNSp reported their child's social and emotional needs were being met, 20% MSp v 32% MNSp stated this occurred *sometimes*, and just 0% MSp v 7% MNSp reported these needs were not being met, but the difference was not significant, Fisher's exact test $p = .136$ (Table 3).

Overall satisfaction with school provision was significantly higher among parents of children attending mainstream schools with a specialist resource, $\chi^2(2, N = 128) = 6.62, p = .037$ (Table 3). Parents particularly referred to teachers' expertise: "The woman who runs this unit is incredibly experienced and the TAs are well trained" (ASD, Year 7). Parents referred to general organization and support, including greater awareness of their child's needs, higher levels of skills and knowledge, and more flexibility and time to address problems that arose, rather than specific interventions. For example, children in schools with specialist provision could remain in the resource base at break, take friends with them, and have more time being calmed down when upset. The minority of dissatisfied parents were concerned about the amount and suitability of provision including the training received by teachers and how this could vary: "The primary school was exceptional – the secondary school is not the same. It was a shock going to secondary school" (ASD, Year 7).

Additional Support

The main source of additional support within school came from TAs, also called learning support assistants (LSAs). Parents were generally satisfied with the quality and quantity of this provision but a minority considered the level of support was insufficient or had concerns about its continuation. With respect to externally provided special education services, parents of children with ASD were significantly more likely than parents of children with LI to report that their child received support from SLTs (44% LI, 63% ASD, Fisher's exact test $p = .041$), but there was no significant difference for EPs (11% LI, 23% ASD, $p = .117$: Table 4). Support from EPs was much less common than from SLTs and was typically for assessment or an annual review, not intervention. Parents of children attending a mainstream school

with specialist provision were significantly more likely to be receiving support of specialist services, Fisher's exact test $p = .009$ (Table 5). Parents that provided an opinion were generally positive about the specificity of the support provided by specialist services to meet their child's needs, with no significant difference between groups, $\chi^2(2, N = 89) = 1.62, p = .445$ (Table 2) with a trend for parents of children in mainstream schools with special provision to be more positive, $\chi^2(2, N = 90) = 5.80, p = .055$ (Table 3).

There was a substantial difference between the two groups of parents with respect to their use of diagnostic categories. Eighty nine per cent of parents of children in the ASD cohort referred to their child having *autism* or *Asperger's syndrome*. By contrast, 12% of parents in the LI group also stated that their child had autism but none referred to *speech, language, and communication needs* or used a diagnostic category specifically for language difficulties such as (*specific*) *language impairment*.

Involvement in decision making

Where a child has a statement of SEN, as was the case with 58 parents (19 LI, 39 ASD), there is a statutory requirement in England for parental involvement in decision making regarding the assessment of the child's needs and the provision necessary to meet those needs. The large majority of both cohorts of parents whose child had a statement were going, or had been, through the statutory assessment process (77% LI, 89% ASD), gave a positive rating of their family's involvement during the process, with no significant difference between parents of children with LI and parents of children with ASD $\chi^2(2, N = 74) = 3.73, p = .115$ (Table 2). These parents highlighted the importance of effective communication, reporting that they were consulted, listened to and heard. Furthermore, these consultations were on-

going: “Every time there is a review, the teachers, speech and language therapist and I discuss [Child]” (LI, Year 5). In addition, these parents had trust in the professionals, “The people doing the statement understood his needs” (ASD, Year 1).

By contrast, the minority of dissatisfied parents reported problems in communication and in securing the provision they sought. One parent stated that she “had to fight tooth and nail” and had had “four attempts to get a statement” (LI, Year 7). Another commented that “nothing happens unless I make it happen” (ASD, Year 5) and one complained that she was “banging her head because of the slow speed [in obtaining a statement]” (LI, Year 3). Other parents were not happy with the provision made but considered that they were actively engaged in the decision making process and, in collaboration with professions, seeking to optimize its quality.

With respect to current provision in school, the majority of the parents were satisfied with their involvement in decision making regarding the amount of support currently provided by the school, (69% LI, 77% LI) with no significant difference between the groups, $\chi^2(2, N = 124) = 1.97, p = .373$ (Table 2). Effective, frequent two-way communication was again raised as a key factor in promoting collaboration, together with a sense of trust and respect: “We have a real, good relationship with the school” (ASD, Year1). By contrast, the quarter of parents that were not satisfied with their involvement in decision making about the school’s provision expressed most concern about lack of communication, having to chase the school for action, or the lack of positive action to improve provision: “Unless you go in and badger them you don’t hear. They haven’t said there is less help, you have to go in and ask” (LI, Year 5).

Discussion

We first consider the findings of the study with reference to our three research questions. Next we examine four emergent themes that were identified by the research: the use of diagnostic categories compared with assessment of needs; the importance of literacy ability; the relatively low levels of conduct problems and victimisation reported by parents; and the relevance of the research to the policy of inclusive education.

Children's educational and socio-emotional progress

As expected, the most common concern of parents of children with LI was speech and language difficulties, followed by literacy problems; the parents of children with ASD, by contrast, rarely mentioned structural language difficulties. The results of the individual child assessments (Table 1) provide support for the parents' perspectives as children with LI had significantly lower mean scores on measures of language and reading. However, there was no significant difference between the two groups of parents regarding satisfaction with educational progress, although explanations revealed more nuanced perspectives. Positive parental judgements were contextualised in terms of their child's development being slower than the norm, differential progress between subjects, their child's good progress beginning to fall off as they become older, and progress being less satisfactory after transition from primary to secondary education.

Concern about peer relationships and social communication was evident among both groups of parents but was significantly higher among parents of children with ASD. This finding resonates with previous research which has shown high levels of behavioural, emotional, and social difficulties among children with LI as well as children with ASD, particularly in peer relations, but higher levels among the latter (Yew and O'Kearney 2013, Totsika *et al.* 2011) as shown also by the Social

Responsiveness Scale ratings by both parents and teachers in the present research (Table 1): see Charman *et al.* (2015) for full details. The parents related these difficulties to the social communication function of language (pragmatic ability) that is a challenge especially for children with ASD but also for a substantial minority of children with LI (Ellis Weismer 2013). However, there were also important within group variations: 67% of the parents of children with LI and 37% of parents of children with ASD reported that their child got on well or very well with other children.

Provision made to meet special educational needs

Overall, parents in both groups were generally positive about the educational provision for their child, all of whom were attending mainstream schools, either individually included or in schools which had a specialist resource within the school, and there was no significant difference between LI and ASD parents. Some were highly positive about the teachers' commitment and skills, and the provision and communication made by the school and by specialists. However, a minority of parents in each group had concerns about teachers' abilities to meet their children's needs and the impact of moving from a primary to a secondary school, indicating concerns about variation in teacher training and competence (Starr and Foy 2012).

The positive and generally similar views of each group of parents in the study are in contrast to the much higher levels of dissatisfaction of parents of a child with ASD, indicated by appeals to the Special Educational Needs and Disability Tribunal (Ministry of Justice 2013) and parents' responses to the Lamb Inquiry's survey (2009). However, appeals are made by a small percentage of parents and the survey for the Lamb Inquiry was open to any respondent (Peacey *et al.* 2009). The present study indicates more positive views from parents of children with LI and ASD in this community sample.

A concern raised by this study relates to the large minority of parents, particularly those of children with LI, that lacked knowledge about their child's provision and did not offer an opinion, which could at least partially explain the lower reporting of SLT support by LI parents. This indicates the necessity for schools and specialists such as SLTs to create more effective communication with parents (Carroll 2010).

The policy of inclusion has been dominant in the U.K. and many countries for some time, despite concerns about the limited evidence for its effectiveness (Lindsay 2007). The additional provision made in England to support a child's SEN in mainstream schools primarily comprises the school's TAs, plus input from visiting LA or health trust specialists, mainly EPs and SLTs respectively. In the present study parents of children with LI or ASD attending mainstream schools with specialist provision had a significantly higher level of satisfaction with their child's school and were highly significantly more positive than parents of children within ordinary mainstream schools about their child's educational progress. There was also a trend for higher levels of satisfaction with the level to which support from specialist services was tailored to meet their child's needs and the support they received from specialist services. However, there was no significant difference with respect to how well they considered the school was meeting their child's learning needs and social needs, or the level of teachers' understanding of their child's needs. These results therefore present a mixed picture. They indicate the importance parents place on teacher expertise, and the extra, specialist support available in these settings, rather than location, supporting previous studies with parents of children with LI (Lindsay and Dockrell 2004) or ASD (Tissot 2011).

Involvement in decision making

Previous research has indicated evidence of substantial dissatisfaction by parents, especially those of children with ASD, with their involvement in decision making (Lamb 2009). However, three quarters of both groups of parents in the present study were positive about their involvement in decision making regarding their child having a statement of SEN and about current provision to meet the child's needs. Furthermore, with respect to their involvement in the statutory process that may lead to a statement of SEN, parents of children with ASD were as positive as parents of a child with LI, contrary to previous evidence. These parents' accounts suggest that positive perceptions about their involvement in decision making were associated with effective two way communication between themselves and professionals, a belief that professionals understood their child's needs, and the engendering of a sense of trust and respect, leading to a positive relationship with professionals (Peacey *et al.* 2009). Our results also suggest that evidence of higher levels of dissatisfaction of parents of children with ASD than parents of children with other forms of SEN is distorted by the higher levels of active engagement of a minority of parents with the Tribunal and the Lamb Inquiry's open survey.

Emergent themes

This study extends the research base regarding the overlap between LI and ASD as diagnostic categories. Previous discussion on this issue has focused on the overlap in child characteristics. In a special issue of this journal Bishop (2014) and Reilley *et al.* (2014) added to this debate by examining the theoretical validity and practical implications of the category *specific language impairment* and alternative designations. Evidence from our broader prospective study of the characteristics of the children in the current study adds to that body of research with respect to writing (Dockrell *et al.* 2014) and behavioural, emotional and social difficulties (Charman *et*

al. 2015). The present paper adds a new dimension, namely the perspectives of the parents of children with LI or ASD with respect to their children's needs and the provision made to meet those needs. Although parents of children with ASD were more likely to be concerned about their child's peer relations than parents of children with LI, there were no significant differences between the groups' perspectives with respect to their child's educational progress, the effectiveness of the school's approach to meeting their child's learning and social needs, or the overall level and quality of support provided by the school. However, it is also noteworthy that parents of children with ASD were more likely to report that their child was receiving support from an SLT, despite the greater language difficulties of the children with LI as indicated by the individual assessments.

Concerns about the development of literacy were evident among both groups of parents but particularly parents of children with LI. This reflects the evidence for literacy difficulties found among children with LI and ASD in our related study (Charman *et al.* 2015) and previous research (Catts *et al.* 2006). Hence, provision to meet the educational needs of both groups requires attention to support literacy development. By contrast, neither group of parents identified conduct problems as a substantial concern whereas conduct problems have been reported at prevalence rates twice those of the general population of children: this discrepancy suggests that for the parents in the present study the main concern was that of peer relationships, which had higher prevalence than conduct problems in both groups (Charman *et al.*). Similarly, relatively low, though still worrying, numbers of parents of children with LI or ASD reported their child was victimised, although this was more prevalent among children with ASD. As these were parents' perspectives, they may underestimate bullying of children at school which is not reported to them.

The final emergent theme concerns the evidence our study adds to the continuing debate about inclusive education. Parents of children in mainstream schools with specialist resources tended to judge the latter provision more positively: they were more likely to consider that their child was making good progress in learning, and there was a trend suggesting that they considered their child was receiving provision from specialist services was well tailored to meet their needs. Our findings also indicate that parents generally had positive perspectives of the progress made by and support provided to their child whether their child is included individually into a mainstream school or a mainstream school with a specialist resource. Our results provide support for the view that parents are primarily concerned with the nature of the provision made to meet their child's special educational needs rather than primarily where this is provided (Ofsted 2006).

Limitations

This was a large scale interview study of the perspectives of parents of children with LI or ASD, which collected both quantitative and qualitative data. There were, however, several limitations. First, all of the children were attending mainstream schools, consequently their views may not reflect those of parents of children attending special schools. Second, the diagnosis was determined originally by community professionals. However, we also conducted detailed individual assessments of all the children to confirm language ability and autism features. Third, we were unable to interview all the parents despite several attempts, although 82% is a high hit rate and these parents' children were not significantly different from our final sample on any of the child assessment measures.

Conclusions

This study of parents' perspectives adds to the research literature on the overlapping profiles of children with LI and children with ASD by revealing substantial similarities between the parental perspectives of the special needs of children in each group. Although previous research has indicated that parents of children with ASD are particularly likely to be dissatisfied with their child's educational provision, their child's progress and their own engagement with decision making, our study found that generally parents of children with LI and parents of children with ASD attending mainstream schools were both positive about these. This difference is likely to reflect different methods as our study explored the perspectives of a wide range of parents in a community sample, not only those seeking to make their dissatisfaction known (Lewis *et al.* 2009).

The study has also added to the literature on inclusive education, highlighting the importance for parents of the provision in mainstream schools with specialist provision, compared with individual inclusion in a mainstream school without designated specialist provision, but also that parents of children in both types of provision were generally positive, indicating that what matters is the quality of the provision rather than location *per se*. Finally the study also highlights the importance parents place on their involvement in decision making about their child and how this can be enhanced by professionals engendering trust, demonstrating knowledge of children's needs, and communicating effectively.

This study has implications for researchers, policy makers and practitioners. The findings indicate the need to recognise the similarities as well as differences between children with LI and those with ASD. This requires policy and practice to focus on children's needs rather than to be driven primarily by diagnostic category (Dockrell *et al.* 2014). The study indicates the importance of both practitioners and

administrators engaging meaningfully with parents in collaborative decision making and also provides evidence for the important factors to facilitate this.

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Table 1 Nonverbal, language, and reading abilities, and autism symptomatology of the children with language impairment (LI) or autism spectrum disorder (ASD)

	LI		ASD		<i>t</i> (<i>df</i>)	<i>p</i>	<i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
BAS Matrices	-0.51	1.21	-0.05	1.25	2.08 (127)	.04	0.37
CELF- composite	-1.77	0.59	-0.92	1.27	4.62 (71.68)	<.001	0.87
SWRT	-1.09	0.96	-0.21	1.13	4.68 (119)	<.001	0.85
YARC Comprehension	-0.91	0.74	-0.33	1.10	3.17 (84.36)	.002	0.55
SRS: Teacher	0.56	0.86	1.70	1.23	5.74 (86.75)	<.001	1.08
SRS: Parent	2.10	1.82	3.05	1.55	2.39 (70)	.019	0.56

Note. All *z* scores; BAS = British Ability Scales; CELF = Clinical Evaluation of Language Fundamentals; SWRT = Single Word Reading Test; YARC = York Assessment of Reading Comprehension; SRS = Social Responsiveness Scale

Table 2 Satisfaction of parents of children with LI or ASD with their child's progress and their involvement in decision making

	LI (n = 73)						ASD (n = 56)						p
	1	2	3	4	5	(No response)	1	2	3	4	5	(no response)	
Child's development^a													
Educational	23	18	18	10	3	(1)	26	16	10	3	0	(1)	.083
Peer Relationships	26	23	17	5	0	(2)	8	12	24	6	4	(2)	.003
	1	2	3	4	(no response)		1	2	3	4	(no response)		p
Support^b													
Overall satisfaction with school	23	28	16	5	(1)		14	27	10	2	(3)		.403
Specificity of special education services meeting child's needs	10	24	6	2	(31)		7	27	10	3	(9)		.445

Perspectives of parents of children with LI, ASD

Involvement in decision making^c

Statutory assessment	13	10	3	4	(43)	15	24	5	0	(12)	.155
Current support	23	27	17	5	(1)	14	26	10	2	(4)	.373

1	2	3	(no response)	1	2	3	(no response)	<i>p</i>
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Meeting child's needs^d

Learning	42	20	4	(7)	37	14	2	(3)	.765
Social and emotional	47	14	2	(10)	29	18	4	(5)	.117

^a range 'very good' to 'not good at all'; ^b range 'highly tailored' to 'not at all tailored' to meet child's needs; ^c range 'very satisfied; to 'very dissatisfied'; ^d scale 'yes', 'sometimes', 'no'.

Table 3 Satisfaction of parents of children attending a mainstream school or a mainstream school with specialist provision

	Mainstream (<i>n</i> = 98)						Mainstream with specialist provision (<i>n</i> = 31)						<i>p</i>
	1	2	3	4	5	(no response)	1	2	3	4	5	(no response)	
Child's development^a													
Educational	29	30	22	13	3	(1)	20	4	6	0	0	(1)	.001
Peer relationships	26	28	28	10	3	(2)	8	7	13	1	1	(1)	.461
Support^b													
Overall satisfaction with school	40	45	9	3	(1)		21	8	2	0	(0)		.037
Specificity of special education services	9	38	13	5	(33)		9	12	3	1	(6)		.055
Meeting child's needs^c													
Learning	55	28	5	(10)			23	6	1	(1)			.468
Social and emotional	54	27	6	(11)			22	5	0	(4)			.136

Note: ^a range 'very good' to 'not good at all'; ^b range 'highly tailored' to 'not at all tailored' to meet child's needs; ^c scale 'yes', 'sometimes', 'no'.

Table 4 Teachers' understanding of the child's needs and provision of additional support by type of special educational needs.

	LI (<i>n</i> = 73)			ASD (<i>n</i> = 56)			<i>p</i>
	Yes	No	(no response)	Yes	No	(no response)	
Teachers' understanding	44	18	(11)	34	10	(12)	.510
Speech and language therapist	28	36	(9)	33	19	(4)	.041
Educational psychologist	7	59	(7)	11	37	(8)	.117

Table 5 Teachers' understanding of the child's needs and provision of additional support by type of school

	Mainstream (<i>n</i> = 98)			Mainstream with specialist provision (<i>n</i> = 31)			<i>p</i>
	Yes	No	(no response)	Yes	No	(no response)	
Teachers' understanding	57	22	(19)	21	6	(4)	.623
Additional support from school	73	14	(11)	21	4	(6)	1.0
Additional support from specialist services	40	47	(11)	22	6	(3)	.009