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Study of Early Education and Development (SEED): Meeting the needs of children with special educational needs and disabilities in the early years

Research report

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Contents

Acknowledgements

Executive Summary

Introduction

This report presents the findings of a qualitative study exploring the experiences of children aged three to four with special educational needs and disabilities (SEND) attending group early years settings, undertaken as part of the Study of Early Education and Development (SEED).

Methodology

This was a small qualitative project based on sixteen case studies of parents of children with SEND, and the early years settings attended by these children. Case study children were selected from the families who completed the age three interview as part of the SEED longitudinal survey, had been identified as having a special educational need and/ or disability according to a proxy measure and were attending an early years setting. As a result of this selection process, the sample for the case studies included children with a range of health conditions, including speech delay, autism, Global Development Delay (GDD) and a combination of physical and cognitive needs. However, the majority of special educational needs were related to delays in speech development. The settings included in the case studies were a mix of nursery classes, private, voluntary and specialist providers.

A total of thirty-two interviews were conducted with case study children's parents (the child's mother, father or both parents) and their early years providers, between October 2015 and January 2016 when the children were aged three or four years old.

Summary of findings

Current provision

The location of the setting and proximity to the parents' house were the predominant factors shaping parents' decisions about where to send their child for early years education and care. This was not, however, the only factor shaping parents' decisions. For example, where the case study child had older siblings, parents would often use the same setting for all children. Less frequently, parents chose settings used by their friends and family, encouraged by word of mouth recommendations.

Whilst cost was rarely spontaneously mentioned as a factor shaping the choice of setting, probing suggested that cost would have been an important prohibitive factor had parents been unable to access a funded place.

For parents of children with more complex needs, proximity was often a secondary factor in choosing a setting. In these cases, parents described a more thorough process for searching for and selecting an early years provider. These interviewees highlighted the importance of staff-child ratios, and staff understanding of the child's specific needs.

Parents who had received a formal diagnosis about their child's health condition or who had identified a specific issue with their child's development or behaviour often discussed this with the chosen setting before registration. Discussions were seen as an opportunity to share information and for the parent to confirm that children's needs could be catered for.

Identifying SEND in the early years

The process of identifying SEND varied according to whether the health condition or developmental delay was first noticed by the setting, the parent, or an external agent such as a heath visitor, general practitioner or specialist. It also depended on a variety of factors, including the type and severity of the condition, the age at which the child had started attending early years education and care, and whether the parents had older children. Identification and diagnosis was not always a quick or straightforward process; for some parents it was necessary to chase doctors, consultants and specialists before children were diagnosed. This was true for children with all types of SEND, but the diagnosis process was especially difficult for children who had very rare conditions with symptoms common to a number of illnesses.

All the settings who took part in the interviews had some form of observation and assessment process in place. Observation and monitoring was typically informal in the first instance (i.e. conducted without direct reference to monitoring tools or logs), and involved multiple members of staff. If the early observations suggested that the child may have special educational needs, staff would then begin a more formal process which included input from other SEND support agencies.

Where the setting suspected SEND, they would typically consult the parents as soon as possible. This was seen as a necessary part of the identification process. Most settings provided parents with additional information and signposted to other services as necessary. Discussions with parents about possible needs were typically positive and productive, however, providers were alert and sensitive to the difficulties some parents faced when confronted with concerns about their child's development.

Meeting the needs of children with SEND

Support provided by early years settings varied depending on the complexity and particular needs of the child, but fit broadly into two types:

- Systematic support, which included routine care that the setting already had experience of delivering and training to provide, but which was more directly targeted at children with SEND, and

- Specialised support specifically designed for children with more severe SEND. This ranged from helping with additional daily care needs, to developing more complex learning plans and strategies in consultation with children's families and external services.

Providers who had children in their care with more complex physical needs reported being more conscious of the child's surroundings and any potential issues with the physical environment, but only rarely did they report making adaptations. Settings' capacity to make adaptations for children with SEND was often directly linked to their ability to access additional funding.

Good communication between parents and providers was seen as crucial in order to coordinate the strategies put in place for the child. Most settings had systems in place to allow parents to easily communicate and give feedback to the setting, and parents predominantly felt that they communicated well. Discussions typically took place during the drop-off and pick-up periods, although most settings also had parents' evenings where progress could be discussed more formally.

However, some parents did not fully engage with setting activities (such as nursery visits). This lack of engagement was generally a result of parents not wanting, or feeling it necessary, to get involved in their child's early years education and care. One very engaged parent felt that they had not received enough information from their setting.

Parental views of the care and support offered by settings was typically very positive. Only rarely did parents suggest that they would like settings to be doing anything different for their child, or had requested that the setting make changes to the care provided.

Providers were generally satisfied with the level of care they provided to children with SEND. However, they identified three key barriers to being able to help children reach their full potential: lack of resources/ funding to provide additional support to children, e.g. one-to-one time; inadequate levels of support for children from external SEND service providers, and a lack of specialist knowledge and training, for example, on the specific medical conditions that affected some children.

The EHC process

Settings which included children with more complex physical and cognitive needs that had been diagnosed very early in the child's life had often had contact with the Education, Health and Care (EHC) plan process (see Section 1.1 Research Context, for more information about EHCs). Providers supported the concept and principles of the EHC and were very positive about its promotion of greater communication and coordination between agencies. They were hopeful that sharing information as part of developing an EHC plan would mean that children's needs could be identified and met more quickly, and could take account of parental views of care and support.

However, they also expressed concerns about the practical process of applying for an EHC, in particular the volume of paperwork, difficulties coordinating different agencies (particularly in the face of local authority resource constraints) and a lack of clarity about when an EHC plan is appropriate. Typically, settings felt that the level of support offered by the local authority informed their level of familiarisation and successful use of the EHC system.

Partly due to its relatively recent implementation in September 2014, very few of the parents interviewed had direct experience of the EHC process, and many had not heard of EHC plans. As with the settings, it was only cases involving children with more complex needs that had had involvement with the EHC system.

Working with other SEND support services

Interviews were conducted with settings based in different English local authorities. As could be expected, there was considerable variation in the settings' and families' experiences of SEND services depending on where they were based. The types and range of services accessed also varied considerably according to children's specific needs. Parents whose children had more severe or complex conditions tended to have higher levels of contact with a greater range of SEND support services. Services used by children and families included: speech and language therapy; physiotherapy; educational psychology; portage work and health services.

Generally communication between settings and other SEND support services was felt to be good, although some settings had to rely on parents to pass on information from other services, for example, speech and language therapists, which could create problems with the flow of information and impact on setting's ability to provide additional support. Settings communicating directly with other SEND support services were sometimes able to access additional support, advice and informal training, and in a small number of cases settings were able to attend SENCO forums run by their local authority. This type of information sharing and regular contact between early years settings and other service providers had a positive effect on communication, improving the coordination of services for children. However, increased caseloads and therefore reduced availability of local authority service providers were commonly reported as a concern by settings. Some providers also reported that the cuts to local authority funding and services were affecting them in relation to access to support and delayed diagnosis for children in their care.

Parents' experiences also varied considerably. Some encountered very long waiting times, and experienced other problems with local authority SEND services, for example, the cancellation of speech therapy sessions for a prolonged period due to staffing problems.

In cases where local authority services worked well, parents had received thorough support through efficient signposting to good quality services. However there were also a small number of parents who struggled to access the support they needed.

Impacts of provision on children with SEND

Parents and providers were typically very positive about the impact early years education and care had had on case study children. Positive impacts primarily fell into three key areas: confidence and personal wellbeing; improved social skills, and condition improvement. The most widely reported impacts were improved social skills (such as sharing toys, playing with others, taking turns) and increased confidence levels. Additionally, it was widely reported that children had become more independent and less

reliant on staff to do daily tasks. Some settings also asserted that children had become more proactive and adventurous in terms of the activities they would be willing to try, the materials they played with and how they explored their surroundings.

Both parents and settings acknowledged that these improvements could be due to a number of factors associated with attending an early years setting, including higher levels of social interaction and exposure to new experiences (as well as maturation and contact with additional support services) and were not necessarily linked with the quality of the setting or with specific support activities.

Conclusions and recommendations

Early years provision for children with SEND: Parents and settings generally felt that there was sufficient provision for children with SEND in their own local area, and that they were able to access relevant information to support the decision-making process. However, there was also some indication that information about SEND provision could be made more accessible to parents.

Identification of SEND: All early years providers had processes in place for monitoring children's progress and identifying SEND; most settings combining informal observation with more formal monitoring procedures. These procedures appeared to work particularly well where settings could access support and advice from area Special Educational Needs Coordinators (SENCOs) or other support services. Settings highlighted the significance of building strong communication strategies with children's parents, who were seen as playing an integral role in early identification of SEND.

Communication between parents and providers: Parents and settings both typically felt that communication channels worked well, with parents given adequate opportunities to speak to staff, discuss progress and raise concerns, formally and informally. Despite opportunities to engage, parents tended to show limited involvement when it came to steering or shaping provision. This was presented by parents as a trust in providers to know what was best for children.

The introduction of EHC plans: The new EHC process was generally felt to be a positive development in the support and care of children with SEND. However, some providers were reliant on support from other SEND service providers, who were constrained in the amount of help they were able to offer. There was also recognition that the process could be slow and administratively burdensome, although providers felt that this would improve over time.

Resources and funding: The greatest barrier settings faced to fully meeting the needs of children with SEND was resource constraints, including a lack of additional funding. There were also issues with the complexity of funding application processes and the length of time it took to receive additional funding, as well as the adequacy of amounts.

1 Introduction

This report presents the findings of a qualitative study exploring the experiences of children aged three to four with special educational needs and disabilities (SEND) undertaken as part of the Study of Early Education and Development (SEED). This introduction sets out the research context, study aims and methods.

1.1 Research Context

The study

The Study of Early Education and Development (SEED) is a major study commissioned by the Department for Education (DfE) and undertaken by NatCen Social Research, the University of Oxford, 4Children and Frontier Economics. SEED is an eight-year study following approximately 6,000 children across England from the age of two, through to Key Stage One. The study aims to assess the impact of early education on children's school readiness and longer-term outcomes, as well as the impact of early education for the most disadvantaged children in society. It is scheduled for completion in 2020.[1]

This particular component of the SEED study employed qualitative methods to explore the experiences of children with special educational needs and disabilities (SEND) and their families prior to their entry to school in reception year. In this report the term SEND is used to denote physical disabilities, health conditions, learning difficulties and developmental delays which make it harder for children to learn than their peers. In 2015, of the children studying in schools in England (across the age groups) 15.4 percent had been identified as having SEND and 2.8 percent had a statement of special educational needs or an Education, Health and Care (EHC[2]) plan (DfE, 2015).

The impact of early years education on SEND: existing evidence

Previous research exploring the relationship between SEND and early years education suggests that attending a pre-school setting has a positive impact on the cognitive development (in both language and non-verbal skills) of young children at risk of SEN (Sammons et al., 2003). Evidence from the study on The Effective Provision of Pre-School Education (EPPE) also points to a link between a longer duration of early years education and care and higher cognitive attainment, as well as the lower 'risk' of SEN over the pre-school period and through to age six (Sylva et al., 2004). Whilst evidence from EPPE

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[1] The SEED website includes more information about the wider study, see www.seed.natcen.ac.uk. All the publications from SEED can be found on the gov.uk website, see https://www.gov.uk/government/collections/study-of-early-education-and-development-seed

[2] "An education, health and care (EHC) plan is for children and young people aged up to 25 who need more support than is available through special educational needs support. EHC plans identify educational, health and social needs and set out the additional support to meet those needs". https://www.gov.uk/children-with-special-educational-needs/extra-SEN-help

indicates that the duration of attendance is important, it did not identify any additional gains for full-time provision over part-time (Sylva et al., 2004).

Early years providers' responsibilities for children with SEND

Like other educational institutions early years settings have a number of requirements that they are expected to meet in relation to children with SEND. These requirements follow the Early Years Foundation Stage (EYFS) framework, and underlying them all is the condition for settings to provide equality of opportunity and anti-discriminatory practices, ensuring that every child is included and supported.[3] These principles are also covered by the Code of Practice giving statutory guidance for organisations who work with and support children and young people with SEN.

More specifically the EYFS framework requires settings to:

- Have arrangements in place to identify and support children with SEND;

- Make information available to parents about how the setting supports children with SEND;

- Involve parents in identifying needs, deciding outcomes, planning provision and seeking expertise;

- Review children's progress and share a summary with parents;

- Promote the good health of children attending the setting and to have and implement a policy, and procedures, for administering medicines;

- (In the case of maintained nursery schools) appoint a Special Educational Needs Co-ordinator (SENCO).[4]

DfE's 2014 Statutory Framework for Early Years Foundation Stage also placed an obligation on providers to discuss any concerns about a child's progress with the child's parents or carers and agree how to support the child. Additionally, to help link the families of children with SEND with appropriate specialist support from other agencies.[5] The 2015 SEN and Disability Code of Practice states that providers must have arrangements in place to help early identification of SEND, as well as to respond to children's needs.[6] Moreover, the Equality Act 2010 required settings to make reasonable adjustments to procedures and practices; to make physical alterations and to provide auxiliary aids and services for children with SEND, as well as to ensure they were not discriminated against.

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[3] DfE (2014) Statutory Framework for Early Years Foundation
[4] https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2
[5] DfE (2014) Statutory Framework for Early Years Foundation Stage, para 1.6
[6] DfE and DH (2015) SEN and disability code of practice: 0-25 years, para 5.4

Wider responsibilities for children with SEND

There have been wider developments for all children and young people with SEND living in England with the replacement of statements of special educational need with Education, Health and Care (EHC) plans, as set out in the Children and Families Act 2014. The new system includes an integrated assessment and review process which applies to all children and young people (from birth to age 25) and results in a single integrated Education Health and Care plan. The EHC brings together a range of support services across education, health and care providers.

The Children and Families Act requires public bodies to provide all children and young people with SEND with access to integrated provision through the new EHC plans, and also aims to give children and their parents more power to direct government funding towards the provision that best meets their needs.

Local authorities (LAs) have also seen an increase in their responsibilities in the form of the Local Offer. Specifically, this requires local authorities to provide children with SEND and their families easy access to information about the range of services for care and support available in their local area (on and off-line). Every local authority is responsible for compiling a Local Offer and making sure it is accessible to all, as well as that children with SEND and their families know where and how to access it. The new law also requires local authorities to consult children and young people with special educational needs and disabilities and their families to find out what sort of support and services they need.

1.2 Methodology

Research Aims

This qualitative study aims to understand in-depth how early years settings meet the needs of children with SEND; what the facilitators and barriers are to meeting these needs; how these vary according to type and severity of educational need; how families experience early years provision for their child and whether parents feel the early years provision has had any impact on their child's outcomes.

Sampling

This was a small qualitative project based around sixteen case studies with parents of children with SEND, and the early years settings attended by these children (fieldwork comprised sixteen interviews with parents and sixteen interviews with members of staff at their early years providers). Case study children were selected from the families who completed the age three interview as part of the SEED longitudinal survey.

Thirty-two qualitative interviews with families (the child's mother, father or both parents) and staff took place in the academic year before the children would be starting school in reception year, so all children were three or four years old at the time of the interview. By

that age the process of formal identification of special educational needs may not have been complete, depending on the nature of the SEND and the extent of the family's contact with other service providers (including health professionals). Furthermore, there was no direct question in the SEED survey about whether the child had been formally identified as having SEND.[7] Therefore, the qualitative study used a proxy measure of SEND, drawing on the following information collected in the survey:

1. Parents reported that their child had a disability/ health condition, and/or had a developmental or behavioural problem;

2. Children had a score more than one standard deviation below the mean on the British Ability Scales (BAS) III Naming Vocabulary scale, as measured in the survey; or children were not able to complete the Naming Vocabulary module due to their disability/health condition.

As a result of this selection process, the sample for the qualitative study included children with a range of health conditions, including those with more complex needs. However, the majority of special educational needs were related to delays in speech development.

The types of settings taking part in the study included those in the private and voluntary sector, as well as nursery classes attached to primary schools. The interviews were normally conducted with the child's key worker, the setting's SENCO or manager.[8]

Table 1 provides an overview of the characteristics of the case study children and early years providers who participated in the study.

Table 1 Achieved sample of case study children and early years providers

		Achieved sample
Children/ families		
Region	London	1
	South East	6
	South West	1
	East of England	1
	North East	2
	North West	1
	Midlands	2
	Yorkshire and the Humber	2
Type of SEND	Autism	2

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[7] When the SEED survey was developed it was decided that most children would have been too young to have been through the process of formal identification of SEN. Instead the survey asked parents a) whether their child had a health condition or disability, and b) whether the child had a developmental or behavioural problem.

[8] For smaller settings the SENCO was often also the child's keyworker, or the manager also the SENCO.

	Global Development Delay	3
	Combination of physical and cognitive needs	3
	Speech delay	8
Providers		
Setting type	Private	5
	Voluntary	4
	Nursery class	6
	Specialist	1
Ofsted rating	Outstanding	5
	Good	10
	Requires improvement	1
Capacity/ Size	<25	3
	25-35	5
	35-45	3
	45+	5

Recruitment

Initial contact was made by an introductory letter to the parents, which included further information about the study on the reverse side (see Appendix A). This was followed up by a telephone call to explain the research in further detail, confirm selection criteria and invite participation. Once parental consent had been secured invitation letters were sent to providers (see Appendix B), who were also contacted by telephone to invite them to participate. Flexible interview dates and times were offered to maximise participation.

Fieldwork and analysis

Fieldwork took place between October 2015 and February 2016. Two topic guides were used to guide the discussions; one for parents and another for providers (see Appendix C and D). While interviews with parents lasted approximately 40 minutes on average, those with early years providers tended to be longer (approximately an hour), reflecting the more detailed topic guide.

Interviews were conducted face-to-face with both parents and providers, with the exception of one parental interview, which was conducted over the telephone. In all but two cases, the interviews took place on the same day, and all bar one included a short observation of the child in the setting (see Appendix E for the observation guide). All parents who took part in the interviews received a £20 high street shopping voucher as a thank-you for taking part.

The qualitative data were analysed using Framework - an approach to qualitative data management which is systematic and comprehensive. This approach ensures the study's

findings are robust and grounded in the data (Ritchie et al., 2013). Verbatim interview quotations and short case illustrations are provided in the report to highlight key themes and findings where appropriate.

The project was carried out in accordance with the ISO20252 international quality standard for market and social research.

1.3 Limitations

The findings presented in this report reflect the range and diversity of views and experiences among the parents and early years providers interviewed. As this was a small scale qualitative study, the prevalence of views and experiences arising from the data is not reported.

The small scale and intended scope of the study also mean that there are some limitations to bear in mind when reflecting on findings. Importantly, it should be remembered that the research used a purposive sample, which only included children with special educational needs and disabilities (as identified using a proxy measure) [9] and who were attending group early years settings. This meant that it was not possible to compare the perspectives of participating parents with the wider population, or with the experiences of those with children with SEND who had not been able to find and access early years education. It is also possible that parents with more positive experiences of early years provision were more likely to agree to participate in the study, particularly as their setting was also being interviewed, creating some bias in the findings.

1.4 Structure of the report

The remaining chapters present the findings from the study, as follows:

Chapter 2: Current provision

Chapter 3: Identifying SEND in the early years

Chapter 4: Meeting the needs of children with SEND

Chapter 5: The EHC process

Chapter 6: Working with other SEND service providers

Chapter 7: Impacts of provision on children with SEND

Chapter 8: Conclusions and recommendations

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[9] The case studies included children with a formal SEND diagnosis as well as those with no formal SEN status.

2 Current provision

This section provides an overview of the early years provision used by case study children and includes discussion of the factors influencing parents' choice of provider. It also reports parents' and nursery staff's views on sources of information about SEND and the amount of provision available in the local area for children with SEND.

2.1 Choosing a provider

The location of the setting and proximity to the parents' house were the predominant factors shaping parents' decisions about where to send their child for early years education. Typically parents selected an early years setting that was within easy reach of their home. This was not, however, the only factor shaping parents' decisions. For example, where the case study child had older siblings parents would often use the same setting for all children. Less frequently, parents chose settings used by their friends and family, encouraged by word of mouth recommendations.

Whilst cost was rarely spontaneously mentioned as a factor shaping the choice of setting, probing suggested that cost would have been an important prohibitive factor had parents been unable to access a funded place. Additionally, cost influenced the choice of provider for one parent who moved their child from an excellent setting where he was making good progress because they could no longer afford it financially. Most of the case study children used just the 15 free hours per week funded under the Government's early years free entitlement scheme for three and four year olds (with some also having qualified for 2-year-old funding).[10] Where parents were paying for children to attend additional hours at their selected setting, it was typically because both were working. Another parent was considering paying for additional hours in the future; the reason in this case was that the father (the child's main caregiver) experienced problems with his mental health, which made caring for the child difficult.

For parents of children with more complex needs, proximity was often a secondary factor in choosing a setting. In these cases, parents described a more thorough process of searching for and selecting an early years provider. These interviewees highlighted the importance of staff-child ratios and staff understanding of the child's specific needs.

Once parents had chosen a preferred setting they would often visit the provider before making a final decision. In this instance it was typically the 'feel' of the setting that guided their decision. However, some parents were also attentive to Ofsted ratings, type of activities offered to children as well as facilities (such as outdoor play areas).

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[10] From September 2013, two year old children living in the 20 per cent most disadvantaged households in England became eligible for 15 hours of funded early education per week. This was extended in September 2014 so that two year old children in the 40 per cent most disadvantaged households in England were also eligible. The early years provision for disadvantaged two-year-olds builds upon the existing entitlement of 15 hours of funded early education for three- and four-year-olds, available to all children from the term after their third birthday.

"*They just seemed really friendly and the kids just seemed to enjoy themselves… they've got lots of activities that they do with them*" (parent, child with speech delay, South East).

Generally parents found a suitable early years provider easily and were not required to wait for a place. There were, however, exceptions; for example one parent had to wait for six months for a place at a particular setting which they felt offered the best quality early education in their area, and another had to wait for additional hours to become available at their chosen provider. Any difficulties in finding provision or a place at their chosen setting were associated with the particular requirements of the parent, for example, those looking for a very high quality setting, as well as demand for services in the area they lived in.

"*They do have a waiting list, so I knew that I might not get a place, so I went in advance and put [my son] on the waiting list. I went in, I think, early spring, and he went there in October, so - yeah, I went - I went there, like, maybe six or seven months in advance… I know that for some areas of London it's not… a long time*" (parent, child with speech delay, London).

Parents were typically positive about the amount of early years provision for SEND in the local area, although options did appear to be more limited for children with complex needs. For example, one parent, whose child suffered from severe development delays and a physical disability consulted the local authority's disability support service when looking for early years care. The parent was offered a choice of three specialist settings; however, for one the child would only qualify for a nursery place, and would not be able to progress to the school the nursery class was attached to, for another, the setting was an hour to an hour and a half's drive from the child's home, leaving the third as the only viable option. Although the parent viewed each of the settings and was originally happy with their choice, once the child had been attending for some months it became apparent that it was not the best fit for him:

"*He wasn't… meeting the development milestones I was expecting him to. He's there at the moment for consistency purposes because he's comfortable with the environment. He's comfortable with the staff. It's just down the road so if there's a problem and he has a seizure I can get to him*" (parent, child with a combination of physical and cognitive needs, West Midlands).

2.2 Information on SEND

Parents who had received a formal diagnosis about their child's health condition or who had identified a specific issue with their child's development or behaviour often discussed this with the chosen setting before registration. However, for some parents, enrolment at the setting pre-dated diagnosis or the identification of a developmental delay. Discussions were seen as an opportunity to share information and for the parent to confirm children's needs could be catered for, providing reassurance for parents.

These early meetings were rarely mentioned as a factor shaping the decision about the setting, but rather a step in the enrolment process. Some settings also used enrolment forms which collected information on SEND with other background data. This formed part of the child's records.

Settings felt that all group childcare providers were legally required to cater for children with SEND, and therefore that there was reasonable provision in their local areas. However, there was an assumption among setting staff that some providers were better able to care for and support children with SEND than others. There was also some uncertainty amongst settings about the requirements of childminder provision in relation to SEND, and around what would qualify a child for specialist childcare. In addition, providers discussed other services for children with SEND in their local areas. This included speech and language services, autistic outreach, sensory groups and a sensory toy library (some services being provided by local Children's Centres). However, settings also highlighted the strain placed on local services, area SENCOs and specialist provision by recent budget cuts. One setting felt this was having a negative impact on the amount of time taken for children with SEND to be diagnosed.

> "*We used to take them at two and a half, and we used to have a 20-place nursery, but due to funding cuts we now can only take 10 children. So there's a real sort of fight for the places here, and we're taking the most significant and severe needs more than we ever used to…I feel as well like the children are having to wait longer for things like their diagnosis, so they're put on a waiting list, because there's been cuts within the health budgets as well*" (specialist nursery, West Midlands, Ofsted good).

Settings would take measures to ensure parents were informed about their SEND provision, although the extent to which they publicised support varied considerably from provider to provider. For example, settings might use the new parents' meeting or induction to discuss SEND provision and introduce the setting's SENCO, include a page on SEND on their website, advertise support services on their noticeboard and/or provide information leaflets during parental visits. In contrast, other settings stated that they did not advertise SEND provision rather that they relied on word of mouth or people's knowledge of their work with SEND through children's older siblings.

Predominantly settings had been involved in providing content for the Local Offer.[11] This typically involved preparing and providing information about SEND provision at their setting for the local authority's website. Communication with the local authority as part of this process varied considerably from setting to setting, from providers who attended an introductory meeting with the LA, were given clear instructions and a rationale for the Local Offer, to those who were confused by the process or were left for very long periods with no communication. One setting noted that they found providing information for the Local Offer

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[11] The Local Offer gives children and young people with special educational needs and disabilities and their families' information about what support services are available in their local area. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/346281/The_local_offer_for_SEND_support.pdf

administratively burdensome. Another setting reported that despite providing information to the local authority a year earlier the Local Offer website was still not available:

> *"We were given all the information and told to get our Local Offer online sorted and sent into county - which we did - and then we heard nothing for… it's probably almost a year"* (voluntary setting, South West, Ofsted outstanding).

3 Identifying SEND in the early years

The process of identifying a child's SEND varied according to whether the health condition or developmental delay was first noticed by the setting, the parent, or an external agent such as a health visitor or other healthcare professional. It also depended on a number of factors, including:

- The type and severity of the health condition or developmental delay;

- The age at which the child had started attending early years education and care; and

- Whether the child had older siblings.

Children with more complex conditions and physical disabilities tended to be diagnosed earlier than other children, and to have problems picked up by health professionals or health visitors. The most severe health conditions were identified at birth, or during the mother's pregnancy. The exceptions to this were children suffering from very rare conditions with symptoms common to a number of different illnesses; this was the case for one of the children included in this study:

> *"He wasn't diagnosed for a long time and we struggled for the first two years really until we got a diagnosis, until we started on the right treatment"* (parent, child with a combination of physical and cognitive needs, Yorkshire and the Humber).

Children with developmental delays, such as a speech delay, were more often identified by early years settings or during their two year health visitor assessment. Identification by settings was particularly common among those who had started early years care at a younger age (i.e. two or earlier).

Where case study children had older siblings, parents were better able to 'assess' their younger child's development. For example, one parent had an older child with Global Developmental Delay (GDD); this made her more conscious of monitoring her younger child's development and put her in closer contact with service providers, such as a portage worker, who were able to observe him. As a result that case study child was diagnosed at a considerably younger age than his sibling.

Identification and diagnosis was not always a quick or straightforward process. For some parents it was necessary to chase doctors, consultants and specialists before children were diagnosed. For one child with a speech delay, the parent had raised her concerns with her health visitor, scheduled a visit, and then attended a referral appointment with a consultant. The child then underwent multiple assessments, the last of which was the speech assessment. The whole process took approximately eight months. Another child had been diagnosed as profoundly deaf aged three having been referred to a speech and language specialist, then for various hearing tests.

Waiting times and the ease of the process varied considerably from case to case, suggesting that identification and diagnosis may vary according to the local authority

children live in. The diagnosis process was also more complex and prolonged where children had very rare conditions with symptoms common to a number of illnesses.

3.1 Monitoring, observations and assessment

All the settings who took part in the interviews had some form of monitoring and assessment process in place; this frequently encompassed both formal and informal elements.

Observation and monitoring was typically informal in the first instance (i.e. conducted without direct reference to monitoring tools or logs), and involved multiple members of staff, including the child's key worker and the setting's SENCO. This informal monitoring process was seen as the first step when any new child joined the setting. It typically included ongoing observation, with the setting taking notes and consulting the enrolment forms completed by parents. If the early observations suggested that the child may have SEND, staff would then begin a more formal process which included input from external support agencies, such as health visitors and area SENCOs. In some cases settings used an 'initial concerns checklist', such as the one produced by Nasen,[12] as part of their identification process.

Settings all had systems in place to monitor the development of children in their care. However, the names and nature of these systems varied from setting to setting; they included Early Years Foundation Stage outcomes, target trackers and Development Matters. In most cases children were assessed and monitored according to expected progress for children of their age, and flagged where this progress was slower than anticipated. The frequency of monitoring varied from setting to setting and according to the severity of the child's SEND; from approximately once a week to every eight weeks.

3.2 Working together during identification and assessment

Where the setting suspected an SEND, they would typically consult the parents as soon as possible. There were, however, exceptions to this, with one setting monitoring the child for at least six weeks before approaching parents. Parental input was generally seen as a necessary part of the identification process, as settings were aware that children's behaviour could differ depending on their environment, and that some children are unsettled when starting a (new) early years provider. Specifically, settings were keen not to draw any conclusions regarding SEND while the child was still 'settling in', as this could affect their behaviour. If the setting needed to bring in other SEND support services to observe or assess a child, then they often needed to obtain written permission from parents.

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[12] http://www.dreyfusltd.co.uk/pages/wp-content/uploads/2012/11/NASEN-initial-concerns-checklist.pdf

Parents were consulted about what the setting had observed at an early stage and advised to take the child to their GP, or other professional such as a speech and language therapist, or referred directly to external services.

> "*They can be mild medical things as well… whether a child has a squint… or keeps tripping over. And you might say, 'have you thought about having your, child's eyes tested?*" (Voluntary setting, South East, Ofsted good).

Nursery staff would regularly update parents regarding the child's progress, informally during drop-off and pick-up times and more formally at parents' evenings and catch-up meetings. This was the case regardless of whether the parent had come to the setting to raise their own concerns, or the setting had identified an issue.

Most settings provided parents with additional information and signposted to other services as necessary. Although settings noted that this was more difficult before the child had a formal diagnosis. In some cases parents were referred to the area SENCO or local disability support service, who would then offer help and advice. Parents were generally happy with the amount of information and advice received from the setting and from other service providers.

> "*The borough are very good at offering services. So if there was something we were concerned about or we needed information about there wouldn't be any doubt that we would be able to find that information*" (private setting, East, Ofsted good).

However, there were parents (particularly among those whose children had more complex needs) who felt they had not received enough information. For example, one parent noted that they would have appreciated more information about behaviour, learning and development in deaf children. There was also a case (discussed in one of the provider interviews) where parents were perceived to have been overloaded with information:

> "*The parent… was inundated with information from the Health Referral team. But then his needs were quite complex and they were investigating at the time what his condition might be … sometimes extracting information from her was hard because she had so much that she was bombarded with from the health authority*" (voluntary setting, South East, Ofsted good).

Discussions with parents about suspected SEND were typically positive and productive. This often reinforced concerns the parents had themselves, and were seen as the first step in getting the support the child needed. There were, however, some occasions (discussed in interviews with setting staff), where parents had been less receptive to providers' concerns. In these instances parents were reluctant to recognise that their child had SEND, and could be unreceptive, even hostile, to the suggestion from providers. In rare cases parents chose to withdraw their child rather than engage with a setting over their concerns. In others, it could prove difficult to get parents to engage with other services necessary for diagnosis and treatment.

Providers were sensitive to the difficulties parents faced when confronted with concerns about a child's development, and some sought advice and guidance from the area SENCO on how to broach these types of issues with parents. One setting had used recording equipment to help evidence their concerns, and home visits had been used to observe the child in different surroundings. It was felt that introducing concerns to a family slowly, feeding in small bits of evidence, led to a more productive relationship:

> "*We do have some parents they can't see anything wrong, and you have to drip-feed and be gentle, because it's sometimes like bereavement*" (nursery class, Yorkshire and the Humber, Ofsted good).

4 Meeting the needs of children with SEND

This section focuses on the nature and level of support provided by early years providers. It explores the type of support settings were able to provide for the diverse needs of children with SEND in their care; the level and quality of communication they have with parents and the views both sides have on the care given to case study children.

4.1 Specialised support and care

Support provided by early years settings varied depending on the complexity and particular needs of the child, but fit broadly into two types:

- Systematic support, and
- Specialised support specifically designed for children with more severe SEND.

Systematic support included routine care that the setting already had experience of delivering and training to provide, but which was more directly targeted at children with SEND. For example, where settings had identified an issue with a child's speech, support might take the form of additional speech exercises and use of Makaton, delivered either by the setting's SENCO or the child's keyworker. The use of visual timetables, where each part of the daily routine was put onto picture cards, was reported by settings as a strategy to communicate with children and help them to develop a sense of sequence and routine.

Settings also reported being more attentive to the varying needs that children with SEND had on a day-to-day basis. This included small, but repeated daily acts, such as encouraging a child to wear their glasses. It also meant giving children with SEND additional support in daily situations that they would find harder to cope with than other children, such as getting on a bus for a nursery trip, or dealing with a fire alarm test.

Although this focus on helping children with small, everyday challenges, such as providing additional emotional support, could be interpreted as a lack of specialised care (i.e. the provider was not targeting a particular issue, such as conducting speech exercises), providers saw this kind of work as extremely important for building children's confidence in the setting before addressing their additional educational needs. One school-based nursery had put in place a system of five minute interventions which would support SEND children in a specific behaviour, such as combing their hair, or learning to say another child's name, without tiring them; they could then build up to larger activities.

Specialised support for children with more severe SEND ranged from helping with their additional daily care needs, such as changing bibs and nappies, to developing more complex learning plans and strategies in consultation with the children's families and other SEND service providers. In some cases other service providers would also pass on specific exercises to be administered by the child's keyworker at the setting as part of a child's personal education plan.

While settings were often provided with support from other SEND services for children with complex needs, in some cases providers would take proactive steps to develop their own skills, so as to better support those in their care. For example, the keyworker from one private setting had self-trained in Makaton in order to help communicate with a child with GDD.

Some settings also reported having bought toys to suit the particular development stage of children with SEND in their care. This was the case for one specialist nursery, which had purchased magnetic games for a child with complex health and learning needs. Setting staff explained that the child engaged particularly well with this type of toy and were confident that it would help his cognitive development.

Settings also extended strategies employed with the wider group of children to meet the needs of children with more severe SEND. For example, while settings commonly reported using picture-based timetables to show children the order of daily activities, one school-based nursery used the same method to create a personalised visual timetable for a child with autism. This small laminated book included pictures of the daily activities arranged in order, as well as the staff members that the child had one-to-one contact with. When the setting needed to change the daily routine in any way (which could disorientate and upset the child), they were able to use to picture book to explain the planned change and prepare them for it.

Physical adaptations

Providers who had children in their care with more complex physical needs reported being more conscious of the child's surroundings and any potential issues with the physical environment, but only rarely did they report making any adaptations. When adaptations were made they were typically intended to address a child's very particular physical need. For example, one setting had a frame-supporting chair custom-made for a child with a severe disability, and another added yellow and orange stripes to the setting's steps for a child with a visual impairment.

Settings' capacity to make adjustments and adaptations for children with SEND was often directly linked in their accounts to their ability to access additional funding; this was seen as the most significant barrier to being able to fully meet children's needs.[13] However, where adaptations could be made at little or no cost, settings would take proactive measures to meet children's needs. For example, settings reported taking particular care over their wall displays, as they were aware that too much visual stimulation could be overwhelming for children with autism. Another setting had created a space for a child with SEND who still needed to nap during the day. (This particular adaptation had been made at the request of the child's mother.) A further two settings had added sensory rooms, but these had not been put in place for particular children, rather as a wider resource.

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[13] Funding issues are discussed in more detail in chapter 6 of Frontier Economics' forthcoming report on costs and funding in early education (Blainey and Paull, 2017).

4.2 The role of parental voice in shaping provision

Many settings had systems in place to allow parents to easily communicate with them and to provide feedback. In general parents felt that they communicated well with early years settings, and that there were sufficient opportunities to discuss their child's progress. Discussions between parents and providers were typically informal, although most settings also had parents' evenings where progress could be discussed in a more formal context.

However, some parents did not fully engage with setting activities (such as taking up opportunities for nursery visits). This lack of engagement was generally a result of parents not wanting, or feeling it necessary, to get involved in their child's early years education and care.

Communicating with parents

The most common way in which parents and settings communicated with one another, was informal information sharing during drop-off and pick-up time. This typically involved short discussions about what activities the child had been doing, minor changes in the child's health or events in the child's life. Settings felt that this kind of informal information sharing worked well and helped foster positive and receptive relationships with parents. However, although these discussions were informal, settings were also aware that care had to be taken in terms of how they communicated with parents and what they communicated to them, as one setting explained:

> *"It's taken me about 30 years to work this out - that if you tell parents something they make up the rest… If you say, 'Oh, your child struggles to line up for lunchtime', they then think they're struggling throughout the whole day in nursery… they make up the rest of information… It's got to be very, very specific, so they can't get the wrong end of the stick"* (voluntary setting, South East, Ofsted good).

Detailed discussions about the child's health or development did not typically take place in this unstructured, informal way, although one parent did note that they would occasionally wait for all the other parents to leave at pick-up time, so they could have a private conversation with the child's teacher. Rather, the more detailed and potentially sensitive conversations tended to be more formal, and take place during scheduled meetings or parents' evenings. Settings were also aware that some working parents would not be able to come in to the setting, so ensured that they were accessible by telephone.

> "*Normally at pick up and drop off I'll catch up. We have an opportunity to go in each term if, if you let them know, and they'll sit down with us, and have a parents' evening every term, so we can go in, sit down with the key worker...and she will let us have a look through the journal and tell us about where his development is*" (parent, child with speech delay, West Midlands).

Parents' evenings usually took place either termly or bi-annually, and were seen as an opportunity for parents and providers to discuss progress and concerns in more detail. However settings reported very different levels of parental attendance at these events.

Some early years providers also took extra efforts to engage parents, offering opportunities for parents to spend time in the setting to engage in a different way with the staff, take part in activities and see how their children behaved and interacted in the setting as part of 'stay and play' sessions. One private provider offered coffee mornings where parents could discuss their child's progress in a less formal context than at a parents' evening. Others viewed the provider's induction as an opportunity to start to build open and productive relationships with parents; giving them a chance to explore the setting and to talk through opportunities to communicate.

As well as formal meetings and informal discussions with parents, some settings would also share written progress reports and children's learning journals/ progress cards with parents which were sent home or emailed to parents. Some settings also gave children book bags, and would send books and activities (as well as short progress notes) home with them to share with parents. This included one setting who would send parents a list of the books they were reading to children, so that they could read or discuss them at home.

> "*They've got a - a journal, like a school journal that you can go in and read every week... they take notes of what he does and stuff like that*" (parent, child with GDD, Yorkshire and the Humber, Ofsted good).

Communicating with parents of children with more complex SEND

Communication with the parents of children with complex needs tended to be more formal both in terms of structure and process. This can be explained by the fact that in these cases settings and families were often trying to develop shared strategies to address the child's needs. As information on the child's progress was seen as crucial for support strategies to work, communication between parents and settings was typically more structured. In addition, children with more complex needs tended to have more detailed education plans which parents were more likely to follow closely. One setting reported using communication cards for children who weren't dropped off and picked-up by their parents. These communication cards allowed settings to share any relevant information about children's activities, progress and behaviour with parents on a regular basis.

While most parents reported positive experiences and felt they communicated well with their setting, there was one case where the parent felt that their child's specialist provider was not providing sufficient progress updates, or responding appropriately to their concerns about the care and support offered to the child. Additionally, the parent expressed dissatisfaction about the amount and form of communication they had with the provider; specifically, they felt that the setting's feedback tended to focus on problems with the child's behaviour rather than positive actions, and that there had been inappropriate communication in front of other parents. Despite meeting with the setting's headteacher, and voicing her concerns, the mother felt that very little had changed in terms of how the provider communicated with her.

Parental feedback

Settings felt that they gave parents multiple opportunities to provide feedback, but often found it difficult to get parents to engage. One nursery class supplied parents with feedback forms, but found that they were only completed by a minority of parents. Another school-based nursery explained that they used to have a board on which parents could leave messages for the setting, but that they eventually took it down as it was not being used.

Most providers used some form of survey to gather parental feedback, but many of them had experienced similar issues with lack of engagement. One voluntary setting explained that they focused on a different aspect of the provision in each questionnaire and that the one that generated the most interest and the biggest response had been about fees and opening hours. This suggests that targeted approaches could be more successful at fostering engagement.

4.3 Views of care and support

The following section considers parents' and providers' opinions of the care and support given the case study child and other children with SEND. It also explores any gaps and problems with care and support, and identified barriers to meeting children's needs.

Parental views of support

Parents' views of the care and support settings provided for their children were typically very positive. Rarely did parents suggest that they would like settings to be doing anything different for their child, or had requested that the setting make changes to the care provided. Whilst this suggests that parents had predominantly positive experiences, there was also some indication that parents lacked awareness about the kind of support the child was receiving and/ or how this could be improved:

> "*I don't really know [what support they offer]. They probably tell me, but you know... I can't really remember what, sort of, they do as extra… sometimes they pass me the papers to sign*" (parent, child with autism, East).

As the quote suggests, this did not necessarily mean that parents were not supplied with information about support provided for their children (see comments on engagement in Section 4.2). Whilst some parents were unaware of the particular measures the setting was taking to meet their child's needs, because they had noticed improvements in their children's condition or personal well-being, they felt confident that health and development needs were being met. This was more common where children had less complex conditions, such as a speech delay. Some parents also reported that their children appeared happy in the setting and that they trusted their provider to offer their child the care and support they needed.

Parents were particularly positive when settings took efforts to engage with other SEND support service providers working with their children, and offered extra support such as administering the additional speech and language exercises advised by speech therapists.

In contrast, some parents were keen that the setting treated their child in the same way as others; and therefore that they did **not** put any individual support in place:

> *"I've tried not to impose the nursery on doing anything out of the norm that they would do with the other kids. I want him to get the same experiences the other children are having… If they're going out on a trip, I want him to go out on a trip. I don't want to kind of put him a situation where he's in the corner with the letter and sounds, and all the other kids are doing something different, because he'll feel different"* (parent, child with speech delay, West Midlands).

Parents were concerned not just with the educational support given to their children, but also the way the staff engaged with them on a more personal level. For example, one parent mentioned that her son's keyworker was "*his buffer person*", and that even though the setting did not have specific measures in place to address his autism, she was very happy with how the keyworker was supporting her son emotionally.

Parental views of care and support: children with more complex needs

Parents of children with more complex needs tended to have higher expectations in terms of the support and care offered by their setting. This group of parents expected greater levels of communication, more individual support and closer progress monitoring for their children, including provision of regular progress updates. They were generally also very engaged with their child's early years' provision, communicating regularly with the SENCO and making requests for particular types of support they thought would benefit their children. For example, one parent whose child had full-time one-to-one support asked whether her child could have a different keyworker every day as she felt her daughter would benefit from the change. Settings were often keen to be flexible, and respond to parental requests; and in this case the setting was able to fulfil the parent's request.

Satisfaction levels varied among this group of parents, for example one mother reported that she was unhappy with the progress her child was making at the setting, and with the level of communication offered by her early years provider (as discussed above). In this case the parent was particularly disappointed because the setting had previously been very optimistic about their capacity to help the child reach various developmental milestones. Her disappointment had motivated the parent to start the EHC process herself, so that she could try to ensure her child's needs would be addressed in way she would be satisfied with. Other parents would have liked their setting to be able to provide more one-to-one support for their children, but understood that they faced resource constraints.

> "*With what they've got they're doing their best*" (parent, child with a combination of physical and cognitive needs, South West).

Barriers to meeting children's support needs

Providers were generally satisfied with the level of care they provided to children with SEND, however, they also identified a number of barriers to being able to help children reach their full potential.

- Lack of resources/ funding

Lack of resources, such as time, members of staff, physical space and funding was widely reported by settings as a key barrier to meeting children's additional educational needs.

> "*We do our best, [but] we don't have a specific time or a specific room to do those things [additional speech exercises]. I mean, I've done some work with her, but in order to make it the optimum area you have to go somewhere quiet and our two rooms are noisy rooms. So we've used a little area outside… but it's also in the corridor so children do come through so it's not ideal*" (voluntary setting, South East, Ofsted good).

Funding for additional members of staff, so that they were able to offer (additional) one-to-one support, and funding for more specialist resources were seen as integral to ensuring children's needs could be fully met. Processes for obtaining additional funding for children with SEND (where funding was available and settings were aware), were often slow and difficult to navigate. They were also often dependent on the child having received a formal diagnosis, which could lead to further delays.

Settings explained that when a child needed additional support, but there was insufficient funding to provide it, it put pressure on all members of staff. One interviewee from a voluntary setting felt that even when they received additional funding for a child with SEND, there was rarely enough for a staff member to work with the child on a one-to-one basis. Where this level of support was required the child's keyworker would work very closely with the child, but needed to rely on other members of staff to manage and care for the other children, thus affecting the staff-child ratio.

- Inadequate levels of external support

Some settings felt that cuts to local authority budgets had had a direct impact on their capacity to cater for children with SEND. Many reported that external services in their local area were over-stretched, which led to long waiting times for appointments, and to delays in putting adequate support in place for children or to reaching a diagnosis. One private setting reported that having referred a child in September they had to wait for three months for the first visit from the health visitor. This lack of capacity and responsiveness from local services was reported as a concern by many settings (see section 6 for a more detailed discussion).

- Lack of specialist knowledge and training

Another barrier discussed by some early years settings caring for children with more complex or rare conditions, was their limited understanding of the child's particular illness or health problem. This concern was echoed by parents, who expressed anxiety that the

setting would not know what to do in a medical emergency. For example, one setting who had a child with a severe medical condition was concerned that because they had not been trained to administer the child's specific medication they could not be entirely confident they were fully meeting her needs. In this case the setting was under instructions to contact the child's parents in an emergency, so that they could come and administer the medication.

5 The EHC process

Whilst some providers were unaware of the details of the EHC process, settings which included children with more complex needs or health conditions that had been diagnosed very early in the child's life had often had contact with it. (Although, in some cases the process had been initiated by a setting the child attended previously, rather than by their current provider.) Only a minority of parents had direct experience of the EHC process.

5.1 Understanding and ease of process

Although it was felt to be too early in the life of the new system to make a judgement in terms of effectiveness, many providers were able to offer some feedback on the process. Setting SENCOs[14] typically felt confident that they had been, or would be able to, navigate the new system and fulfil all requirements (albeit with support from others, such as area SENCOs). However, they also reported that using new systems can be quite a "*daunting*" experience and it takes time to get used to them. Some providers also felt that they had been given insufficient support in how to navigate the new system, and would have appreciated formal training.

Settings frequently reported that the process would become easier as providers became more familiar with the new process, and as the EHC system 'bedded in'.[15] However, they also emphasised the investment of time involved in familiarising themselves with new system, and stressed the difficulty of frequent changes to requirements and processes:

> "*I've worked in childcare for over 20 years and I've been involved with the statementing process, this will be the fourth time [that the system has changed]*" (private setting, East, Ofsted good).

Support from the local authority

Settings felt that the level of support offered by the local authority informed their level of familiarisation and successful use of the EHC system. Whether they had personal experience of the EHC process or not, settings often reported that they relied on area SENCOs or inclusion officers to provide guidance and support with processes and forms for children with SEND (or that they would seek guidance should they need to make an EHC application). One private setting explained that their experience of EHC system had been "*straightforward*" because the area SENCO had prepared packs with all the information and forms they needed.

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[14] Private and voluntary early years providers typically had a SENCO based at the setting; this was often the setting manager or one of the keyworkers who took on SEN responsibilities in addition to their main role. Nursery classes tended to rely on a SENCO who had responsibility for the whole school. In both cases SENCOs took responsibility for the EHC process.

[15] A report exploring parents' experiences of the EHC process shows that they also noted the importance of allowing sufficient time for professionals to become familiar with the new system (Skipp and Hopwood, 2016, p. 19).

For some settings, local authorities were more heavily involved in the EHC process. For example, one school-based nursery class reported that their local authority was taking the lead in collecting evidence for the EHC and visiting the setting to conduct observations. This eased pressure on setting staff.

Support for the approach from the setting's perspective

Settings were very supportive of the idea and principles of EHC plans, and were positive about their ability to promote better communication and coordination between service providers.[16] Providers were hopeful that sharing information as part of developing an EHC plan would mean that children's needs could be identified and met more quickly, and could take account of parental views of care and support. It was felt that the EHC plan was a chance to create a baseline for each child and *"pin down exactly what it is they need"* (nursery class, Yorkshire and the Humber, Ofsted good).

One school-based nursery believed that EHCs were an improvement on the previous system, because they were more flexible, and involved collective responsibility for deciding the best form of support required for each child. The EHC also removed the need for settings to decide what form of additional funding to apply for; rather they simply provided information about the child's needs:

> "*It's good that it's the one track because it's not always clear, you know, which one [funding stream] you're going to end up with and you don't want to do one and have to start again to do the other one*" (nursery class, North East, Ofsted good).

Parents' experience of the EHC plan

Very few of the parents interviewed had direct experience of the EHC process, and knowledge and awareness of EHC plans was generally low among parents.[17] (This may be connected to the relative newness of Education, Health and Care plans.) As with settings, it was only those parents with children who had more complex needs that had had involvement with the EHC system. For this small group of parents, the process had typically been initiated by the setting. There was, however, one parent who had started the EHC process themselves after receiving guidance and support from a local authority disability support service. The particular circumstances of two parents' experiences with the EHC plan application process are discussed in the case illustrations below.

Case illustration 1: Parent's experience of the EHC process (South West)

Situation: The child was diagnosed with profound hearing loss as well as a rare medical condition.

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[16] Evidence from Skipp and Hopwood (2016) suggests that parents also strongly support the philosophy behind the reforms (p. 18).

[17] Other evidence similarly shows that families' awareness and understanding of the wider SEND system is low (see Skipp and Hopwood, 2016, p. 50).

The parents first heard about EHC plans from their speech and language therapist who explained why it would be suitable for the case study child.

Stage of the process: the parents had sent the initial letter and were waiting for the assessment. They were hoping to hear back from the local authority quickly, and that support could be put in place before the child started school.

Expectations: The parents had collated their child's medical information themselves, but were anxious that very few people knew it all. They hoped that the EHC plan would allow all those who worked with the child to have access to it, and that that would help the various professionals coordinate services.

Case illustration 2: Parent's experience of the EHC process (West Midlands)

Situation: The case study child had been diagnosed with a severe health condition which affects his physical, educational and social development. The parent heard about the EHC plan through a local authority disability support service. She was offered the opportunity to start the process, or alternatively to wait until her child started school, and had taken the decision to initiate the process herself. She received support in making the application from the same local authority service.

Stage of the process: The parent had sent a letter to the council to start the EHC process, and was awaiting a reply.

Expectations: The parent wanted a more coordinated approach to supporting to their child. They felt that the child needed routine and consistency and they hoped that the plan would help achieve that.

"*We are currently undergoing the EHC process - we've just had a draft copy sent out - hopefully to try and get a lot of things sorted out so that everybody is doing the same sorts of things because he's a stickler for routines and consistency… We have a lot of issues with us doing one set of things with him and nursery doing another… So we're trying to pull everybody together and make sure everybody is singing from the same book.*"

5.2 Barriers and difficulties with the EHC process

Settings expressed concerns about the practical process of applying for an EHC, in particular the volume of paperwork, as well as difficulties coordinating different agencies, particularly if this involved face-to-face meetings.

Settings discussed four key barriers:

- Time constraints

Whilst some settings found the EHC process straightforward and were able to accommodate the additional work in their daily schedules, others reported that it had placed additional pressure on their, already stretched, resources. Setting staff explained that their day-to-day responsibilities for the children in their care came first, which often meant that this kind of additional paperwork had to be completed in their own time and unpaid.

> *"It's only the time that it takes. When you're working here… you have to concentrate, and then you go home and have to do it at home, because there is no other way to do it. So it takes over your life, because you, you know it's important for this child to get this extra funding, so…his needs are met"* (voluntary setting, South East, Ofsted good).

As the paperwork was time-consuming and the process lengthy, one setting felt that it was important for providers to be rational and pragmatic about when to submit an application for an EHC plan:

> *"If… in your heart of hearts you know it's not going to go through… it's not worth giving the time to it. It's better to give the time to that child in school, and training staff and resources"* (nursery class, North East, Ofsted good).

As well as the time it took to complete EHC applications, settings also expressed concern about the length of the overall process (from first application to sign-off). The settings who were in the process of applying for an EHC plan felt anxious that the children (then in their final year of early years care) would not receive their final agreed plan before starting reception class, and therefore would not receive the support they needed. One setting reported EHC processing times in excess of six months.

- Lack of clarity about when an EHC plan is appropriate

Whilst settings recognised the need for EHC plans to be in place for children who very complex needs from a very young age, there was considerable uncertainty around the appropriateness of this kind of support for children with less clear cut developmental needs. Specifically, some settings felt that EHC plans should be reserved for older children, for example, when they started school, when providers and health care professionals could make a more accurate assessment of their needs. Very young children's development was seen as extremely variable and subject to rapid change, and some providers felt that it was unhelpful to 'label' children too early.

In addition, one setting believed that there was a general misunderstanding about when an EHC plan was needed and that the setting's priority should be to provide good quality childcare:

> "*With staff… and sometimes other professionals [they] think, 'oh, they need a statement', and they don't, actually they need 15 hours of good quality provision*" (nursery class, North East, Ofsted good).

- Local authority resource constraints

Settings also highlighted barriers created by a lack of local authority resource, in particular problems with staffing. For example, one setting reported that having been referred for a multi-agency meeting - where the parents, the setting, and professionals responsible for supporting the child were to discuss the content of the EHC plan – found that this was cancelled due to shortages in local authority staffing:

> "*Well, last year… that never happened. They were cancelled for all the children, because there weren't enough officers in the authority to run those meetings*" (specialist setting, West Midlands, Ofsted good).

- Lack of communication and consistency between settings

One setting, who had a child with an EHC plan in their care, discussed problems they had experienced coordinating care for that child with a second setting. In this case the child's early years education and care was split between two providers, with the EHC plan having been set up by the child's other setting. The interviewee expressed concern that the plan had not been shared with them when the child enrolled – leaving them to request it from the local authority – and that updates would sometimes be made to the plan without consulting, or even informing them. This lack of communication made it more difficult to coordinate care for the child, and to ensure consistency between the two settings.

6 Working with other SEND support services

Interviews were conducted with settings located across England, therefore based in, and working with, different local authorities. As could be expected, there was considerable variation in the settings' and families' experiences depending on where they were based. The types and range of services accessed also varied considerably according to children's specific needs. Parents whose children had more severe or complex needs tended to have higher levels of contact with a greater range of SEND support services. Services used by children and families included health care from (specialist) paediatricians; targeted support, such as speech therapy and feeding services, and parental support services such as respite care and portage work. In addition, some parents discussed their use of universal services, including Children's Centres and health visitors.

6.1 Sources of support and guidance for parents and providers

Many settings relied on local services and area SENCOs for additional support, with different levels of satisfaction. There were also variations on the involvement of settings with other SEND support services depending on the severity and complexity of the child's needs. For example, where children needed high levels of additional support, providers may have been involved in multi-agency, Team Around the Child (TAC) meetings, also attended by inclusion officers, health visitors and others involved in providing support.

Generally communication between settings and other SEND support services was felt to be good, although some settings had to rely on parents to pass on information, progress reports and exercises, which could create problems with the flow of information and impact on support. For example, there were sometimes issues with parents not passing speech and language exercises provided by speech therapists to their settings. Providers believed that having direct contact with other SEND support services was (or would be) an advantage, particularly if they were able to develop an ongoing professional relationship with them, so that they were familiar with the settings' circumstances.

> "*They keep introducing sort of barriers in terms of getting hold of professionals, and to me, having very little time to do it, you know, if I can make a relationship with the speech therapist, and I can just send them an email, 'I'm a bit concerned about this', that, I'd really like that*" (nursery class, Yorkshire and the Humber, Ofsted good).

In cases where settings communicated directly with other SEND support services (typically by phone or via written or email updates), they were sometimes able to access additional support, such as guidance in how to administer speech exercises and autism training. A small number of settings were also able to access termly SENCO forums run by their local authority, used to share information and training; these settings felt that their LA was particularly good at communicating changes in requirements for children with SEND.

Whilst local authority support services tended to be operated externally, some providers were visited by other SEND support service providers, who administered services from the setting. This co-location facilitated communication between the setting and the other

support service, and gave providers the opportunity to ask questions and seek advice in an easy, informal way. In one case a local speech and language therapist also visited the setting to deliver a talk about development to staff and parents. Another had a similar visit from one of the local authority's educational psychologists. Such regular contact had a positive effect on communication between the setting and other SEND support services, improving the coordination of services for children.

The increasing caseloads and therefore reduced availability of area SENCOs and of health visitors were commonly reported as a serious concern by different types of settings. In one case the setting reported that the local health visiting team were so stretched that they were now unable to conduct two year health checks for all children. Providers also reported that the cuts to local authority funding and services were affecting them in relation to access to support and delayed diagnosis for children in their care.

> "*And that support may be quite sporadic, you know. Some children get it and other children may not*" (voluntary setting, South East, Ofsted good).

Settings' felt that problems with under-staffing were also having an impact on the local authority's ability to coordinate services for children. For example, one provider reported that the Education Health and Care Plan applications were not moving forward because there was no local authority officer to attend the meetings. In addition, proposals for improved services being put forward by local authorities (such as having an assigned speech therapist for the setting), were not being actioned.

6.2 Referrals and working with other agencies

In terms of receiving support from local authority services, parents' experiences also varied considerably. This was true both in terms of the amount of support received and the ease of which they were able to access it. Once again, the ease of access varied with the severity of the child's condition, with those with more complex needs typically better able to access services in a timely manner; (the exception being those children with rare and difficult to diagnose conditions).

In keeping with previous research findings, which have shown that families with disabled children often experience difficulties and delays in accessing support and services,[18] parents reported problems with access. Some encountered very long waiting times, and experienced other problems with local authority services (such as the cancellation of speech therapy sessions for a prolonged period due to staffing problems). In one case the provider was concerned about the case study child's move to a new area, because despite repeated attempts they had been unable to secure the support needed locally. This was also thought to be connected to staff shortages in the child's new local authority.

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[18] Audit Commission (2003) *Services for disabled children: A review of services for disabled children and their families.* Audit Commission: London; Slade, Z. *et al,* (2009) *Parental experience of services for disabled children,* Department for Children, Schools & Families, DCSF-RR147

Referrals were made in different ways depending on each child's particular circumstances. For example, children whose condition was more severe and diagnosed early (and in cases where the diagnosis was more clear-cut), children were often referred to other services by members of the medical profession, such as their GP, a hospital doctor or their health visitor. Parents with children whose SEND was first identified by their setting tended to either be directed by the provider to their GP or other health professional, or to be referred directly (or via the area SENCO) to support services, such as speech and language therapists. In most cases settings felt that the referral process, whilst slow, was straightforward and worked well. However, one setting reported recent changes, which made the system more complex:

> "*We're supposed to now fill in like a central form; it goes to a committee who decide how best to fulfil that, whether it's EMS [Enhanced Mainstream School] or ed-psych or whatever. So that's like, for me, at the moment, it's still new, and it's just another layer*" (nursery class, Yorkshire and the Humber, Ofsted good).

In cases where local authority services worked well, parents had received thorough support through efficient signposting to good quality services. However there were also a small number of parents who struggled to access the support they needed:

> "*We've felt very alone sometimes, haven't we? Because not many people know much about his illness. So it - we haven't had a lot of support*" (parent, child with a combination of physical and cognitive needs, Yorkshire and the Humber).

7 Impacts of provision for children with SEND

Parents and providers were typically very positive about the impact early years education and care had had on case study children. Although settings were all using some form of monitoring tool for the children in their care, these were only rarely referred to in discussions of impact.

Positive impacts primarily fell into three key (inter-connected) areas:

- Confidence and personal wellbeing,

- Improved social skills, and

- Condition improvement.

Confidence and well-being

One area in which parents and settings reported notable improvements was in children's confidence and general personal well-being. This was seen as one of the key impacts of time spent in early education and care. Improvements in confidence were linked in settings' accounts to the child's increased capacity to interact and play with other children, which was felt to have wider positive impacts (e.g. improved social skills, which are discussed below).

Parents reported that children seemed happier and more content since attending the setting, and in some cases that this had had a positive impact on family life. Additionally, it was widely reported that children had become more independent and less reliant on setting staff to do daily tasks, i.e. that they had higher levels of self-efficacy. Some settings also felt that children had become more proactive and adventurous in terms of the activities they would be willing to try, the materials they played with and how they explored their surroundings.

Social skills

Another key area in which settings and parents felt children had made improvements was in their sociability and capacity to relate to others. Improvements ranged from the development of very basic social skills, such as increased awareness of surroundings, to more complex inter-relational skills, such being able to share toys and take turns. One parent noticed very dramatic changes in her child:

> "Since going to nursery, he started January last year, he's completely a different child. Like he'll talk to anyone, he likes playing with the other children. He used to be really shy around people he didn't know. And, like, say you walked in the house; he would go off to his room and… he couldn't handle the situation, but he's so much better now" (parent, child with a speech delay, South East).

Settings and parents often noted that children were also more comfortable communicating with their peers and with adults (this was the case for children with a speech delay and with other forms of SEND). It was felt that children were using their language skills more frequently, and with a greater range of people, as a result of attending early years education and care.

Improvements in health and development

As well as wider benefits for children's well-being, settings and parents typically reported positive impacts on the child's particular condition or developmental issue; (although this was less often the case for children with particular illnesses or physical problems). For the majority of children who had issues with speech and language, parents and providers felt that there had been an improvement, although the level of progress varied from child to child. Whilst some settings reported that case study children were almost at the developmental level expected for their age group, others reported slower or less steady progress, such as a child who's language skills had regressed during the setting's summer break. In some cases the improvement had a dramatic impact on the children's ability to communicate and therefore on their personal relationships:

> "*I can actually make out what she's saying, and have a proper conversation with her, and understand her, and she doesn't get as frustrated now and I don't get as frustrated*" (parent, child with GDD, North East).

For the children with more complex physical and cognitive needs, examples of impacts were typically more specific to the child's individual needs and development goals. For example, one child with GDD who had struggled to feed himself had started to use a spoon during meal times, marking a significant improvement in his mobility and coordination. In another case, both the parent and the setting reported that the case study child, who had a very severe physical and cognitive needs, now appeared to be aware of his surroundings and had started making eye contact with people. Again, this signified a small, but marked improvement in the child's condition and development. As with this example, it was common for both the parent and the setting to report the same, or similar, positive impacts in the case study child.

7.1 Reasons for impact

Parents and settings acknowledged that these improvements could be due to a number of factors associated with attending an early years setting, including increased social interaction and exposure to new experiences and were therefore not necessarily connected to the quality of the setting, or with specific support activities. (It was widely acknowledged that children experienced normal developmental changes as they matured.) Most of the case study children also had contact with other SEND support services, such as speech

and language therapists, which was thought to play a role in improving children's outcomes, particularly where settings and services were able to coordinate support.

However, some parents felt that simply being in a social environment with other children and adults was enough to instigate a change. Settings also noted that engaging in a highly structured daily routine was beneficial for children.

> "*I think it's just having the routines in nursery has helped him. But that's, you know, that's not to say that it's just, he could have gone to a different nursery and that, you know, he probably would have found the same things*" (nursery class, North East, Ofsted good).

Despite the multiple factors at play in shaping impacts, in one case the improvement in the case study child's speech did appear to be directly connected to his attendance at the setting, and the measures staff made to encourage him to communicate. Both the setting and the parent acknowledged that during the summer break the child's speech noticeably regressed, and that it was only after being back at the setting for a number of weeks that his speech and language returned to previous levels.

8 Conclusions and recommendations

This section draws out the key themes of the report, and reflects on examples of good practice, as well as making recommendations for helping settings provide the best care and support for children with SEND.

Early years provision for children with SEND: Parents and settings typically felt that there was sufficient provision for children with SEND in their own local area. There was, however, some evidence of a gap in specialist early years provision for children with complex needs, particularly high quality provision, which presented difficulties for parents. It was also clear that despite improvements in the amount of information about SEND provision (most notably in the form of the Local Offer), that information could be made more accessible to parents, particularly with support from local authorities. For example, one area offered information and support to parents as part of an integrated service for disabled children and their families. This service was extremely well received by parents and helped them navigate issues such as finding the right provider.

Identification of SEND: All early years providers had processes in place for monitoring children's progress and identifying SEND. Although the precise nature of these processes varied, most settings combined informal observation with more formal monitoring procedures. These procedures appeared to work particularly well where settings could access support and advice from area SENCOs or other SEND support service providers, who were able to share their experience and expertise.

Despite an emphasis on proactive identification of SEND (so that children's needs could be addressed as quickly as possible), providers felt that care was needed when it came to early identification. They were aware that young children's development could change very quickly, that behaviour was affected by environment and changes in routine, and felt that labelling a child as SEND prematurely could be problematic. Findings emphasise the importance of finding the right balance between providing additional support, and allowing children to develop in their own time.

As well as emphasising the importance of involving of other SEND support services in the identification and diagnostic process, settings also highlighted the significance of building strong communication strategies with children's parents, who were seen as playing an integral role in early identification of SEND.

Communication between parents and providers: Parents and settings both typically felt that communication channels worked well, with parents given adequate opportunities to speak to staff, discuss their child's progress and raise concerns, both formally and informally. Despite opportunities to engage, parents tended to show limited involvement and input when it came to steering or shaping provision. This was presented by parents as a trust in providers to know (as professionals and experts) what was best for children, and not needing to get involved in this way. Findings therefore, suggest that settings may want to give further consideration about what can be done to help the parents of children with SEND become more engaged, for example, targeted collection of feedback information.

The introduction of EHC plans: The new EHC process was generally felt to be a positive development in the support and care of children with SEND. However, some providers were reliant on support from area SENCOs and others in the local authority, who were constrained in the amount of help they were able to offer. The difficulties in terms of local authority staffing also meant that gathering the right staff for multi-agency meetings could be difficult and lead to delays in putting support in place of children with severe SEND. There was also recognition that the process could be slow and administratively burdensome, although providers (usually SENCOs) felt that this would improve when they became more familiar with the new system. It was hoped that the new plans would ensure a coordinated, joined up approach to supporting young children with SEND.

The findings from this study suggest that settings could be supported by:
- Better access to area SENCOs and other SEND support services. (The disability support service available in one area included in this study could be regarded as an example of good practice);

- Clear, concise information about the EHC process and guidance on when this form of support is appropriate. This could usefully include highlighting information already available, such as the user journey mapping website, http://ehcpjourneys.com;

- Better communication and consistency between settings providing care and support for a child with an EHC plan - including clearer processes for monitoring and communicating any changes to the plan;

- More timely management of EHC applications, so that additional funding and support can be put in place as soon as possible.

Resources and funding: The greatest barrier settings faced to fully meeting the needs of children with SEND was resource constraints, including a lack of additional funding. There were also issues with the complexity of funding application processes, and the length of time it took to receive additional funding as well as the adequacy of amounts. Findings suggest that settings would benefit from:

- Clear concise information for settings on funding options for children with SEND;

- The timely processing of funding applications;

- Amounts which more accurately reflect the level of support required for each particular child, for example, sufficient funding to support one-to-one care should that be deemed necessary.

There were also issues with the provision of other SEND support services, which lead to delays in diagnosis and support for some children with SEND. In areas where provision for SEND worked well settings were able to access support from the area SENCO, refer to other services for timely diagnosis and then to external support. However, there were many examples of long waiting lists, delayed diagnosis and gaps in universal services such as health visitors, all of which made identifying problems and accessing support more difficult. For areas with a specialised disability support service, this seemed to be a very positive addition to local services and helped parents navigate the system at a difficult time in their

lives. Findings highlight a deeper issue with local authority resourcing, which warrants further exploration.

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Appendix A Invitation Letter: Parents

We'd like to see you again

You recently took part in an interview for the Study of Early Education and Development (SEED). Thank you so much for your time. We are now undertaking a study to find out how childcare providers meet the needs of children, including those with health or behavioural issues. During your last interview you mentioned that your child attended a nursery or pre-school, and that you had some concerns about their health, development or behaviour.

If this is still the case, we would like to invite you to take part in this study to talk about your experience of the nursery or pre-school your child attends.

However, we understand that things change quickly with young children. So, if the situation has now changed, for example, you no longer have concerns about their health, development or behaviour, then please accept our apologies, and let our interviewer know when they call.

What happens next?

One of our interviewers will contact you by telephone in the next couple of weeks to answer any questions and arrange a convenient time to visit. Taking part is voluntary. If you do not wish to take part, or your situation has changed, please contact me on 0207 549 9571 or at julia.griggs@natcen.ac.uk by the 21st September.

What will taking part involve?

Your interview will take up to an hour. A NatCen interviewer will visit you at home, or a location of your choice, at a time that is convenient to you. You do not need any special knowledge to take part – we are interested in hearing your experiences and opinions. There is no need for your child to be at home when we visit.

With your permission, we would also like to interview your child's key worker at their nursery or pre-school, and to observe how your child experiences this environment. Please note, we would need to share your child's name with your nursery or pre-school when organising the interview with their key worker. Your interviewer will be able to explain more about this.

Thank you

Everyone taking part will receive a £20 shopping voucher as a token of our appreciation.

We have included further information in the Frequently Asked Questions page overleaf. If you have any further questions, please do not hesitate to contact me.

Thank you for your ongoing support,

XXXX

Natcen Social Research

Frequently asked questions

What is SEED?

SEED is the Study of Early Education and Development. The study will find out how early education can help give children the best start in life, and what is important for high quality early years provision. You can find out more about the study on our website www.seed.natcen.ac.uk.

Who is carrying out the research?

The Study of Early Education and Development (SEED) is being carried out by NatCen Social Research on behalf of the Department for Education (DfE). NatCen Social Research is an independent social research organisation that carries out research on a wide range of social issues. You can find out more about NatCen on our website www.natcen.ac.uk.

What does the research involve?

This part of the SEED study aims to find out how nurseries and pre-schools meet the needs of all children, including those with health, development or behavioural issues. We are talking to 16 families and their early years providers about how settings support each child, to ensure they get the care and education they need. We are particularly interested in hearing about:

- How easy or difficult it was to find the right early years provider
- How nurseries measure and keep parents informed about their child's progress
- Parents' views on how their early years setting is affecting their child's behaviour, development and learning.

We will be speaking to parents before contacting nurseries and pre-schools, to confirm they are happy for us to make contact. We will need to share the child's name with the nursery to make sure we are interviewing the most appropriate member of staff.

What will happen to the information I give?

Your views will contribute to a report for DfE. However individuals will not be named in the report. The results will help the government make decisions about early education for children in England. To keep up to date about the publication of the report please visit the SEED website www.seed.natcen.ac.uk.

Why are you recording the discussion?

With your permission we would like to audio record the discussion so that we do not interrupt the natural flow of the conversation by having to take notes. This will also give us an accurate record of your views and comments. No one outside of the NatCen research team will have access to the recording. The information collected during this study will be treated in the strictest confidence, and your childcare setting will not know what you have said. Your name and personal details will not be used in any research findings and it is completely up to you whether you take part.

Confidentiality

Your personal details and answers will remain strictly confidential and will be handled in accordance with the Data Protection Act 1998. Any benefits you may be receiving will not be affected by taking part in this study.

Where can I find out more?

For more information you can visit www.seed.natcen.ac.uk, call XXX or email XXX to speak to the research team at NatCen. Your interviewer will also be happy to answer any questions you may have.

Appendix B Invitation Letter: Settings
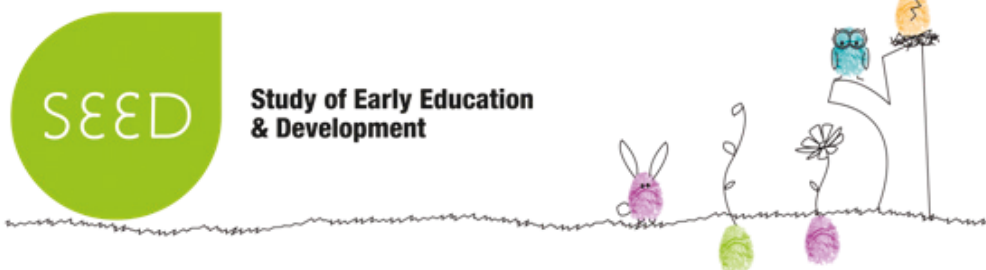
Setting manager
Setting name
Address 1
Address 2
Address 3
Postcode

SEED: Meeting children's health, development and behavioural needs

Dear [Setting Manager]

The Department for Education has commissioned the Study of Early Education and Development (SEED), a major longitudinal study following over 5,000 two-year-olds to the end of Key Stage One. It will find out how childcare and early education can help to give children the best start in life and what is important for high quality early education. The study is being carried out by NatCen Social Research, working with Frontier Economics, the University of Oxford and 4Children. You can find out more about the study by visiting the SEED website: www.seed.natcen.ac.uk

Why are we writing to you?

We are currently interviewing families who have previously taken part in SEED and have indicated that their child has a health, developmental or behavioural issue. We would like to visit the childcare and early years settings that these children are attending. This element of the SEED project aims to understand in-depth how early years settings meet the needs of children with special educational needs and disability (SEND) and what the facilitators and barriers are to meeting these needs.

We have spoken to the parents of the case study child and they have kindly given us permission to contact your setting to arrange an interview with a member of your team (the child's key worker or your setting's SENCO) and to carry out an informal unstructured observation of their child.

Taking part is completely voluntary and findings will be reported anonymously. Visits will be taking place from October 2015 to January 2016 and can be arranged for a date and time that is convenient for you and your colleagues.

What do I need to do?

We will contact you by telephone in the next couple of weeks to explain this element of the study further and to answer any questions you may have.

We have included further information about the research in the FAQ page overleaf. If you still have questions about the study or want any more information about what taking part will involve, please contact me on XXX or at XXX.

Thank you for your support, your contribution is invaluable.

If you are not the setting manager we would be grateful if you could forward this letter to them.

Yours sincerely,

Natcen Social Research

Frequently asked questions

What is SEED?

The Study of Early Education and Development (SEED) is a major longitudinal study following 5,000 two-year-olds from across England through to the end of KS1. It is looking at how childcare and early education can help to give children the best start in life and what is important for high quality early education. The study is being carried out by NatCen Social Research, working with Frontier Economics, the University of Oxford and 4Children, on behalf of the Department for Education (DfE). There are a number of strands to the research. For more information please visit www.seed.natcen.ac.uk.

What does the research involve?

This study, undertaken as part of SEED, aims to find out how early years settings meet the needs of all children, including those with health, development or behavioural issues. We are talking to 16 families about their experiences of using early years provision. We would also like to talk to the early years provider that their child attends to find out more about how settings support each child, to ensure they get the care and education they need. The families we have spoken to have kindly given us permission to contact your setting to arrange an interview and to carry out an informal unstructured observation of their child.

What will the visit involve?

Each case study involves a NatCen researcher visiting your setting to interview a member of staff (ideally the case study child's key worker or your setting's SENCO) to discuss your work with the specific child and children with special educational needs and disabilities (SEND) in general. We would like to conduct a short informal observation of the child in the course of a normal day at your setting.

For staff participating in an interview, taking part will involve speaking to a researcher face-to-face for up to 1 hour. The visit will be arranged for a date that is convenient for you/ the staff member and the interview will be arranged for a time that minimises disruption to the working day. We are particularly interested in hearing about:

- How your setting identifies children with SEND
- What provisions your setting has for children with SEND
- How your setting communicates with parents of children with SEND.

There are no right or wrong answers: we are interested in hearing your views and experiences. With your permission, we will audio record the discussion so that we do not interrupt the natural flow of the discussion. This will also give us a more accurate record of what has been said. No one outside of the NatCen research team will have access to the recording. Participation is completely voluntary and all findings will be reported anonymously.

Complete confidentiality

Responses will be treated in strictest confidence and in compliance with the Data Protection Act 1998 with results being anonymised and used for analysis purposes only.

What happens after the interview?

Your views will contribute to a report for DfE. However individuals will not be named in the report. To keep up to date about the publication of the report please visit the SEED website www.seed.natcen.ac.uk.

Who are NatCen Social Research?

NatCen Social Research is an independent social research organisation that carries out research on a wide range of social issues. You can find out more about NatCen on our website www.natcen.ac.uk. If you have any questions about the research please contact XXX on XXX or email XXX.

NatCen
Social Research that works for society

SEED SEND study

Topic guide for parents

Aim of the interviews (for researcher)

In order to understand how early years providers work for children with SEN/D, NatCen has been asked to undertake interviews with families who have a child with special educational needs and/or a disability (SEN/D) who is currently using group childcare. Case study families have been selected using a measure of SEN/D which combines the child's score of the vocabulary test with the parent's own report of their SEN/D status. There will be paired interviews with childcare providers.

The aim of interviews with parents is to explore their experiences of early years provision for their SEN/D child, and better understand how the setting caters for that child's health/ behavioral/ developmental needs.

The interview is entirely voluntary.

The topic guide

This guide sets out a number of topics that will be covered during interviews. The guide does not contain follow-up probes and questions like `why', `when', `how', etc. as participants' contributions will be explored using prompts and probes in order to understand how and why views, behaviours and experiences have arisen.

The interview will last for approximately 60 minutes.

Participants will be offered a £20 high street shopping voucher to thank them for their time.

The order in which issues are addressed and the amount of time spent on different themes will vary between individuals and according to individual demographics and dynamics.

Introductions

- Introduce self and NatCen

- Introduce research, the aims of study and interview

- We have invited you to take part in an interview because we want to talk to parents about how their early years provider (e.g. nursery or pre-school) supports their child, particularly in relation to any health/ behavioural/ developmental issues. We are speaking to parents and (with your permission) to early years providers to enable us to get a detailed picture of experiences of early years provision among families with children who have a special educational need and/ or a disability (SEND). IF NECESSARY: You have been selected for the study because during your last SEED interview you indicated that you had some concerns about your child's health, development or behaviour.

- Explain:

    o Voluntary participation – any questions they do not want to answer, that is fine

    o Brief overview of topics to be covered

    o Length (no more than 60 minutes)

    o Confidentiality, anonymity and potential caveats

    o Audio recording (including encryption, data storage and destruction)

    o INTERVIEWER: Verbal consent recorded on tape

- Any questions?

Background information

First I'd like to ask you some questions about yourself and your child, including background information about their health/ behaviour/ development

- Can you tell me about who lives with you at your home address? Probe: partner/ (step-)siblings / extended family

- Are you working or studying at the moment? PROBE: partner's employment status (if relevant), hours per week.

- Can you tell me about your child? And a bit about what their needs are? PROBE: type of health/ behavioural/ developmental issue, severity etc. (Researcher note: if the parent does not define the child as having a health/ behavioural or developmental problem, questions in italics may not apply)

- *How did you come to identify your child's health/ behavioural/ developmental issue? PROBE: whether there's been a formal diagnosis, who spotted the problem initially – parents/ childcare provider, GP? When was the issue identified?*

- Are you currently receiving support/ health care for your child? *PROBE: what type of support or care, referrals to specialists/ speech therapy – provided at provider or elsewhere? EHC plan in place (or a statement of educational needs prior to September 2014)? How much say you had in type of support given / EHC plan?*

Finding and accessing early years provider

The next few questions are about finding and accessing an early years provider. (Researcher note: if more than one provider is used, ensure the parent focuses on the group setting we are doing the observation in)

- What kind of childcare does <name of child> go to at the moment? PROBE: Mix of childcare – how much time spent in <early years provider> compared to other settings? Probe for hours per day/ days per week.

- How long has <case study child> been going to <early years provider>?

- How do you travel to <early years provider>? How easy is it for you to get there?

- Has your child been to any other formal early years providers in the past? PROBE: What type of provider/s attended previously, what prompted the change?

- How did you find out about <early years provider? PROBE: how easy or difficult was it to find them; where first heard about them (e.g. word of mouth, signposted)?

- When deciding where to send your child, what sort of choice did you have in terms of early years providers? PROBE: If no / very little choice, what restrictions were there – include SEND-related? If you had choices, what options were available?

- When deciding where to send your child, did you check whether providers had arrangements in place for children with SEND? If so, how did you do this? How easy or difficult was it to find out how the provider supports children with SEND?

- What was the main reason for choosing <early years provider>? PROBE: the need to work/ study? Good for the child? Cost, proximity to work/home, siblings attending already? Good reputation? What considerations parents made when considering different providers, *especially in relation to child's health/ behavioural/ developmental needs*.

- Did you experience any difficulty getting a place for your child at <early years provider>? E.g. waiting list, contacting provider

- Can I ask you about the cost of childcare? Do you currently take up the 15 hour free entitlement? PROBE: pay for any additional childcare, how many hours, whether additional hours are taken <early years provider> or elsewhere?

- How does/ did this factor into your decision about childcare and your choice of provider? PROBE: is cost prohibitive, did it rule out another preferred provider, limit hours etc.?

- Did you encounter any (other) difficulties finding good quality early years care for your child?

Views on care from childcare provider

The set of questions are about your opinion of the care and support given to your child by his/her group early years provider (Researcher note: please ensure the parent focuses on the current group early years setting)

- *Did you speak to staff at your early years setting about your child's particular needs before enrolling them? (Researcher note: enrolment may have pre-dated the child's diagnosis – please discuss timeline including when and how this was discussed with provider).*

- What does your early years provider do for your child in terms of meeting their physical, developmental and educational needs? *PROBE: Did they put any particular/ specialist provision in place for your child? Have they made any changes to their facilities since your child has been there? New equipment/adaptations? New policies? PROBE: Did you request any changes? Did the provider carry out any of your requests? Do feel you have a say in the type of care your child is receiving?*

- Is there a Special Educational Needs Co-ordinator (SENCO) at your early years provider or in the LA? What do you understand their role to be? PROBE: has any contact with the SENCO, how often, and helpful this is.

- If you have any concerns about the development/ health of your child, who do you contact in the first instance? E.g. Key worker at EY provider, SENCO, GP? Probe for reasons?

- If there have been issues, how have you raised them with <early years provider>? PROBE: How did they handle the process, what was the outcome, and how satisfied were you with how things were managed and resolved? Did you feel you were listened to?

- Do you feel that <early years provider> effectively **identifies** your child's needs? PROBE: Do you feel they regularly monitor your child's progress and development? How are you made aware that they are doing this? Do you feel involved?

- Do you feel that your early years provider effectively **meets** your child's [*health and development]* needs *(particularly as they relate to SEN/D)*? PROBE: communication, learning, social and physical needs – explore reasons underlying answer

- Is there anything that you would like to see improved about the way your early years provider cares for your child? Probe for overall, and/ *or SEND related*/ child development. Have you discussed this with your provider?

- Has your child had an EHC needs assessment or have you requested one? If yes, who requested it? What stage are you up to? E.g. local authority is deciding whether to assess; assessment and evidence gathering; local authority not intending to issue a plan; plan has been finalised; appeal stage.

- *Do you feel you have been involved in the assessment? PROBE: have you been listened to? Have your preferences been considered?*

- *IF CHILD HAS EHC PLAN – do you agree with the plan i.e. the placement, provision, description of child's needs?*

Information from and communication with childcare provider

- Have you sought and/or been given information or advice about your child's health/ behaviour or development from <your early years provider>? PROBE: type of information received, reasons they sought this service/ support, what prompted it and how beneficial they found it?

- How have you found communicating with staff at your early years provider? PROBE: been able to build a relationship with them, feel welcome and supported, confident to raise issues? Child's key worker main point of contact or someone else? Do they communicate regularly - too much/ too little, what would you change?

- What opportunities do you get to plan and review your child's progress with your childcare provider? In what ways? PROBE: feedback forms, informal discussions, meetings etc. Who with? How regularly?

- *Have you sought information, advice or support from anywhere else in relation to your child's health/ behavioural/ development needs? PROBE: what sorts of information/advice and where from (e.g.: support from family/ friends, health care providers/ counselling), reasons they sought this service/ support, how beneficial they found it.*

- *How effectively do you think the range of local information, advice and support services for children with SEN/D has been communicated to you? PROBE: Who signposts you to these services (or did you look yourselves), how useful was the information?*

- *Do you have suggestions as to how to improve the way services and support are communicated to families? PROBE: channels – e.g.: how would you like to hear about services?*

Perceived impact

- Would you say your child's health/behaviour/development has changed in any way since attending your early years provider? PROBE: nature and extent of change

- How prepared for school do they seem? PROBE: measures taken by early years provider to improve school readiness.

- How supported do you/other members of your family feel by your early years provider? PROBE: whether the family's wellbeing has improved since <name of child> has been at <early years provider>?

- Overall, how would you describe your experience of your early years provider and the impact it has had on your child? (+ve or -ve)

- Any final thoughts or comments?

Thank and close

NatCen
Social Research that works for society

SEED SEND study

Topic guide for providers

Aim of the interviews (for researcher)

In order to understand how early years providers work for children with SEN/D, NatCen has been asked to undertake interviews with families who have a child with a special educational need and/ or a disability (SEN/D) child who is currently using group childcare. Case study families have been selected using a measure of SEN/D which combines the child's score of the vocabulary test with the parent's own report of a health, behavioral or developmental problem. There will be paired interviews with the child's parents.

The aim of interviews with providers is to explore their experiences of providing early years services for SEN/D children (in particular the case study child and their family), and better understand how the setting caters for that child's health/ behavioral/ developmental needs.

The interview is entirely voluntary.

The topic guide

This guide sets out a number of topics that will be covered during interviews. The guide does not contain a full range of follow-up probes and questions like `why', `when', `how', etc. as participants' contributions will be explored using prompts and probes in order to understand how and why views, behaviours and experiences have arisen.

The interview will last for approximately 60 minutes.

The order in which issues are addressed and the amount of time spent on different themes will vary between individuals and according to individual demographics and dynamics.

There is no financial incentive for providers.

Introductions

- Introduce self and NatCen

- Introduce research, the aims of study and interview

- We have invited you to take part in an interview because we want to talk to early years providers about how they support children with special educational needs and/ or a disability, and in particular <case study child>, in relation to any health/ behavioural/ developmental issues they may have. We are speaking to parents and early years providers to get a detailed picture of experiences of early years care among families with children who have SEN/D.

- Explain:

    o Voluntary participation – any questions they do not want to answer, that is fine

    o Brief overview of topics to be covered

    o Length (no more than 60 minutes)

    o Confidentiality, anonymity and potential caveats

    o Audio recording (including encryption, data storage and destruction)

    o INTERVIEWER: Verbal consent recorded on tape

- Any questions?

Background information

First I'd like to ask you some questions for background information about <early years provider> and your role there.

- Can you tell me a bit about <early years provider>? PROBE: type of setting, funding, number of staff, type of staff – manager, key workers, SENCO, number of children on roll, number of children per session, opening hours etc.

- Do you currently have free entitlement places?

- Does your setting have a dedicated SENCO, or access to a SENCO who covers your provider as well as others?

- Can you tell me about your role at <early years setting>? PROBE: any particular responsibilities for SEN/D? How long in post, qualifications, previous roles in this sector?

- Involvement with <case study child>. E.g. child's key worker?

- Profile of children at the setting. PROBE: How many children with SEN/D/ EHC plans/ statements, what are their needs?

- Views on the amount of early years provision available for children with SEN/D within the local area.

- How would parents thinking of sending their child to your setting, be able to find out whether you have arrangements in place to support children with SEND? PROBE: What does your setting do (if anything) to advertise that they can take on children with SEND? If not, why?

Identifying SEN/D

I'd now like to look at how <early years provider> responds to initial concerns about a child's progress and how you identify special educational needs.

- Does your setting have a (formal or informal) process for identifying SEN/D in children? Can you describe it? PROBE:
    - What are the key assessment processes?:
    - (Themed) observations
    - Progress against EYFS outcomes
    - Progress/ development check at 2-3
    - Staff involved (all staff, or just some – reasons for this?)
    - Agencies involved (e.g. health visitors, speech and language therapists, portage workers, educational psychologists, specialist teachers)
    - Parental input
- How is the information gathered from this process brought together to decide if the child has SEN/D? PROBE: How do the agencies work together? What works well / less well in the process of identifying SEN/D in very young children?
- (If not discussed above) What role do the child's parents play in this process? PROBE: when are they approached initially? How are they involved? What information is given to them? How often? In what format? What are the successes/ challenges/ barriers?
- Has <early years provider> ever identified a child they felt had an SEN/D? PROBE: How much support did the provider receive from the LA, how quickly was provision put in place?
- What involvement has <early years provider> had with the local authority in the development of the Local Offer? PROBE: what kind of involvement? What is your understanding of the Local Offer, including value of / problems with Local Offer?

Provision for children with SEN/D

Once a child has been identified as having SEN/D I would like to find out what support <early years setting> is able to provide.

- As a provider, do you feel confident in knowing the support measures you are legally obliged to have in place to support <case study child>?
- *Thinking about <case study child> what is your understanding of their additional needs? PROBE: physical, educational, communication needs.*
- *What does your setting do to meet these needs? What provision has been put in place? How quickly are/ were you able to this?*
- *Are/ were there any barriers to meeting <case study child's> needs (e.g. funding, suitability of premises, staffing, access to training)? How were / will these barriers be overcome?*
- *Who is responsible for making sure <case study child's> needs are met? E.g. key worker on a day to day basis, SENCO support? PROBE: what do they do, how does this fit alongside support from other staff at the setting?*
- *What support if any, have you had with external provision in relation to meeting <case study child's> needs? E.g. health visitor, speech therapist, area wide SENCO.*
- (If not discussed above) Have any adaptations been made at <early years setting> for <case study child>/ other children with SEN/D? PROBE: What kind of adaptations? How successful were they? Anything preventing adaptions – barriers/ challenges? What role have the requirements of the Equality Act 2010 had on this provision – i.e. has it prompted changes?

Thinking more generally:

- Once a child has been identified with SEN/D:
    - How quickly are you able to provide the support they require?
    - Are you/ other staff able to access relevant training? PROBE: Any barriers to this? How often do they access training/ CPD? How useful is it?
    - Does <early years provider> draw on additional funds from the local authority to support children with SEN/D? How is this funding used?
    - To what extent do you work with health and social services e.g. health visitors, speech therapists, specialist teachers? PROBE: feels supported by other services? Key referral process for external support/ provision.
    - How much support do you get from the area SENCO? PROBE: Frequency of meetings, how much time per month? What support do they offer the setting and/ or the parents and children? Successes/ challenges/ barriers?

- Have you had experience of the EHC process? How have you found it? PROBE: Any feedback on the EHC process, what works well/ less well, any challenges?

- Have you conducted the Integrated Review for children at your setting? How have you found it? PROBE: How much do you know about the Integrated Review? Will it improve early identification of SEN/D? (IF NECESSARY: the integrated review started in September and covers the development areas in the Healthy Child Programme two-year health and development review and the EYFS two-year progress check)

- How are children with more complex needs included at your setting? In your experience, when including a child with complex SEN/D at your setting what are the main challenges or barriers that you face?

Communicating with parents

- How do you communicate with parents about their children's development and health needs? PROBE: able to build relationships and open dialogue with them?

- In what ways does your setting offer opportunities for parents to feed back their thoughts, feelings and experiences? PROBE: consultations, feedback forms, informal discussions, do parents feel comfortable talking to your setting? Any evidence for this?

- Do you have a formal system in place to communicate with families whose child has SEN/D? E.g. regular meetings, 'assess, plan, do and review'. PROBE: informal communication in addition to this

- Typically what information, advice or support do you offer to parents in relation to children's health/ behavioural/ development needs? PROBE: any formal processes for providing information?

- Can you suggest any improvements to the ways information, advice or support are offered to parents?

- Are there any plans to (further) develop the role parental voice has in shaping provision at your setting?

Perceived impact

- Do you feel <early years provider> is fully meeting <case study child's> needs? PROBE: If yes, why? How do they know? If not why? What are the successes/ challenges/ barriers?

- Thinking in general, do you feel that <early years provider> is able to offer the necessary support required for children with SEN/D? PROBE: What are the successes / the challenges and barriers? How could it be improved?

- Would you say <case study child's> health/ behaviour/ development has changed in any way since coming to <early years provider>? If so, how has it changed? PROBE: reasons for the change, i.e. improvements as a result of intervention by provider/ others?
- Any final thoughts or comments?

Thank and close

Appendix E Observation guide

Note: the purpose of the case study child observation is to inform the interview with the child's key worker / setting's SENCO. The data gathered here will not be formally written up, nor included in the report. It is an internal document only. (Level 3 data: please store securely).

ACTIVITY/IES OBSERVED	
CHILD BEHAVIOUR	Sense of comfort and ease in the setting Relationship with other children Capacity to join ongoing activities
INTERACTION WITH STAFF	Interaction with key worker (e.g. communication, any physical help given) Interaction with other staff
SETTING SPECIFICS	Any additional care/ support given to child by key worker/ other staff Any (physical) adaptations made for/used by the child
OTHER	Any difficulties experienced Anything else

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