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Removing barriers: a 'can-do' attitude

A report on developing good practice for children with special needs in early years childcare and education in the private and voluntary sectors

**Better
education
and care**

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Preface

The creation of good quality, affordable childcare and early education lies at the heart of government policy to promote social inclusion and economic well-being by enabling parents to return to work. But for children with special needs and their parents, access to childcare and early education is more difficult.

This report sets out the findings of a survey to evaluate what childcare providers in the private and voluntary sector are doing to make it easier for children with special needs to access care and education and for these children to have the best possible outcomes.

The inquiry into the death of Victoria Climbié led to the consultation paper *Every child matters*, which identified five outcomes for children that should be achieved no matter where they live, whatever their needs, or the services they use. The Children Act 2004 places a duty on local authorities to work closely in partnership with all services working for children and young people towards a positive set of clearly identified and shared outcomes. The outcomes are that children should be helped:

- to be healthy
- to stay safe
- to enjoy and achieve
- to make a positive contribution
- towards economic well-being.

During the same period the government also published *Removing Barriers to Achievement*, its strategy to improve opportunities for children with special educational needs. This emphasises that all children have the right to a good education and to fulfil their potential whatever their background or ability. This study is a timely examination of outcomes for children with special needs in 42 childcare settings across the private and voluntary sectors.

We found some inspirational practice amongst childminders and day-care providers, including the ability to care for children who required invasive daily medicines and others who had profound and multiple learning difficulties. However, we also found, too commonly, that inconsistency and lack of joined-up support created unnecessary barriers to the inclusion of children with special needs. As we advocate the use of best practice to learn from, I hope that this study will be helpful in indicating how providers can remove barriers for children with special needs and enable them to participate and achieve within their local communities alongside their peers.



David Bell

Her Majesty's Chief Inspector

Introduction

In its green paper, *Every child matters*, the government identified a number of barriers standing in the way of children with special needs¹:

- poor coordination between health, education and social care for young children with special needs leading to gaps in support for parents and weaknesses in sharing information between professionals
- shortfalls in the availability of childcare for disabled children and in specialist advice and support for young children in early years settings
- difficulties in arranging funding streams so that resources are available to support earlier intervention
- insufficient information to parents about suitable childcare
- too much bureaucracy and paperwork associated with the Special Education Needs (SEN) system.

The Disability Discrimination Act (DDA) 1995 has applied to the provision of childcare since it came into force in 1996; at that time education provision was exempt. The Special Educational Needs and Disability Act 2001 brought in changes to both the special educational needs (SEN) legislation and to the DDA. These changes extended the coverage of the DDA to include education and associated services. Since September 2002 it has been unlawful to discriminate against disabled children in the provision of any service. The DDA has been implemented incrementally. From October 2004, providers of any goods or services (including childcare) are expected to make reasonable adjustments to the physical environment in order to improve accessibility for disabled people. Providers can take available resources and feasibility into account in deciding how they will respond to this duty.

The DDA 2005 further amends the DDA 1995. For the childcare and education sectors, the DDA 2005 places a duty on all public sector authorities to promote disability equality. The new duty will affect a range of childcare and education providers who are receiving public sector funding as well as statutory services. The Disability Rights Commission is preparing a statutory Code of Practice to explain this new duty.

The DDA duties apply to all providers of early education and childcare. Part 4 of the DDA applies only to early years settings that are constituted as schools. Part 3 of the DDA covers all providers that are not constituted as schools such as day nurseries, family centres and childcare centres, preschools and playgroups, individual childminders and networks of accredited childminders. This report covers providers of early years education and childcare that are not constituted as schools and therefore come under Part 3 of the DDA.

¹ Where the term 'special needs' is used in this paper, it is used as a general term to include children with special educational needs (SEN) as defined by the Special Educational Needs Code of Practice; disabled children; and children with medical conditions needing special consideration. Other terms used in this report are clarified in Annex A at the back of this report.

The DDA sets out two main duties, which apply to all providers of services to disabled children. These are:

- a duty not to treat a disabled child 'less favourably' than other non-disabled children for a reason relating to his or her disability and:
- a duty to make 'reasonable adjustments' to accommodate disabled children, so that they are not placed at a disadvantage for a reason relating to their disability.

Other government initiatives that form part of the 'inclusion framework' are: *Choice for parents, the best start for children: a ten year strategy for childcare*; the children's National Service Framework (NSF), the Sure Start programme; and the Early Support Programme (ESP). The ESP is a national strategy supporting local action to develop family-centred multi-agency support for young disabled children and their families. The NSF sets national standards for health and social care and education. New children's trusts will bring together planning, commissioning and funding of services to provide a better deal for children with special needs through a network of children's centres and extended schools.

Most recently the Prime Minister's Strategy unit has published, *Improving Life Chances for Disabled People*, which states that by 2025 disabled people should have full opportunities and choices to improve their quality of life and be respected and included as equal members of society. The report focuses on the coordination of services for disabled children and their families, especially in the early years (0–5), through childcare, early education and early family support.

Registered providers of early years childcare in the private and voluntary sector must meet the requirements of the national standards, which are the minimum standards set out by the government.

National Standard 10: Special Needs, sets out minimum requirements about what private and voluntary providers must do to support children with special needs in the setting. However, Standard 10 does not cover what providers should do to remove barriers and help children with special needs be included in the setting in the first place.

The government's agenda, together with a plethora of initiatives around inclusion of children with special needs, has moved on since the national standards were written. Even those who receive a judgement of good against National Standard 10 may experience difficulty in keeping pace and promoting the best possible outcomes for children with special educational needs.

Data from previous Ofsted inspections demonstrates that good practice for children with special needs is not widespread across the private and voluntary sectors. Annex B shows that, in our inspection programme of 46,037 providers in 2003–04, under 30% achieved a 'good' grade for National Standard 10 compared to an average 50% judged 'good' against the other 13 standards. Of these 46,037 providers judged to be 'good', about 100 were identified as having

an aspect of outstanding practice in relation to special needs compared to an average of over 160 across the other standards.

This study examines 42 registered childcare settings in the private and voluntary sector that were judged as 'good' in relation to National Standard 10, Special Needs, at their last Ofsted inspection. It looks at what these settings do to break down barriers and include children with special needs.

The sample includes a diverse range of providers: childminders, out of school provision, and nurseries providing funded nursery education to 3 and 4-year-olds. Although nine out of ten providers in this study promote good outcomes for children, the sample is not representative of the sector as a whole.

How the study was carried out

Between November and December 2004 a team of seven childcare inspectors made a total of 42 study visits to selected providers in the private and voluntary sectors across all regions of England. The 42 settings are all registered with Ofsted to provide childcare for children aged under 8 years. Eighteen also provided funded nursery education. Seven of the settings offered specialist provision for children with severe and complex special needs.

The types of setting visited were as follows:

Sessional day care	5%
Full day care	42%
Childminders	19%
Out of school care	10%
Holiday playschemes	7%
Specialist provision	17%

Ofsted's Research, Analysis and International Division selected the sample using data from previous inspections where judgements had identified good or outstanding practice for children with special needs or where national childcare organisations gave strong nominations.

As the sample was selected on a non-random basis, data from the study is not representative of practice across the private and voluntary sector, nor does the sample size allow for comparisons between types of providers or areas of the country.

Childcare inspectors spent between half a day and a full day in the settings at times when children with special needs were present. They interviewed the person in charge, studied relevant documentation, including the provider's completed pre-study information form, observed interactions in the setting and, wherever possible, spoke with the Special Educational Needs Coordinator (SENCO), staff, parents and children.

During the study, inspectors collected evidence and made judgements about how well providers removed barriers for children with special needs and promoted outcomes for these children, and made judgements on a four point grading scale of outstanding, good, satisfactory and inadequate.

Key findings

- ❑ Although emerging, good practice and positive outcomes for children with special needs are not widespread, consistent or widely disseminated across the private and voluntary sectors and, until recently, providers have received little direction about how to include children with special needs.
- ❑ The attitude of the provider is fundamental to achieving successful outcomes for children. When the provider is positive, welcoming and displays a 'can-do' approach, barriers to inclusion can be overcome.
- ❑ Children with special needs are more likely to achieve the best outcomes when providers:
 - have a clear set of inclusive values, provide good leadership and consistently develop and review their policies, procedures and publicity to welcome families of children with special needs
 - understand their own strengths and weaknesses and make plans to extend their provision for children with special needs
 - use training to create awareness, change staff attitudes, and develop skills and confidence
 - identify needs systematically at an early stage, design effective interventions and monitor children's progress
 - build effective partnerships with parents
 - encourage children's involvement in planning activities
 - have support, advice and funding from local authorities
 - have access to coordinated multi-agency services from health and social services that give good support for children with special needs and support transitions to school.
- ❑ Children who have complex health needs and children with challenging behaviour present the most difficulties for providers to create an inclusive environment. To overcome these challenges, good providers need access to specialist/well-informed training and coordinated multi-agency support from local authorities, health professionals, and voluntary organisations. This is too inconsistent across the country. As a result, services for children with special needs depend on where they live, not on what they need.
- ❑ Training is inconsistent, lacks accreditation and a clear route, and leaves common gaps in coverage.
- ❑ Modest, imaginative, but low-cost changes to equipment and buildings can have a disproportionately positive effect on removing barriers.
- ❑ Children with special needs achieve the most positive outcomes for enjoyment and achievement when providers make informed use of national educational guidance, such as *Birth to three matters*, *Curriculum guidance for the foundation stage* and the *SEN Code of Practice*, to develop individual learning plans.²

² *Birth to three matters*, SureStart; *Curriculum guidance for the foundation stage*, DfES, 2000

Recommendations

In order to improve outcomes for children with special needs in the daily care of others:

- local authorities should support childcare providers in the private and voluntary sector to develop comprehensive plans to promote the best outcomes for children with special needs
- local authorities and children's information services should provide information to parents of children with special needs that is easily understood, helps them choose appropriate childcare and tells them about useful sources of support
- the DfES should work with local authorities to establish strategic partnerships between local children's services that enable early years providers to access the funding and the coordinated multi-agency support they require to promote positive outcomes for children with special needs across all areas of the country
- the DfES should work with others to develop a clearly accredited and nationally recognised training route to increase the confidence and level of skills in working with children with special needs
- the new Department of Health/Department for Education and Skills guidance on policies to support meeting health and medical needs should be widely disseminated to help childcare providers support the medical needs of children with special needs. Similarly, local authorities, through the Local Government Association, need to produce clear guidance to childcare providers regarding the provision of aids and equipment, intimate care, risk assessments and personal restraint in order to ensure safety
- in training programmes, local authorities should tackle attitudinal barriers, raise awareness and inform providers of high quality national educational guidance, such as *Birth to three matters*, *Curriculum guidance for the foundation stage* and the *SEN Code of Practice*
- local authorities should encourage specialist services to build productive links and outreach support to mainstream providers and disseminate examples of good practice.

Section A

Promoting outcomes for children with special needs

1. When first taking children with special needs, few providers feel well equipped by their training to include a wide range of special needs. Providers in this study across all types of settings show how success with each individual child brings a progressive sense of achievement that builds confidence and the willingness to include a wider range of children with special needs.
2. The ability of providers in this study to promote positive outcomes for children with special needs did not differ significantly according to the type of provision. What made the difference across all types of settings visited was the attitude of the provider; the quality of organisation, management and leadership; the ethos of the setting; the availability of good training; the extent of local authority support; and the quality of multi-agency coordination.
3. Sometimes even providers that Ofsted judge as good in meeting the needs of the range of children who attend cannot admit all children with special needs. Reasons given by just under a quarter of providers in the study for being unable to include individual children with special needs were: difficulties in managing behaviour; inability to manage invasive medicines; and unsuitable premises. However, some groups commented that they had subsequently developed the skills, confidence and support necessary to manage difficult behaviour.

Helping children with special needs to be healthy

4. Children with special needs may have particular health requirements associated with diet, mobility, intimate care and medicines that need help and coordination from a number of agencies as well as requiring close partnership with parents.
5. In this study of the best providers, nine out of ten were good at helping children with special needs to achieve the best possible health in their setting. Where this works well, providers have a comprehensive policy on medication; they access training to help them meet the individual needs of the child; and they work with parents and health care professionals to develop an individual health care plan.

A childminder is asked to care for Samira, a disabled child who needs tube feeding. The childminding network coordinator arranges training for this through links with health care professionals and provides a financial subsidy so that the childminder provides additional care without financial loss.

The childminder works closely with the Samira's parents and uses the same procedures and words as they do when tube feeding Samira so that her health needs are met in a consistent and sensitive way. This is recorded in an Individual Health Care Plan. The childminder explains clearly and simply to other children why Samira needs special feeding arrangements and the children accept this easily.

As a result, Samira feels understood, reassured and cared for and is treated with dignity and respect. She is included and given the same opportunities as her peers. Her parents are given respite from the high demands of caring for her and feel they have more energy in their parental care as a result.

6. High quality training makes a real difference to staff confidence in dealing with health matters. However, local agreements vary and only half the providers visited were able to access training in medical procedures to help them meet the health care needs of a wider range of children.
7. Health visitors, community paediatricians, community nurses and, sometimes, parents can train childcarers to help individual children with procedures such as tube feeding, exercise routines, and clearing tracheotomies to help children with breathing difficulties.
8. However, even where advice, training and support exist, local agreements and protocols about training and risk management for invasive care vary considerably. In this study, the ability of providers to meet health care needs varied not in relation to the type of provider but to the local policy and guidance of health authorities and individuals within them.
9. Particular difficulties and variations in regional practice concerned catheters, tracheotomies, rectal Valium and epipens. Evidence from this study is not representative of the whole sector. However, it is noted that childminders did not experience the same difficulties as providers of group day care in managing medicines. For example:

One childminder was trained to administer rectal Valium and tube feeding and said, 'If I hadn't done it I couldn't have cared for him.' However, another out of school club refused admission to a child with similar needs because local health professionals advised the group against providing the rectal Valium he might require.

Another childminder was trained in the use of a catheter, whilst another specialist group working with disabled children and those with severe and complex needs was unable to manage a catheter for a child because of the advice from its local health professionals.

Similarly, all staff in one group day care setting visited were trained to use an epipen in case of anaphylactic shock; in a second group named

staff were trained for named children; and a third group had a blanket policy not administer an epipen to any child in line with a local agreement with health professionals. Blanket policies such as this are likely to be discriminatory under the DDA because they do not take account of individual needs.

10. Some local authorities and national organisations are working to overcome health care barriers for children with special needs. For example, one local authority is exploring ways to employ 'dual workers' trained to meet both the health and care needs of disabled children. Disappointingly, few providers in the study were able to access this type of multi-agency support.
11. Good practice guidance, as described in *The dignity of risk* and the government's new guidance, *Managing Medicines in Schools and Early Years Settings*, demonstrate consensus about what is good practice in the management of invasive care. However, there is no formal guidance directing Primary Care Trusts to provide consistent training for invasive procedures. Regional inconsistency presents barriers to inclusion where providers are unable to manage invasive medicines without the presence of a parent or nurse.

Keeping children with special needs safe and protected from harm or neglect

12. Children with special needs may have particular needs related to safety: higher dependency, additional healthcare needs, and difficulties in communication can make children with special needs more vulnerable.
13. When they first started caring for children with special needs, providers in this study in all types of settings worried about what was safe and acceptable. They feared accidents and litigation. This can lead to an over-protective attitude that reduces independence, excludes children with special needs from activities, and can have a long-lasting impact on their future development and achievements.
14. All providers in the study had taken appropriate steps to protect children from abuse. Where providers used volunteers to increase staff-child ratios, appropriate procedures were in place, as required by Ofsted, to ensure that volunteers were suitably vetted and managed.
15. Children learn and develop by exploring what they can do, having new experiences and taking risks. However, disabled children are often denied the opportunities and choices open to other children and, therefore, have an equal, if not greater, need to explore, take risks, make choices and develop independence.
16. The providers who were most successful in including children with special needs were confident in identifying, assessing and managing risks. They

worked closely with parents, took children's views into account and knew how to get support, advice and equipment from other specialist agencies to meet individual assessed needs. These effective providers managed hazards, and developed and adapted activities, to give children appropriate challenge whilst protecting them from unacceptable risks. As a result, children with special needs were involved in a wider range of activities and were able to have fun and develop confidence, self-esteem and independence alongside their peers.

A large play facility wanted to open its play scheme to disabled children but lacked the necessary experience. Support from a local authority inclusion project helped the play scheme by identifying and assessing potential hazards for individual children in each activity.

Where necessary, disability support workers visited the child and parent at home prior to the scheme to obtain comprehensive information about the child. This included information about mobility, the need for special equipment, the means of communication and level of comprehension, dietary and health needs, including continence, allergies and medicines and also issues related to behaviour. Discussions with parents and the child helped identify risks and the best ways of managing them.

Rather than eliminating risks, the project helped the child be involved in planning activities and provided supports to enable such activities to be managed: for example, one to one support to enable children to access activities in safety; specialist skills such as signing; and equipment such as hoists or special chairs and standing frames.

The parents of Adam, a child with profound and multiple learning difficulties who attends a special school, wanted to send him to an out-of-school club. Features of Adam's special needs included having no speech, double incontinence and being prone to falling. The club produced a five-page risk assessment that stressed the potential dangers and the problem of clinical waste, and refused Adam admission without having seen him.

The parents sought help from the local authority who facilitated a meeting between the parents, the club, and the local authority 'inclusion officer' to help consider what was needed to include Adam. As a result, the local authority funded a package of support for a one-to-one worker and arranged training in intimate care. They arranged disposal of clinical waste through social services and also provided training and equipment for suitable play activities, for example a Sportsability pack with large rolling balls, a sensory suitcase, activities such as carpet bowls and big noisy vibrating toys for use by all children, including Adam. When staff met Adam they were able to see him as an individual rather than a disability and attitudes changed.

This initial and ongoing support overcame staff fears and enabled the club to find ways positively to include Adam and offer him play experiences within a mainstream setting. Other children in the club followed this lead and responded positively to him. His father said the other children were very inquisitive about him asking, 'Why doesn't he speak?', to which clear and matter of fact answers were given such as 'He doesn't know how to yet.'

Staff responded to concerns from other parents in the club by confidently explaining their policy around inclusion and explaining how they assess the needs of all children and aim to meet them wherever possible.

17. However, even in this study of good practice, lack of access to appropriate specialist risk assessment training for disabled children and children with SEN causes barriers to their participation. Over half the providers visited had accessed some form of training in risk assessment.
18. Uncertainty about personal restraint can cause barriers to inclusion and a lack of confidence in dealing with behaviour. This study looked at settings with identified good practice and found the most common reason for excluding children with special educational needs was difficulty in managing their behaviour and the risks this posed to children's safety. Just over half the settings in the study had policies on personal restraint or physical intervention, although very few had accessed specific training. Training is not widely available and much of it focuses on older children.

Helping children with special needs enjoy and achieve

19. In this study more than nine out of ten providers are able to help children with special needs enjoy what they do and achieve well. They recognise how poor interpersonal and social skills can lead to low self-esteem, poor behaviour and difficulties in learning. They use positive behaviour management techniques and help children take responsibility for their actions, which makes them become more effective learners.
20. They create a nurturing, tolerant atmosphere that creates a positive context for learning by helping children with special needs feel emotionally secure and valued. They encourage communication, respectful relationships and positive interactions between children and between children and adults. The most effective providers have high expectations for children with special needs and develop a well-defined and consistently applied approach to identify needs at an early stage. They work closely with parents and outside professionals using these relationships to help plan and monitor appropriate activities that build on what children can already do.
21. Nationally consistent training and guidance helps providers assess and record the needs and progress of individual children, and plan appropriate

activities for them. The provision of national materials helps those involved in childcare and early education to help children with special needs to enjoy what they do and achieve well. Examples include *Birth to three matters*, to help develop good practice for children aged under 3 years and the *Curriculum guidance for the foundation stage*, which sets out the stepping stones for children to make progress towards the early learning goals.

One nursery says: 'Training has helped us know how to adapt activities so that all children can participate at levels appropriate to their stage of development. We track each child's progress so that all children achieve but at different levels across every area of learning.'

22. In settings with funded nursery education for 3- and 4-year-olds, the most effective providers visited have a good understanding of the *Special Educational Needs (SEN) Code of Practice*, apply their knowledge of child development to identify needs at an early stage, and use good quality play-based activities to meet individual needs. These settings have Special Educational Needs Coordinators (SENCOs) with responsibilities to develop special needs policies and procedures; train staff in basic awareness about the Special Educational Needs Code of Practice; help with individual child assessments and Individual Education Plans (IEPs); and liaise with external professionals and schools. In this study the most effective SENCOs were part of the management team; were given sufficient time to develop special needs policy and practice; were well supported by Area SENCOs; had access to specialist training; modelled good practice; and cascaded information to staff.
23. The study shows that systems for early intervention are developing across all types of settings, but are not always systematic or routine. Where systems are effective they have three common features: first, a high degree of involvement from parents leading to a consistent approach in the setting and at home; second, support from outside agencies that helps match effective interventions to assessed needs through Individual Education Plans (IEPs); and, third, specific measurable targets and reliable arrangements to monitor progress and reduce the risk of long-term under achievement.
24. As a result, children with special needs are helped to overcome barriers to learning and they develop a sense of achievement that promotes their self-esteem. Although most providers have had some training in special needs, only half have accessed specific training in early identification. Providers would like more access to this type of training but it is not readily available.

The nursery identified my child's speech and language problems. They gave me advice and arranged speech therapy. They were very sensitive when they discussed it with me and identified his strengths as well as his

weaknesses. The SENCO gave me lots of leaflets and websites. I always contributed to his Individual Education Plan. We would go through it and when he had reached it we would plan for the next targets. I had written reports monthly and we spoke every day. I used the IEPs to help him at home.

Helping children with special needs make a positive contribution to the provision and the wider community

25. Children with special needs can have particular communication or behavioural difficulties that make interactions with others more difficult. Additionally, they may face negative attitudes and discrimination that makes it harder for them to make positive contributions and make friends.
26. Nine out of ten providers in this study promote good or better outcomes for children to make a positive contribution. They see the child first and not the disability. They value children equally, have a commitment to children's rights, and a belief, as one provider put it, *'that all children have a right to play and achieve alongside their peers in a local environment'*.
27. Providers in this study who helped children with special needs make a positive contribution: listened to children, encouraged children's involvement in planning activities, and helped children take responsibility for their actions. Childcare practitioners promote a positive awareness of diversity by helping children explore the similarities and differences between each other; challenging discrimination consistently; and responding in a positive, informative and matter-of-fact way to curiosity about children with special needs so that everyone in the setting learns to accept differences. For example, in one setting a child explains to his mother: *'Oh, Jack can't sit on the floor because his legs don't work.'*
28. Many providers have increased their resources so that books, posters and equipment reflect diversity and contain positive images of disabled children. They use these to develop acceptance of others who are different because of disability, race, religion or gender.

One nursery displayed photographs taken within the nursery to show how they include children with special needs and plan activities so that all children have fun and learn and achieve through play. The displays were enjoyed by children, staff and parents and helped promote a sense of belonging, self-respect and respect for others.

29. Good childcare providers recognise that the ability to communicate is fundamental to learning and participation, and that difficulties in communication can lead to frustration, poor behaviour and poor learning.
30. Where children cannot speak, effective providers work with parents to identify the child's preferred means of communication and build on this in

order to develop a child's confidence. Two thirds of the providers in this study used augmented communication techniques such as Makaton or sign language to support children with communication difficulties. Where this was most effective it was used with all children to enrich communication across the setting and help children with special needs feel included and interact with their peers.

31. Good providers access training in behaviour management to help them develop positive behaviour management strategies. In these settings staff encourage children to communicate, and they make good use of praise and encouragement. They seek to understand and recognise the situations that trigger difficult behaviour in children with special needs, and where necessary use outside support to develop individual behaviour management plans.
32. Where providers promote good behaviour and communicate well with children, those with special needs receive the help they need to make themselves understood. They feel accepted, valued and develop friendships with their peers and interact well with adults. What children liked best was *'being with friends, having friendly staff, having fun, making choices; being creative, active and independent'*.

One play scheme visited worked closely with inclusion support services in the local authority to include disabled children. The mother of a child with a hearing impairment said:

'Jasmine had a wonderful time. She had lots of fun! Other children seemed uncertain of her to begin with but by the end of the day they were all practising sign language and laughing and joking with her. I think she also benefited from the way staff encouraged children to practise sign language with her. She was delighted to teach them. I think I will learn British Sign Language so I can communicate better with her. She was treated just like other kids and they all had fun together.'

Organisation, leadership and management

33. Providers who promote positive outcomes for children with special needs build partnerships with parents, understand the needs of individual children and know when and how get the additional help and support required to meet these needs.
34. Some providers in this study are inspired by visits to other settings where inclusion is working well. Many providers find that where they have successfully included a child with special needs they have the confidence to include others.
35. Childcare providers in the private and voluntary sector have, until recently, received little support and direction on how to include children with special

needs. As a result, many are at an early stage of understanding, and in some areas of the country they find it difficult to gain the support they need.

Developing inclusive attitudes and practice

36. Admission to a setting does not guarantee that a child will be fully included. Some children will require practical and additional support in order to learn and develop, make friendships and be actively included in every aspect of the setting's activities.
37. Providers who promote positive outcomes for children with special needs see inclusion as a process of identifying, understanding and breaking down barriers to participation and belonging. For this to work well providers recognise they must change cultures, practices and above all attitudes. One provider said, 'inclusion is about everybody', and another that 'inclusion is about us, not us and them'.
38. Common characteristics of the most effective providers in this study were that they knew individual children well, built respectful relationships, worked closely with parents, had high expectations of children with special needs and enabled children to make choices and where possible plan their activities. Additionally, they had a positive 'can-do' attitude to solving problems, and effective leadership that planned ahead and monitored and evaluated the effectiveness of the setting. They consistently promoted the benefits of an inclusive culture: more job satisfaction for staff; better understanding of individual needs and how to meet them; and a richer and more tolerant play and learning environment that benefits all children.
39. The most effective providers knew where to get help and advice, were well supported by the local authorities and had good relationships with a range of outside professionals. They recognise how difficult it is for parents of children with special needs to find appropriate services and they go out of their way to develop policies, procedures and publicity that specifically welcome families of children with special needs.

One holiday play scheme displays the disabled access logo and states that they are: In the process of working towards full inclusion. We have recently employed a play worker who has specific knowledge of working with disabled children. Children with special needs and disabilities are welcome. A booking system is in place for children with disabilities so that we can ensure that their needs are met when attending the playground.'

40. Settings with excellent reputations report a 'magnet effect' and can attract more children with special needs than they can cope with. They recognise the importance of keeping a balance of needs in the setting and have, on occasion, delayed admissions for this reason. This reflects the lack of good

quality childcare provision that is accessible and affordable for children with special needs.

Increasing access

41. Part 4 of the DDA places specific accessibility planning duties on all settings constituted as schools. The settings in this report are covered by Part 3 of the DDA and are not required to develop accessibility planning arrangements. However, many early years settings covered by the Part 3 duties are carrying out access audits, developing audit tools and accessibility plans in order to improve access and greater inclusion over time. All settings have a duty to make reasonable adjustments to prevent disabled children being placed at a disadvantage. Proactive accessibility planning arrangements clarify both the adjustments which a setting can make at the present time and how they might improve access in the future.
42. Accessibility is about all aspects of provision and includes policies and procedures, the premises, resources and the curriculum or activities provided. Although less than half of the settings visited had accessed training about the DDA, most had made adjustments to increase accessibility. The DDA duties are anticipatory and require providers to think ahead. Providers can make many adjustments at little expense. Examples from this study include:
 - arranging smaller story groups so that children with special needs receive additional support and are helped to participate
 - sectioning off areas so that children can be away from a noisy environment and providing opportunities for one-to-one and small group work to promote interpersonal skills, such as turn taking, language and listening, that support good behaviour and learning
 - simplifying register time and snack time to remove inappropriate expectations: for example, making different arrangements for a child with autistic spectrum disorder so that he or she does not have to queue in line
 - using visual timetables to help children with special needs plan activities
 - altering the heights of tables to provide easier access to activities
 - fitting soft furnishings to reduce background noise for children with hearing impairments, and changing lighting arrangements to help children with visual impairments
 - painting steps to increase visibility for children with visual impairments.
43. Many providers in the private and voluntary sector operate in premises which they do not own and which are not purpose built. The minority who offered disabled access were able to employ disabled staff and allow disabled children and parents access to the setting. They found this increased everyone's understanding of diversity and provided positive role models.

44. Most settings in the study have some understanding of the strengths and weaknesses in their provision for children with special needs. However, overall, there is a lack of systematic identification of clear priorities to inform long-term plans to improve outcomes for children with special needs.
45. The most effective providers had a planned approach to developing their provision. Some use quality assurance schemes or audit tools from the local authority, with good effect, to assess their provision and make plans for development. Where these were most effective providers had identified action in wide ranging areas, including premises, resources, training needs, partnerships with parents, links with other organisations and transitions to schools.

In one Early Support Programme an audit tool is promoted with good effect in some settings to help them assess how well they work with families of young disabled children. The tool focuses on four areas: leadership, management and organisation; referral, identification and initial assessment; ongoing support; and providing and sharing information.

46. A feature of good quality provision arising from the study is the employment of staff above the ratios required by the national standards so that they can support children who are disabled, have SEN, or a medical condition. This makes a positive difference to the outcomes for children with special needs. However, funding for extra staff is a difficulty. Many providers find the funding themselves, or split the cost with the parent: only a minority of settings in the private and voluntary sector are able to access funds from the local authority to increase staff ratios and provide the extra support for children with assessed needs.

Training and development

47. When starting to look after children with special needs, few providers feel well equipped by their experience and training to work with a wide range of needs. Typically some staff have fears about including children with special needs.
48. The most effective providers enjoyed being with children and were committed to working with others to overcome barriers so that children with special needs could participate fully and reach their potential. Where staff have good access to training and support, they develop skills, knowledge and confidence and good attitudes to learning that help them include a wider range of children with special needs.

Planning and using training

49. Good providers use supervision and team meetings or formal performance review systems to identify the training needed to include a wider range of children with special needs.
50. Childminders use childminding network coordinators and development workers from their local authority to help identify and meet training needs. In one example, Mencap coordinate and train childminders to provide specialist services for disabled children, children with severe and complex SEN and those with a medical condition. This, and similar childminding schemes which coordinate multi-agency services, enable families of very young children with high dependency needs to access specialised childcare in a home environment.
51. In effective settings, training benefits all staff and parents as well. There are many instances of parents and practitioners training together in behaviour management, Portage and in supported communication methods such as Makaton. This promotes positive outcomes for children because the same consistent techniques can be used at home and in the setting and mutual support is provided.

Disability equality training

52. Most providers in this study recognised the need for training to overcome staff fears and assumptions that present barriers to inclusion.
53. Disability equality training creates more positive attitudes to disabled children and encourages providers to see the child first rather than the disability. Instead of thinking about a child as having problems, it encourages providers to focus on what can be done to change aspects of the environment that disable the child. Just over half of providers visited had accessed such training from organisations, including KIDSactive, the Council for Disabled Children and the National Children's Bureau, but it is not always widely available.

A KIDSactive training programme over a number of weeks transformed attitudes in one out-of-school setting. The programme involves visits to settings where inclusion is working well to provide ideas and inspiration and helps providers try things out within a network of support.

The training helps staff identify and work through their fears and build understanding of how to include a wider range of children with special needs. Staff make an audit of their skills and training and the accessibility of premises and resources. They develop materials such as an induction pack, individual playcare plans and risk assessments. A member of staff is designated to have lead responsibility for inclusion in the club.

This has led to excellent inclusive practice, which has local and national recognition. Some staff have subsequently trained as trainers, not only to improve their in-house training but also to provide training to a growing network of other settings who are working towards inclusion.

Accessibility of training

54. The availability of training to develop skills in working with children with special needs is at best inconsistent and at worse inaccessible. There is a lack of accreditation and no clear route. This leaves common gaps in coverage, such as advanced training for SENCOs to improve communication with children, early identification and intervention, behaviour management and working with families of children from minority ethnic groups. Some local authorities are beginning to develop multi-agency training to create awareness of different roles and responsibilities and improve the ways practitioners work together to meet the needs of a growing number of disabled children and children with more complex and severe SEN.

Partnerships with parents and other organisations

Involving parents

55. Inspectors spoke to a total of 46 parents of children with special needs in 36 of the 42 settings. All parents commented on the good practice at their chosen settings but a number had found it hard to find somewhere that was appropriate for their child. As one said, *'The biggest problem for us parents is identifying a setting that is suitable.'*
56. Settings in the study illustrate how good admission arrangements help parents share the unique knowledge they have of their child and bring them into decision making and planning for their child at the very earliest stage.

One parent of a child with developmental delay comments, 'we met before he started nursery and discussed what he needed. We completed a booklet called 'All about me'. They tell us every day what he has done. I was very impressed with the in-depth interview before he started. They asked at the first meeting what support we were getting and put me in touch with a support group. It's nice to know you are not on your own. You can learn a lot from other people's experience and advice.'

57. Just under half the settings in the study offer home visits and find it helps to build partnerships with parents and gives an insight into the child's home life and culture. These visits can bring significant benefits, especially where they help to identify risks for children with more complex needs.

Removing barriers to partnerships with parents

58. Establishing a good partnership with parents from the outset is particularly important for children with special needs as those needs may only become apparent when young children first receive childcare. If there is a positive relationship from the outset it is easier to raise concerns with a parent about their child at a later stage.
59. Helping parents to recognise and accept their child's special needs requires time and sensitive communication skills from childcare staff. Parents may resist accepting the news and struggle with feelings of loss, sadness and anger.

One nursery said, 'We have helped many parents come to terms with their child's disability. We usually visit at home. Coming to the nursery eases the situation for some. They see what is available for their child and the support the family can get. Meeting and talking with other parents in a similar situation can help. We make ourselves available so that parents can talk.'

60. Without sensitive support parents may develop negative and ill-informed attitudes about their child.

One parent was unable to cope with her 4-year-old son, so sent him to a special needs playgroup after he was excluded from two playgroups because of his violent behaviour and verbal aggression. She was convinced that he had autistic spectrum disorder (ASD), like his older brother who attended a special school.

However, he responded to the consistent boundaries and positive behaviour management techniques in the new group and their assessment was that the root of the problem was poor parenting techniques, which rewarded his poor behaviour. Staff recognised the need to support his mother and build her confidence and self-esteem. They encouraged her to spend time in the nursery to see how he could be helped to learn new ways of interacting with other children and adults. They arranged a meeting between themselves, the mother and other professionals to dissuade her from her view of him as having ASD and work out the best way to help her develop new parenting skills.

61. There were also many examples of good links with local voluntary groups, community groups and parent support groups, as well as national organisations that help parents and providers support children with particular special needs.

A nursery admitted its first child with a diagnosis of autistic spectrum disorder (ASD). They contacted the local autism support group and arranged for someone to come to the setting and provide a role model

about how to work with the child. This helped develop their knowledge and confidence, particularly when the support worker was open about the fact that although she had much experience, each child is different and she did not have all the answers. This encouraged the manager to try different ways of working with the child.

Support from voluntary organisations

62. Local and national voluntary organisations help develop good practice and provide specialist advice and training.
63. All providers visited have supportive relationships with a range of organisations that provide important networks of advice, support and training. Those mentioned by providers in the study include the Pre-school Learning Alliance, KIDSactive, the National Day Nurseries Association, the National Childminding Association, the Royal National Institute for the Blind, the National Deaf Children's Society, Mencap, the Council for Disabled Children and Contact a Family.
64. Common features and principles which promote inclusive practice are described in publications from voluntary organisations. For example, *All of Us* by KIDSactive and the *Index for Inclusion* by the Centre for Studies on Inclusive Education are useful checklists that have helped providers in this study to develop and implement inclusive practice
65. Some settings visited had used materials and training from organisations such as the NSPCC to improve their communication with and listening to children with special needs. In one area, Early Bird training from the National Autistic Society was used well to help parents of children with autistic spectrum disorders.

Local authority support and advice

66. The Care Standards Act 2000 requires local authorities to ensure the provision of information and advice about childminding and day care and to obtain training for those who provide or assist in providing childminding or day care.
67. Local authorities receive government funding to support the private and voluntary sector in their work with children with special needs. However, the study found that funding was used in very different ways across local authority areas.
68. Some local authorities provided excellent equipment loan services for children with special needs, enabling providers to access specialist equipment such as mobile sensory toys; but this was by no means universal.

69. One local authority provided funding for equipment but not for additional staffing; another would not provide additional support for a child of any age unless there was a statement of SEN; another would only provide additional funding for children aged under 3 years if they had a statement of SEN; one local authority would only fund a child in a supported placement with a childminder for a maximum of six months, regardless of whether further time would benefit the child and the family.
70. The eight childminders in this study were all very well supported by local authorities through well coordinated childminding networks or Shared Care schemes that provide short breaks for disabled children. Such arrangements provide the training and support and, on occasion, financial assistance that enables childminders to provide good care for disabled children. Childminders were confident about getting the advice and assistance they needed.
71. The services available depend upon where children live not on what they need. One in three providers in this study experienced difficulty in accessing funding to provide additional support for children with special needs, and funding to provide one-to-one support for children with special needs was rare.

One local authority funds support workers for two sessions a week to support children who are disabled, have SEN, or a medical condition, to access mainstream settings in the private and voluntary sector. Their role is to help a child settle, support interactions with other children and promote independence. The workers help a child access certain activities and are on hand to diffuse situations when necessary. They support the child's interactions with others and may stand back and observe patterns of behaviour so that they can help and advise staff about how best to respond to and include the child.

Area SENCO teams help SENCOs in the setting develop the provision for children with SEN and can make a real difference.

In one local authority, Area SENCOs are very effective in providing support to setting SENCOs: they help match effective interventions to early identification; organise training at basic and advanced levels; liaise with a range of other specialist professionals to access support for children with more complex needs; provide drop-in advice sessions for childminders; support the transition of children with special needs into schools; build links between settings through cluster groups; and share benchmarks with other local authorities.

Children with special needs often require a multi-disciplinary approach from a large number of professionals. Too often there is a poor exchange of information between agencies, and poor coordination of services leading to delays and frustration for families. Local authorities have a crucial role in

coordinating the multi-disciplinary support that enables children with special needs to be included and achieve positive outcomes.

Specialist and mainstream providers

72. The Prime Ministers Strategy Unit (PMSU) notes the growing population of disabled children with very complex disabilities and health needs.

Between 1975 and 2002 the number of disabled children under the age of 16 rose from 476,000 to 772,000. This represents an increase of 62%.

73. Other reports from the British Medical Journal and evidence provided to the National Service Framework note the association between severe and complex disabilities and health needs due to improved neonatal care.
74. The growing population of children with long-term health conditions means that some children will need specialist support, whether within mainstream or special provision.
75. Mainstream childcare provision will not always be right for all children all of the time. Equally, just because mainstream provision may not be right at a particular stage, it does not prevent a child from being included successfully at a later stage. Inclusion is often taken to mean inclusion of children with special needs in mainstream settings. However, many of these specialist groups regarded inclusion as being about participation and belonging and regarded themselves as 'inclusive'.
76. Seven group day-care settings visited in this study worked primarily with children with disabled children and those with severe and complex SEN. They had well-established arrangements for multi-agency working and shared their expertise with mainstream groups. This reassurance and outreach support helps mainstream settings develop the competence and confidence to include a wide range of children with special needs. Many of the most effective mainstream providers in this study have made links with specialist groups: for example, a childminder spent time in a special needs school to prepare for placement of a child with cerebral palsy.
77. Dual placements, where children attend both specialist and mainstream settings, provide opportunities for social interaction between children with special needs and their typically developing peers in mainstream settings and provide positive role models for speech and language. Where this works well, providers in both settings promote a sense of belonging and have regular face-to-face meetings between themselves and the parents to review children's progress and promote consistency.

Transitions to school

78. Transition arrangements for children with special needs into primary schools are variable and settings in the study reported that schools do not always act upon the information sent to them about individual children.
79. Where transitions work well, SENCOs have built good relationships with local schools; parents are well informed and involved at an early stage; and there is a joint plan of support between the school, the parents, the pre-school and any outside professionals.
80. In some local authorities Area SENCO teams are coordinating transitions: for example, working with admission teams in the local education authority to make schools aware of children who are on *Early Years Action* and *Early Years Action Plus* at an early stage; developing systems to transfer information from pre-schools to schools; organising a 'transition week' in which schools and pre-school settings plan transitions.

One local authority funds temporary workers to support disabled children and children who have complex needs, but who do not have statements of SEN when they move to school. This support in the early days and weeks of transition helps children make relationships, become familiar with the new routines and make a confident start in school.

Conclusion

81. This study selected those childcare providers who, in the private and voluntary sector, were most likely to promote good outcomes for children with special needs. It found many examples of good practice and an emerging awareness of how to include children with special needs. Many providers have improved their practice rapidly in a relatively short space of time and are able to include a wider range of children with more complex needs.
82. Good inclusive practice was found across the diverse range of care, play and education settings in the private and voluntary sector typified by:
 - good leadership, organisation and management underpinned by a commitment to children's rights and a clear set of inclusive values
 - an understanding of the barriers facing children with special needs
 - a well-planned approach to training to develop understanding, confidence and skills in early intervention
 - partnerships with parents and other organisations
 - an understanding of their own strengths and weaknesses and plans to extend the provision for children with special needs.
83. But the study also found a number of barriers to including children with special needs, even in those settings selected as most likely to provide good childcare and early education. Inconsistencies in support, variable access to training and under-developed multi-agency coordination

continues to present barriers for even the most committed providers. As a result, the availability of services to families depends on where children live. Funding for the additional staffing, resources, equipment and training required to help children promote positive outcomes for children with special needs achieve good outcomes is often short term and unpredictable. This makes it difficult for providers in the private and voluntary sector to make plans to develop services over a period of years.

84. As the study focused on those settings that provide good outcomes for children with special needs, it must conclude that the private and voluntary sector experience real difficulties in removing barriers to achievement for children with special needs and their families.

Section B

Outcomes for children with special needs: inclusive good practice in action

Case study 1

Early intervention in a day nursery: John (aged 3 years)

85. During a routine visit to the clinic the health visitor notes that John's speech is not developing and discusses the need for a paediatric assessment. John's mother, Chris, knows he is slow in speaking. However, nursery staff reassure her that John is 'fine' and there is 'no problem'.
86. Specialist assessment reveals that John has a learning difficulty and needs additional help to enable him to join in with activities. He has no speech or language and doesn't understand instruction. He lacks social skills, is inclined to obsessive behaviour and is diagnosed as having an autistic spectrum disorder.
87. Chris lives in an area that is in an ESP pathfinder area and John is referred to a multi-agency SEN panel, the purpose of which is to deliver coordinated multi-agency services to families of children with assessed SEN with minimum delay and without the need for a statement. The panel refers the family to the Portage service, providing Chris with support and John with a weekly Portage early learning group. The group is led by a teacher and has trained volunteers who provide one-to-one support and help children develop the confidence and social skills they need for bigger and noisier mainstream settings.
88. Chris's experience with the SEN panel and the Portage group help her understand why the nursery failed to take her concerns seriously or identify John's needs. She sees that the nursery had low expectations for children, did not monitor the progress of children, did not work well with parents and lacked external support from the local authority and other

agencies. This awareness helps Chris know what to look for in a more suitable nursery.

89. Chris approaches another nursery in her area, which has 26 places and whose publicity specifically welcomes children with special needs. The nursery manager is very welcoming, positive and re-assuring: she explains their philosophy of inclusion; how they use Individual Education Plans (IEPs) to set targets for children and record progress; and how they work with parents and other organisations. The manager takes detailed information about John and records his likes and dislikes, how he communicates and behaves and what his routines are. The nursery makes links with the Portage group and plans with Chris how best to help John settle.
90. Every day staff welcome Chris and John by name with a smile which is reassuring and helps build trust. Soon after admission Chris meets with the SENCO and the staff member assigned to work with John. The SENCO gives Chris information about the graduated response in the SEN Code of Practice. John already receives Portage help and he is placed on *Early Years Action Plus*. Together they develop an IEP to support John in the setting and at home.
91. The philosophy of the nursery is to build on achievements however small and not set tasks, which set up a child to fail. The IEP describes John's interests and strengths, identifies the main areas of help, describes the target, the success criteria and the practical actions and strategies to be used. The nursery reviews his IEP regularly with Chris.
92. The targets in John's IEPs are specific, measurable and achievable, and provide the activities and challenges that he needs to practice to overcome barriers to learning and development. His targets relate to personal, social and emotional development and communication, and language and literacy: to engage in two to three minute activities such as sorting; to join the group for register and drinks time; to begin to communicate by pointing or making eye contact; and to introduce Makaton symbols for drink, fruit and biscuit. They are summarised on one sheet to help staff check the focus of additional support for the children attending on any day.
93. Staff in this nursery work as a team and are made aware of the needs of each child through regular and frequent meetings. They observe children carefully to record and monitor progress and ensure interventions for children are effective and well matched to needs.
94. At first John finds register time bewildering, and staff reassure him by sitting close and giving him a large card to hold on which his name is written. This makes him feel important and part of things. John finds large

groups difficult, so staff work with him for brief, focused activities in small groups, which reduce distraction and promote language development.

95. John begins to make himself understood and the nursery arranges for Chris to attend Makaton training with a new member of staff so she can support John's language development and communication skills in a fun way at home.
96. The nursery encourages Chris to sing and do action rhymes with John, to face him when she speaks and to speak slowly, using simple language and giving him time to understand.

Chris says: I feel bad that I didn't realise there was a problem. This nursery has helped so much. I sometimes feel guilty that I take so much of their time but they never seem to mind. It's easy to be involved here. I talk to the staff about what John has done and they help me understand how to help him. They are really great at giving encouragement through the newsletter and just coming into the nursery. I can see how he has come on and is able to communicate better and mix with other children. I am now on the parents' rota and am going to learn Makaton.'

Case study 2

Promoting outcomes in a day nursery: David (4 years)

97. David attends a nursery and is diagnosed as autistic. Although verbally articulate he finds it difficult to interact with other children, has obsessive behaviour and when frustrated can be volatile and violent. The staff liaise with other professionals and talk to his mother everyday. As a result they have a good knowledge of David and the features of his autism.
98. David is unpredictable and staff never know what mood he will be in. They have strategies to manage him, and, for example, manage his arrival carefully and ensure that he has support to engage with an activity. On one occasion David rushes in with his sock on his hand, which is a comfort object for him. The SENCO welcomes David and his mother by name and asks how things are. David keeps apart from other children and does not join the group at the Divali table. When the others have gone, the SENCO warmly invites David to the table and with her support he becomes engrossed in the display of lights. Other children soon join them and, because of the staff support, he is able to be part of a small group. David begins to settle and at a staff suggestion is able to put his sock in a special basket that is accessible to him at all times.
99. David needs support and encouragement to try different activities which will extend his learning into all areas. The SENCO introduces him to Makaton picture cards and shows him how to use them to create a visual timetable of his activities. It gives him the security of knowing what

happens next. When he first arrived he could only cope with a limited selection of favourite tasks. Now he can sort through the whole box, finding the activities he wants to do, working through his timetable with more independence. He has been encouraged to do adult-initiated tasks and to try new and different activities in all areas of learning. Makaton is used with all the children at some point in the nursery routine, so David does not feel singled out as different.

100. This nursery uses a quiet room to increase focus and interactions in a calmer, more structured setting. They use it to help David's communication and interactions with other children and also as a place to withdraw and diffuse difficult situations.
101. Later in the morning David joins a group of seven children for a structured music activity that involves taking turns and sharing. For some children, just being near others is difficult and they find it easier if there is a clear structure to the situation. In the group David tends to be loud and boisterous and wants to take control. The staff member sits near him so she can give support and encourage his interactions with other children. The activity involves singing and the staff member gives lots of praise and encourages all children to do the action rhyme, *Incy wincy spider*. She gives out musical instruments and encourages children to count them out with her. She speaks very clearly and makes eye contact with children.
102. David is not happy when asked to swap his instrument, and shouts aggressively *'I don't want to.'* The staff member explains clearly and calmly: *'When we do this game we swap our instruments.'* This approach prompts him to puzzle things out and he says *'If we do this then I will get that drum next time.'* She confirms this in a matter of a fact way, *'Yes, we are taking turns; you need to give this one to Anwar and then you will get that one.'* David responds to this clear instruction and swaps the instrument. He thanks the person next to him but then says, *'I want the louder drum.'* The staff member responds smoothly saying *'But you had the louder drum last time. I want you to have the quieter one.'* David accepts this and the staff member says, *'Good listening and that was good sharing.'* David smiles and is happy now with the praise and with the drum, even though it is not the one he really wanted. David is chosen to serve out the biscuits. This makes him feel valued and important and resolves any lingering frustration.
103. This activity provides fun for all and helps David learn how to share and co-operate without dominating. It moves him away from egocentric behaviour and increases his awareness of others and his own self-confidence. The positive approach of the staff member, clear and simple language and excellent use of behaviour management techniques promotes positive outcomes for the enjoyment and achievement and positive contribution of all children including David.

His mother says: 'I was at my wits end and exhausted but the staff here have given me practical ideas about how to be with David and how to respond to his behaviour.'

Case Study 3

Local authority coordination of multi agency services to provide out of school provision for disabled children

104. In Bolton the local authority has developed an *Inclusive Playcare Model*, which provides a framework for organisational change and strategic planning in local settings and at senior management level. As a result, education, health and social services departments and the private, voluntary and independent sector integrate planning and funding and have increased out-of-school provision for children with special needs from 1% to 7% over a two-year period.
105. Seven other local authorities have adopted the model, which is now being adapted for use with childminders and other group day care settings, showing that common principles about inclusion apply to all types of settings.
106. The *Inclusive Playcare Model* provides extensive training for whole staff groups, during which an implementation plan is developed. There is a single referral point to establish the support required and coordinate agencies and funding to enable a disabled child to attend a suitable local club. Where necessary an individual care package is arranged.
107. It helped one child called Daniel to use an out-of-school club and play independently with his friends for the very first time in his life.
108. Daniel has choreoathetoid cerebral palsy and is a wheelchair user with limited hand functions. With the help of the local authority inclusion manager, the club negotiated the use of his motorised wheelchair from school at the club, which gives him independent mobility. He says to his dad:

'The games are really great fun, the food is excellent and I can go on my own without my mum and dad and have really good fun playing with my friends.'

His father says:

'Since Daniel started going to the club he has taken a massive leap forward towards "normality". He does not have to be collected by mum every day from school. He can and does play with his friends. The facilities and equipment here mean that he can do things like play table tennis for the first time ever. He is gaining independence, equality, confidence and having fun.'

It is not enough for him to just go to the club. It is what happens whilst he is there that is important. He is never parked in a corner. He is always part of what is going on. He now goes to choir after school and I think this is a direct result of first going to the club. The inclusive approach here is a model for all. So what if Daniel has cerebral palsy.

Going to out-of-school club is taken for granted by most families. Now we are most families. I cannot tell you how good that feels.'

Annex A. Glossary

Here is an explanation of some of the terms used in this report:

Area Special Educational Needs Coordinator (Area SENCO). Area SENCOs provide support to empower all those working in early years settings to develop inclusive early learning environments and help them respond to the diverse needs of children and support them in removing barriers to learning. Core support areas include identification, assessment and intervention within the Special Educational Needs (SEN) Code of Practice and day-to-day support for setting SENCOs in developing policies. There should be a ratio of 1 Area SENCO to every 20 non-maintained early years settings.

Childminder. A childminder is registered to look after one or more children (to whom they are not related) under the age of 8 on domestic premises for reward and for a total of more than two hours in any day.

Childminding network. A group of childminders who work cooperatively. They usually have a coordinator and are supported by the local authority.

Day care. Care provided at any time for children aged under 8 on premises other than domestic premises for a total of more than two hours in any day.

Department for Education and Skills (DfES). The DfES is the department responsible for government's policy on childcare, education and children with special needs.

Disability. A physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities.

Disability Discrimination Act 1995 has applied to the provision of childcare since it came into force in 1996; at that time education was exempt. **The Special Educational Needs and Disability Act 2001** brought in changes to both the special educational needs (SEN) legislation and to the DDA. These changes extended the coverage of the DDA to include education and associated services. Therefore, from September 2002 it has been unlawful to discriminate against disabled children in the provision of any service.

Early Support Programme. A programme to promote family-centred support for disabled children, from birth to 3 years. It supports the initial assessment of need, coordinates multi agency support, provides better information for families, improves professional knowledge and skills and has developed an audit tool to help providers assess the quality of their services and plan for development.

Early Years Action. When the early years education practitioner, who works day to day with the child, or the Special Educational Needs Coordinator (SENCO) identifies that a child has special educational needs they provide interventions that are additional to or different from those provided as part of the setting's usual curriculum and strategies.

Early Years Action Plus. When the early years education practitioner, who works day to day with the child, and the SENCO are provided with support from outside specialists so that alternative interventions additional to or different from those provided through Early Years Action can be put in place.

Foundation Stage. This begins when children reach the age of 3 and concludes at the end of the reception year in school. Local education authorities provide financial support for the education of 3 and 4-year-olds in the private and voluntary sector. The education is free for the child and parent/carer.

Inclusion. A process of identifying, understanding and breaking down barriers to participation and belonging and developing cultures, policies and practices to include children.

Individual Education Plans (IEPs). A planning, teaching and reviewing tool for all teaching staff to record key short-term targets and strategies for an individual child that are different from or additional to those in place for the rest of the group. The interventions will be provided through Early Years Action and Early Years Action Plus, and statements of SEN.

Makaton. A system of signs and symbols used by many providers in this study to help children with communication difficulties. Makaton is just one of a range of commercial augmented communication methods.

National Standards. Minimum standards for under 8s' day care and childminding set by the government and against which Ofsted inspects.

Ofsted. A non-Ministerial government department established to take responsibility for the inspection of all schools and nursery education and for the regulation of day care and childminding in England.

Parent. The parent or usual carer of the child, or someone with parental responsibility.

Portage. Planned home-based educational support for pre-school children with special needs (named after the town of Portage in Wisconsin, USA). There is an active and extensive network of Portage services in the UK, developed by the National Portage Association, which provides a code of practice and accredited training.

Providers/settings. Those who offer childminding, day care and/or nursery education.

SENCO. Special Educational Needs Coordinator. A member of staff with responsibilities to develop special needs policies and procedures; train staff in basic awareness about the Special Educational Needs Code of Practice; help with individual child assessments and Individual Education Plans (IEPs); and liaise with external professionals and schools

Special Educational Needs (SEN). Children with special educational needs all have learning difficulties or disabilities that make it harder for them to learn than most children of the same age. These children may need extra or different help from that given to other children of the same age. The extra or different help is classified as special educational provision.

Special Educational Needs and Disability Act 2001 (SENDA) amends the Disability Discrimination Act 1995 by introducing a new part 4 covering educational duties.

Special Educational Needs Code of Practice (COP). Practical advice to local education authorities, schools, early education settings and others on carrying out their statutory duties to identify assess and make provision for children with special educational needs.

Special needs. Children with special educational needs, disabled children and children with medical conditions needing special consideration.

Statement of SEN. A document that sets out a child's needs and all the extra help they should get.

Annex B. Ofsted inspection data

Ofsted carried out inspections of 46,037 providers from April 2003 to the end of March 2004 and collected data about how well providers complied with the national standards. Where providers have identified weaknesses Ofsted takes a range of measures according to the risk to children; these include recommendations for action where a standard is not met; conditions that place a restriction on the registration; and more serious enforcement measures.

The two national standards that have most impact for children with special needs are Equal Opportunities and Special Needs.

Standard 9, Equal Opportunities

The registered person and staff actively promote equality of opportunity and anti-discriminatory practice for all children.

Standard 10, Special Needs

The registered person is aware that some children have special needs and is proactive in ensuring that appropriate action can be taken when such a child is identified or admitted to the provision. Steps are taken to promote the welfare and development of the child within the setting in partnership with parents and other relevant parties.

In our inspection programme of 46,037 providers from 1 April 2003 –31 March 2004, 28.9% of those receiving judgement achieved a 'good grade' for National Standard 10, compared to an average 51.1% for all other standards (excluding standard 1 where judgements of good are not given). Aspects of outstanding practice in relation to Standard 10, Special Needs, were identified in just over 100 of the 46,037 providers as opposed to an average of 166 for all other standards. This demonstrates that good practice for children with special needs is not widespread across the private and voluntary sectors.

Standard	Good	Satisfactory	Unsatisfactory
Standard 1: Suitable person	Providers may only be judged satisfactory or unsatisfactory		
Standard 2: Organisation	51.2%	44.2%	4.5%
Standard 3: Care, learning and play	61.7%	37.5%	0.7%
Standard 4: Physical environment	60.4%	38.9%	0.7%
Standard 5: Equipment	59.1%	39.8%	0.7%
Standard 6: Safety	48.2%	47.8%	4.0%
Standard 7: Health	42.3%	53.0%	4.7%
Standard 8: Food and drink	49.7%	50.2%	0.2%
Standard 9: Equal opportunities	44.3%	54.7%	1.1%

Standard 10: Special needs	28.9%	70.7%	0.4%
Standard 11: Behaviour	62.8%	36.6%	0.5%
Standard 12: Working in partnership with parents and carers	60.3%	38.5%	1.2%
Standard 13: Child protection	30.9%	66.1%	2.9%
Standard 14: Documentation	41.7%	52.2%	6.1%

The numbers in this table have been rounded and may not add up exactly to 100%

Ofsted took action in relation to National Standard 9, Equal Opportunities, against 25.51% of providers: 1.10% received an action, 0.21% a condition and 24.61% a recommendation. For Standard 10, Special Needs, it took regulatory action against only 3.38% of providers: 0.24% received an action, 0.04% a condition and 3.12% a recommendation. Most of these regulatory actions concerned the need for further training to raise awareness of special needs and the need to extend the range of resources to reflect diversity.

Children with special needs in the settings visited

In the settings visited, the information from providers shows that 26% of children had identified special needs; and of these 8% had English as an additional language. The special needs are categorised below:

Cognition and, learning, needs

Specific Learning Difficulty SpLD	2%
Moderate Learning Difficulty MLD	6%
Severe Learning Difficulty SLD	7%
Profound and Multiple Learning Difficulty PMLD	3%

Behavioural, Emotional and Social Development Needs

Behavioural, Emotional and Social Difficulty	9%
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Communication and Interaction Needs

Speech, Language and Communication Needs SLCN	16%
Autistic Spectrum Disorder ASD	5%

Sensory and / or physical needs

Visual Impairment VI	2%
Hearing Impairment HI	5%
Multi Sensory Impairment MSI	4%
Physical Disability PD (substantial and long term impairment)	8%
Other – such as medical conditions	8%

Of these children, 19% had an IEP or equivalent, 7% had a family support plan, 3% were on *Early Years Action* and 8% on *Early Years Action Plus*, 2% were undergoing a statutory assessment and 8% had a statement.

Annex C. Providers participating in the study

ABC Nursery, Coventry
ABS Leisure Ltd (Time Out), Ipswich
Albion Street Day Nursery, Blackburn
Apple Tree Day Care Nursery, Braintree, Essex
Bolton Lads and Girls, Bolton, Lancashire
Bright Horizons Family Solutions, Whitehall, London
Cobtree Play School, Maidstone, Kent
Eagley Out of School Club, Bolton, Lancashire
Fearnheath Play Association, Bournemouth
Flying Start Day Nursery, Ashstead, Surrey
Fun 4 Kidz, Netherton, Liverpool
Gardner's Lane Early Years Centre, Cheltenham
Harvey's Early Years Centre, Bolton, Lancashire
HAWCS – Haxby & Wiggington Children's Saturday Fun Club, North Yorks
Hip Hop Holiday Club, Heywood, Lancashire
Little Darlings, Bolton, Lancashire
Manor Playgroup, Knaresborough, North Yorkshire
Mrs Anne Hall, Manchester
Mrs Deborah Scott, Letchworth, Hertfordshire
Mrs Diane Stead, Stockport
Mrs Helen Swan, Teddington, Middlesex
Mrs Jacqueline Bloor, Bolton, Lancashire
Mrs Jennifer Gouldingay, Birmingham
Mrs Molly Dale, Lambeth, London
Mrs Ruth Studders, Manchester
Newent Opportunity Group, Gloucestershire
Nomony Family Centre, Plymouth, Devon
Northway Playscheme, Oxford
Parklands Day Nursery, West Wickham, Kent
Petts Wood Playgroup, Orpington, Kent
Portland House Private Day Nursery, Huddersfield, West Yorkshire
Prebend Pre-school, Southwell, Nottingham
Redriff Out of School Club, Southwark, London
Snoop Before & After School Club, Bradford
South Norwood Opportunity Group, South Norwood, London
The Maria Montessori Children's House, Wimbledon, London
The Nursery @ Suffolk College, Ipswich
The Shore Pre-school, Southampton
The Windmill Pre-School, Thaxted, Essex
Toad Hall Pre-school, Plymouth, Devon
Tree Tops Day Nursery, Nottinghamshire
Vauxhall Christian Centre Pre-school, Lambeth, London.

Annex D. Further information

Publications from the DfES www.surestart.gov.uk

Area Special Educational Needs Co-ordinators (SENCOs) supporting Early Identification and Intervention for Children with Special educational Needs, Guidance for Local Education Authorities and Early Years Development and Childcare Partnerships, 2003.

Birth to three matters, SureStart

Choice for parents, the best start for children: a ten year strategy for childcare, 2004.

Curriculum guidance for the foundation stage, DfES 2000.

Early Support Family and Professionals' materials and Early Support Audit Tool, ESP, 2004 www.earlysupport.org.uk

Every child matters: next steps, 2004.

Implementing the DDA: Improving Access: Early Years – accessibility planning guidance DfES/Sure Start 2005

Managing Medicines in Schools and Early Years Settings, 2005
www.teachernet.gov.uk

National standards for under 8s day care and childminding, DfES 2003

Removing Barriers to Achievement: The Government's Strategy for SEN, 2004.

SEN Code of Practice, 2001.

Sure Start: For Everyone; Inclusion Pilot Projects Report, SureStart, 2003.

Sure Start Unit: SEN training materials; and the SEN toolkit, 2001.

Supporting families who have children with special needs and disabilities, 2002.

The National Service Framework for Children, Young People and Maternity Services, (Standard 8 – Disabled Children), DfES/DH 2004

Together From The Start, Practical guidance for professionals working with disabled children (birth to third birthday) and their families, DH/DfES 2003.

Other publications

All of Us Inclusion checklists for settings and for local authorities KIDSactive 2004.

All our children belong - exploring the experiences of black and minority ethnic parents of disabled children, Parents for Inclusion, 2004.

All together: How to create inclusive services for disabled children and their families, NCB, 2003.

Bridging the Gap: Developing Policy and Practice and Child Care Options for Disabled Children and their Families, Council for Disabled Children, 2003.

DDA 1995 and SEN and Disability Act 2001 and DDA 2005 and the Codes of Practice relating to the DDA:

Code of Practice for Schools, (covering Part 4 of the DDA), Disability Rights Commission, 2002.

Code of Practice: Rights of Access: Goods, Facilities, Services and Premises, [covering Part 3 of the DDA, Disability Rights Commission, 2004.

The Duty to Promote Disability Equality: Statutory Code of Practice (draft code relating to the public sector duty in the DDA 2005, for consultation), Disability Rights Commission 2005.

What you need to know. A Guide for Service Providers [explaining the DDA October 2004 duties to improve access to the physical environment], Disability Rights Commission, 2004.

Direct Experience: a guide for councils on the implementation of Direct Payments in children's services, Council for Disabled Children, ISBN 1 904787 30 4, (available from the National Children's Bureau) 2004.

Early Years and the DDA 1995: What service providers need to know, Council for Disabled Children, National Children's Bureau & the Sure Start Unit.

Early Years: Progress in Developing High Quality Childcare and Early Education Accessible to All National Audit Office, 2004.

Improving Life Chances for Disabled People, 2005, The Prime Minister's Strategy Unit report.

Inclusive Childminding: Working with disabled children, National Childminding Association 2005. www.ncma.org.uk

Index for Inclusion – developing learning, participation and play in early years and childcare, Centre for the Studies on Inclusive Education, 2004.

It doesn't just happen: Inclusive management for inclusive play, KIDSactive, 2003.

Parent Participation, improving services for disabled children, Parents' Guide and Professionals' Guide 2004, Council for Disabled Children and Contact a Family.

Real People, Real Lives: a Pack exploring Disability Equality, Disability Equality in Education, 2004.

Services for disabled children, The Audit Commission, 2003.

Special Educational Needs: a mainstream issue, The Audit Commission 2002.

Starting with Choice Inclusive strategies for consulting young children. Save the Children, 2004.

The dignity of risk: a practical handbook for professionals working with disabled children and their families, Council for Disabled Children, 2004.