Special and inclusive settings: a winning combination in the early years?

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Abstract

The paper reports on a small research project conducted in the South of England and funded by Mencap City Foundation. The study is concerned with the processes through which young children with learning difficulties come to be experiencing a combination of special and mainstream preschool provision. We have (i) explored ways of identifying parents who have 'opted' for a combination of special and mainstream services for their child in the early years; (ii) sought to gain a better understanding of how parents conceptualise the choices available to them and their choice making process; and (iii) tried to elicit what parents expect from the combined provision and how they feel about it. In addition to questionnaires and follow-up interviews with parents, we sent similar questionnaires to providers (special schools, nurseries, early excellence centres, Sure Start centres etc) and to voluntary groups (local and national, disability-focused and parent-focused). This enabled us to gain the perspectives of those providing services and support as well as providing routes to accessing parents. We found that behind the New Labour rhetoric of the importance of placing children at the centre of individually created packages of provision, and parents at the centre of decision-making, there were complex stories of mixed messages, local diversity and constrained options.

Key words: early years, special educational needs, inclusive education, parents
Introduction

Since 1997, the government in England and Wales has actively pursued its intentions to increase the availability and quality of early years provision, to coordinate provision, and to promote parental choice, early intervention for disabled children and personalized education packages. Alongside this there has been an active, broad agenda to expand inclusive education. Young children attending a combination of mainstream and special education early years settings is one of the outcomes of this profusion of policies.

Investing in young children and intervening early in the lives of those experiencing difficulties in learning is not new. Intervening early was highlighted in the Warnock Report (DES, 1978), *Excellence for All Children* (DfEE, 1997) and *Programme of Action* (DfEE, 1998a). Many influential reports have argued the need for widely available, high quality provision and research evidence supports the benefits of more early childhood education particularly in settings of a certain quality (e.g. Sylva et al., 2004). These have culminated in an emphasis on parental choice (*Choice for Parents*, DfES, 2004b) and placing the child at the centre of personalized packages of education and care (*Code of Practice*, DfES, 2001; *Together from the Start*, DfES/DH, 2003) in tandem with the development of Early Excellence and Children’s Centres, Childcare Information Service, Children’s Trusts and Sure Start. A marked feature of the current era is the combination of all these strands, together with the intensity of interest and investment.

For parents of young children with special educational needs choice is complicated by policies that endorse the option to combine placements as part of the ‘comprehensive range of services for young children’, intended to provide ‘a sound basis for lifelong learning’ (DfEE, 1999a: 4). The choices, however, are both difficult and circumscribed. Despite the government’s significant achievements to date, and continuing plans to improve early years provision, the ambition for integrated, coherent services ‘is a far cry from the current maze of different providers and services that parents must navigate’ (Sylva and Pugh, 2005: 22). For all parents, where they live makes a difference to the diversity of choices available. There is a lack of clear evidence regarding the quality of diverse special and inclusive setting (Law et al., 2004), the relative effectiveness of special and inclusive education (Hegarty, 1993) or about how children experience different options (Donnegan, Ostrosky & Fowler, 1996). Furthermore, depending on local arrangements, the complex choice of special or mainstream/inclusive options encouraged by government may have to be battled for (Lindsay & Dockrell, 2004) and not all parents have the necessary resources for the struggle (Riddell, Brown, & Duffield, 1994). Previous research indicates that parents who place a higher priority on socialization tend to favour an inclusive educational setting (Duhaney & Salend, 2000), whereas parents who are more concerned with academic goals tend to favor the availability of a continuum of services (Palmer, Borthwick-Duffy & Widaman, 1998), but parents are increasingly consumers who are likely to want social and academic education.
Aims & Methods

The study reported here pursued the theme of parents combing inclusive and special education in the early years. We knew of parents who had made a proactive decision that this was the best option for their child and had subsequently worked hard to set up the combination of placements and make them work. We wanted to find whether other parents were doing likewise and to gain a better understanding of how parents conceptualise the choices available to them and their choice making process. Moreover we wanted to better understand what parents expect from the combined provision and how they feel about it.

The study was conducted in three local education authorities in the South of England. Questionnaires were initially sent to providers (n=442) who were identified from local authority website lists/Ofsted databases. Questionnaires were also sent to voluntary groups (n=42) to establish whether they had a position on advising parents about combining placements. Through these 'gatekeepers' and through a process of snowballing out from identified parents we sought to identify parents who had young children in combined placements who wished to participate in the study. Questionnaires were sent to 20+ parents. Follow-up in-depth interviews are being conducted with a sample of parent respondents.

The questionnaires to the three audiences were similar but adjusted to suit the audience. Providers were asked about the nature of the provision, the numbers of children with special educational needs and in combined placements, the nature of their involvement in arranging the placements, liaison with the other settings and patterns of attendance. In addition to these largely factual questions respondents were asked to 'comment on your opinion of combined placements, the advantages and disadvantages, practical issues, how children cope with them and so on'. Voluntary groups were asked about their role in the early years, whether they give advice or support parents with decision-making, and their policy on special/inclusive pre-school provision. Parents were asked to describe their child and the types of pre-school s/he attends, whether these were specified on a statement of SEN and the pattern of attendance. Questions then addressed the choices that were available to parents, who and what sources of information they consulted, the advantages and disadvantages they perceived and what had the greatest influence on their final choice of settings.

Findings

The findings reported here focus on the questionnaire responses of the providers and the parents. For findings from the voluntary groups and the interviews are contained in the research report (Nind, Flewitt & Johnston, 2005).

Response rates and methods

One of our concerns was methodological - what was the best route to finding parents who had opted to combine special and inclusive education. We had anticipated that voluntary
groups might be a rich source of contacts but the nature of the groups meant that it was often difficult to get to the person within the organisation who might have been able to help us. The response rate to the questionnaire sent to voluntary groups was low - just 12% (n=5), but telephone and email contact led to some rich data.

Starting with parents we knew and asking them to identify other parents was another route we saw to identifying participants but this process was limited. The main route to parents transpired to be via providers, from whom there was a better response rate of almost a third (30%, n=134).

The parents (n=19 including one set of grandparent guardians) who we were able to identify were not ethnically diverse, most identifying themselves as white UK/Irish (n=16) and the others white European or Turkish. They were mostly in the 30-39 year age bracket (n=14) with none younger. Their educational attainment levels varied from no qualification to higher degree but most were evenly spread in between. With one exception they were buying or owned their own home, and most had joint incomes in the £20-40,000 p.a. bracket, with some earning higher. Their children were diverse in their special educational needs: 7 had difficulties mainly in the area of speech and language and 7 had global learning difficulties (linked with epilepsy/ Down syndrome/ Angelman's syndrome/ Cornelia de Lange syndrome), 3 had difficulties in mobility arising from cerebral palsy and 2 had autistic spectrum disorders.

**How often do children attend a combination of special and inclusive settings?**

Over half of the providers reported that they had no children in combined placements (n=71, 53%), that is, with a child identified as having special needs who attended both an inclusive and a special setting. For some providers this did not apply currently but had in the past. Of those that did have children in combined placements, having one child in this situation was most common (n=38, 28%), though up to 20 children sharing provision was reported. Providers with high numbers tended to be special settings, where most of their children also attended a mainstream setting, often with encouragement from staff in the special setting. Twelve settings (9%) had 2-5 children in combined placements and 10 settings had 6+ children in combined placement (8%, range 6-20).

**What were the patterns of attendance?**

Providers reported that it was more than twice as common for children to spend more time in one kind of placement (n=40, as opposed to equal divide n=18), though whether special or inclusive was dominant varied equally. (Similarly, thirteen of our parent-respondents said their child attended one setting more than the other, with only 3 attending half and half); some attended 3 or more settings in various combinations. Sometimes the balance of placements was part of a changing pattern, in which case inclusive was more likely to rise than special (n=7 cf n=2). Providers seemed clear in their responses that the patterns of attendance were highly dependent on the perceived needs of each child or that the placement that most resembled their planned primary education was the one to be increased over the preschool years.
Experiences and opinions of providers and parents

Among providers there was twice as much reporting of positive experience (n=25) as negative (n=13). The most common coding category, though, was mixed experiences (n=31). More of the parents respondents made clear statements about positive experiences (n=7) than negative (n=1) or mixed (n=1); one family explained that the arrangement had not worked out and they "had hoped [child] would be benefited by both placements" the inclusive one had been stopped as they were unable to cope with his needs/behaviours (mother of child with ASD).

We categorized the respondents' comments about the advantages and disadvantages of combined placements thematically, starting with whom these were perceived to be for. The advantages for combined placements were seen largely as being for children with special educational needs themselves, though occasionally providers noted advantages for staff (learning about diverse children to help with future children's needs) and parents (providing more sessions, n=6 and more support, n=3) were also included in the responses.

Data from providers: By far the most frequently cited advantage (n=19) was that of combining the opportunity to develop social skills offered by the inclusive environment with the special resources of the special setting. The next most frequently cited advantage was the related benefit of mixing with local children combined with getting specialist input (n=12). Other advantages cited for the children were academic/developmental (n=7) and a more comprehensive assessment (n=4). Moreover combining the different placements was said to offer a variety of experience (n=6), different atmospheres (n=1), a greater range of equipment and activities (n=3) and the opportunity to participate in both large and small groups (n=3), structured and less structured play (n=2).

As with the advantages of combined placements, the disadvantages too were seen primarily for the children with special educational needs, with the dominant one (n=34) being the issue of children have to cope with two different structures or routines, with the next biggest category being a slightly less specific concern with combing placements being generally confusing for the children (n=22). Similar disadvantages were identified related to the children having to deal with different (behaviour) expectations (n=17) and different staff and relationships (n=12). Some (n=12) commented that it took longer or was more difficult for children to settle in, or that it was harder for them to make friends (n=11). Other disadvantages were seen to be in terms of different curricula (n=4), different pedagogies (n=2), the tiring nature of too much input (n=4), time in transit (n=1) and developing a problematic preference for one of the settings (n=1).

More disadvantages than advantages were identified for staff, with 8 mentions of the problem of staff having to liaise across settings, 2 mentions of extra work and 2 of practical difficulties regarding equipment. Providers thought the disadvantages for parents were financial (n=2), the time involved (n=2) and the mixed messages they might receive (n=1).
Data from parents: The most frequently noted advantage of combined placements among parents was also that of combining the opportunity to develop social skills offered by the inclusive environment with the special resources of the special setting: "getting the special help and still mixing with normal children her age" (mother of child with autism). Disadvantages too were mostly in terms of confusion, though fears about this were often allayed "Being autistic [child] needs routines - dislikes change, was warned he'd become distressed with two different places. (He was fine though.)". Parental data (partly because of the way their questionnaire was structured) were more explicit about what the individual components of the combined package had to offer. Most important for the inclusive settings was the opportunity they offered for mixing with local children, mentioned by over half the respondents (n=11), both because they are positive role models and because they are local peers. Disadvantages were seen as staff being unable to support or understand their child's special needs (n=6), the large class sizes (n=5) and the poor ratio of staff to children (n=3). Similarly the focus on their child's special needs was a major advantage of the special settings (n=11) with mention of the highly trained staff (n=6) and the staffing ratio in small classes (n=5). Parents were concerned though, that in attending a special setting their children were not getting used to a normal environment (n=4) and were not getting access to the best peer group (n=3).

What factors affect the success of combined placements?

Providers noted a range of factors that affected the success of combined placements and these were related to either the setting or the child. The biggest category overall was the individual child (n=17): respondents regularly volunteered the key message that individual children vary. This seemed more important than either the age of the child (mentioned 6 times) or the nature of the child's disability (also 6 mentions). In terms of the settings it was liaison between settings that was most frequently cited as pertinent to success (n=12), with other factors including the number of placements (n=5), support by various agencies during induction (n=5), the experience or training of staff in the inclusive setting (n=4) and the nature of the setting itself - its ethos or curriculum (n=3). Relationships with staff, the number, balance or timing of sessions, staffing ratio, support for parents, physical proximity of settings, and the way they complement each other all also got 1 or 2 mentions.

Process issues

The thematic analysis revealed a cluster of process issues identified by the respondents. For providers the issue of liaison between settings was important not just to the success of the combined placement but to the process of setting up the arrangement initially; sometimes (n=8) one of the settings was instrumental in this. Respondents wrote about whether or not liaison happened and also the nature of it, via written communication, telephone calls, sharing of individual education plans and mutual visits. They also indicated that were process issues which complicated the arrangement, whether this be funding related (n=7), shortage of places (n=4), changes in local arrangements (n=2) or lack of transport. Parents were more likely to mention process issues in relation to problems - with 1 parent commenting on the lack of places and 5 mentioning that their
children were in combined placements because of a lack of a choice of what they really wanted. In response to a question about whether they had spoken to other parents in similar circumstances, one mother responded: "yes, some positive, some negative. General theme is that you have to fight for everything. The louder you shout the more likely you are to get what you want. Much confusion."

There was some variation between the three LEAs involved in the study and this needs further exploration. Most notable though was that one of the LEAs apparently had providers who actively encouraged combined placements, while another actively discouraged them such that parents felt their children had to attend the specially resourced inclusive nurseries and not the ones they would prefer.

**Discussion**

*The best of both worlds*

The findings from three LEAs indicate that combining special and inclusive early years placements is happening and for a variety of reasons. Most apparent perhaps is the perception amongst both parents and providers is that it can be difficult for one setting to provide everything a child needs and therefore that by combining placements parents might be able to get the 'best of both worlds' for their child. This is a phrase that was frequently by both providers and parents and suggests that the combination can offer more than any one placement on its own:

"[child] would get the bet of both worlds, get the advantages of both settings" (mother of child with severe learning difficulties)

"she would get the best of both worlds. Copying health children and mixing with them socially, but also getting the physio, and physical support and exercise she needed to improve her mobility" (mother of child in mainstream class and voluntary group special centre)

"The best of both worlds. Help with his speech but getting the spcial aspect of mixing with other children." (mother of child with speech and language delay)

"It is a good mix in the early years between education and physical help/physio that [child] needs to enable him to manage his disability. He is making great progress."

Of significance for the development of inclusive education is that, these parents at least, do not perceive it as offering the best of both worlds in itself. The social and 'normal' environment of the mainstream is wanted but there is a lack of faith that the 'special' input needed can, or will, be provided there. Inclusive education coordinators may be wise to address both the reality and the perception surrounding this phenomenon.
Insurance

For our respondents the special or the inclusive placement was in some way making up for the inadequacies in the other:

"he would have the advantages of specialist help and mainstream social interaction" (mother of child with speech and language delay);

"we were advised by the special preschool that it is best for the child to do both settings so he would have the model of mainstream children"

"[we] would not have chosen the special playgroup if it was not for the speech therapy provision".

There was even sometime a more explicit element of the combination offering a kind of insurance policy: "didn't have much choice but felt if one didn't work out at least we still had the other to fall back on" (mother of child with autism).

Belonging

The data indicate the awareness that an individual child has a range of needs, which may have to be met in different ways. There were hints also of an awareness of individual children have multiple identities and therefore needing to belong in multiple communities. One parent was more explicit about this in the summing up of how she perceived the benefits of a combined placement: "being a member of the various communities he is growing into - the big wide world, our village, those with special needs" (mother of child with speech and language delay).

Trial and error

Some responses indicated a desire to try both kinds of placement just to see how they worked out. One parent told of testing out the inclusive preschool "to see how he would cope" and to "help decide which types of school he would benefit from most". Clearly when mainstream and special settings are offering differing advantages and disadvantages choosing between them is difficult. Combining placements in some ways delays the ultimate special or mainstream dilemma and for some making this decision is seen as unfair: "we are very pleased with this mixture since it gives the advantages of each setting and indeed are rather upset that we must in effect choose one or other type of setting for his primary education" (father of child with speech and language delay).

Doing the right thing

All the parents seemed to be guided by a desire to do the right thing for their child. When asked about the greatest influence on their ultimate choice there were numerous mentions of the child's needs: "[child's] difficulties and her happiness"; "wanted what was best for [child]"; "[child] and just watching to see how she settled in"; "[child's] needs being met".
Providers were keen to volunteer opinions on the advantages and disadvantages of combining placements for young children, but it is difficult to decipher from the data the extent to which these opinions are informed by experience. Providers who did not have children in combined placements often had very firm views on whether this was good for children.

Conclusion

The data indicate two clear messages. First, considerable concern about the potential of combining placements for confusing children, though the substantial reporting of positive experiences may indicate that the fear is greater than the reality. Second, considerable optimism that combing placements may offer the best of both worlds, a kind of insurance policy or test ground to allow children's varied needs to be met.

Parents grappling with the complex decision-making involved in getting the best for their children would clearly benefit from data they can use to inform this process. What is also apparent is the need for observational and rich case study data of how the children themselves make sense of their participation in (at least) two different types of early years setting.

References


