INSTITUTE OF EDUCATION
UNIVERSITY OF LONDON

department for education and skills

# The Early Years Transition & Special Educational Needs (EYTSEN) Project

## Technical Paper 3

## Special Educational Needs in the Early Years: The Parents' Perspective

EYTSEN is a linked study drawing on the DfES funded Effective Provision of Pre School Education (EPPE) Project 1997 - 2003

Address for correspondence:

EPPE/EYTSEN Project
Room 416
Institute of Education
University of London
20 Bedford Way
London WC1H

Tel: +44 (0) 20 7612 6219
Fax: +44 (0) 20 7612 6230
Email: b.taggart@ioe.ac.uk
Website http://www.ioe.ac.uk/projects/eppe

Ordering Information:
The Bookshop at the Institute of Education
20, Bedford Way,
London, WC1H OAL
Telephone: 020 7612 6050 Facsimile: 020 7612 6407
Email: bmbc@ioe.ac.uk website: www.bmbc.com/ioe

**Price £8**

# EYTSEN Technical Paper 3

## Special Educational Needs in the Early Years: The Parents' Perspective.


### Authors:

Brenda Taggart
Pam Sammons
Rebecca Smees
Kathy Sylva
Edward Melhuish
Iram Siraj-Blatchford
Karen Elliot



### Acknowledgements

The EYTSEN Project draws on the data collected as part of the Effective Provision of Pre School Education (EPPE) Project, a longitudinal study funded by the DfES. The EPPE research would not be possible without the support and co-operation of the six Local Authorities (LAs) and the many pre-school centres, primary schools, children and parents participating in the research. We are particularly grateful to our research staff, Margaret Kehoe, Isabella Hughes, Ursula Barton, Wesley Welcomme and Nadine Boyne. We would also like to acknowledge the contributions of our part-time research assistants, Andy Ayres, Laurie Endean, Kit Endean, Mark Foster, Anne Hall, Ruth Hupton, Lanre Ogundimu, Phil Short, Linda Taggart, James Walker-Hall, Rachel Whitehead and Thomas Whitehead. A very special thanks goes to the project secretary Jacquie Reid. Special thanks to Professor Ingrid Lunt for comment on early drafts.
We thank the EYTSEN Steering Committee for their helpful advice.

# THE EPPE/EYTSEN RESEARCH TEAM

## Principal Investigators

**Professor Pam Sammons**
Institute of Education, University of London

**Brenda Taggart**
Research Co-ordinator
Institute of Education, University of London

**Professor Kathy Sylva**
Department of Educational Studies, University of Oxford

**Professor Edward Melhuish**
Institute for the Study of Children, Families and Social Issues, Birkbeck, University of London

**Professor Iram Siraj-Blatchford**
Institute of Education, University of London

**Senior Research Officers for Statistical Analyses**
**Rebecca Smees**
Institute of Education, University of London

**Karen Elliot**
Institute of Education, University of London

Published in May 2004 by the Institute of Education University of London
20 Bedford Way, London WC1H OAL

*Pursuing Excellence in Education*

ISBN 085473 682 4

Ricoh Document Management. London.

**CONTENTS** **page**
**EXECUTIVE SUMMARY** **i-v**
**The EPPE / EYTSEN Study** **1**
The Sample and Methodology 1
Aims of the EYTSEN project study and this report 2

**Introduction to the Parents' Perspective** **3**

**SECTION ONE – The identification of special educational needs (as reported by parents)** **5**
a) Identification within the household 5
b) Identification outside the household 6
c) Agreeing and disagreeing with needs 7
e) Identification by pre-school and school 7
f) Overlap in the reporting of special educational needs 8
Summary – Identification and distribution of SEN children (as reported by parents) 11

**SECTION TWO - Type of special educational need (as identified by parents)** **12**
a) Medical conditions 12
b) Physical conditions 13
c) Learning difficulties 13
d) Behavioural needs 14
e) Children with multiple needs 14
Summary 15

**SECTION THREE - Was the type of special educational need related to pre-school recognition?** **16**
a) Medical conditions 16
b) Physical conditions 17
c) Learning difficulties 17
d) Behavioural needs 18
Summary 19

**SECTION FOUR - Characteristics of children with special educational needs in relation to family characteristics** **20**
**Child Characteristics** **20**
Gender 20
a) Physical conditions 20
b) Behavioural needs 20
**Family characteristics** **20**
a) Marital status 20
b) Position in household 21
c) Socio-economic status 21
d) Life events 21
**Home learning environment** **22**
a) Computers 22
b) Shopping 22
c) Dance, music and movement 22
d) TV and Video watching 22
e) Homework 22
Summary 23

**SECTION FIVE – Support for children who have special educational needs (as reported by parents)** **24**
a) Providing support during the pre-school period 24
b) Support during the school period 27

c) Support provided by professionals outside of pre-school/school 29
d) Parental support 30
e) How satisfied were parents with the support they received for their child's SEN 31
f) Dissatisfied parents 31
g) Statementing in early years 34
Summary 36

**Conclusion 38**

**References 39**

**Glossary of terms 42**

**APPENDIX 1: SEN Section of the parent questionnaire-Section G: My child is special 45**

**APPENDIX 2: The Effective Provision of Pre-School Education (EPPE) Project and Early Years Transition & Special Educational Needs (EYTSEN) Technical Papers in the Series 46**

**For the classification of risk and the identification of special educational needs over the pre-school period see EYTSEN Technical Paper 1.**

**For special educational needs over the early years in primary school (up to Year 1) and linked parents' views, schools' views and EYTSEN classification of risk see EYTSEN Technical Paper 2**

## EXECUTIVE SUMMARY

### The EPPE/EYTSEN study

The Early Years Transitions and Special Educational Needs (EYTSEN) project builds on the work of the Effective Provision of Pre-School Education (EPPE) project, a major longitudinal study of a national sample of young children's progress and development through pre-school and into primary school until the end of Key Stage 1 (age 3+ to 7 years). Both the EPPE and EYTSEN research studies are funded by the Department of Education and Skills (DfES). The EYTSEN study explores evidence of possible special educational needs (SEN) amongst pre-school children. It uses a range of information to identify children who may be 'at risk' in terms of either cognitive or social behavioural development and investigates links with a variety of child, parent and family characteristics. It also describes variations in the policies and provision offered by different pre-school centres designed to support children with SEN.

### The Sample and Methodology

Information for over 2800 children attending 141 pre-school centres selected from five regions across England has been analysed in the EPPE research. Centres were drawn from a range of types of providers (local authority day nurseries, integrated or combined centres, playgroups, private day nurseries, nursery schools and nursery classes). This information included measures of cognitive and social/behavioural development, parental and centre manager interviews and questionnaires, and observations conducted in pre-school settings to assess 'quality'. We thus have several sources of information that can be used to explore the relationship between young children's development and their 'at risk' status in terms of developing special educational needs (for more detailed information on 'at risk' status see EYTSEN Technical Paper 1 and 2). A further 'home' group of 314 children joined the study at entry to primary school. These children were included because they had little or no pre-school experience. The inclusion of these children allows comparison of children who had attended a pre-school and those who did not experience such group care. **This paper reports on information from a questionnaire sent out to parents when their children were attending primary school. The extensive reference to children who had special educational needs in this paper is in the context of parent's reports. Technical Papers 1 and 2 in this series report on the identification of special education needs by other methods.** The questionnaire had a response rate of over 80 per cent of the original sample of parents.

The project has reported, in previous technical papers (see footnotes below), on children who were identified as 'at risk' of SEN by EPPE assessments and pre-school worker ratings from the pre-school period up to the end of Year 1 in primary school.

It should be noted that the EPPE sample of children, because they were recruited in 'ordinary' types of pre-school provision, contains very low numbers of children with severe and profound SEN or disabilities. Children whose disability or medical conditions require very specialist assistance or constant one-to-one supervision are more likely to attend a 'special' pre-school/school or hospital school than to be enrolled in the six types of provision included in the research.

### Aims of the EYTSEN study and this report

The EYTSEN study analysed different sources of information and the linkages amongst them with a view to informing policy and practice related to the characteristics of young children 'at risk' of SEN and pre-school centre practices associated with changes in risk status.

The importance of working in partnership with parents, in education, is nowhere more important than when a child may be in need of additional help and support to help them overcome a difficulty they may be facing in their development. This report focuses on the perceptions of SEN identified by parents in the EPPE study.[1] These perceptions were analysed from a questionnaire response, which contain both quantitative and qualitative answers to questions about SEN. For further information on SEN across the pre-school and school period, see EYTSEN Technical Papers 1 and 2[2].

[1] The term 'parents' throughout the report is used to denote anyone who is the main carer of an EPPE child. This term covers a range of relationships e.g. natural parents, carers, guardians, adoptive, foster and step parents.

[2] EYTSEN Technical Paper 1 Special Educational Needs across the Pre-School Period.
EYTSEN Technical Paper 2 Special Educational Needs in the Early Primary Years: Primary school entry up to the end of Year One.

**Findings**

**Section 1 - Identification and Distribution of SEN children**

i) The percentage of children in the EPPE sample who have some form of SEN, as reported by their parents, is just over 20 per cent. This compares with 17.5 per cent of primary pupils nationally (DfES, 2003) with SEN (with and without statements).

ii) The parents of children who had experience of pre-school education were more likely to report their children being in need of help than parents whose children did not attend pre-school.

iii) The highest proportion of parents with SEN concerns (whose children had pre-school provision), were found in integrated centres and the lowest in private day nurseries.

iv) Parents of the 'home' children were the least likely to report incidence of special educational needs in their children. However, when the 'home' children were considered for their 'at risk' status of developing SEN through assessments of cognitive (and social behavioural development) there were proportionately far more children 'at risk' of SEN in this group than in the group of children who had attended a pre-school.

v) Identification of a special educational need was most likely to occur within the household.

vi) Children who attended pre-school were more likely to be identified as having a special educational need by someone outside of the family than those children in the 'home' group.

vii) Teachers were the most likely people outside the household to identify SEN, then Doctors. Teachers were most likely to identify early signs of cognitive difficulties (reading, numeracy) and doctors most likely to pick up on physical delays (hearing, speech/language).

viii) Only 30 per cent of parents who thought their child had a special educational need said that this need was recognised during the pre-school period.

**Section 2 - Type of special educational need as identified by parents**

i) The most common type of medical conditions reported across the sample as a whole were asthma followed by eczema. Many children had both conditions.

ii) The most common type of physical conditions reported across the sample as a whole were speech or language difficulties followed by hearing difficulties.

iii) There were no particular patterns of need relating to physical or medical conditions across geographical regions.

iv) More children were likely to be reported by parents as having difficulties with reading than with numeracy.

v) The most common form of behavioural difficulties reported by parents was 'stubborn and disobedient' behaviour. Parents on the whole reported less incidence of social/behavioural difficulties in their children than medical conditions, physical or learning difficulties.

vi) Children with behavioural problems were more likely to have difficulties affecting a number of SEN domains than children with learning or physical difficulties.

**Section 3 – Was the type of special educational need related to pre-school recognition?**

i) There were considerably high levels of recognition (over 50%) of medical, physical and learning difficulties by pre-school staff, as reported by parents.

ii) Pre-school staff were less likely to recognise behavioural problems as opposed to medical, physical or learning difficulties.

iii) The behavioural problems least likely to be recognised by pre-school staff were hyperactivity, and spiteful/aggressiveness.

iv) The least likely condition to be recognised was eating disorders. This may reflect the sessional nature of pre-schools where not all children stay on-site for lunch.

It should be stressed that parent's reports of behaviour may not accurately reflect their child's actual behaviour in pre-school or school as social behaviour is strongly influenced by context. This may help to account for discrepancies in recognition of some types of 'problem' behaviours.

**Once recognised was help given?**

i) The children most likely to be given help in pre-schools were those with blood, heart and ENT (ear, nose and throat) problems (medical conditions), a learning/mental disorder (learning difficulties), who were shy, who had toileting difficulties, who were unhappy going to school or were spiteful/aggressive (behavioural needs).

ii) Those children who were given help, but to a lesser degree, were those with skin conditions, lung and eye problems (medical conditions), problems with speech/language, hearing, poor co-ordination and other physical disabilities (physical conditions), also those with difficulties with reading and numeracy, a specific learning difficulty and general slow development (learning difficulties). Children with behavioural difficulties who received this level of help were reported to be clingy, nervous, lonely, had sibling rivalry, tantrums, were stubborn/disobedient, hyperactive or with eating problems.

iii) Children who received only moderate amounts of help, as reported by parents, were those who had a behavioural problem defined as a medical condition and those with sight difficulties (physical conditions).
iv) The children who received the least help were those with sleeping difficulties.

**Section 4 – Characteristics of children with special educational needs in relation to family characteristics.**

Selected variables from other sections of the questionnaire were cross-tabulated with whether the parent thought their child had a SEN to see if there were associations between SEN and particular child, family or home characteristics.

Gender

i) Boys were more likely (than expected) to be reported by parents as having a learning disability than girls.
ii) Boys were more likely (than expected) to be reported by parents, as hyperactive than girls.
iii) Boys were more likely (than expected) to be reported by parents as unhappy going to school than girls.
iv) Boys were more likely (than expected) to be reported by parents as having eating problems than girls.

Marital status

i) There were more 'SEN' children than expected coming from divorced backgrounds and less than expected coming from married backgrounds.

Socio-economic status

i) There were more 'SEN' children than expected coming from the father 'never worked' group and less than expected coming from the father professional groups.

Life events

i) There were positive relationships between a child being exposed to a 'life event' and their likelihood of being a concern for SEN. The 'life events' with the strongest associations were not settling at school, being hospitalised or suffered family conflict.
ii) The events, which had slightly less impact (but still significant), were all associated with issues in the home: separation/divorce, moving home and sibling rivalry.
iii) The life events which showed a weaker association were for a child who suffered a seriously illness (but remained at home as opposed to the group who were hospitalised) and family violence. The later groups should be treated with some caution in reporting terms as they contain very low numbers of children. It should be noted that some children had experienced a number of 'life events' i.e. may have had family conflict and had moved home. Experiencing a number of 'life events' may be cumulative and may make a child more 'at risk' of developing SEN.

The home learning environment

i) 'SEN' children, tended to play on the computer by themselves more often than children not reported by parents as having any SEN. It was also found that parents of 'SEN' children tend to play computer games with their children more often than children who had no 'SEN'.
ii) Parents reported that they were less likely to take their child shopping 'occasionally' if their child was in the 'SEN' group.
iii) 'SEN' children tend to enjoy dance, music and movement less often than children whose parents reported them as having no concern of 'SEN'.
iv) 'SEN' children got less help with, and received less homework than children without 'SEN'.

**Section 5 – Support for children who had SEN (as reported by parents)**

This section explores how satisfied parents were with the help they were given and ways in which they think their children could be better supported. It also considers children who have been supported via a 'statement' of special educational needs.

Support during the pre-school period

i) The most commonly reported type of support parents reported children were given during the pre-school period for children with any kind of need (medical, physical, learning and behavioural) was speech therapy which was provided 'off-site'.
ii) The most common form of support given for medical and physical needs was a mixture of one-to-one tuition and general additional educational support[3] with some emotional and behavioural support.

[3] In the context of this report, general additional educational support, usually meant curriculum differentiation

iii) Children were more likely to receive the help of a learning support assistant[4] if they had a learning difficulty as apposed to a medical or physical condition.
iv) Children with behavioural difficulties were most likely to receive on-site support during their pre-school by a combination of emotional and behavioural support, general additional educational support and feedback and advice.

Help during the school period
i) In primary school children were more likely to be offered on-site help for their physical conditions than was the case in the pre-school (where the dominant form of help was off-site speech therapy).
Children were much more likely to receive the help of a learning support assistant than any other type of help (either on a one-to-one basis or within a group).
iii) Parents also reported children being given additional 'general educational activities', e.g. the teacher differentiating the work on offer to the 'SEN' child so that they could more easily access the curriculum, at a level suited to their stage of development, also having some specialised equipment appropriate to their SEN available in pre-school.
v) Parents of children with hearing difficulties reported their children being sat near the front of the class, but this was not reported by any parents of children with sight difficulties.
vi) Children with behavioural difficulties in school were much more likely to receive one-to-one tuition and attention from a learning support assistant.
vii) In primary school children's were most likely to be recognised by a class teacher or by the teacher and parent in discussion together.
ii) Support staff also had a role to play in the recognition of SEN.

Support from other professionals (outside of pre-school/school)
i) Parents of children who had attended a pre-school centre reported having received more help from 'other professionals' outside of pre-school/school compared to the 'home' group of children (46% compared to 40%).
ii) Both parents of pre-school children and the 'home' group's parents reported making use of speech therapy services (the largest form of outside help).
iii) Pre-school children's parents appear to have access to a wider range of help than the 'home' group.
iv) 36 per cent of 'home' children (those with no pre-school experience) were referred to an educational psychologist as opposed to just 20 per cent of children who had pre-school experience. Other EYTSEN papers (Technical Papers 1 and 2) have shown that 'home' children are at greater risk of SEN and more likely to be identified as having SEN by teacher reports or by standardised assessments.

Support given by parents
i) Parents of SEN children who helped their child at home were most likely to give assistance with reading, followed by help with a mixture of literacy and numeracy.
ii) Parents also supported their children's social/behavioural/emotional development with a mixture of encouragement and praise and simply talking to the child about their difficulties.
iii) Parents mentioned encouraging their child to be more independent by carrying out specific tasks for themselves e.g. talking in shops, brushing their own teeth etc.
iv) Parents also completed exercises at home with their child that had been set by a speech therapist.

Parental satisfaction with the support they received
i) The majority of parents who felt their child had a SEN were satisfied with the help their child received.
ii) Parents of pre-school children were slightly more satisfied with the help they were given than the 'home' group's parents, but they were also more dissatisfied. On the whole, more of the 'home' group parents were 'OK' about the support they received compared to the pre-school group.
iii) There were slight regional differences detected in how satisfied parents were with East Anglia's parents being the most satisfied and those in Inner London the least satisfied.

What did dissatisfied parents want?

[4] learning support assistants were most likely to be found in the types of pre-school settings that are able to make available additional resourcing to employ a dedicated learning support (or teaching) assistant. This type of provision was most commonly seen in educational settings such as nursery schools and nursery classes attached to primary schools and fully integrated centres rather than in private day nurseries, local authority day nurseries or playgroups.

i) Dissatisfied parents wanted more additional learning support or tuition time given to their children, including one-to-one tuition, additional tuition in reading and more time spent with a learning support assistant.

ii) Dissatisfied parents also wanted more feedback on their child's progress and more frequent meetings with teachers.

iii) Some parents were dissatisfied because they felt they were being denied access to an educational psychologist (specialised assessment) or felt the statementing process took too long.

iv) There were no statistical relationships between fathers' and mothers' SES status and dis/satisfaction with SEN provision across the 6 SES groups.

Parents were the most satisfied with the support they were given if their child had:
Medical: behavioural, heart, lung or blood conditions
Physical: poor co-ordination, speech/language difficulties
Learning: learning (mental) disability, slow development
Behavioural: lonely, nervous, clingy, had a sleep or eating problem or difficulties with toileting or appeared unhappy to go to school.

Parents were the most dissatisfied with the support they were given if their child had:
Medical: skin, ENT or eye conditions
Physical: problems with sight or hearing
Learning: specific learning difficulty or problems with numeracy and reading
Behavioural: sibling rivalry, hyperactive, spiteful/aggressive or stubborn and disobedient.

Statements of special educational needs
Over the sample as a whole 7.0% of children had a full statement of special educational needs, and a further 4.7% were being considered for one. An additional 4.5% of children had been considered at some point in the past for a statement, but not received one. Comparing the pre-school and 'home' group, more pre-school children had full statements. It is interesting to note that although only 3.2% of the 'home' group had a full statement of special educational need, parents reported a greater proportion of 'home' children being referred to an educational psychologist (see Table 5.11, p29) compared to the pre-school group (35.7% 'home' group compared to 19.7% of the pre-school group).

## Conclusion

The EYTSEN research is unique in its longitudinal focus and follow up of young children's cognitive and social/behavioural development across three time points.

The project draws together information from parents and both pre-school staff and teachers' assessments of young children. It has developed clear criteria for the investigation of children 'at risk' of different forms of SEN during the pre-school period and at school, and examined the extent to which children classified as 'at risk' are later identified as having SEN at school. It documents the kinds of provision made to meet different needs.

The inclusion of a paper on parental perceptions of young children's development is important. Parents bring a unique insight into the issue of SEN that cannot be ignored. Parental characteristics and the home environment can also be important predictors of how children develop and progress through pre-school into school. The powerful influences of multiple disadvantage and the positive role of the home learning environment all have to be borne in mind when dealing with very young children's development.

The inclusion of a 'home' group of children (those with no pre-school experience) has enabled much to be said about the protective role of pre-school care and education, and the amelioration of SEN.

Other Technical Papers in this series have demonstrated that overall, the proportion of children 'at risk' of SEN in terms of cognitive development reduced significantly by entry to primary school (from 1 in 3 to 1 in 5). Taken together with evidence of the higher incidence of 'risk' at entry to primary school for the 'home' group (even when controlling for differences in multiple disadvantage), the results indicate that high quality pre-school experience is an effective intervention for the reduction of SEN, especially for the most disadvantaged and vulnerable groups of young children.

Policies and strategies which increase the availability and quality of pre-schooling and promote engagement with parents, especially promoting active parental involvement in learning and play activities,

are likely to play a significant role in providing children with a better start to school and reduce the risk of later SEN. There are many implications for staff training and development connected with the identification and support of children 'at risk' of SEN in pre-school settings.

# THE EARLY YEARS TRANSITION AND SPECIAL EDUCATIONAL NEED (EYTSEN) STUDY

## The EPPE / EYTSEN study

The Early Years Transitions and Special Educational Needs (EYTSEN) project builds on the work of the Effective Provision of Pre-School Education (EPPE) project, a major longitudinal study of a national sample of young children's progress and development through pre-school and into primary school until the end of Key Stage 1 (age 3+ to 7 years) (see EPPE Technical Paper 1).[5] Both the EPPE and EYTSEN research studies are funded by the Department for Education and Skills (DfES) in the UK. The EYTSEN study explores evidence of possible special educational needs (SEN) amongst pre-school children. It uses a range of information to identify children who may be 'at risk' in terms of either cognitive or social/behavioural development and investigates links with a variety of child, parent and family characteristics. It also describes variations in the policies and provision offered by different pre-school centres designed to support children with SEN.

## The Sample and Methodology

Information for over 2800 children attending 141 pre-school centres selected from five regions across England has been analysed in the EPPE research. Centres were drawn from a range of types of providers (local authority day nurseries, combined or integrated centres, playgroups, private day nurseries, nursery schools and nursery classes). The research was designed to study the six main types of institutional provision, rather than other forms of pre-school care such as relatives, childminders or nannies. One-to-one assessments of different aspects of young children's cognitive development were conducted by trained researchers at entry to the study (age 3+) and later at entry to primary school. In addition, ratings of individual children's social and behavioural development have been collected from pre-school workers at entry to pre-school, and from teachers when children entered primary school. At entry to primary school approximately 300 children who had no pre-school experience (the 'home' group) joined the study. We thus have several sources of information that can be used to explore young children's cognitive attainment and progress and their social/behavioural development. **This paper reports on information from a questionnaire sent out to parents when their children attended primary school. The extensive reference to children who had special educational needs was determined by reports from parents. Technical Papers 1 and 2 in this series report on the identification of special education needs by other methods.**

In addition to child assessments, parental interviews conducted when children entered the study have been used to collect detailed information about childcare history, health, and characteristics of children, their families and home environments.

Interviews with centre managers of the pre-school settings attended by children have been used to provide details about pre-school settings including provision for SEN. Trained researchers made observations concerning aspects of centre 'quality', and measures of the environment experienced by children. The distribution of children in the sample identified as 'at risk' of SEN between different types of pre-school settings has been examined (see EYTSEN Technical Paper 1). In addition, the extent of variation in provision made for SEN between different centres and type of pre-school setting has been investigated. Once children moved into primary schools, their teachers were asked to complete an annual 'child profile' which explored any difficulties children were experiencing and what additional provision had been made by the school to help children overcome these difficulties. Teachers were also asked about any children who were being assessed as part of the SEN 'Code of Practice'.

The EYTSEN study analysed these different sources of information and the linkages amongst them with a view to informing policy and practice related to the characteristics of young children 'at risk' of SEN and pre-school centre practices associated with changes in 'risk' status.

[5] Full details about the sample and results in the main EPPE study are given in a series of EPPE Technical Papers (listed in Appendix 2).

**Aims of the EYTSEN project**

The EYTSEN study investigates possible indicators of SEN recognising that such 'needs' can be viewed as social constructs, and that some aspects of 'need' may be seen as particular points along a developmental continuum. Children's 'needs' may be perceived differently by parents, pre-school workers and teachers (Hay et al., 1999; Heiser et al., 2000). At some stages children may be identified as giving cause for concern or be seen to show particular 'needs' but not at others. Likewise different adults may have different understandings or perceptions of SEN. Young children develop differently, so changes in status in terms of 'showing' some form of 'need' may be expected to take place between the ages of 3 and 6 years, the pre-school period covered in this research (for further discussion of the issues surrounding the identification of SEN for young children see Scott and Carran (1989) and Roffey (1999)). Change over time, in children's status, cannot be attributed directly to pre-school or other interventions unless an experimental randomised controlled trial (RCT) is conducted. The children in the EYTSEN project were not involved in an experimental RCT but rather represent naturally occurring variation in a national sample of children in different types of pre-school provision. In contrast to an experimental design, the EYTSEN analysis provides a more accurate picture of the pre-school experience and variation in young children's cognition and social/behavioural development.

It is recognised that both *definitions of* and *criteria for the identification* of SEN are contested concepts. The EYTSEN study pays particular attention to exploration of evidence of possible SEN using a variety of definitions and attempts to identify different categories of possible 'risk' (see EYTSEN Technical Paper 1). It seeks to address three main research objectives:

1 To examine the impact of different pre-school settings on the progress and development of children who may be seen as vulnerable or 'at risk' of developing '' over the pre-school period and in transition to school until the end of Key Stage 1 (KS1), including:

- The identification and description of the characteristics of those children who fall into potential 'at risk' categories, using a range of information, including cognitive assessments, pre-school staff assessments of social behaviour, and parental interviews.

- An analysis of the distribution of the 'at risk' groups of children across different types of pre-school provider.

- A description of patterns of progress and changes in cognitive and social/behavioural development of the various 'at risk' groups across the pre-school period and to the end of KS1.

2 To identify pre-school centres' policies and practice in relation to the early identification of SEN as reported by centre managers.

3 To examine the relationship between pre-school centre quality characteristics and the subsequent progress and development of different 'at risk' groups.

The findings for research questions identified above are reported in two Technical Papers:

EYTSEN Technical Paper 1: Special Educational Needs across the Pre-school Period.

EYTSEN Technical Paper 2: Special Educational Needs in the Early Primary Years: Primary school entry up to the end of Year One.

These Technical Papers give more detailed analyses on which the findings of the project are based.

This paper (EYTSEN Technical Paper 3) does not directly address the major research questions outlined above but provides information, (additional to the original research brief) which helps contexualise the findings from an alternative and very interesting perspective, that of parents. All three papers are available from the Institute of Education's Bookshop.

The composite Final Report (RR431) and an accompanying Research Brief RB431) are accessed at http://www.dfes.gov.uk/research/ or from DfES Publications, PO Box 5050, Sherwood Park, Annesley, Nottingham, NG15 0DJ.

**Introduction to the Parents' Perspective**

The importance of working in partnership with parents, in education, is nowhere more important than when a child may be in need of additional help and support to help them overcome a difficulty they may be facing in their development.

The Special Educational Needs Code of Practice (DfES, 2001) confirms this when it says, '*Parents hold key information and have a critical role to play in their children's education. They have unique strengths, knowledge and experience to contribute to the shared view of a child's needs and the best ways of supporting them. It is therefore essential that all professionals (schools, LEAs and other agencies) actively seek to work with parents and value the contribution they make' (*p16).

The role of the parent is crucial, even for children who may have a temporary need (or be on a continuum of need) that may not be supported through the full process of statutory statementing.

This report focuses on the perceptions of SEN identified by parents in the EPPE study[6]. For descriptions and analyses of the 'at risk' groups of children as defined by assessment data during the pre-school and school period see EYTSEN Technical Papers 1 and 2. It should be noted here that the term SEN is recognised as being a contentious one. The EYTSEN project has reported on this in Technical Paper 1 and has also redefined the term to take account of those very young children who may alternatively be considered as being 'at risk' of developing a special educational need rather than definitely being labelled a child with 'SEN'.

**The Parental Interviews and Questionnaires.**
When children were enrolled in the EPPE study (at 3+ for pre-school children and at school entry for 'home' children) their parents were interviewed by a trained researcher. The interviews explored:

- Child characteristics e.g. the child's health and development, child-care history etc.
- Family characteristics e.g. composition, parental education levels and socio-economic status (SES) etc.
- The home learning environment e.g. frequency child was read to etc.

This information has been used to describe the sample at entry to the study (EPPE Technical Paper 2) and those factors found to be significant to the child's academic and social/behavioural development have been included in statistical analyses to explore children's attainment and progress during the pre-school period (EPPE Technical Papers 2, 4, 8a and 8b). These interviews were conducted during 1997. Four years into the project (2001), when all of the children had moved from pre-school into school, it seemed appropriate to revisit the parents of the children in our study. Firstly to explore any changes within the family structure and secondly to investigate how parents' perceptions of their children's development (both academically and socially) had changed with the move from pre-school to school. To this end a postal questionnaire was sent out to parents in the study. When postal questionnaires were not returned, parents were contacted and telephone interviews were conducted. Face to face interviews were also undertaken using interpreters for a number of parents who preferred to be interviewed in their home language.

[6] The term 'parents' throughout the report is used to denote anyone who is the main carer of an EPPE child. This term covers a range of relationships e.g. natural parents, carers, guardians, adoptive, foster and step parents.

The questionnaire was divided in to seven sections covering:

A) Your Household (composition etc.)
B) My Child at Home (home learning environment etc.)
C) My Neighbourhood (neighbourhood information etc.)
D) Your Employment and/or Education ([mother or significant female/partner living in the house] SES etc.)
E) Your Employment and/or Education ([father or significant male/partner living in the house] SES etc.)
F) Child care (childcare arrangements etc.)
G) My Child is Special (parental concerns, identification and provision etc.)

The full analyses from all sections of the questionnaire will be included in future EPPE Technical Papers. The information for this report draws largely from section G. This section (see questions in Appendix 1) was prefaced with this note to parents: *'At the beginning of our project, we found that some of the children had special needs or Special Educational Needs (SEN) that related to physical conditions, problems with their behaviour, difficulties with learning, etc. We would like to know how these children are getting on, or whether some children have developed new problems since the first interview with parents'*. So this section of the questionnaire set out to explore parents' perceptions of how their child was developing on a range of aspects relating to SEN or SEN status.

**The questionnaire sample.**

The analyses included in this report represents just over 80 per cent of the EPPE sample who responded to the parental questionnaire as below:

**Table 1 Response rate**

| | Sent out | Returns | % Response |
|---|---|---|---|
| East Anglia | 631 | 568 | 90.0 |
| Inner London | 635 | 459 | 72.3 |
| North East | 572 | 442 | 77.3 |
| Shire County | 580 | 499 | 86.0 |
| West Midlands | 623 | 475 | 76.2 |
| Total | 3041 | 2443 | 80.3 |

N.B. response rate refers to the whole questionnaire and not to just the section on SEN.

A detailed analysis of the missing 20 per cent of the sample was undertaken to explore the robustness of the EYTSEN sample in terms of the representativeness of the EPPE sample as a whole. These analyses showed that the questionnaires/interviews were less likely to have been responded to by households headed by single parents, mothers who were in unskilled manual work or who were in semi-skilled jobs and had no qualifications. Also non-response rates were higher in households where the father was employed in skilled (manual) work and had no qualifications. Some ethnic minority groups had small numbers in the original sample, and non-response figures are a substantial proportion of these. The original EPPE sample deliberately over-sampled from lower SES groups, anticipating a larger 'drop-out' rate in this group over the period of the research. Taking into account this attrition the conclusion drawn from these analyses is that the EYTSEN sample, on which this paper is based, is robust for analysis purposes although it should be noted that comparisons for specific ethnic minority groups must be made with caution.

## SECTION ONE – The identification of special educational needs (as reported by parents).

### a) Identification within the household

Parents were asked if they thought their child needed additional help because of any type of SEN. It should be borne in mind that the sample comprises children who from 3+ had pre-school experience and those who were recruited into the study at entry to school who did not have any pre-school provision. This later group are consistently referred to as the 'home' children through out these analyses. Where it is appropriate to make comparisons, the two different groups have been separated.

It should be noted that 258 parents responded 'yes' to the question asking whether they thought their children had a form of SEN and then went onto answer questions related to this. A further 290 parents answered the first question 'no' but then went on to describe some form of need. **All** parents who wrote about a SEN or their children requiring additional help have been included in the sample for analyses. Therefore the number of children included in the analyses is 548 (n). These will be referred to as the 'SEN' sample throughout the document, although it is recognised that the term 'SEN' is a contested one. In some cases the 'n' may change where not all parents answered every question. Parents have been found in research elsewhere to be competent to carry out standardised assessments of their own children without bias (Goodman, 1997; Glascoe et al., 1989; Bricker and Squires, 1989). Their assessments of their own children in the pre-school years have also been found to be reliable in predicting later anti-social disorder (White et al., 1990).

**Table 1.1 Do you think your child needs special help because of any type of special educational need?**

| | Yes | | No/not sure | | % Response | |
|---|---|---|---|---|---|---|
| | % | n | % | n | % | n |
| **Pre-school group** | 23.0 | 513 | 77.0 | 1718 | 100 | 2231 |
| **Home children** | 16.5 | 35 | 83.5 | 177 | 100 | 212 |
| **All children** | 22.4 | 548 | 77.6 | 1895 | 100 | 2443 |

In total, 22.2% of all parents reported that their child needed help with some kind of SEN. The DES Special Educational Needs Report (1978, referred to hereafter as the Warnock Report) suggested that 20% of children at any one time may have some form of SEN. This compares with 17.5 per cent of primary pupils nationally with SEN (with and without statements) identified by the DfES during the period of this report (DfES, 2003). Parents of children who had attended pre-school were more likely to report their child as having a SEN than those parents whose children did not attend pre-school; 23 per cent compared with 16.5 per cent. This is a rather surprising result given the finding (EYTSEN Technical Paper 2) that far more of the 'home' group children were identified as 'at risk' of SEN at entry to primary school. It could be speculated that the parents of children who attend a pre-school may have more opportunities to observe a range of child behaviours/stages of development in other children than those parents who stay at home with their children. The parents of the pre-school group may therefore be more likely to report behaviours/developments which they perceive may lie outside of their observed 'norm'.

Analyses by pre-school type showed the following:

**Table 1.2 What types of pre-school provision did these children come from?**

| | Nursery class | | Playgroup | | Private Day Nursery | | Local Authority | | Nursery school | | Integrated centre | | Home | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | % | n | % | n | % | n | % | n | % | n | % | n | % | n |
| **Yes** | 23.1 | 110 | 24.0 | 116 | 20.7 | 93 | 21.8 | 67 | 24.3 | 302 | 26.3 | 30 | 16.5 | 35 |
| **No/not sure** | 76.9 | 367 | 76.0 | 367 | 79.3 | 357 | 78.2 | 241 | 75.7 | 97 | 73.7 | 84 | 83.5 | 177 |

The figures overleaf suggest a slightly higher proportion of parents with concerns had sent their child to integrated centres (26%) than in other forms of provision. For comparisons with the number of children identified as possibly 'at risk' of developing SEN over the pre-school and school period (by EPPE assessments and pre-school worker/teacher report) see EYTSEN Technical Papers 1 and 2. Private day nurseries had the lowest reported concern of the pre-school group (20.7%). The parents of 'home' children showed the lowest cause for concern with only 16.5 per cent of parents reporting a concern. This is a rather surprising result given the finding (EYTSEN Technical Paper 2), that far more of the 'home' group children were identified as at risk of SEN at entry to primary school. Teachers also identified more 'home' children as having a SEN.

**Table 1.3 Analyses of 'special educational need' by region**

| | Distribution of all Children 2443 | | Distribution of SEN sample 548 | |
|---|---|---|---|---|
| | n | % | n | % |
| East Anglia | 568 | 23.3 | 135 | 24.6 |
| Shire county | 499 | 20.4 | 109 | 19.9 |
| Inner London | 459 | 18.8 | 110 | 20.1 |
| North-east | 442 | 18.1 | 97 | 17.7 |
| West Midlands | 475 | 19.4 | 97 | 17.7 |

**b) Identification outside the household**

We asked parents whether someone outside of their household had at any time ever suggested to them that their child had any type of SEN. This is particularly interesting given the contentious notion of 'labelling' when applied to very young children. Whilst this paper is primarily about the parents' perspective of their children we wanted to probe whether some families may have had more objective comments made to them about their child's development, perhaps by a health or educational professional.

**Table 1.4 Has anyone outside the family ever suggested/recognised/diagnosed that your child has any type of special educational need?**

| | Yes | | No/not sure | |
|---|---|---|---|---|
| | % | n | % | n |
| Pre-school group | 15.4 | 340 | 8436 | 1864 |
| Home children | 7.1 | 15 | 92.9 | 195 |
| All children | 14.7 | 355 | 85.3 | 2059 |

More children were identified as having some sort of SEN by someone inside the family (22.4% See Table 1.1, p5), than by those outside the family (14.7%). It is interesting to note that reporting amongst the pre-school group is over double that of the 'home' group. Later in this report the types of SEN identified will be discussed but it is interesting to note at this point which type of SEN was most likely to be identified by an 'outsider', as illustrated by the table below:

The analyses overleaf looked at who outside the family was mentioned as having identified a need in a child. In the majority of cases it was a teacher (47%), followed by doctors (8.4.%), speech therapists (8.2%) and a mix of sources (14.5%). Health visitors, psychologists and other sources identified need in only a small number of cases.

**Table 1.5 Identification of need by someone outside the family.**

| Source | Percentage picked up | Most likely to identify |
|---|---|---|
| Teachers | 47.0 | reading (48%), numbers and sums (27%), speech/language (24%) |
| Doctors | 8.4 | hearing (29%), speech/language (29%), physical (27%), reading (24%), sight (21%) |

| | | |
|---|---|---|
| Speech therapists | 8.2 | speech/language (94%) |
| Psychologists | 4.2 | specific learning difficulty (64%), speech/language (27%), reading (27%), numbers and sums (27%) |
| Health visitors | 2.8 | speech/language (40%) |
| Other sources | 0.3 | specific learning difficulty (36%), tantrums (36%) |
| Multiple sources | 14.5 | specific learning difficulty (58%), hyperactivity (33%), hearing (30%) |

The table above also shows, of those children identified by someone outside the home, what kind of SEN they were most likely to identify. The percentages quoted in the right hand column are proportions of those in the left column. It should be noted that the percentages do not add up to 100 per cent because of multiple identification. It should also be noted that although only a small number were identified by psychologists and speech therapists this identification could be interpreted by some parents as 'having been diagnosed' by some-one outside the home, as it is unlikely parents would have access to either a psychologist or a speech therapist without having been referred to them by another agency, most likely a health visitor or member of a pre-school or school staff.

Children with the following types of need were the least likely to be identified as having a need by anyone outside the family:
Physical - sight (47%), hearing (42%), other physical (42%)
Social/behavioural - sibling rivalry (54%), shy (52%), sleeping problems (49%), toilet training (48%), hyperactivity (48%), tantrums (48%), unhappy about going to school (46%). NB the percentages refer to parental identification.

The areas of concern that were identified by the parent but not by someone 'outside' are understandable in terms of the type of need identified. 'Outsiders' appeared to be more likely to identify needs related to specific aspects of learning, whereas family members were much more likely to be aware of physical development and some aspects of social/behavioural adjustment.

**c) Agreeing and disagreeing with needs.**
We conducted an analysis with parents' views on their child's needs and whether or not this concurred with the views of 'outsiders'. It is interesting to note where differences of opinion were most likely to occur:

i) speech/language development (35 per cent of parents not recognizing a difficulty),
ii) reading (17 per cent) and
iii) hearing (17 per cent).

**d) Identification by pre-school and school**

In all 39.5 per cent of parents who reported having concerns about their child's SEN said that this was also a concern during the pre-school period. Yet the table below suggests that a smaller proportion of parents reported this need being recognised by the child's pre-school.

The table overleaf shows the number of children who had their SEN recognised at pre-school (N.B. Not applicable includes 'home children' who had no pre-school experience).

**Table 1.6 Children whose special educational need was recognised in pre-school**

| | Was your child's special educational need recognised in pre-school | |
|---|---|---|
| | N | % |
| Yes | 162 | 30.6 |
| No /Don't know | 232 | 43.8 |
| Not applicable | 136 | 25.7 |
| Total | 530 | 100.0 |

Other parents reported having their child's SEN recognised when they went into school. The EPPE child sample spans four cohorts of children (see EPPE Technical Paper 1 for more details), with the oldest, during the questionnaire data collection period being at the end of Year 3 and the youngest cohort being at the end of the Reception year. This means that at the time the questionnaire was administered not all children had completed Key Stage 1.

Parents reported the following time, after entry to school, when their child's SEN was recognised. This analysis only includes parents who said their child's SEN wasn't recognised during the pre-school period.

**Table 1.7 At what year in school was a child's special educational need(s) recognised?**

| | Cohort 1 (oldest) | | Cohort 2 | | Cohort 3 | | Cohort 4 (youngest) | |
|---|---|---|---|---|---|---|---|---|
| | % | n | % | n | % | n | % | n |
| **Reception** | 19.0 | 8 | 37.7 | 54 | 58.0 | 76 | 100 | 7 |
| **Year 1** | 26.2 | 11 | 27.3 | 39 | 42.0 | 55 | | |
| **Year 2** | 4.8 | 2 | 50.0 | 50 | | | | |
| **Year 3** | 50.0 | 22 | | | | | | |
| **Totals** | 100 | 42 | 100 | 143 | 100 | 141 | 100 | 8 |

**e) Overlap in the reporting of special educational needs**

The EPPE research has data on children's SEN status from standardised assessments, teachers and parents reports. This has enabled us to compare perceptions of SEN both within groups and between groups, for instance parents whose children had attended a pre-school centre were twice as likely to report their child had a specific need as opposed to parents whose children had not attended pre-school (the 'home' group). These results are very interesting because far more 'home' children were identified by the research as 'at risk' of SEN and teachers identified more 'home' children as having SEN. This suggest parents who choose not to send their child to a pre-school (or for whom a place was unavailable or could not be taken up) may be less familiar with typical child development and thus may not always be aware if their child has a need.

Table 1.8 overleaf, shows the relationship between the children identified as 'at risk' of SEN on the EYTSEN classification which is based on academic measures (standardised assessments) compared to parents reports of whether their child had any health and developmental needs. The columns show results separately for those 'at risk' compared with all other children and those not 'at risk' compared to all other children. Overall, around 17 per cent of all children were identified as 'at risk' for cognitive ability (see EYTSEN Technical Papers 1 and 2 for details) by the EYTSEN classification.

**Table 1.8 Proportion of children identified at risk by EYTSEN assessments for General cognitive ability (*GCA) with parental reported problems**

| | EYTSEN classification of 'at risk' for internal GCA* | | | |
|---|---|---|---|---|
| **Parent's view of health** | **% of all children 'At risk'** | | **% of all children Not 'at risk'** | |
| | **%** | **n** | **%** | **n** |
| No health problem | 64.0 | 305 | 67.5 | 1519 |
| One health problem | 27.9 | 141 | 24.0 | 554 |
| Two + health problems | 8.1 | 41 | 8.5 | 196 |
| **Parent' s view of development** | **'At risk'** | | **Not 'at risk'** | |
| | **%** | **n** | **%** | **n** |
| No development problem | 80.4 | 388 | 89.4 | 2025 |
| One development problem | 17.2 | 87 | 9.7 | 224 |
| Two + development problems | 2.4 | 12 | 0.9 | 20 |
| **Parent's view of behaviour** | **'At risk'** | | **Not 'at risk'** | |
| | **%** | **n** | **%** | **n** |
| No behavioural problems | 86.7 | 420 | 88.6 | 2006 |
| One behavioural problem | 11.5 | 58 | 9.4 | 217 |
| Two behavioural problems | 1.8 | 9 | 2.0 | 46 |

There is little evidence of any association between parents' reporting health problems and the numbers of children 'at risk'. However, there was some indication that parents were more likely to identify development problems among the 'at risk' group, although this only applied to a minority (around 20% of children 'at risk' compared with around 11 % of those not 'at risk' were reported to have one or more development problems). There was no evidence that parents were more likely to identify a behavioural need for children at cognitive 'risk' than for others.

Once children moved into primary school we continued to assess their cognitive and social/behavioural development. During Year 1 we administered standardised assessments in reading and mathematics. Table 1.9 below shows the extent to which parents' perceptions of whether their child had any SEN for reading or number shows similarity with our standardised assessments.

**Table 1.9 Parents' identification of special educational need compared to assessment criteria for cognitive outcomes**

| | EYTSEN classification of 'at risk' for Primary Reading* | | | |
|---|---|---|---|---|
| **Parent's view of reading need** | **'At risk'** | | **Not 'at risk'** | |
| | **%** | **n** | **%** | **n** |
| Has 'special educational need' | 21.7 | 91 | 3.7 | 58 |
| No 'special educational need' | 66.3 | 278 | 84.9 | 1337 |
| Unsure | 12.0 | 50 | 11.4 | 179 |
| | **EYTSEN classification of 'at risk' for Mathematics*** | | | |
| **Parent's view of number** | **'At risk'** | | **Not 'at risk'** | |
| | **%** | **n** | **%** | **n** |
| Has 'special educational need' | 13.2 | 36 | 2.3 | 39 |
| No 'special educational need' | 76.2 | 208 | 86.1 | 1463 |
| Unsure | 10.6 | 29 | 11.6 | 198 |

* sample risk

Looking at the table above it can be seen that 21.7 per cent of children identified 'at risk' for Reading (in Year 1) were also identified by a parent as having a reading related need. By contrast under 4 per cent of those not identified as 'at risk' by the EYTSEN classification were reported by parents as causing concern for reading. The equivalent proportion was 13.2 per cent for overlap between the EYTSEN classification for Mathematics assessment and parents' report. It is possible that parents are less likely to be aware of their child's Mathematical skills than their reading skills at this age, probably because reading is a more prevalent home activity.

Some children, who have difficulties in reading, also experience difficulties in maths. Table 1.10 below looks at the children assessed using standardised assessments whose scores show them to be 'at risk' in both subjects and the relationship with parents' reports of SEN.

**Table 1.10 Parents' identification of need compared to assessment criteria for both subjects**

| **Overall view of 'special educational need'** | **'At risk' on Reading and Mathematics** | |
|---|---|---|
| | **%** | **n** |
| Has 'special educational need' | 34.3 | 44 |
| No 'special educational need' | 58.6 | 75 |
| Unsure | 7.0 | 9 |

It is perhaps surprising that 58.6 per cent of parents whose children were scoring one standard deviation below the mean in both reading and maths, did not think their child had any kind of special educational need.

Similar analyses were conducted looking at parents' perceptions of their child's social/behavioural development compared to our EYTSEN assessments. We investigated social/behavioural development in a number of domains: 'Emotional symptoms', 'Conduct

problems' and 'Peer sociability'. These domains link with similar assessments conducted during the pre-school period (see EYTSEN Technical Paper 1). For comparison purposes we divided children into three bands; those with no behavioural problems or those exhibiting 'normal' social/behaviour development for their age, those who were borderline and those who showed conduct problems outside of this or who showed 'abnormal' development for their age. Table 1.11 shows how children fell into these three categories next to their parents' perceptions of their social/behavioural development.

**Table 1.11 Parents' identification of general need compared to Social Development Questionnaire criteria**

| | **EYTSEN classification of 'at risk' for emotional symptoms*** | | | | | |
|---|---|---|---|---|---|---|
| | **Abnormal behaviour** | | **Borderline behaviour** | | **Normal behaviour** | |
| | **%** | **n** | **%** | **n** | **%** | **n** |
| Has 'special educational need' | 15.2 | 16 | 17.5 | 14 | 9.8 | 176 |
| No 'special educational need' | 79.0 | 83 | 73.8 | 83 | 86.5 | 1546 |
| Unsure | 5.7 | 6 | 5.7 | 7 | 3.6 | 65 |
| | **EYTSEN classification of 'at risk' for Conduct problems*** | | | | | |
| | **Abnormal behaviour** | | **Borderline behaviour** | | **Normal behaviour** | |
| | **%** | **n** | **%** | **n** | **%** | **n** |
| Has 'special educational need' | 25.0 | 36 | 20.4 | 22 | 8.6 | 147 |
| No 'special educational need' | 70.8 | 102 | 73.1 | 79 | 87.6 | 1497 |
| Unsure | 4.2 | 6 | 6.5 | 7 | 3.8 | 65 |
| | **EYTSEN classification of 'at risk' for peer problems*** | | | | | |
| | **Abnormal behaviour** | | **Borderline behaviour** | | **Normal behaviour** | |
| | **%** | **n** | **%** | **n** | **%** | **n** |
| Has 'special educational need' | 23.1 | 28 | 19.3 | 22 | 9.0 | 157 |
| No 'special educational need' | 73.6 | 89 | 78.9 | 90 | 86.8 | 1511 |
| Unsure | 3.3 | 4 | 1.8 | 2 | 4.1 | 72 |

* Goodman risk

The results in Table 1.11 show that more children with 'Abnormal' behaviour (according to their teachers' assessments in relation to the Goodman definition) were reported to have a SEN by their parents (25 per cent for Conduct problems) than children with normal behaviour (8.6 per cent). Nonetheless, it is clear that most parents whose children had Abnormal behaviour according to the Goodman criteria did not perceive their child as having any SEN.

Table 1.12 explored parents' views of 'need' compared to the schools identification of SEN as expressed by children who have been considered for statementing on the Code of Practice. The results suggest that only a minority of children identified by parents as having a need had a statement. It is interesting that nearly 14 per cent of children who had a statement had parents who reported their child did not have a SEN. It should be noted that this represents only 5 children out of the 36 reported to have a statement. It may be that parents are not fully aware of the Code of Practice, or disagree with its application to their child.

**Table 1.12 Parent's view of need compared to reported statementing**

| | **Code of practice statement situation** | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Parent' s view | **Never considered statement** | | **Considered in past, but none given** | | **Being considered at present** | | **Has a statement** | | **Unsure/not** | |
| | **%** | **n** | **%** | **n** | **%** | **n** | **%** | **n** | **%** | **n** |
| Has 'special educational need' | 6.8 | 116 | 44.0 | 11 | 73.1 | 19 | 83.3 | 30 | 50.0 | 50 |
| No 'special educational need' | 90.5 | 1550 | 48.0 | 12 | 7.7 | 2 | 13.9 | 5 | 44.7 | 59 |
| Unsure | 2.7 | 46 | 8.0 | 2 | 19.2 | 5 | 2.8 | 1 | 17.3 | 23 |

## Summary

### Identification and distribution of SEN children (as reported by parents)

The percentage of children in the EPPE sample with SEN, as reported by their parents, is roughly in line with the Warnock (1978) estimate, being just over 20 percent. The parents of children who experienced pre-school education were more likely to report their children being in need of help because of a SEN than those parents whose children did not attend pre-school (23% to 16.5%). The highest proportion of parents with SEN concerns (whose children had pre-school provision), were found in integrated centres (26.3%) and the lowest in private day nurseries (20.7%). It should be noted that the EPPE Case Studies of pedagogy and practice in pre-schools (see Technical Paper 10) reported that private day nurseries were more reluctant to accept children on role who had SEN and would only do so providing the child did '*not draw disproportionately on the time and energies of staff*'.

It is interesting to note that the parents of the 'home' children were the least likely to report incidence of SEN in their children (16.5%). However, when the 'home' children were considered for their 'at risk' status of developing SEN through standardised assessments of cognitive (and social behavioural development) there were proportionately far more children 'at risk' of SEN in this group than in the group of children who had attended a pre-school (see EYTSEN Technical Paper 1). This raises interesting questions about the identification of SEN by parents. It is possible that parents who send their children to pre-school are exposed to a wider range of aspects of children's development and progress. They are able, from watching other children, to see how children develop in cognitive and social behavioural aspects. They may therefore be more able to make comparisons between their own child's development and that of others. This may help parents to place their child on a developmental continuum and make them more sensitive to behaviours that may seem at odds with 'typical' child development.

Unsurprisingly the identification of a SEN, with these very young children, was most likely to occur within the household. However, children who had attended pre-school provision were more likely to be identified as having a SEN by someone outside of the family than those children in the 'home' group. Teachers were the most likely people outside the household to identify SEN (47%) then Doctors (8.4%). Teachers were most likely to identify early signs of cognitive difficulties (reading, numeracy) and doctors most likely to pick up on physical delays (hearing, speech/language). Some particular aspects of social/behavioural difficulties were most often identified within the family i.e. sibling rivalry, tantrums etc.

Only 31 per cent of parents who thought their child has a SEN said that this need was recognised during the pre-school period. For those children whose SEN was not recognised during the pre-school period, parents reported that these were picked up during the school period, most notably during reception and Year 1.

**SECTION TWO- Type of special educational needs (as identified by parents).**
This section of the report explores the types of SEN identified from parents' responses to questions about the nature of their child's SEN. Replies have been categorised into medical conditions, physical problems, learning difficulties and behavioural needs. These categories replicated most of the categories identified from the original parent interview conducted with parents at the time the children enrolled in the research (3+ years old). It should be noted that the EPPE sample of children, because they were recruited in 'ordinary' types of pre-school provision, contains very low numbers of children with severe and profound SEN or disabilities. Children whose disability or medical condition are such that they require very specialist assistance or constant one-one supervision are more likely to attend a 'special' pre-school/school or hospital school where specialist staff (i.e. physiotherapists, nurses) can best support their specific individual needs. Hence the range of SEN represented in the EPPE sample will not contain those children at the profoundly disabled end of the SEN continuum.

a) Medical conditions
Parents were asked about their child's medical conditions. This question was not asked within the special needs section of the questionnaire, recognising the fact that some parents may report a child having a medical condition not severe enough to warrant additional help or to be classed as a special educational need.

**Table 2.1 Parents reports of medical conditions**

| Medical condition | Whole sample (n=2443) % | n | (n=548) % | n | Examples of condition % for the whole sample 2443 |
|---|---|---|---|---|---|
| Lung problem | 10.6 | 259 | 13.0 | 71 | Asthma (98.3% n =254) |
| Skin problem | 10.3 | 252 | 13.7 | 75 | Eczema (90.8% n = 229) |
| ENT problem | 4.7 | 114 | 11.5 | 63 | Glue ear (75.4% n = 86) |
| Eye problem | 1.6 | 39 | 4.0 | 22 | Squint (17.9% n = 17) |
| Heart problem | 0.9 | 22 | 2.0 | 11 | Hear murmur (40.8% n = 22) |
| Behavioural problem | 0.6 | 14 | 2.4 | 13 | ADHD (71.4% n =10) |
| Blood problem | 0.4 | 10 | 0.4 | 2 | Diabetes (30% n = 3) |

ENT = Ear, nose and throat

The table above shows that 10.6 per cent of the whole sample reported having a child with a lung/breathing problem. Of the 10.5 per cent of children with this condition, 98.3 per cent of children had asthma, with 13 per cent considering this sufficiently disabling to be classed as a SEN or requiring help. Asthma represented the largest single group of 'problems' reported by parents for the whole sample. Many children who had asthma also had eczema that made up the second highest medical group with 10.3 per cent for the sample as a whole with 13.7 per cent of parents considering this a SEN. Please note that parents reported child's behavioural problems in this section only where the problem had been diagnosed as a medical condition i.e. Attention Deficit and Hyperactivity Disorder (ADHD).

It is interesting to note the frequency of some specific medical conditions in the sample as a whole (although this list is not exhaustive):

**Table 2.2 Specific medical conditions in the sample**

| Condition | Number of children with this conditions |
|---|---|
| Asperger's syndrome | 1 |
| Cerebral palsy | 1 |
| Dyspraxia | 4 |
| Spina bifida | 1 |
| Downs syndrome | 3 |
| Autism | 2 |
| Perthes disease | 5 |
| Sickle cell | 2 |

b) Physical conditions

The section of the questionnaire in which parents were asked about physical, learning and behavioural problems, was within the special educational needs section. Parents who thought their child had a special educational need then went on to answer questions about the type of SEN. The table below shows the number of parents who reported their child having a particular SEN that related to a physical condition.

**Table 2.3 Parents reports of physical conditions**

| Physical condition | whole sample (n=2443) % n | n | (n=548) % | n |
|---|---|---|---|---|
| Problem with speech or language | 6.6 | 162 | 29.6 | 162 |
| Problem with hearing | 3.3 | 81 | 14.8 | 81 |
| Problem with sight | 2.3 | 57 | 10.4 | 57 |
| Another physical disability | 1.6 | 38 | 6.9 | 38 |
| Walking late/clumsy/poor co-ordination | 1.3 | 31 | 5.7 | 31 |

The largest group in this section was those children who had speech and language needs (6.6% of the whole sample, 29.6% of the SEN group) with those experiencing poor co-ordination the smallest (1.3% of the whole sample, 5.7% of the SEN group).

Analyses were conducted to explore differences between the pre-school and 'home' group for medical and physical difficulties. Apart from heart problems the pre-school group reported having more physical and medical conditions than the 'home' group. There were no particular patterns of needs reported across geographical regions.

c) Learning difficulties

Parents also reported any learning difficulties they thought their children were experiencing.

**Table 2.4 Parents reports of learning difficulties**

| Learning difficulty | whole sample % | (n=2443) n | (n=548) % | n |
|---|---|---|---|---|
| Difficulties with reading | 7.4 | 179 | 32.7 | 179 |
| General slow development | 7.3 | 57 | 10.4 | 57 |
| Difficulties with numbers or sums | 3.9 | 96 | 17.5 | 96 |
| A specific learning difficulty | 2.7 | 66 | 12.0 | 66 |
| A learning (mental) disability | 0.9 | 21 | 3.8 | 21 |

N.B. 'home' children slightly less likely to have a specific learning disability (1% compared to 2.7%)

Parents on the whole were more likely to show concerns about their children's reading than difficulties with numeracy, with 7.4 per cent of the whole sample reporting concerns with reading: which represents 32.7 per cent of the SEN group. It is important that early difficulties in reading are identified as soon as possible to prevent the child becoming disadvantaged in accessing information across the curriculum. Early difficulties with reading may be the precursor of later specific learning difficulties. It is important that those children who exhibit difficulties with reading are able to access intervention programmes which enable them to keep up with their peers.

d) Behavioural needs

The table below show parents reports of behavioural needs.

**Table 2.5 Parents reports of behavioural needs**

| Behavioural need | whole sample (n=2443) | | (n=548) | |
|---|---|---|---|---|
| | % | n | % | n |
| Stubborn & disobedient | 3.3 | 81 | 14.8 | 81 |
| Hyperactive | 2.8 | 69 | 12.6 | 69 |
| Tantrums | 2.4 | 58 | 10.6 | 58 |
| Shy | 2.1 | 51 | 9.3 | 51 |
| Sibling rivalry | 1.9 | 46 | 8.4 | 46 |
| Unhappy going to school | 1.7 | 41 | 7.5 | 41 |
| Spiteful/aggressive | 1.6 | 39 | 7.1 | 39 |
| Sleeping problems | 1.6 | 39 | 7.1 | 39 |
| Eating problems | 1.4 | 35 | 6.4 | 35 |
| Other emotional problems | 1.4 | 34 | 6.2 | 34 |
| Toilet Training | 1.2 | 29 | 5.3 | 29 |
| Difficulties making friends/lonely | 1.1 | 28 | 5.1 | 28 |
| Clinging | 1.1 | 27 | 4.9 | 27 |
| Nervous | 0.8 | 20 | 3.6 | 20 |

The largest group was children who were stubborn and disobedient, which represented 14.8 per cent of the SEN group (but only 3.3% of the whole sample).

e) Children with multiple needs

Of the 548 children identified as potentially having SEN, the majority of parents reported their child having more than one problem area. This supports the argument that some conditions inevitably impact on a number of SEN domains. In the tables below '1' signifies that the child has a single identified area of difficulty. The remaining figures +2, +3 etc. are the number of other areas in which the child has problems in addition to the original identified area of need. An example would be a child whose main SEN is a physical difficulty, say poor eyesight (1) but may also have reading difficulties (+2), speech delay (+3) and tantrums (+4).

The table below shows the number of parents who reported their children as having multiple problems because of a learning or physical difficulty.

**Table 2.6 Multiple problems because of a learning or physical difficulty**

| Number of multiple difficulties | 1 single difficulty | +2 | +3 | +4 | 5+ | Total |
|---|---|---|---|---|---|---|
| Number of children | 104 | 252 | 107 | 47 | 38 | 548 |
| Percent | 19.0 | 46.0 | 19.5 | 8.6 | 7 | 100 |

The table 2.7 below shows the number of parents who reported their children as having multiple problems because of a behavioural difficulty.

**Table 2.7 Multiple problems because of a behavioural difficulty**

| Number of multiple difficulties | 1 single difficulty | +2 | +3 | +4 | 5+ | Total |
|---|---|---|---|---|---|---|
| Number of children | 301 | 101 | 63 | 29 | 54 | 548 |
| Percent | 54.9 | 18.4 | 11.5 | 5.3 | 9.9 | 100 |

Table 2.7 shows that the majority of children who have behavioural needs, have needs in only one area (54.9 per cent). However, when we consider the question of multiple problems, it can

be seen that of the group who were reported as having learning or physical difficulties only 38 children had 5 or more multiple problems, whereas 54 children had 5 or more multiple problems in the behavioural group.

Any child who has multiple problems (from the lists of 'needs' previously) is more likely to be a cause for concern. The Code of Practice (2001), clearly states the '*monitoring of individual children's progress throughout the foundation stage is essential'* (p33). This monitoring is extremely important so that children who are 'at risk' of a particular special educational need have help to overcome this whilst it is still a single and discrete need. If children do not get appropriate help in the early stages there is great danger that this can develop into 'multiple' needs that are probably more difficult to address. For instance, a child who finds reading difficult may well go on to develop behavioural difficulties as their frustrations with reading affect their behaviour. These children often disrupt other children's learning. Similarly a child with poor hearing may have difficulties concentrating and become a disaffected learner, with 'switched off' behaviour. Once a child has been identified as 'in need' it is crucial that the appropriate help and support is given as quickly as possible. How children were helped is described in Section 5 of this report.

**Summary**

The EPPE sample contains very low numbers children with severe and profound SEN or disabilities. Children whose disability or medical conditions require very specialist assistance or constant one-to-one supervision are more likely to attend a 'special' pre-school/school or hospital school than to be enrolled in the six types of provision included in the research.

The most common type of medical condition reported across the sample as a whole (10.6%) was asthma representing 98.3 per cent of children with lung/breathing complaints (13 % of SEN group). This was followed by eczema (10.3 % of the whole sample) with made up 90.8 per cent of the children with skin conditions (13.7 of the SEN group). Many children had both conditions.

Children with speech or language difficulties made up the largest group across the sample as a whole (6.6%) of children with physical conditions. This represented 29.6 per cent of the SEN group. Following this were children with hearing difficulties (3.3% of the whole sample, representing 14.8 % of the SEN group). There were no particular patterns of need relating to physical or medical conditions across geographical regions.

More children were likely to be reported by parents as having difficulties with reading (7.4% of the whole sample, 32.7% of the SEN group) than with numeracy (3.9% of the whole sample, 17.5% of the SEN group).

The most common form of behavioural difficulties reported by parents were 'stubborn and disobedient' behaviour accounting for 3.3 per cent of the whole sample (14.8 % of the SEN group). Parents on the whole reported less incidence of social/behavioural difficulties in their children than medical conditions, physical or learning difficulties.

Children with behavioural problems were more likely to have difficulties affecting a larger number of SEN domains. Thirty eight children with learning or physical difficulties have 5+ 'multiple' needs compared to 54 children with 5+ 'multiple' needs in the SEN group with behavioural difficulties. This has implications for early identification, so that single problems do not develop into more complex needs.

**SECTION THREE - Was the type of special educational need related to pre-school recognition?**

This section of the report explores whether there are specific types of SEN related to pre-school recognition. In other words are pre-schools more likely to pick up on some types of SEN rather than others? In order to look at this question, we needed to establish what medical, physical, learning and behavioural conditions, were a concern to parents during the pre-school period and whether parents reported their child's pre-school had picked up on these concerns.

It is important to bear in mind that some SEN are more obvious than others or are more likely to occur only when a child is of a particular age. It would also seem self evident that some specific needs are unlikely to 'surface' until a child is in a particular environment. Children who have not encountered reading are unlikely to be recognised as having a problem with reading until they are in the situation where reading related activities are introduced. For instance 76.2 per cent of parents who said their child had a specific learning (mental) difficulty, were concerned about this when their child was in pre-school. This compared with 36.9 per cent of parents who expressed a concern for their child's difficulties with reading during this period. It should be borne in mind that some 'home' children may not have been exposed to learning situations where their SEN were evident. This may be one reason why a smaller proportion of 'home' parents thought their child had SEN. The following analyses explores whether some 'needs' are more evident early on, and thus are more likely to benefit from early identification and intervention.

a) Medical conditions

**Table 3.1 Were these medical conditions a concern when the child was in pre-school?**

| Medical condition 'yes' response from 548 set | | Concern by parent during pre-school period 'Yes' response | | Did the pre-school recognise child's special educational need? 'Yes' response | | Was help given? 'Yes' response | |
|---|---|---|---|---|---|---|---|
| | n | % | n | % | n | % | n |
| Blood problem | 2 | 50.0 | 1 | 100 | 1 | 100 | 1 |
| Heart problem | 11 | 54.5 | 6 | 100 | 6 | 83.3 | 5 |
| Skin problem | 75 | 46.7 | 35 | 80.6 | 29 | 67.9 | 19 |
| Eye problem | 22 | 36.4 | 8 | 75.0 | 6 | 50.0 | 3 |
| Lung problem | 71 | 53.5 | 38 | 69.2 | 27 | 61.5 | 16 |
| ENT problem | 63 | 41.3 | 26 | 65.4 | 17 | 81.3 | 13 |
| Behavioural problem | 13 | 76.9 | 10 | 50.0 | 5 | 40.0 | 2 |

The table above illustrates unsurprisingly that some medical conditions were more easily recognised at pre-school than others. All children whose parents reported them having a blood or heart condition, sufficient to be a concern during this period, said the pre-school that their child attended recognised this problem and in all but one case (of a heart problem) the pre-school gave help to the child. There were also high levels of recognition (50%+) in pre-school of all other categories of medical conditions. It may be speculated that in severe medical conditions the parents are more likely to alert the pre-school/school about the child's condition rather than waiting for this to be recognized by the staff. The extent to which pre-schools offered help to children once their need was recognised was patchy. Between 100 and 80 per cent of children with blood, heart and ENT problems received additional help from their pre-school for their condition. Between 70 and 50 per cent of children with skin problems, lung problems and eye conditions received additional help. Only 40 per cent of children with behavioural problems, which were of concern to parents during the pre-school period, received additional help for this problem from their pre-school, although this constituted the biggest group in this category identified as a concern to parents during the pre-school period (76.9%). It should be noted that behavioural problems were only reported in the 'medical condition' section where it was diagnosed as a medical condition i.e. ADHD.

b) Physical conditions

**Table 3.2 Were these physical conditions a concern when the child was in pre-school?**

| Physical condition 'yes' response from 548 set | n | Concern by parent during the pre-school period 'Yes' response % | n | Did the pre-school recognise child's special educational need?'Yes' response % | n | Was help given? 'Yes' response % | n |
|---|---|---|---|---|---|---|---|
| Problem with speech or language | 162 | 58.0 | 94 | 77.7 | 73 | 69.4 | 50 |
| Problem with hearing | 81 | 44.4 | 36 | 66.7 | 24 | 54.2 | 13 |
| Walked late/'clumsy'/poor co-ordination | 31 | 74.2 | 23 | 60.9 | 14 | 64.3 | 9 |
| Another physical disability | 38 | 60.5 | 23 | 60.9 | 14 | 57.1 | 8 |
| Problem with sight | 57 | 45.6 | 26 | 57.7 | 15 | 46.7 | 7 |

The table above shows that in general, physical conditions were less likely to be recognised by pre-school settings than the medical conditions referred to in Table 3.1. Poor speech, language and hearing were more likely to be recognised than any other (over 65% of children) type of physical condition. There were also high levels of recognition for children who had poor co-ordination or physical difficulties (over 60%). The lowest level of reporting (but still over 50%) was for children with a sight difficulty. On the whole children with physical conditions were less likely to be offered help during the pre-school period compared to those children with recognised medical conditions. Between 70 and 60 per cent of children with speech/language or poor co-ordination received help, compared to between 60 and 50 per cent of those with hearing or another physical disability. Less than 50 per cent of children, whose pre-school recognised they had a sight problems were offered help during the pre-school period.

c) Learning difficulties

**Table 3.3 Were these learning difficulties a concern when the child was in pre-school?**

| Learning difficulties 'yes' response from 548 set | n | Concern by parent during the pre-school period 'Yes' response % | n | Did the pre-school recognise child's special educational need?'Yes' response % | n | Was help given? 'Yes' response % | n |
|---|---|---|---|---|---|---|---|
| General slow development | 57 | 50.9 | 29 | 65.5 | 19 | 52.6 | 10 |
| Difficulties with reading | 179 | 36.9 | 66 | 54.5 | 36 | 58.3 | 21 |
| A specific learning difficulty | 66 | 40.9 | 27 | 51.9 | 14 | 61.5 | 8 |
| Difficulties with numbers or sums | 96 | 38.5 | 37 | 51.4 | 19 | 73.7 | 14 |
| A learning (mental) disability | 21 | 76.2 | 16 | 50.0 | 8 | 75.0 | 6 |

With regard to learning difficulties, pre-school settings were rather better at recognising delays in general development (65%) than in reading related difficulties (54%) when these were a concern to parents. Just over 50 per cent of children with a specific learning difficulty or with difficulties in numeracy were also recognised by their pre-school. Only half the children who had a learning (mental) disability were recognised by their pre-school. The extent to which children received help in the domains of learning difficulties is in inverse proportion to the numbers recognised. Three quarters of children who had a learning (mental) disability received help, compared to just over 70 per cent of those who had difficulties with numeracy. Around about 60 per cent of children with either reading difficulties (58.3%) or a specific learning difficulty (61.5%) also received help during their pre-school period. The children who had general slow development were the least likely to receive specific help from their pre-school with just over 50 per cent gaining additional resources.

d) Behavioural needs

**Table 3.4 Were these behavioural needs a concern when the child was in pre-school?**

| Behavioural needs 'yes' response from 548 set | n | Concern by parent during the pre-school period 'Yes' response % | n | Did the pre-school recognize child's special educational need?'Yes' response % | n | Was help given? 'Yes' response % | n |
|---|---|---|---|---|---|---|---|
| Shy | 51 | 41.2 | 21 | 81.0 | 17 | 82.4 | 14 |
| Clinging | 27 | 59.3 | 16 | 75.0 | 12 | 66.7 | 8 |
| Other emotional & behavioural problems | 34 | 50.0 | 17 | 70.6 | 12 | 66.7 | 8 |
| Nervous | 20 | 60.0 | 12 | 66.7 | 8 | 50.0 | 4 |
| Sibling rivalry | 46 | 47.8 | 22 | 63.7 | 14 | 50.0 | 7 |
| Toilet training | 29 | 51.7 | 15 | 60.0 | 9 | 77.8 | 7 |
| Unhappy going to school | 41 | 51.2 | 21 | 57.1 | 12 | 75.0 | 9 |
| Tantrums | 58 | 50.0 | 29 | 55.2 | 16 | 56.3 | 9 |
| Sleeping problems | 39 | 56.4 | 22 | 54.5 | 12 | 25.0 | 3 |
| Difficulties making friends/lonely | 28 | 60.7 | 17 | 52.9 | 9 | 55.6 | 5 |
| Stubborn & disobedient | 81 | 42.0 | 34 | 52.9 | 18 | 61.1 | 11 |
| Hyperactive | 69 | 46.4 | 32 | 46.9 | 15 | 53.3 | 8 |
| Spiteful/aggressive | 39 | 46.2 | 18 | 44.4 | 8 | 75.0 | 6 |
| Eating problems | 35 | 54.3 | 19 | 31.6 | 6 | 66.7 | 4 |

The questionnaire asked parents to report on their children's behavioural difficulties only when they were so severe they gave significant cause for concern. Parents were only asked to report this if they felt it sufficiently outside of the 'normal' range of behaviours as to qualify for special help. The questionnaire was phrased in this way recognising that young children demonstrate a wide range of social/behavioural traits, which lie within the boundaries of 'normal' child development. Some children retain the tantrums they had as 'terrible two's' (at two years of age) into their third year. This could be seen as a natural stage of child development and would not be reported in the questionnaire unless the tantrums were sufficiently bad to be a real cause for concern. The list above, which describes various aspects of behaviour, should be viewed with this in mind.

Pre-school centres, as reported by parents, were much more likely to recognise those children who were shy and clingy, with over 70 per cent of these children being identified. Between 70 and 60 per cent of children who were a concern because they were nervous, had severe sibling rivalry, other emotional and behavioural problems or who had difficulties in toileting were recognised by pre-schools as exhibiting these behaviours. The next cluster was those children who were unhappy going to school, had tantrums, sleep problems, were lonely or stubborn and disobedient. This group of children were between 60 and 50 per cent likely to be recognised by those working in their pre-schools. Less than 50 per cent of children who were hyperactive or spiteful/aggressive, as reported by parents, were likely to be recognised as such by their pre-school. The least likely behavioural condition to be picked up by pre-school workers was eating problems with just over 30 per cent of these children being recognised.

When the table above is looked at in terms of who received help during the pre-school period for a behavioural difficulty, those children who where shy, had toileting difficulties, were spiteful/aggressive or appeared unhappy going to school were most likely to receive help (between 83% and 75%). Between 70 and 60 per cent of children who were clingy, stubborn/disobedient, had other emotional and behavioural problems or had eating problems received help compared to between 60 and 50 per cent of children who demonstrated nervousness, loneliness, sibling rivalry, tantrums or hyperactivity. The children least likely to receive help, in this category, were those with sleeping problems (25 %).

**Summary**

The extent to which a special educational need was recognised by the pre-school depended on the type of need, with some needs being more apparent than others. Considering the whole gamit of SEN described by parents there was considerably high levels of recognition by pre-school staff. Over fifty per cent of all concerns of parents were recognised by pre-schools with only three behavioural problems having levels of recognition below this figure. These were hyperactivity (46.4%), spiteful/aggressive (46.2%) and the least likely condition to be recognised: eating disorders (31.6%). This later condition may reflect the sessional nature of pre-schools where not all children stay on site for lunch.

On the whole medical conditions were the easiest to recognise in pre-school (range 100%-50%), followed generally by physical conditions (range 77.7%-57.7%) then learning difficulties (range 65.6%-50.0%). The conditions that posed the greatest range, in terms of recognition in pre-school, were the behavioural needs. Recognition of these ranged from 81.9 per cent for shyness to 31.6 per cent for eating disorders.

Once pre-schools had recognised a SEN, the extent to which they provided additional help to children was quite patchy. Looking over all conditions as a whole and dividing them into quartiles, then those most likely to be helped (top quartile 100-75%) were children with blood, heart and ENT problems (medical conditions), a learning/mental disorder (learning difficulties) were shy, had toileting difficulties, were unhappy going to school or were spiteful/aggressive (behavioural needs).

In the second quartile (75-50%) were those children with skin conditions, lung and eye problems (medical conditions), problems with speech/language, hearing, poor co-ordination and other physical disabilities (physical conditions) also those with difficulties with reading and numeracy, a specific learning difficulty and general slow development (learning difficulties). The final group of children in this quartile were those who were clinging, nervous, had sibling rivalry, tantrums, lonely, stubborn/disobedient, hyperactive, other emotional and behavioural problems or with eating problems (behaviours needs).

The children in the third quartile (50-25%) where those who had a behavioural problem defined as a medical condition and those with sight difficulties (physical conditions).

In the bottom quartile (25% and below) was only one group: the children with sleeping difficulties.

## SECTION FOUR - Characteristics of children with special educational needs in relation to family characteristics

This section looks at the relationships between parental reports on SEN and the kinds of family background children came from. We were interested to see if certain types of conditions/SEN needs were more or less likely to be associated with particular child, family or home characteristics of the sample. In this section, selected variables from other sections (see page 4 for list of sections) of the parent questionnaire were cross-tabulated with whether the parent thought their child had a SEN or required additional help.

### Child Characteristics

Gender

Analyses were conducted to see if there were any statistically significant differences for gender across the range of needs which parents identified.

a) Physical Conditions

Across the learning difficulties and physical conditions only one area was statistically significant, with boys being significantly more ($\chi^2(1)=5.3$, $p=0.021$) likely (than expected) to have a learning (mental) disability than girls.

b) Behavioural needs

Analyses of the behavioural needs showed that three areas were statistically significant:

i) hyperactivity ($\chi^2(1)=6.8$, $p=0.013$) - with boys being more likely to show this trait (compared with girls)
ii) unhappy going to school ($\chi^2(1)=6.5$, $p=0.01$) - with boys being more likely to fall into this category (than girls) and
iii) eating problems ($\chi^2(1)=4.1$, $p=0.04$) - with boys having more eating problems than expected (compared to girls).

### Family characteristics

a) Marital status

There was a statistically significant relationship between the marital status of parents and children in the 'SEN' sample, (Cramer's V (5) =0.116, p =0.000).

**Table 4.1 SEN by marital status**

| Marital status | Yes | | No | | Total | |
|---|---|---|---|---|---|---|
| | n | % | n | % | n | % |
| Single (never married) | 113 | 20.9 | 367 | 19.6 | 48 | 19.9 |
| Married (1st marriage) | 279 | 51.6 | 1173 | 62.5 | 1452 | 60.1 |
| Remarried | 42 | 7.8 | 113 | 6.0 | 155 | 6.4 |
| Separated (still legally married) | 34 | 6.3 | 67 | 3.6 | 101 | 4.2 |
| Divorced | 70 | 12.9 | 141 | 7.5 | 211 | 8.7 |
| Widowed | 3 | 0.6 | 15 | 0.8 | 18 | 0.7 |
| Total | 541 | 100.0 | 1876 | 100.0 | 2417 | 100.0 |

The table above illustrates the number of SEN children reported by parents within different marital groups. When a comparison was made between the numbers reported and the expected numbers (chi squared) of SEN children in each group, it was apparent that the relationship found between marital status and SEN was largely due to more SEN children than expected coming from divorced backgrounds and less than expected coming from married backgrounds.

b) Position in household

There was no significant relationship between the position of the child in the family and reports of SEN.

c) Socio-economic status

The analyses showed no association between, the socio-economic status (SES) of the mother and whether a parent expressed a concern about a child's SEN. There was, however, a significant association between the socio-economic status of the father and reports of SEN (Cramer's V (7) =0.122, p=0.000). When a comparison was made between the numbers of SEN children reported within each socio-economic group and the expected numbers (chi squared), it was apparent that the relationship found between father's SES and 'SEN' was largely due to more SEN children than expected coming from the 'never worked' group and less than expected coming from the professional groups.

d) Life events

An analysis was conducted to see if there was any statistical significance for 'SEN' status and 'life events', in other words were children who had suffered a 'life event' more likely to be reported by parents as in need of help for a SEN. The following 'life events' all showed a statistical significance related to parental concerns about a child.

**Table 4.2 Life events**

| **Very strongly related to SEN status** | |
|---|---|
| Child not settled at school | ($\chi^2(1)=44.8$, p=0.000)**** |
| Child in hospital/operation | ($\chi^2(1)=60.8$, p=0.00)**** |
| Family conflict | ($\chi^2(1)=21.4$, p=0.000)*** |
| Other life event | ($\chi^2(1)=23.5$, p=0.000)*** |
| **Strongly related to SEN status** | |
| Separated/divorced | ($\chi^2(1)=13.2$, p=0.00)** |
| Moving home | ($\chi^2(1)=12.5$, p=0.00)** |
| Problem with sibling | ($\chi^2(1)=14.5$, p=0.00)** |
| Family violence | ($\chi^2(1)=6.1$, p=0.013)* |
| Child seriously ill | ($\chi^2(1)=5.2$, p=0.02)* |

The table above shows a range of 'life events' that were most statistically related to SEN status. The list is in order of magnitude with 4 stars being of greatest significance. The 'life events' with the most impact are: not settling at school, being hospitalised or suffering family conflict.

The events which, had slightly less impact (but still significant), were all associated with issues in the home: separation/divorce, moving home and sibling rivalry. The life events with weaker associations were family violence and a child who was seriously ill (but remained at home as opposed to the group who were hospitalised). The later groups should be treated with some caution in reporting terms as they contain very low numbers of children. It should be noted that family violence may be under-reported and that some parents may have used family conflict category as an alternative. It should also be noted that some children had experienced a number of 'life events' i.e. may have had family conflict and had moved home. Having experienced a number of life events may be cumulative and may make a child more 'at risk' of developing SEN.

**The Home Learning Environment**

Analyses were conducted to see if there were any associations between the type of activities going on in the home and whether a child was a concern for SEN. A number of home learning activities were explored which related to the items included in the original 'home learning environment index' developed by the EPPE team (from the first parent interview) and found to be associated with positive children's outcomes (see EPPE Technical Paper 7).

**Table 4.3 Items tested in the in the home learning environment index**

| Item in the home learning environment | Significance |
|---|---|
| Respondent plays computer games with child | $\chi^2(4)=13.3$, p=0.01 |
| Respondent goes shopping with child | Cramer's V=0.07, p=0.02 |
| Child plays on computer by themselves | $\chi^2(4)=10.1$, p=0.04 |
| Child enjoys dance, music, movement | $\chi^2(4)=14.4$, p=0.01 |
| Respondent does sport and physical activities with child | Marginally non-significant |
| Respondent plays with child using toys/games/puzzles | Not significant |
| Respondent visits library with child | Not significant |
| Respondent listens to the child read | Not significant |
| Respondent reads to the child | Not significant |
| Respondent uses computer with child educationally | Not significant |
| Respondent goes on educational visits with child | Not significant |
| Child plays 'make believe' or pretend games | Not significant |
| Child paints/draws/makes models | Not significant |

Computers

Whilst many of the items tested in the home learning environment proved to fall below the level of statistical significance, one or two items were of note. Looking at the use of computers in the home and SEN there was a number of statistical associations. It was found that SEN children tended to play on the computer by themselves more often than children not reported as having any SEN. It was also found that parents of SEN children tend to play computer games with their children more often than children who had no SEN.

Shopping

Parents reported that they were less likely to take their child shopping 'occasionally' if their child was in the SEN group.

Dance, music and movement

SEN children tend to enjoy dance, music and movement less often than children whose parents reported them as having no concern of SEN.

TV and Video watching

There was no statistical significance shown between TV and video watching and parents reports children with SEN.

Homework

Frequency of homework was not associated with whether the parent thinks their child has any type of SEN There was, however, a significant relationship between how often the EPPE child with SEN got help with homework ($\chi^2(4)=16.7$, p=0.002). On the whole children with reported SEN received less homework than children without SEN.

**Summary**

When analyses were conducted which explore parental reports on SEN compared to family background and child characteristics the following was noted:

Child characteristics

The following reached statistical significance:
Boys were more likely to be reported by parents for a learning difficulties, hyperactivity, unhappy going to school and have more eating problems than girls.

Family characteristics

Children were more likely to be reported as having SEN problems from divorced parents than from families in a married relationship. Similarly they were over represented in the SEN group with fathers who had 'never worked' as opposed to an under representation in fathers who were in the professional group.

Life events

There were positive relationships between a child being exposed to a 'life event' and their likelihood of being a concern for SEN i.e. those experiencing a 'life event' were more likely to be of concern for SEN. The 'life events' with the most impact appear to be for a child who does not settle at school, had been hospitalised or suffered family conflict. The events, which had slightly less impact (but still significant), were all associated with issues in the home: separation/divorce, moving home and sibling rivalry. The life events, which showed a weaker association, were family violence and a child who suffered a serious illness (but remained at home as opposed to who were hospitalised). The later groups should be treated with some caution in reporting terms as they contain very low numbers of children. It should be noted that some children had experienced a number of 'life events' i.e. may have had family conflict and had moved home. Having experienced a number of life events may be cumulative and may make a child more 'at risk' of developing SEN.

Computers

SEN children tended to play on the computer by themselves more often that children not reported as having any SEN. It was also found that parents of SEN children tend to play computer games with their children more often than children who had no SEN.

Shopping

Parents reported that they were less likely to take their child shopping 'occasionally' if their child was in the SEN group.

Dance, music and movement
SEN children tend to enjoy dance, music and movement less often than children whose parents reported them as having no concern of SEN.

Homework

On the whole children with reported SEN got less help with and received less homework than children without SEN.

**SECTION FIVE – Support for children who had Special Educational Needs (as reported by parents)**

Previous sections have described (as reported by parents on the questionnaire) the identification of a child's type of special educational need, whether the type of need was related to the likelihood of it being recognised in pre-school and the background characteristics of children in need of help. Section Three not only gave information on recognition but illuminated the extent to which pre-school settings offered help to children who they had recognised as having a SEN This section describes in more detail the kind of help offered to children with SEN.

The section also explores how satisfied parents were with the help they were given and ways in which they think their children could be better supported. This section concludes by considering children who have been given support via a 'statement' of special educational needs.

The section has been divided into help offered during:

a) the pre-school period
b) the school period
c) by agencies outside pre-school and school and
d) by parents themselves.

The tables below and over the following pages describe the type of help provided internally (I) by the pre-school/school or externally (E) to the pre-school/school (but arranged via the pre-school/school). The tables show the number of parents who identified their child as having this problem (from the SEN sample) the middle column then identifies the number of parents who said that help was offered to their child. The third column then identifies **the main** type of help parents reported their children received. It should also be noted that not all parents who said that the pre-school/school provided help then went on to described the type of help given, hence the lower numbers of the type of help reported. It should also be noted that only the main types of support are given. Because of these low numbers of respondents the figures should be treated with some caution, but they do give some general patterns and trends across the range of help offered.

## a) Providing support during the pre-school period

**Table 5.1 Help with medical conditions during the pre-school period**

| Medical Condition | N of 548 | n where help was offered | Type of help offered | % |
|---|---|---|---|---|
| Skin problem | 75 | 18 | E- Speech therapy | 22.2 |
| | | | I - One to one tuition | 16.7 |
| Lung problem | 71 | 16 | E - Speech therapy | 18.8 |
| | | | I - Extra educational support | 18.8 |
| ENT problem | 63 | 14 | E - Other | 21.4 |
| | | | E - Speech therapy | 21.4 |
| Eye problem | 22 | 3 | E - Other | 33.3 |
| | | | I - Leaning support assistant | 33.3 |
| Behavioural problem | 13 | 3 | E - Other | 33.3 |
| | | | I - Emotional & behavioural support | 33.3 |
| | | | I - Feedback and advice | 33.3 |
| Heart problem | 11 | 5 | E - Speech therapy | 40.0 |
| Blood problem | 2 | 1 | E - Speech therapy | 100.0 |

The most commonly reported type of help given to children with any kind of medical condition during the pre-school period was speech therapy. This was provided entirely 'off site' (externally) from the pre-school centre, most likely at a speech therapy clinic. Other types of support given were one-to-one tuition and general extra educational support. One child had the help of a learning support assistant.

**Table 5.2 Help with physical conditions during the pre-school period**

| Physical conditions | n of 548 | n where help was offered | Type of help offered | % |
|---|---|---|---|---|
| Speech or language | 162 | 61 | E – Speech therapy | 36.1 |
| | | | I – Extra educational support | 13.1 |
| A problem with hearing | 81 | 14 | E – Other | 21.4 |
| | | | E – Speech therapy | 21.4 |
| A problem with sight | 57 | 7 | E – Other | 28.6 |
| | | | I – Emotional & behavioural support | 28.6 |
| Another physical disability | 38 | 9 | I – Special equipment provided | 22.2 |
| | | | I – Other | 22.2 |
| Walked late/poor co-ordination | 31 | 9 | I – Extra Educational support | 33.3 |
| | | | E – Speech therapy | 22.2 |

Following the pattern for children with medical conditions, those with physical conditions were still most likely to receive speech therapy assistance provided 'off site'. The type of help given 'on site' was most likely to be general extra educational support and emotional and behavioural support.

**Table 5.3 Help with learning difficulties during the pre-school period**

| Learning difficulty | n of 548 | n where help was offered | Type of help offered | % |
|---|---|---|---|---|
| Difficulties with reading | 179 | 32 | I – Extra Educational support | 25.0 |
| | | | E – Speech therapy | 15.6 |
| Numbers or sums | 96 | 19 | I – Extra Educational support | 31.6 |
| A specific learning difficulty | 66 | 11 | E – Other | 18.2 |
| | | | I – Extra Educational support | 18.2 |
| | | | I – Learning support assistant | 18.2 |
| General slow development | 57 | 11 | I – One to one tuition | 27.3 |
| | | | I – Learning support assistant | 27.3 |
| A learning (mental) disability | 21 | 7 | E – Other | 28.6 |
| | | | I – One-to-one tuition | 28.6 |

A smaller number of children received off-site speech therapy for learning difficulties than other conditions. The other 'off-site' provision mentioned was none specific. Children were most likely to be supported in their pre-school by being given extra educational support (usually differentiating the curriculum provision to their needs). In addition some children had one-to-one assistance and support from a learning support assistant.

**Table 5.4 Help with behavioural needs during the pre-school period**

| Behavioural needs | n of 548 | n where help was offered | Type of help offered | % |
|---|---|---|---|---|
| Stubborn & disobedient | 81 | 12 | E – Other | 30.0 |
| Hyperactive | 69 | 10 | E – Other | 20.0 |
| | | | I – Emotional & behavioural support | 20.0 |
| | | | I – Extra educational support | 20.0 |
| Tantrums | 58 | 10 | E – Other | 30.0 |
| | | | E – Speech therapy | 20.0 |
| Shy | 51 | 16 | E – Speech therapy | 18.8 |
| | | | I – Emotional & behavioural support | 18.8 |
| Sibling rivalry | 46 | 9 | E – Speech therapy | 44.4 |
| Unhappy going to school | 41 | 10 | I – Emotional & behavioural support | 20.0 |
| | | | I – Extra Educational support | 20.0 |
| | | | I – Feedback & advice | 20.0 |
| Spiteful/aggressive | 39 | 9 | I – Extra educational support | 33.3 |

| | | | | |
|---|---|---|---|---|
| Sleeping problems | 39 | 4 | E – Speech Therapy<br>I – Emotional & behavioural support<br>I – Feedback and advice | 25.0<br>25.0<br>25.0 |
| Eating problems | 35 | 4 | I – Extra Educational support | 50.0 |
| Other emotional or behavioural problems | 34 | 9 | E – other<br>I – Learning support assistance | 22.2<br>22.2 |
| Toilet training | 29 | 9 | I – Emotional & behavioural support<br>I – Extra Educational support | 33.3<br>22.2 |
| Difficulties making friends/lonely | 28 | 6 | E – Speech Therapy | 33.3 |
| Clinging | 27 | 9 | I – Emotional & behavioural support<br>E – Speech Therapy | 44.4<br>22.2 |
| Nervous | 20 | 4 | I – Emotional & behavioural support | 50.0 |

Even for children with primarily behavioural problems the most common form of external provision for their needs was speech therapy. Those who were supported in school had a combination of emotional and behavioural support, extra educational support and feedback and advice.

The range of help offered during the pre-school period is summarised in the table below. The table has been divided into help that was offered internally with educational activities and those where external help was used.

**Table 5.5 Summary of help during the pre-school period.**

| Type of help offered | N | % |
|---|---|---|
| **Internal educational activities** | | |
| Extra educational support (general) | 55 | 16.3 |
| Emotional and behavioural support | 44 | 13.0 |
| Learning support assistant or SEN staff | 32 | 9.5 |
| One to one tuition | 31 | 9.2 |
| Feedback and advice | 22 | 6.5 |
| Other | 16 | 4.7 |
| Speech therapy | 12 | 3.5 |
| Specific equipment provided | 6 | 1.8 |
| **External help** | | |
| Speech therapy | 69 | 20.4 |
| Other external specialist help | 51 | 15.1 |
| **Total** | **338** | 100.0 |

The table above indicates that speech therapy is the most likely form of external support given to children whose parents reported them of being a concern for SEN. In a small number of cases (3.5%) speech therapy was offered on-site in the pre-school centre (not listed in tables above as it did not cluster into a 'main' group). Other on-site provision consisted in the main, of children being offered general extra educational support, which usually meant curriculum differentiation. Approximately 9.5 per cent of children were given support specifically with a learning support assistant (which may be in a group or individual setting). These assistants can be appointed as a result of recommendations identified in the Code of Practice, usually where a statement of special educational need has been agreed. Alternatively they could be provided in the types of pre-school settings that are able to make available additional resourcing to employ a dedicated learning support (or teaching) assistant. In general, this type of provision would be more likely to be seen in educational settings such as nursery schools and nursery classes attached to primary schools and fully integrated/combined centres rather than in private day nurseries, local authority day nurseries or playgroups. A further 9.2 per cent of children received one-to-one tuition.

**b) Support during the school period**

**Table 5.6 Help with physical conditions during the school period**

| Physical condition | Recognised n of 548 | n where help was offered | Type of help offered | % |
|---|---|---|---|---|
| Speech or language | 113 | 102 | I – Learning supp. ass. | 16.7 |
| | | | I – Educational activities | 12.7 |
| A problem with hearing | 60 | 57 | I – Learning supp. ass. | 10.5 |
| | | | I – Educational activities | 10.5 |
| | | | I – Front of class | 10.5 |
| A problem with sight | 39 | 36 | I – Learning supp. ass. | 16.7 |
| | | | I – Educational activities | 13.9 |
| Another physical disability | 25 | 25 | E – Other spec. help | 20.0 |
| | | | I – Learning supp. ass. | 16.0 |
| | | | I – General help | 16.0 |
| Walked late/poor co-ordination | 22 | 20 | I – Learning supp. ass. | 20.0 |
| | | | I – Educational activities | 15.0 |
| | | | I – One to one tuition | 15.0 |
| | | | I – General help | 15.0 |

Once children move into school they are more likely to be offered internal help for their physical conditions than was the case in the pre-school (where the dominant form of help was off-site speech therapy). In primary school children were much more likely to receive the help of a learning support assistant than any other type of help. Children in receipt of this kind of support may not necessarily be granted it on a one-to-one basis but may often receive help in a group setting either within the classroom as part of normal classroom activities or outside of the classroom setting in a 'booster' or 'nurture' group.

A number of children were given help by 'general educational activities', this most commonly referred to the teacher differentiating the work on offer to the SEN child so that they could more easily access the curriculum, at a stage suited to their stage of development. It might also mean having some specialised equipment appropriate to their SEN.

It is worth noting that 10 per cent of parents of children with hearing difficulties reported their children being sat near the front of the class, however this was not reported by any parents of children with sight difficulties.

The only group of children who had a physical condition and reported receiving one-to-one tuition was those who still had poor co-ordination or 'walked late'. These set of symptoms were most commonly (though not solely) associated with children with Downs Syndrome (3 in the sample).

**Table 5.7 Help with learning difficulties conditions during the school period**

| Learning difficulty | Recognised n of 548 | n where help was offered | Type of help offered | % |
|---|---|---|---|---|
| Difficulties with reading | 141 | 135 | I – Learning supp. ass. | 23.0 |
| | | | I – Educational activities | 19.3 |
| Numbers or sums | 70 | 68 | I – Educational activities | 25.0 |
| | | | I – Learning supp. ass | 20.6 |
| A specific learning difficulty | 49 | 49 | I – Learning supp. ass. | 22.4 |
| | | | I – Educational activities | 14.3 |
| General slow development | 45 | 40 | I – Educational activities | 27.5 |
| | | | I – Learning supp. ass | 22.5 |
| A learning (mental) disability | 13 | 12 | I – Learning supp. ass. | 33.3 |
| | | | E – Other spec. help | 25.0 |

Again, as with physical conditions reported overleaf, children with learning difficulties when they moved from pre-school into school were more likely to be given help 'on-site' than 'off-site'. These children were much more likely to receive help via a learning support assistant.

**Table 5.8 Help with behavioural needs during the school period**

| Behavioural need | Recognised n of 548 | n where help was offered | Type of help offered | % |
|---|---|---|---|---|
| Stubborn & disobedient | 56 | 50 | E – Other spec. help | 14.0 |
| | | | I – Learning supp. ass | 12.0 |
| Hyperactive | 51 | 46 | I – Learning supp. ass. | 15.2 |
| | | | I – General help | 13.0 |
| Tantrums | 40 | 34 | I – Learning supp. ass | 14.7 |
| | | | E – Other spec. help | 14.7 |
| Shy | 32 | 28 | E – Other spec. help | 17.9 |
| | | | I – General help | 14.3 |
| Sibling rivalry | 30 | 24 | I – Learning supp. ass | 25.0 |
| Unhappy going to school | 26 | 22 | I – Educational activities | 18.2 |
| | | | E – Other spec. help | 18.2 |
| Spiteful/aggressive | 27 | 23 | I – Learning supp. ass | 34.8 |
| | | | E – Other spec. help | 17.4 |
| Sleeping problems | 30 | 26 | I – Learning supp. ass | 19.2 |
| | | | I – General help | 15.4 |
| Eating problems | 20 | 19 | I – Learning supp. ass | 21.1 |
| Other emotional or behavioural problems | 21 | 19 | I – Learning supp. ass | 26.3 |
| | | | E – Other spec. help | 26.3 |
| Toilet training | 23 | 21 | I – Learning supp. ass | 19.0 |
| | | | I – One to one tuition | 14.3 |
| Difficulties making friends/lonely | 24 | 19 | I – Learning supp. ass | 26.3 |
| | | | E – Other spec. help | 26.3 |
| Clinging | 24 | 19 | I – Educational activities | 15.8 |
| | | | I – Learning supp. ass | 15.8 |
| Nervous | 17 | 15 | E – Other spec. help | 20.0 |
| | | | I – General help | 20.0 |
| Other | 31 | 30 | I – Learning supp. ass | 30.0 |

Children with behavioural difficulties in school were much more likely to received one-to-one tuition and attention from a learning support assistant. Out of all the needs/problems identified in the tables above (for primary school), teachers were always the largest group of those who recognised the child's condition (from 82.9% for learning difficulties with numbers/sums to 54.8% behavioural problems 'others').

**Who recognised a child's needs in school**

The tables above give the main types of SEN recognised in school, in most cases by teachers, however there were other people who recognised a child's need when they were in school and the table below gives an indication of who else may have been responsible for identifying a child's need.

**Table 5.9 Who recognised a child's need at school?**

| Who recognised the need | n | % |
|---|---|---|
| **School staff** | | |
| Teacher | 263 | 68.5 |
| General staff | 14 | 3.6 |
| School nurse | 9 | 2.3 |
| Headteacher | 5 | 1.3 |
| | | |
| **Parents** | 32 | 1.0 |
| | | |
| **Mixed sources** | | |

| | | |
|---|---|---|
| Teacher and parent | 31 | 8.1 |
| Teacher and external professional | 5 | 1.3 |
| Parent and external professional | 5 | 1.3 |
| More than two sources | 6 | 1.6 |
| Other | 2 | 0.5 |

It is interesting to note that 3.6 per cent of children had their need recognised by support staff.

**c) Support provided by professionals outside of pre-school/school.**

The table below shows the number of children who received help from agencies outside of pre-school and school.

**Table 5.10 Have you received any professional help outside pre-school or primary school for your child's special educational need?**

| | Pre-school group | | Home group | | All | |
|---|---|---|---|---|---|---|
| | n | % | n | % | n | % |
| Yes | 228 | 45.6 | 14 | 40.0 | 242 | 45.2 |
| No | 202 | 40.4 | 12 | 34.4 | 214 | 40.0 |
| Not applicable | 70 | 14.0 | 9 | 25.7 | 79 | 14.8 |

More parents in the pre-school education group reported having received professional help outside of pre-school/school for their child's SEN compared to the 'home' group. With 46 per cent of pre-school parents compared to 40 per cent for the 'home' group.

We explored who provided this help. This is illustrated in the table below.

**Table 5.11 Who gave help outside of pre-school and school?**

| | Pre-school group | | Home group | | All | |
|---|---|---|---|---|---|---|
| | n | % | n | % | n | % |
| Speech therapist | 99 | 43.4 | 7 | 50.0 | 106 | 43.8 |
| Hospital care | 51 | 22.4 | 2 | 14.3 | 53 | 21.9 |
| Educational psychologist | 45 | 19.7 | 5 | 35.7 | 50 | 20.7 |
| GP | 36 | 15.8 | 2 | 14.3 | 38 | 15.7 |
| Specialist clinic | 31 | 13.6 | 4 | 28.6 | 35 | 14.5 |
| Paediatrician | 30 | 13.2 | 3 | 21.4 | 33 | 13.6 |
| Health visitor | 27 | 11.8 | 1 | 7.1 | 28 | 11.6 |
| Behaviour psychologist | 25 | 11.0 | 1 | 7.1 | 26 | 10.7 |
| Occupational therapist | 12 | 5.3 | 2 | 14.3 | 14 | 5.8 |
| Child councillor | 9 | 3.9 | 0 | ---- | 9 | 3.7 |
| Dietician | 7 | 3.1 | 0 | ---- | 7 | 2.9 |
| Child welfare clinic | 6 | 2.6 | 0 | ---- | 6 | 2.5 |
| Child guidance centre | 6 | 2.6 | 0 | ---- | 6 | 2.5 |
| Physiotherapist | 5 | 2.2 | 2 | 14.3 | 7 | 2.9 |
| Alternative therapies | 2 | 0.9 | 0 | ---- | 2 | 0.8 |
| Other | 32 | 14.0 | 1 | 7.1 | 33 | 13.6 |

Although both pre-school and 'home' groups of children were likely to make use of speech therapy services (the largest form of outside help), the pre-school children's parents appear to have access to a wider range of help than the 'home' group. No 'home' children were reported using child councillors, dieticians, child welfare or guidance clinics. Note only a very small number of parents (0.8 per cent of the whole sample) reported using alternative therapies (homeopathy and reflexology). The most remarkable figure in the table above is probably the large percentage of children (compared to the overall sample) of 'home' group children who have been referred to the an educational psychologist (35.7%) as apposed to those who have experienced pre-school provision (19.7 %). This would suggest that pre-school provision helps children adjust better to school with less need for educational referrals.

Elsewhere (see EYTSEN Technical Paper 2) the study shows that 'home' children were more likely to be identified by the teacher as having SEN.

**d) Parental support**

We asked parents if they provided help to their child at home and if they did, what kind of help was provided. The table below shows (for parents who provided help at home) what kind of help parents said they gave their children. The type of help has been sub-divided into categories to make the table easier to read. The categories are those that focussed on 'educational activities', emotional support, general help (non-specific), speech therapy, behaviour modification and 'others'.

**Table 5.12 Parental help at home**

| Type of help | N of SEN group | % of total n of SEN group |
|---|---|---|
| **Educational activities** | | |
| Help with reading only | 52 | 16.7 |
| Help with mixed numeracy and literacy | 41 | 13.1 |
| Help with mixed literacy | 34 | 10.9 |
| Homework (general) | 21 | 6.7 |
| Help with other literacy only | 7 | 2.2 |
| Help with numeracy only | 4 | 1.3 |
| Computer | 2 | 0.6 |
| **Total educational activities** | **161** | **51.6** |
| **Behavioural support** | | |
| Emotional support | 38 | 12.2 |
| Behavioural modification | 21 | 6.7 |
| **Total behavioural support** | **59** | **18.9** |
| **Other** | | |
| General help | 38 | 12.2 |
| Speech therapy | 36 | 11.5 |
| Specific equipment | 5 | 1.6 |
| Outings/clubs | 3 | 1.0 |
| Monitoring | 2 | 0.6 |
| Dietary | 2 | 0.6 |
| Mixed non-specific | 6 | 1.9 |
| **Total other** | **92** | **29.5** |
| **Grand total activities** | **312** | **100.0** |

It should be noted that in the table above 'speech therapy' involved parents completing exercises at home with their child that had been set by a speech therapist. Where parents mention providing 'emotional support' this involved giving encouragement and praise, simply talking to the child about their difficulties and being patient with them. Examples of this are "lots of love and encouragement", "she's very special and we tell her every day" and "provided lots of cuddles when very angry and upset". Behavioural modification includes reward systems such as star charts, setting routines and ground rules. A number of parents mentioned encouraging the child to be more independent by carrying out specific tasks for themselves e.g. talking in shops, brushing their own teeth etc.

From the table it can be shown that most parents sought to provide some form of educational activities that supported their child's development. They gave support with reading and other, mostly literacy, activities. Parents also supported children with their emotional and behavioural development by giving encouragement and love.

**e) How satisfied were parents with the support they received for their child's SEN.**

Parents told us about the kinds of help they had received for their child either by their pre-school/school or by an outside agency. We asked parents how satisfied they were with this support.

**Table 5.13 How satisfied are parents with the help given for their child's SEN?**

| | Pre-school group | | Home group | | All | |
|---|---|---|---|---|---|---|
| | n | % | n | % | n | % |
| Very satisfied | 121 | 27.2 | 8 | 28.6 | 129 | 27.3 |
| Quite satisfied | 171 | 38.4 | 7 | 25.0 | 178 | 37.6 |
| OK | 84 | 18.9 | 9 | 32.2 | 93 | 19.7 |
| Quite dissatisfied | 46 | 10.3 | 2 | 7.1 | 48 | 10.2 |
| Very dissatisfied | 23 | 5.2 | 2 | 7.1 | 25 | 5.2 |
| | 445 | 100 | 28 | 100 | 473 | 100 |

Clustering 'very satisfied' and 'quite satisfied' together as indications of satisfaction, it can be seen that the majority of parents (64.9%) are satisfied with the help their children have received. Just under 20 per cent of parents were 'OK' about the help their children received and 15.4 per cent of parents were quite or very dissatisfied. Comparison between the pre-school and 'home' group reveal that the pre-school group were slightly more satisfied with the help they were given than the 'home' group (65.6% compared to 53.6%), but they were also more dissatisfied (15.5% compared to 14.2%). On the whole more of the 'home' group parents used the 'OK' category to describe their feelings about the support they received compared to the pre-school group (32.2% compared to 18.9%). This may be down to the experience of parents whose child attended pre-school, in that they may have received support in the past, and therefore may have some sort of 'benchmark' by which they measure the support received.

An analysis was conducted to see if there were any regional differences for how satisfied or dissatisfied parents felt.

**Table 5.14 Satisfaction and dissatisfaction by region**

| | Distribution of 'sen' sample (548) | Satisfied | | Dissatisfied | |
|---|---|---|---|---|---|
| | % | n | % | n | % |
| East Anglia | 24.6 | 90 | 26.0 | 16 | 21.9 |
| Shire county | 19.9 | 70 | 20.2 | 16 | 21.9 |
| Inner London | 20.1 | 62 | 17.9 | 18 | 24.7 |
| North-east | 17.7 | 57 | 16.5 | 12 | 16.4 |
| West Midlands | 17.7 | 67 | 19.4 | 11 | 15.1 |

Looking at the satisfied percentages above the figures show that parents from East Anglia were most satisfied with the help they were given (26 %) with Inner London being the most dissatisfied (24.7%). However, when a chi-squared analysis was conducted there was no statistically significant regional difference apparent in how satisfied or dissatisfied parents were with the help they were given.

**f) Dissatisfied parents**

An analysis was conducted on the parents above who were quite or very dissatisfied with the help they were given to establish what additional support they thought their child should have received.

**Table 5.15 What additional help would you like for your child?**

| | If dissatisfied what additional support would you like | |
|---|---|---|
| | n | % |
| Learning support assistant/One-to-one tuition | 19 | 25.3 |
| Feedback, information and support | 11 | 16.0 |
| Specialist help/assessment | 11 | 14.7 |
| Other | 15 | 20.0 |
| No response | 10 | 33.3 |

Overall dissatisfied parents wanted additional learning support or tuition time given to their children. This included one-to-one tuition, additional tuition in reading and more time spent with a learning support assistant. In addition they wanted more feedback from schools on their child's progress. Parents said they would welcome having more meetings with teachers so they could be kept up to date (often on a daily basis) on their child's performance.

Of parents who were dissatisfied 14 per cent wanted a specialist (usually an educational psychologist) to become involved with their child. These parents wanted their child's needs formally assessed. Their dissatisfaction was usually because their wishes were not being met. The following is a typical quote from a parent who felt there was a need but was dissatisfied with how this was being dealt with in school: "I feel X is struggling at school, possibly because he may be dyslexic. However, his teacher is not concerned at this point. I wish to be taken seriously instead of being told I'm worrying over nothing".

Eight parents wrote specifically about the time taken to assess their child's 'special educational need', and would like this speeded up.

A further analysis was conducted to see if there was a statistical relationship between fathers and mothers SES and whether or not they were satisfied with the help their children had received. We were interested to see if certain categories of parents i.e. 'professionals' verses 'never worked' were more satisfied than others. There were no statistical relationships across the 6 SES groups.

We also conducted analysis to see if parental satisfaction had any associations with the type of SEN the child might have. In keeping with the rubric of other analyses we looked at this by medical and physical conditions, learning difficulties and behavioural needs.

Medical conditions

**Table 5.16 Satisfaction and dissatisfaction by medical condition**

| Medical condition | | Satisfied | | Dissatisfied | | Total | |
|---|---|---|---|---|---|---|---|
| | | % | n | % | n | % | n |
| Behavioural problem | 13 | 76.9 | 10 | 50.0 | 5 | 40.0 | 2 |
| Heart problem | 11 | 54.5 | 6 | 100 | 6 | 83.3 | 5 |
| Lung problem | 71 | 53.5 | 38 | 69.2 | 27 | 61.5 | 16 |
| Blood problem | 2 | 50.0 | 1 | 100 | 1 | 100 | 1 |
| Skin problem | 75 | 46.7 | 35 | 80.6 | 29 | 67.9 | 19 |
| ENT problem | 63 | 41.3 | 26 | 65.4 | 17 | 81.3 | 13 |
| Eye problem | 22 | 36.4 | 8 | 75.0 | 6 | 50.0 | 3 |

Over 50 per cent of parents were satisfied with the help they received for their children if the child had behavioural, heart, lung or blood conditions. Parents were most dissatisfied (less than 50% satisfaction) if their child had a skin, ENT or eye condition.

Physical conditions

**Table 5.17 Satisfaction and dissatisfaction by physical condition**

| Physical condition | Satisfied | | Dissatisfied | | Total | |
|---|---|---|---|---|---|---|
| | % | n | % | n | % | n |
| Walked late/'clumsy'/poor co-ordination | 74.2 | 23 | 60.9 | 14 | 64.3 | 9 |
| Problem with speech or language | 58.0 | 94 | 77.7 | 73 | 69.4 | 50 |
| Problem with sight | 45.6 | 26 | 57.7 | 15 | 46.7 | 7 |
| Problem with hearing | 44.4 | 36 | 66.7 | 24 | 54.2 | 13 |
| Another physical disability | 60.5 | 23 | 60.9 | 14 | 57.1 | 8 |

Over 50 per cent of parents were satisfied with the help they received if their child had poor co-ordination or speech/language difficulties, but they were less satisfied (under 50% satisfaction) if their child had a problem with sight or hearing, or another physical disability.

Learning difficulties

**Table 5.18 Satisfaction and dissatisfaction by learning difficulties**

| Learning difficulties | | Satisfied | | Dissatisfied | | Total | |
|---|---|---|---|---|---|---|---|
| | n | % | n | % | n | % | n |
| A learning (mental) disability | 21 | 76.2 | 16 | 50.0 | 8 | 75.0 | 6 |
| General slow development | 57 | 50.9 | 29 | 65.5 | 19 | 52.6 | 10 |
| A specific learning difficulty | 66 | 40.9 | 27 | 51.9 | 14 | 61.5 | 8 |
| Difficulties with numbers or sums | 96 | 38.5 | 37 | 51.4 | 19 | 73.7 | 14 |
| Difficulties with reading | 179 | 36.9 | 66 | 54.5 | 36 | 58.3 | 21 |

Over 50 per cent of parents were satisfied with the help they received if their child had a learning (mental) disability or had general slow development. They were less satisfied (under 50% satisfaction) if their child had a specific learning difficulty or problems with numeracy. Parents were least satisfied with the help they received if their child had difficulties with reading.

Behavioural needs

**Table 5.19 Satisfaction and dissatisfaction by behavioral needs**

| Behavioural needs | | Satisfied | | Dissatisfied | | Total | |
|---|---|---|---|---|---|---|---|
| | | % | n | % | n | % | n |
| Difficulties making friends/lonely | 28 | 60.7 | 17 | 52.9 | 9 | 55.6 | 5 |
| Nervous | 20 | 60.0 | 12 | 66.7 | 8 | 50.0 | 4 |
| Clinging | 27 | 59.3 | 16 | 75.0 | 12 | 66.7 | 8 |
| Sleeping problems | 39 | 56.4 | 22 | 54.5 | 12 | 25.0 | 3 |
| Eating problems | 35 | 54.3 | 19 | 31.6 | 6 | 66.7 | 4 |
| Toilet training | 29 | 51.7 | 15 | 60.0 | 9 | 77.8 | 7 |
| Unhappy going to school | 41 | 51.2 | 21 | 57.1 | 12 | 75.0 | 9 |
| Tantrums | 58 | 50.0 | 29 | 55.2 | 16 | 56.3 | 9 |
| Other emotional & behavioural problems | 34 | 50.0 | 17 | 70.6 | 12 | 66.7 | 8 |
| Sibling rivalry | 46 | 47.8 | 22 | 63.7 | 14 | 50.0 | 7 |
| Hyperactive | 69 | 46.4 | 32 | 46.9 | 15 | 53.3 | 8 |
| Spiteful/aggressive | 39 | 46.2 | 18 | 44.4 | 8 | 75.0 | 6 |
| Stubborn & disobedient | 81 | 42.0 | 34 | 52.9 | 18 | 61.1 | 11 |
| Shy | 51 | 41.2 | 21 | 81.0 | 7 | 82.4 | 14 |

Over 50 per cent of parents were satisfied with the help they received for their child's SEN if their child was lonely, nervous, clingy, had a sleep or eating problem or difficulties with toileting or appeared unhappy to go to school. Exactly fifty percent of parents were satisfied with the help their children received if they had tantrums or other behavioural problems. However, parents were less satisfied (under 50%) if their child had sibling rivalry, were hyperactive, spiteful/aggressive or stubborn and disobedient or shy. It would appear that on the whole parents whose children exhibited more passive behavioural problems (lonely, nervous, clinging) were more satisfied with they way their children were supported than those parents whose children had more overtly active behavioural difficulties (hyperactivity or being stubborn and disobedient).

**g) Statementing in early years**

The Warnock Report (1978) first formally raised a debate about the number of children who may have SEN during their school careers and how these needs might be identified and best met. It first recommended a system of 'statementing' or registering children for additional help and support. However the system for ensuring that 'provision' matched 'need' has been contentious, with LEAs often failing to provide adequate resources within limited budgets. This has often led to parental dissatisfaction and even litigation. The legislation at this time only covered children who were within statutory schooling. Given the emphasis on the importance of early identification for children with SEN, recent legislation has sought to not only streamline the 'statementing' process but to place an increasing emphasis on the needs of very young children.

The Special Educational Needs and Disability Act 2001 (and revised Regulations), which came into force on the 1st January 2002, informs all LEAs, schools and early years settings about the statutory duties they need to carry out to identify, assess and make provision for children who may have special educational needs.

The Special Educational Needs Code of Practice (2001) provides guidance to all those working with children and young people on implementing the Special Educational Needs and Disability Act. The Code of Practice (COP) is not new, having first been enshrined in legislation for schools since 1994 following on from the 1993 Education Act. However, the new COP (2001) sets out to promote a consistent approach to meeting children's special educational needs placing *'the rights of the children with special educational needs at the heart of the process'* (Preface). Whilst previous legislation (and the older COP) had given guidance to schools and other educational establishments about dealing with the SEN, the new COP (and legislation) places a much stronger emphasis on the importance of SEN in early years settings. It also underlines the importance of working in partnership with parents and encourages the participation of children themselves in the SEN process.

The new COP also makes it clear that the responsibility for meeting a child's SEN does not lie solely in 'schools'. Other agencies, including early years settings, health and social services must provide 'joined up' action in supporting children and families who need help. All must have regard to the COP and must consider what the Code recommends. The COP is mindful of the fact that there is a diverse range of early education providers and acknowledges the work of the Early Years Development and Childcare Partnerships (EYDCP) in co-ordinating and supporting the early years sector. It makes clear that all early education settings in receipt of government funding *'including maintained mainstream and special schools, maintained nursery schools, independent schools, non-maintained special schools, local authority daycare providers, such as day nurseries and family centres, other registered daycare providers such as pre-schools, playgroups and private day nurseries, local authority Portage schemes and accredited childminders working as part of an approved network'* (COP, 2001; p16) are all required to have regard to the COP. The COP requires all providers to have a written SEN policy and, where appropriate, to have appointed a Special Educational Needs Co-ordinator (SENCO) to oversee the implementation of the COP.

The basic premise of the COP is that there should be clear mechanisms for the identification, and assessment of a child's needs based on sound criteria. The COP recognises the difficulties this poses for those working with very young children but it draws the attention of early years practitioners to the importance of the Early Learning Goals and the extent to which children make progress and are achieving within the six areas of learning. If pre-school workers have a concern about a child this should be shared with the parent and the setting is encouraged to adopt a 'graduated response' appropriate to the nature of the concern. Part of this graduated response is to intervene in the management of the child's development through an *'Early Years Action'* plan. This encourages pre-school workers to '*devise interventions that are <u>additional to</u> or <u>different from</u> those provided as part of the setting's usual curriculum offer and strategies'* (COP, 2001; p35).

All steps taken within the COP should be logged in a child's Individual Education Plan (IEP) that should be a full record of the strategies adopted to meet the child's needs. Regular reviews of an IEP are suggested and if a child is still causing concern the early years setting is encouraged to move to '*Early Years Action Plus'*. This next stage of the graduated response is characterised by the involvement of agencies external to the setting who are called in to support the child. If a child still fails to make the necessary progress, early years settings under the new COP have the right (as did all maintained nursery schools or nursery classes under the old legislation) to request that a child has a statutory multi-disciplinary assessment of their needs. The COP sets out the guidelines for children who need a statutory assessment of SEN and it should be noted that this varies depending on the age of the child. There are separate arrangements made for children aged 0-2 years of age and 2 years up to school age (4 - 5).

During the time of the EPPE questionnaire the new legislation had not yet come into force, although many pre-school settings would have been mindful of the existing legislation and the Code of Practice. The questionnaire therefore asked parents about the 'statementing' procedures, which predated the current Early Years Action and Early Years Action Plus plans.

The table below shows the number of children who, at the time the questionnaire was completed, had been involved with a formal review of their SEN under the Code of Practice. Note that most children were aged between 6-7 years old when the questionnaires were returned.

**Table 5.20 Children and the Code of Practice**.

| | Pre-school group | | Home group | | All | |
|---|---|---|---|---|---|---|
| | n | % | n | % | n | % |
| Never been considered for a statement | 298 | 62.0 | 22 | 71.0 | 320 | 62.5 |
| Has been considered but no statement given | 22 | 4.6 | 1 | 3.2 | 23 | 4.5 |
| Is being considered | 24 | 5.0 | 0 | 0 | 24 | 4.7 |
| Has statement | 35 | 7.3 | 1 | 3.2 | 36 | 7.0 |
| Don't know | 102 | 21.2 | 7 | 22.6 | 109 | 21.3 |
| Total | 481 | 100 | 31 | 100 | 512 | 100 |

According to parents' reports, in terms of a formal statement, 7.0% of children had a full statement, and a further 4.7% were being considered for one. An additional 4.5% of children had been considered at some point in the past for a statement, but not received one. Comparing the pre-school and 'home' group more pre-school children had full statements. It is interesting to note that although only 3.2% of the 'home' group had a full statement of special educational need, parents reported a greater proportion of 'home' children being referred to an educational psychologist (see Table 5.11, p29) compared to the pre-school group (35.7% 'home' group compared to 19.7% of the pre-school group).

**Summary**

Help during the pre-school period

The most commonly reported type of help given to children during the pre-school period for children with any kind of need (medical, physical, learning and behavioural) was speech therapy. This was provided almost entirely 'off site' (external) from the pre-school centre, most likely at a speech therapy clinic.

The most common form of help given within the pre-school setting for medical and physical needs was a mixture of one-to-one tuition and general additional educational support with some emotional and behavioural support.

Children were more likely to receive the help of a learning support assistant if they had a learning difficulty as opposed to a medical or physical condition. Children with behavioural difficulties were most likely to receive on-site support during their pre-school by a combination of emotional and behavioural support, extra educational support and feedback and advice.

It should be noted that general extra educational support, usually meant curriculum differentiation. Only approximately 9.5 per cent of children were given support specifically with a learning support assistant. These assistants can be appointed as a result of recommendations identified in the Code of Practice, usually where a statement of special educational need has been agreed. Alternatively they could be provided in the types of pre-school settings that are able to make available additional resourcing to employ a dedicated learning support (or teaching) assistant. In general, this type of provision would be more likely to be seen in educational settings such as nursery schools and nursery classes attached to primary schools and fully integrated/combined centres rather than in private day nurseries, local authority day nurseries or playgroups.

Help during the school period

Once into primary school children were more likely to be offered 'on-site' help for their physical conditions than was the case in pre-school (where the dominant form of help was off-site speech therapy). In primary school children were much more likely to receive the help of a learning support assistant than any other type of help (either on a one-to-one basis or within a group).

In addition primary aged children were helped by 'general educational activities', e.g. the teacher differentiating the work on offer to the 'SEN' child so that they could more easily access the curriculum, at a stage suited to their stage of development. It might also mean having some specialised equipment appropriate to their SEN.

Children with hearing difficulties reported their children being sat near the front of the class, but this was not reported by any parents of children with sight difficulties.

Children with behavioural difficulties in school were much more likely to receive one-to-one tuition and attention from a learning support assistant.

Once a child was in school their SEN was most likely to be recognized by a class teacher (68.5%) or by the teacher and parent in discussion together (8.1%). It is worth noting that a further 3.6 per cent of children had their SEN identified by support staff.

Help from other professionals

More parents of children who had experienced pre-school education reported having received help outside of pre-school/school for their child's SEN compared to the 'home' group of children (46% compared to 40%). Although both pre-school and 'home' groups of children were likely to

make use of speech therapy services (the largest form of outside help), the pre-school children's parents appear to have access to a wider range of help than the 'home' group. Remarkably 35.7 per cent of 'home' children were referred to the educational psychologist as opposed to just 19.7 per cent of children who had pre-school experience. This would suggest that pre-school provision helps children adjust better to school with less need for educational referrals.

Help given by parents

When the parents of children who were a concern because of SEN helped their child at home they were most likely to give assistance with reading, followed by help with a mixture of literacy and numeracy. Parents also supported their children's social/behavioural/emotional development with a mixture of encouragement and praise and simply talking to the child about their difficulties. Examples of this are "lots of love and encouragement", "she's very special and we tell her every day" and "provided lots of cuddles when very angry and upset". Behavioural modification included reward systems such as star charts, setting routines and ground rules. A number of parents mentioned encouraging their child to be more independent by carrying out specific tasks for themselves e.g. talking in shops, brushing their own teeth etc. Parents also completed exercises at home with their child that had been set by a speech therapist.

Parental satisfaction with the support they received

Looking at SEN, overall the majority of parents (64.9%) are satisfied with the help their children received. Just under 20 per cent of parents were 'OK' about the help their children received and 15.4 per cent of parent were quite or very dissatisfied. Comparison between the pre-school and 'home' group reveal that the pre-school group were slightly more satisfied with the help they were given that the 'home' group (65.6% compared to 53.6%), but they were also more dissatisfied (15.5% compared to 14.2%). On the whole, more of the 'home' group parents were 'OK' about the support they received compared to the pre-school group (32.2% compared to 18.9%).

There were slight regional differences detected in how satisfied parents were with East Anglia's parents being the most satisfied and those in Inner London the most dissatisfied.

Dissatisfied parents wanted more additional learning support or tuition time given to their children, including one-to-one tuition, additional tuition in reading and more time spent with a learning support assistant. In addition they wanted more feedback on their child's progress. Parents said they would welcome having more meetings with teachers so they could be kept up to date (often on a daily basis) on their child's performance.

Of parents who were dissatisfied, 14.7 per cent wanted a specialist assessment carried out on their child (usually from an educational psychologist). Their dissatisfaction was usually because their wishes were not being met. Eight parents wrote specifically about the time taken to assess their child's 'special educational need', and would like this speeded up.

There were no statistical relationships between fathers' and mothers' SES status and diss/satisfaction with SEN provision across the 6 SES groups.

The conditions which parents were most satisfied with, in terms of the help they received were
Medical: behavioural, heart, lung or blood conditions
Physical: poor co-ordination, speech/language difficulties
Learning: learning (mental) disability, slow development
Behavioural: lonely, nervous, clingy, had a sleep or eating problem or difficulties with toileting or appeared unhappy to go to school.

Parents were least happy with the help they received for:
Medical: skin, ENT or eye conditions
Physical: problems with sight or hearing
Learning: specific learning difficulty or problems with numeracy and reading
Behavioural: sibling rivalry, were hyperactive, spiteful/aggressive or stubborn and disobedient.

Statements of special educational needs

Over the sample as a whole 7.0% of children (parental report) had a full statement of special educational needs, and a further 4.7% were being considered for one. In addition 4.5% of children had been considered at some point in the past for a statement, but not received one. Comparing the pre-school and 'home' group, more pre-school children had full statements. It is interesting to note that although only 3.2% of the 'home' group had a full statement of special educational need, parents reported a greater proportion of 'home' children being referred to an educational psychologist (see Table 5.11, p29) compared to the pre-school group (35.7% 'home' group compared to 19.7% of the pre-school group).

## Conclusion

The EYTSEN research is unique in its longitudinal focus and follow up of young children's cognitive and social/behavioural development across three time points.

The project draws together information from parents and both pre-school staff and teachers' assessments of young children. It has developed clear criteria for the investigation of children 'at risk' of different forms of SEN during the pre-school period and at school, and examined the extent to which children classified as 'at risk' are later identified as having SEN at school. It documents the kinds of provision made to meet different needs.

The inclusion of a paper on parental perceptions of young children's development is important. Parents bring a unique insight into the issue of SEN that cannot be ignored. Parental characteristics and the home environment can also be important predictors of how children develop and progress through pre-school into school. The powerful influences of multiple disadvantage and the positive role of the home learning environment all have to be borne in mind when dealing with very young children's development.

The inclusion of a 'home' group of children has enabled much to be said about the protective role of pre-school care and education, and the amelioration of SEN.

Other Technical Papers in this series have demonstrated that overall, the proportion of children 'at risk' of SEN in terms of cognitive development reduced significantly by entry to primary school (from 1 in 3 to 1 in 5). Taken together with evidence of the higher incidence of 'risk' at entry to primary school for the 'home' group (even when controlling for differences in multiple disadvantage), the results indicate that high quality pre-school experience is an effective intervention for the reduction of SEN, especially for the most disadvantaged and vulnerable groups of young children.

Policies and strategies which increase the availability and quality of pre-schooling and promote engagement with parents, especially promoting active parental involvement in learning and play activities, are likely to play a significant role in providing children with a better start to school and reducing the risk of later SEN. There are many implications for staff training and development connected with the identification and support of children 'at risk' of SEN in pre-school settings.

## References


Arnett, J. (1989) Caregivers in day care centres: Does training matter? *Journal of Applied Developmental Psychology*, 10, 541–552.

Alberman, E.D. and Goldstein, H. (1970) The 'at risk' register: a statistical evaluation, *British Journal of Preventative and Social Medicine*, Vol. 24, 123–125.

Bricker, D & Squires, J (1989) The effectiveness of parental screening at-risk infants: the infant monitoring questionnaires, *Topics in Early Childhood Special Education*, 9, pg 67-85

Bryant, P. and Bradley, L. (1985). Rhyme and reason in reading and spelling. Ann Arbor, MI: University of Michigan Press.

Breslau, N. (1995) Psychiatric sequelae of low birth weight, *Epidemiological review*, 17, 96–106.

Croll, P. and Moses, D. (1985) *One in Five: the Assessment and Incidence of Special Educational Needs*. Manchester: MEC North Manchester Resources Centre.

DES (1978) Special Educational Needs (Warnock Report), London: HMSO.

DFE (1994) *Code of Practice on the identification and Assessment of Special Educational Needs*, London: DFE.

DFEE (1996) *Nursery education: Desirable outcomes for children's learning on entering compulsory education*, London: DFEE.

DFEE (1997) *Green paper: Excellence for all Children Meeting Special Educational Needs*, London: DFEE.

DfES (2001) Special Educational Needs: Code of Practice. London. DfES.

DfES (2002) Bulletin Statistics of Education: Special Educational Needs in England: January 2002. Issue No 10/12 November 2002. HMSO. London.

DfES (2003) Statistics of Education – Special Educational Needs in England: Jan. 2003 London: The Stationery Office.

Essen and Wedge (1982) *Continuities in Childhood Disadvantage*. Heinemann, London.

Fletcher, J. M., Shaywitz, S. E., Shankweiler, D. P., Katz, L., Liberman, I. Y., Stuebing, K. K., Francis, K. J., Fowler, A. E. and Shaywitz, B. A. (1994). Cognitive profiles of reading disability: Comparisons of discrepancy and low achievement definitions. Journal of Educational. Psychology, 86, 6–23.

Glascoe, F.P, Altmeteier, W.A, MacLean, W.E (1989) The importance of parents' concerns about their child's development, *American Journal of Diseases of Children*, 143, pg 955-958.

Goodman, R. (1997), 'The Strengths & Difficulties Questionnaire: A Research Note'. *Journal of Child Psychology & Psychiatry, 38,* 581-586.

Great Britain. (1993), Education Act 1993. London: HMSO.

Great Britain. (2001), Special Educational Needs and Disability Act 2001. Norwich: The Stationary Office.

Harms, T., Clifford, R., and Cryer, D. (1998) Early Childhood Environment Rating Scale, Revised Edition. New York, Teachers College Press.

Hay, D., Pawlby, S., Sharp, D., and Schmucker, G., Mills, A., Allen, H., and Kumar, R. (1999) Parents' Judgements About Young Children's Problems: Why Mothers and Fathers Might Disagree Yet Still Predict Later Outcomes, *Journal of Child Psychology and Psychiatry*, Vol 40, No 8, 1249–1258.

Heiser, A., Curcin, O., Luhr, C., Metze, B., and Obladen, M. (2000) Parental and professional agreement in developmental assessment of very-low-birthweight and term infants, *Developmental Medicine and Child Neurology*, 42, 21–24.

Hogan, A.E., Scott, K.G. and Bauer, C.R. (1992) The Adaptive Social Behaviour Inventory (ASBI): A new assessment of social competence in high risk three year olds, *Journal of Psychoeducational Assessments*, 10 (3), 230–239.

Martyn, C.N., Gale, C.R., Sayer, A.A. and Fall, C. (1996) Growth in utero and cognitive function in adult life: follow up study of people born between 1920 and 1943, *British Medical Journal*, 312, 1393–1396.

McCubbin, H., and Patterson J. (1991) Family Inventory of Life Events and Changes (FILE), Form A. In H. McCubbin and A. Thompson (Eds.), *Family assessment inventories for research and practice.* Madison, WI: University of Wisconsin–Madison, 81–100.

McDermott P.A. (1993) National standardization of uniform multi-institutational measures of child and adolescent behaviour pathology, *Psychological Assessment*, 5, 4, 413–424.

Melhuish, E. (2000) *The Effective Provision of Pre-School Education (EPPE) Project, Technical Paper 7 – Social/Behavioural and Cognitive Development at 3–4 years in relation to family background*. Institute of Education, London.

Moats, L.C. and Lyon, G.R. (1993). Learning disabilities in the United States: Advocacy, science, and the future of the field. Journal of Learning Disabilities, 26, 282–294.

Mortimore, J., and Blackstone, T. (1982) *Disadvantage and Education*. Heinemann, London.

Mortimore, P., Sammons, P., Stoll, L., Lewis, D. and Ecob, R. (1988) School Matters: The Junior Years, London: Open Books (republished by Paul Chapman 1994).

Richards, M., Hardy, R., Kuh, D., and Wadsworth, J. (2001) Birth weight and cognitive function in British 1946 birth cohort: longitudinal population based study, *British Medical Journal*, 322, 199–203.

Roffey, S. (1999*) in the Early Years: Collaboration, Communication and Co-ordination.* David Fulton: London.

Sammons, P. (1995) Gender, ethnic and socio-economic differences in attainment and progress: a longitudinal analysis of student achievement over nine years, *British Educational Research Journal*, 21 (4): 465–85.

Sammons, P., Kysel, F., and Mortimore, P. (1983) Educational Priority Indices: a new perspective, *British Educational Research Journal*, Vol 9, No 1, 27–40.

Sammons, P., and Smees, R. (1998) Measuring pupil progress at Key Stage 1, *School Leadership and Management*, 18 (3), 389–407.

Scott and Carran (1989) Identification and Referral of Handicapped Infants, in Wang, M.C., Reynolds, M.C., and Walberg, H.J. (eds) *Handbook of Special Education Research and Practice*, Volume 3, Low Incidence Conditions, 227–242.

Sylva, K., Taggart, B., Melhuish, E., Sammons, P., and Siraj-Blatchford, I. (1999) *The Effective Provision of Pre-School Education [EPPE] Project A longitudinal Study funded by the DfEE (1997-2003). Tender Submission for Early Years Transitions and Special Educational Needs (EYTSEN).* Department for Education and Employment Tender No 4/RP/167/2000.

Sorenson, H.T., Sabroe, S., Olsen, J., Rothman, K.J., Gilman, M.W., and Fisher, P. (1997) Birth weight and cognitive function in adult life: historical cohort study, British Medical Journal, 315, 401–403.

Strand, S. (1999) Ethnic Group, Sex and Economic Disadvantage: Associations with pupils' educational progress from Baseline to the end of Key Stage 1, *British Educational Research Journal*, 25, 2, 179–202.

Tymms, P.B. (1999). *Baselines Assessment and Monitoring in Primary Schools: Achievements, Attitudes and Value-Added Indicators.* London: David Fulton.

White, J.L, Moffitt, T.E, Earls, F, Robins, L, & Silva, P.A (1990) How early can we tell? Predictors of childhood conduct disorder and adolescent delinquency, *Criminology*, 28, pg 507-533.

**Glossary of terms**

**Age standardised scores** – Assessment scores that have been adjusted to take account of the child's age at time of testing.

**Anti-social/worried** – This is measured on the ASBI scale (see social/behavioural development in this glossary. Items on the scale that identify anti-social behaviour would be: teases other children, calls them names.

**'at risk'** – The report acknowledges that the term 'at risk' is a complex one, which will differ depending on the particular criteria used. In this study we have referred to **cognitive risk** (1 sd below national average) and **strong cognitive risk** (1 sd below sample average). These provide definitions of children who may be seen to be 'at risk' on the basis of their cognitive attainment at entry to pre-school. For social/behavioural 'at risk' we use one standard deviation below the mean for the sample, as measured on the ASBI (see social/behavioural development in this glossary) as a cut off (see cut off in this glossary) for the factors, Anti-social/worried upset and Peer sociability. The EPPE definitions of 'at risk' (using standardised assessments) could therefore be said to be 'actual' rather than 'perceptual' risk. However, the views of parents, pre-school workers and teachers about whether or not a child falls into an 'at risk' category are based more on 'perceptual' than 'actual' risk.

**British Ability Scales (BAS)** – This is a battery of assessments specially developed by NFER/Nelson to assess very young children's abilities. The assessments used at entry and end of pre-school were:
Block building which measures Visual-perceptual matching, especially in spatial orientation
Naming Vocabulary – Expressive language and knowledge of names
Pattern construction – Non-verbal reasoning and spatial visualisation.
Picture Similarities – Non-verbal reasoning
Early number concepts – Knowledge of, and problem solving using pre-numerical and numerical concepts.
Copying – Visual-perceptual matching and fine-motor co-ordination. Used specifically for children without English as a first language or who are not fluent in English.
Verbal comprehension – Receptive language: understanding of oral instructions involving basic language concepts.

**The Caregiver Interaction Scale (CIS)** is a rating scale consisting of 26 items completed by an observer of the interactions between caregivers and children. The items are grouped to produce 4 subscales: positive relationships, punitiveness, permissiveness and detachment.

- Positive relationships is a subscale made up of 10 items indicating warmth and enthusiasm interaction with children by the caregiver.
- Punitiveness is a subscale made up of 8 items indicating harsh or over-controlling behaviour in interaction with children by the caregiver.
- Permissiveness is a subscale made up of 4 items indicating avoidance of discipline and control of children by the caregiver.
- Detachment is a subscale made up of 4 items indicating lack of involvement in interaction with children by the caregiver.

**Child/parent factors** – Examples of child factors would be gender, ethnicity etc. Examples of parent factors would be mother's qualifications and father's employment.

**Cognitive development** – Children's intellectual and conceptual development, measured on the EPPE project by assessments which quantified: Verbal Ability, Non-verbal Ability and Spatial Ability, at entry to Pre- school. Subsequent assessments measured children's pre-reading abilities, phonological awareness (knowledge of alphabetic sounds) and number awareness. For information on assessments see British Ability Scales in this glossary.

**Cut off** – The score below which children are deemed to be 'at risk', 1 standard deviation below the mean (see standard deviation in this glossary).

**The Early Childhood Environment Rating Scale – Revised (ECERS-R)** is a rating scale consisting of 43 items completed by an observer that assesses the overall quality of the childhood setting. The items are grouped to produce 7 subscales: space and furnishings, personal care practices, language and reasoning, pre-school activities, social interaction, organization and routines, adults working together.

**The Early Childhood Environment Rating Scale – Extension (ECERS-E )** is a new rating scale developed specifically for the EPPE project to supplement the ECERS-R consisting of 18 items. It is based on the Desirable Learning Outcomes for 3 and 4 year olds and pedagogical practices associated with it and consists of items completed by an observer of the childhood setting's activities. The items are grouped to produce
4 subscales: literacy, maths, science/environment, and diversity.

**General Cognitive Ability (GCA)** – a measure of children's overall cognitive ability, incorporating non-verbal and verbal BAS subscales. At entry to the study the BAS subscales that made up the 'GCA' were: Block Building, Naming Vocabulary, Picture Similarities and Verbal Comprehension. At entry to Primary School, 'GCA' was made from Naming Vocabulary, Picture Similarities, Verbal Comprehension, Early Number Concepts and Pattern Construction. (See cognitive development and British Ability Scales in this glossary).

**Goodman Strengths and Difficulties Questionnaire**
(Goodman 1997) is made up of five sub-scales: Pro-social, hyperactivity, emotional problems, and Peer sociability.

**Home learning environment** – A composite score derived from reports from parents (at interview) about what children do at home, combining seven types of home learning activities; reading, library visits, playing with letters or numbers, painting and drawing, playing/teaching alphabet or letters, playing/teaching with numbers/shapes and playing/teaching of songs/nursery rhymes. The composite score identifies households which have a rich or more impoverished home learning environment for children.

**Intervention study** – This is a study in which researchers 'intervene' in the sample to control variables i.e. control by setting, the adult/child ratios in order to compare different specific ratios in different settings. EPPE is not an intervention study in that it investigates naturally occurring variation in pre-school settings.

**Peer sociability** – This is the ability to 'get on' with other children. It is an important milestone in young children's social development and includes the ability to empathise, sympathise and relate to peers. Children with poor Peer sociability can often be withdrawn and isolate. Examples of Peer sociability on our rating scale were: willing to join a group of children playing, understands others' feeling, like when they are happy, sad or mad, asks or wants to go and play with other children etc.

**Multiple Disadvantage Index (MDI)** – An index based on three child variables, six parent variables, and one related to the home learning environment which were considered 'risk' indicators when looked at in isolation. A child's MDI was calculated by summing the number of indicators the child was 'at risk' on.

**Sampling profile/procedures** – The EPPE sample was constructed by:
Five regions (six LEAs) randomly selected around the country, but being representative of urban, rural, inner city areas. Pre-schools from each of the 6 types of target provision were (nursery classes, nursery schools, Local authority day nurseries, private day nurseries, play groups and combined centres) randomly selected across the regions. Children were randomly selected

within each target centre, of the required age whom met criteria for eligibility (i.e. assessed within 10 weeks of entry if over 3, assessed just after third birthday if already at centre at a younger age).

**Social/behavioural development** – By this we mean a child's ability to 'socialise' with other adults and children and their general behaviour to others. EPPE, unlike other studies, has considered both social and cognitive development of young children. Children's social/behavioural development considers children's social competence, pro-social behaviour (social skills) and anti-social behaviour. Social/behavioural development is measured by the Adaptive Social Behavioural Inventory (ASBI), specifically developed for very young children's behaviour at entry to pre-school. Subsequent assessments measure any peers and emotional problems children may be experiencing.

**Special Non-verbal Composite (SNC)** - Created from the non-verbal BAS scores (see British Ability Scales in this glossary)

**Standard deviation –** A measure of the spread around the mean. In a normal distribution 68 percent of cases fall within one, plus or minus standard deviation of the mean and 95 percent of case fall within two standard deviations.

**Stress factor loading** – Level of perceived stress associated with a particular life event i.e. divorce, bereavement, taken from McCubbin, H., and Patterson J. (1991) (see reference section of this report).

**Value added analyses of progress**
The analyses use statistical (multilevel) models to explore individual children's progress over time and variations in centre effectiveness, taking account of their prior attainment at entry to pre-school using attainments at entry to primary school as outcomes.

## Appendix 1: SEN Section of the Parent Questionnaire – Section G: My Child is Special

1. Do you think your EPPE child needs special help because of any type of special need?
2. Has anybody outside the family ever suggested/recognised/diagnosed that your EPPE child has any type of special need? If yes, who?
3. Is/are your EPPE child's (s) to do with any of the following? (tick as many as apply)

| | |
|---|---|
| A problem with speech or language | A problem with sight |
| Difficulties with reading | A problem with hearing |
| Difficulties with numbers of sums | Walked late, 'clumsy' child, poor co-ordination |
| A specific learning difficulty (e.g. dyslexia) | General slow development |
| A learning (mental) disability (e.g. autism) | another physical disability |

3b. Do you think your EPPE child has any SERIOUS, long-term behaviour difficulties? (tick as many as apply)

| | | |
|---|---|---|
| nervous | stubborn | sleeping problems |
| hyperactive | spiteful/aggressive | eating problems |
| shy | sibling rivalry | toilet training |
| clinging | tantrums | difficulties making friends |
| unhappy going to school | other emotional or behavioural problems (please state) | |

4. Were these a concern to you when your EPPE child was at pre-school?
5. Did the pre-school recognise your EPPE child's special need(s)?
6. Did the pre-school offer any help with the special need(s)?

6b. If yes, what kind of help?

7. Were these recognised when your EPPE child got to primary school?

7b. If yes, during which year were they recognised?

Nursery? Reception? Year 1? Year 2? Don't know?

7c. By whom? (e.g. teacher, school nurse, etc)

8. How has the school helped with this special need?
9. Have you received any professional help outside pre-school or primary school for this special need?

9b. If yes, by whom (tick as many as apply)

| | | | |
|---|---|---|---|
| Hospital care | General Practitioner | Speech therapist | Other |
| Specialist Clinic | Paediatrician | Occupational Therapist | |
| Child Welfare Clinic | Health Visitor | Physiotherapist | |
| Child guidance centre | Dietician | Child/educational psychologist | |
| Alternative therapies | Child counsellor | Clinical/behavioural psychologist | |

9c. If so, how have they helped with this special need? (please describe)

10. How satisfied are you with the support given to your EPPE child for their special need?

10b. If you are not satisfied what kind of additional support would you like?

11. Have you yourself offered your EPPE child any specific help at home with this special need? (please describe):
12. Has your EPPE child been considered for a 'statement' of special educational needs?

| | |
|---|---|
| Has never been considered for a statement | Has a statement |
| Has been considered for a statement, but NO statement | I don't know |
| Is being considered for a statement | |

## Appendix 2: The Effective Provision of Pre-School (EPPE) Project Technical Papers in the Series

Technical Paper 1 - An Introduction to the Effective Provision of Pre-school Education (EPPE) Project
ISBN: 085473 591 7 Published: Autumn 1999 Price £8.50

Technical Paper 2 - Characteristics of the Effective Provision of Pre-School Education (EPPE) Project sample at entry to the study ISBN: 085473 592 5 Published: Autumn 1999 Price £4.00

Technical Paper 3 - Contextualising EPPE: Interviews with Local Authority co-ordinators and centre managers ISBN: 085473 593 3 Published: Autumn 1999 Price £3.50

Technical Paper 4 - Parent, family and child characteristics in relation to type of pre-school and socio-economic differences. ISBN: 085473 594 1 Published: Autumn 1999 Price £4.00

Technical Paper 5 – Characteristics of the Centre in the EPPE Study: (Interviews)
ISBN: 085473 595 X Published: Autumn 2000 Price £5.00

Technical Paper 6 - Characteristics of the Centres in the EPPE Sample: Observational Profiles
ISBN: 085473 596 8 Published: Autumn 1999 Price £8.50
Technical Paper 6A - Characteristics of Pre-School Environments
ISBN: 085473 597 6 Published: Autumn 1999 Price £8.50

Technical Paper 7 - Social/behavioural and cognitive development at 3-4 years in relation to family background ISBN: 085473 598 4 Published: Spring 2001 Price £5.00

Technical Paper 8a – Measuring the Impact of Pre-School on Children's Cognitive Progress over the Pre-School Period. ISBN: 085473 599 2 Published: Autumn 2002 Price £8.50
Technical Paper 8b – Measuring the Impact of Pre-School on Children's Social/behavioural Development over the Pre-School Period. ISBN: 085473 683 2 Published: Spring 2003 Price £8.50

Technical Paper 9 - Report on age 6 assessment ISBN: 085473 600 X Pub. Date: Autumn 2004

Technical Paper 10 - Intensive study of selected centres
ISBN: 085473 601 8 Published: Autumn 2003 Price £11.00

Technical Paper 11 - Report on the continuing effects of pre-school education at age 7
ISBN : 085473 602 6 2003 Pub. Date: Autumn 2004

Technical Paper 12 - The final report ISB: 085473 603 4 Pub. Date: Autumn 2004

**Related Publications**

The Early Childhood Environment Rating Scale :Revised Edition (1998). Harms, Clifford and Cryer ISBN : 08077 3751 8 Available from Teachers College Press. Columbia University. 1234 Amsterdam Avenue. New York. NY10027

Assessing Quality in the Early Years: The Early Childhood Environment Rating Scale: ECERS-E (2003) Sylva, Siraj-Blatchford and Taggart. Trentham Books Stoke-on-Trent

EYTSEN Technical Paper 1: Special Educational Needs across the Pre-school Period.

EYTSEN Technical Paper 2: Special Educational Needs in the Early Primary Years: Primary school entry up to the end of Year One.

*Ordering information – For EPPE Publications*

The Bookshop at the Institute of Education. 20, Bedford Way. London WC1H OAL. Tele: 00 44 (0) 207 612 6050 Fax: 0207 612 6407 e-mail: ioe@johnsmith.co.uk website: www.johnsmith.co.uk/ioe or
The EPPE Office. The University of London, Institute of Education. 20 Bedford Way, London. WC1H OAL. Telephone 00 44 (0) 207 612 6219 / Fax. 00 44 (0) 207 612 6230 / e-mail b.taggart@ioe.ac.uk
Please Note : Prices will vary according to size of publication and quantities ordered.
Visit the EPPE Website on: http://www.ioe.ac.uk/projects/eppe