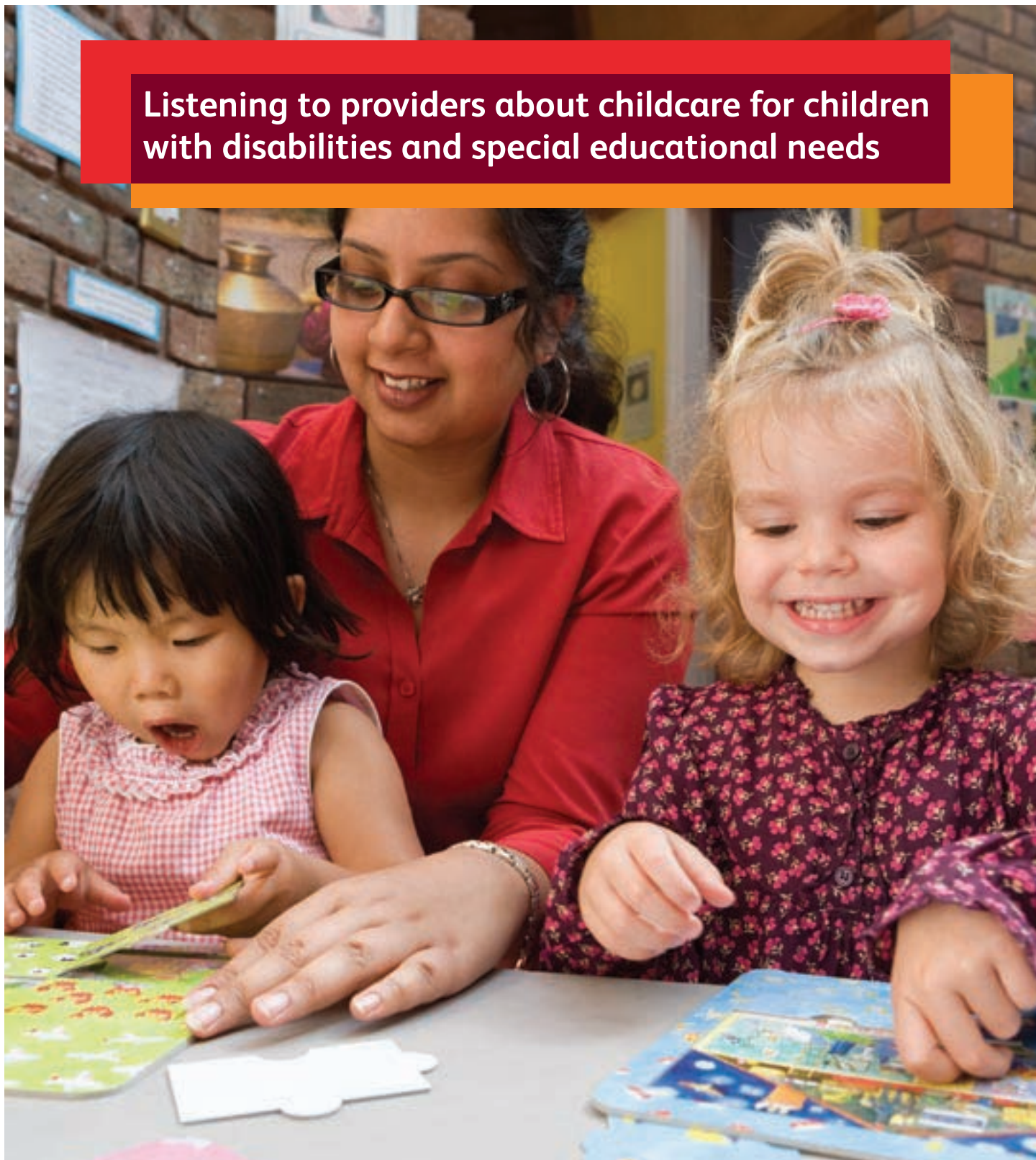


**Listening to providers about childcare for children with disabilities and special educational needs**



# Contents

---

<b>Executive summary</b>	<b>4</b>
Key findings	

---

<b>1. Introduction</b>	<b>7</b>
The research	
Policy background	
Provision of childcare for children with additional needs	
Methodology	

---

<b>2. Findings</b>	<b>12</b>
2.1 Experiences – an overview of respondents’ experiences and competence in dealing with additional needs	
2.2 Views on provision of childcare to children with additional needs	
2.3 Support needs for provision of childcare to children with additional needs	

---

<b>3. Conclusions and recommendations</b>	<b>40</b>
---	-----------

---

<b>4. Appendix</b>	<b>44</b>
--------------------	-----------



**Daycare Trust** is the national childcare charity, campaigning for quality, accessible, affordable childcare for all and raising the voices of children, parents and carers.

# Foreword

The London Development Agency (LDA) plays a key role in delivering the London Childcare Strategy and has devoted resources for childcare in their investment programme.

Families of disabled children have lower than average incomes but face higher living costs and childcare is up to three times more expensive as caring for a non-disabled child. The LDA's Childcare Affordability Programme (CAP), jointly funded by the Department for Children, Schools and Families has successfully supported a number of parents with children who have additional needs to access affordable childcare at nurseries of their choice. It is hoped that this support will be rolled out enabling more families to access training and work.

Last year we published a report '[Listening to parents of children with disabilities and special educational needs.](#)' The reports findings revealed that the use of childcare varies greatly between parents of children with disabilities and that the experiences and perceptions of the type of childcare provided by childcare providers is also varied. For this reason we commissioned Daycare Trust to produce a further report exploring the views of childcare providers on the subject of providing appropriate quality, affordable childcare for children with special educational needs (SEN) and/or disabilities.

I hope the findings of this report highlight the importance of ensuring quality childcare is accessible to all. Childcare providers are willing to provide care for children with additional needs as long as local authorities ensure that there are adequate support mechanisms in place, continuous training for staff and sufficient funding to enable parents to access the childcare provision of their choice.



Denise Burke  
Head of Childcare  
London Development Agency

# Executive summary

This paper reports findings from research conducted with childcare workers and setting managers (providers) in London about providing childcare to children with additional needs including disabilities and special educational needs (SEN). The aim of the research was to explore the training and support needs required by London childcare settings in order to improve their capacity to take on children with additional needs. Providers were asked about their experience of and views on childcare provision for children with additional needs, as well as what they felt were the key training and support needs of childcare providers.

---

## Key findings

Almost all of the childcare workers and managers involved in this research had some experience of dealing with additional needs.

---

**Many of them [providers] felt that incidences of additional needs were becoming more common, in particular speech and language needs.**

---

In theory all providers expressed willingness to provide care for children with additional needs as long as adequate support mechanisms were in place. Some providers felt that, due to circumstances beyond their control, their settings would be unable to provide childcare for some children with additional needs. Providers also expressed concern that the high demands placed on childcare workers when dealing with certain additional needs would compromise the care provided to other children at the setting; and that the high costs associated with additional needs may place the sustainability of the setting in jeopardy.

Providers identified numerous barriers to adequate provision of childcare for children with additional needs including:

- a lack of funding for extra staff
- a lack of suitably trained staff
- a lack of confidence within the childcare team
- a lack of resources to provide one to one care

## Executive summary

Providers also suggested that there is a perception among childcare workers that additional needs will always require substantial adjustment to settings and their operation, which can have an impact on their willingness to take on children with additional needs. Some providers, particularly those from private settings, suggested that their settings did not deal with many additional needs simply because the demand wasn't there. They felt that parents of children with additional needs tended to use other settings, especially those in the maintained sector.

### Confidence levels

Nonetheless, most providers felt that they and their setting could cope with most types of additional needs, although levels of confidence varied. Levels of confidence were generally higher among providers who felt they had good access to both external expertise and staff training. Confidence levels among providers were also influenced by the type of additional need in question – for instance, almost all providers felt that they and their setting could comfortably deal with less complex needs within their normal working routine. For more complex physical, health and special educational needs, some providers felt that they would require substantial training and support or in some cases that they simply could not cope with such needs.

### Staffing and other resources

When speaking about the day-to-day impact of providing childcare to children with additional needs, providers spoke mostly about the need to provide more individualised and one-to-one support, and of the additional physical support often required. The overall impact of having

a child with additional needs at a setting, according to providers, is to increase pressure on staff time and the need for additional staff. Although in a minority, some providers spoke of having experienced considerable difficulty in providing adequate care to children with additional needs. In general, these providers were speaking about high demand additional needs in cases where inadequate support was available to the workers and/or the setting. Some managers worried that the additional strain placed on workers when dealing with complex needs would have the impact of forcing some of them out of the workforce and/or providing inadequate childcare to both the disabled and non-disabled children at the setting.

Overall, the greatest support need identified by providers was simply access to more personnel. Providers called for funding to be made available to pay for extra staff when a setting takes on a child with additional needs, as well as having access to external professionals who can be called on for advice and support when required. Providers also prioritised the need for timely support, provided as soon as possible after concerns are raised about a child. More funding to cover costs associated with caring for a child with additional needs, such as adaptations, resources and equipment was also called for. Access to clear and concise information was also mentioned as a key support need. This included:

- information about the additional need in question
- information about the individual child
- information on support and training available to help the setting deal with that additional need

# Executive summary

## Funding

The cost of providing childcare to children with additional needs was considered to be substantially higher than for non-disabled children, causing difficulties for numerous settings. Extra costs are associated with having to provide more staff to ensure one-to-one care is available when needed, additional equipment, facilities or adaptations and extra training. None of the settings reported passing those costs on to parents, however providers spoke about their settings facing considerable difficulties in covering costs, in some cases forcing them to the brink of closure or to set up charities. Funding delivered through CAP was generally seen to be an effective means of supporting settings to take on children with additional needs. Providers also called for more funding to be made available so that all parents and settings could access for children with additional needs.

## Training

Generally, providers felt that continuous training in disabilities and special educational needs is essential in order for settings to be able to take on a child with additional needs. Continuous training may also help to increase the confidence of childcare workers, as well as providing them with relevant updates in policy and legislation. Some providers felt that specialised training when a child with additional needs is actually placed in a setting is more appropriate, as such training can be tailored to the specific needs of that individual child. These providers believed that base-line training, if unused, can be forgotten and wasteful of time and resources.

All providers felt that training should be available to childcare workers if and when it is required. This training should be free and available flexibly to ensure that all workers who require it can access it. More in-house training in which all staff can be trained at the same time was also suggested as an effective way of upskilling childcare workers. Providers felt the need for more training, in particular on how to deal with speech and language issues, and other practical skills such as using Makaton (a communication programme), visual props, and lifting and handling. They also spoke of a need for more training on severe and complex additional needs, and specific additional needs such as autistic spectrum disorders, cerebral palsy, spina bifida, cystic fibrosis and Down's syndrome.

Although providers recognised that many settings face difficulties in upskilling their workforce, in particular the expense of covering staff while they are attending training, many of them felt that all staff should have access to at least some training in additional needs. Not only would this increase the confidence and competence of the workforce when faced with additional needs, crucially it would also lessen dependence on specially trained practitioners and help make all settings disability friendly.

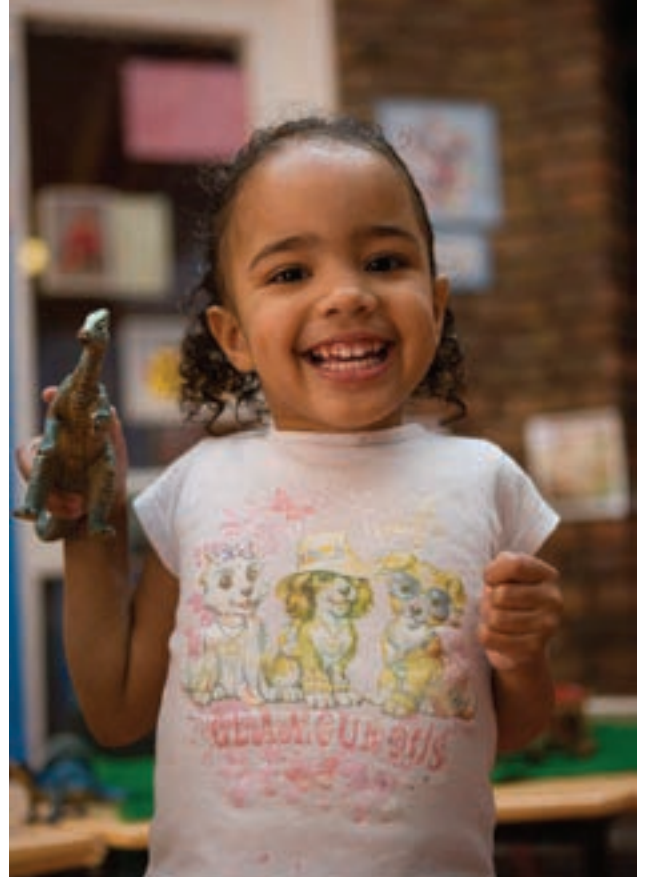
# 1. Introduction

## The research

The research project 'Listening to providers about childcare for children with disabilities and special educational needs', was conducted by Daycare Trust on behalf of the London Development Agency (LDA) with the aims of: exploring childcare workers' views on and experience of providing childcare to children with additional needs; and ascertaining the training and support needs of childcare providers to enable them to confidently work with children with disabilities and special educational needs (SEN).

### The key objectives of this research were to:

- ascertain the level of experience of dealing with children with additional needs among the London childcare workforce
- explore the levels of confidence and competence of that workforce when dealing with additional needs
- explore with the workforce what they identify to be their own experience, training and capability gaps in relation to dealing with additional needs
- identify the methods currently used by childcare providers to deal with additional needs
- identify mechanisms to help increase the capacity and capability of London's childcare workforce to deal with additional needs



This research forms the second part of a two-phase project looking at the childcare needs of children with additional needs. The first phase of this project explored the experiences of, views on, and needs for childcare among parents of children with disabilities and SEN.<sup>1</sup>

<sup>1</sup>Daycare Trust (2007) Listening to parents of children with disabilities and special educational needs about childcare, for the London Development Agency

# 1. Introduction

---

## Policy background

Under the [Childcare Act 2006](#), every local authority in England is required to ensure sufficient childcare that meets the needs of the community. In determining childcare sufficiency, local authorities must 'have regard to the needs of parents in their area for the provision of childcare which is suitable for disabled children'. Local authorities must ensure that childcare places are sufficiently inclusive and meet particular needs. As stated in the guidance<sup>2</sup>, this may place conditions on providers supported by local authorities to promote childcare that is appropriate and inclusive, such as through providing relevant training in equality and diversity issues.

The guidance also states that it is important that disabled children and those with special educational needs are able to participate in the same kinds of childcare as their peers. Local authorities are also required to have a disability equality scheme in place, which should specifically refer to early years settings, explaining their role in improving children's outcomes and narrowing the gap between those children at risk of the poorest outcomes and the rest. The duty of local authorities to safeguard and promote the welfare of disabled children is further endorsed by the categorisation of those children as 'children in need'.

This requirement to ensure equitable treatment of disabled and non-disabled children is further cemented in the Disability Discrimination Act (DDA) 2005, which along with its predecessors enshrined the disability anti-discrimination duty in law. This legislation means that public sector bodies, including local government and publicly-funded childcare services, must draw up a disability equality scheme and an action plan setting out how they will promote equality

of opportunity, eliminate discrimination and harassment and promote positive attitudes towards disabled people.

The DDA also stipulates that businesses, including childcare providers, are not allowed to treat a disabled child less favourably because of their disability. For example, they cannot stop a disabled child participating in an outing, or charge more for a disabled child without a good financial reason. They must also make 'reasonable adjustments to their services and facilities to facilitate disabled children'. This could include adapting premises, training staff to use special equipment or assistive technology, or setting up special meal arrangements for a child with a severe food allergy.

Other policy developments affecting childcare provision for children with additional needs include the Government's recently announced funding as part of the [Aiming High for Disabled Children: better support for families](#) package<sup>3</sup>; and the establishment of the Children's Workforce Development Council (CWDC).

The [Aiming High for Disabled Children](#) package outlined the investment of £340 million in improving outcomes for disabled children, including:

- access and empowerment
- responsive services and timely support
- improving quality and capacity

The investment, to be made during the 2008–2011 period, will be in specialist services (with £280 million to be invested in short breaks) and universal services (with £35 million to be invested in childcare accessibility pilots and £19 million in the Transition Support Programme).

<sup>2</sup>DCSF (2007) Securing sufficient childcare: Guidance for local authorities Childcare Act 2006

<sup>3</sup>Aiming high for disabled children: better support for families (May 2007) HM Treasury and Department for Education and Skills

# 1. Introduction

In recognition of the need to upskill the childcare workforce in order to improve the quality of provision, the Government's commitments also include commissioning the CWDC 'to research the skills and behaviours required by the workforce and to identify gaps'. The CWDC was established in April 2005 to 'improve the lives of children, young people, their families and carers by ensuring that all people working with them have the best possible training, qualifications, support and advice'. One of the CWDC's strategies for 2007/08 was: 'To make accessible the current training and development materials to support those working with disability and address gaps'.

---

## Provision of childcare for children with additional needs

Despite the current focus on and investment in improving childcare services for disabled children, there remain considerable barriers to the uptake of quality provision among this population, according to recent research.

The Daycare Trust 2008 '[Childcare Costs Survey](#)<sup>4</sup> suggests that there are simply not enough childcare places for children with additional needs. Survey findings concluded that more than a third of Children's Information Services in England believed there was not enough childcare provision in their area for disabled children and more than a quarter were unsure. Just over a quarter reported insufficient provision for children aged 5–11, and nearly half reported insufficient provision for children aged over 12.

In 2006, Daycare Trust was commissioned by the LDA to conduct research exploring the experiences of, views on, and needs for childcare among parents of disabled children in London.<sup>5</sup>

<sup>4</sup>[www.daycaretrust.org.uk](http://www.daycaretrust.org.uk)

### Key findings from this research found that:

- many parents of disabled children, especially those with more complex or specialised needs, made little or no use of formal childcare. In many cases, parents believed that childcare options for their disabled children were limited due to providers not having the resources or capacity to provide quality childcare to them
- having access to high quality childcare was recognised as being hugely beneficial by parents of disabled children, both for their children and the quality of life of the family as a whole
- parents experienced numerous gaps in childcare provision that created a barrier to their uptake of childcare. Gaps included insufficient childcare places appropriate to the needs of their disabled children, and a lack of suitably trained childcare workers who are competent and confident in dealing with disabled children

Parents argued that upskilling the childcare workforce by training workers in disability issues would increase not only the quality of provision but also the number of places available to their disabled children. As one mother with two disabled sons said:

"They need to educate all nurseries – it shouldn't just be special needs [settings]. Everyone should be qualified in special needs and that way you wouldn't have to fight [to get your child a place]."

Daycare Trust's '[Everyone Counts](#)' project (2004) involving focus groups and questionnaires with hundreds of parents and childcare professionals around the country, found

<sup>5</sup>Daycare Trust (2007) Listening to parents of children with disabilities and Special educational needs, for the London Development Agency

# 1. Introduction

that few initiatives had explicitly addressed the needs of children with disabilities and that many families found that flexible and appropriate childcare was not available. It also found that:

- where children require extra supervision some child carers may not be able to take on as many children, or have to take on extra staff to provide the additional support required
- there are also other extra costs associated with providing care to disabled children including additional equipment and toys or adapting premises to make them fully accessible. Some providers may struggle to meet these extra costs
- two thirds of the childcare providers who responded to the survey had received some form of training in disabilities and special educational needs, but less than half of the childminders had received training
- providers felt there is also a need for specific training to meet the particular needs of some children
- the childcare workforce is generally poorly paid and has high levels of staff turnover. These problems are exacerbated when children have high support needs or reduced communication<sup>6</sup>

A 2002 'Contact a Family' childcare survey found that: there are insufficient specialist nurseries and childminders with accessible premises and appropriate training and expertise. Findings from their 'Childcare Costs for the Parents of Disabled Children' survey suggested that 82% of families with disabled children felt that 'the right childcare is simply not there for [their] disabled child'.

A 2003 survey of early years providers for the National Audit Office (NAO) found that a considerable number of providers did not offer services to disabled children, with only 41% of playgroups, 49% of day nurseries, 10% of childminders and 55% of school-based providers reporting offering services to disabled children. The lack of suitable premises or lack of trained staff were mentioned by all providers as barriers to providing services to children with special educational needs or disabilities. 13% of playgroups said they were unable to offer one to one tuition, while 11% of day nurseries and 11% of school-based providers cited this as a barrier. 19% of school-based providers also cited a lack of funding to adapt premises as a barrier to providing to disabled children. Less than half of the providers surveyed had attended training for working with children with special educational needs or disabilities.<sup>7</sup>

Much of this research suggests that a lack of training and confidence among the childcare workforce in dealing with additional needs has a considerable impact on the childcare options available to families with disabled children. In 2006, the CWDC undertook an online survey of employer's views on workforce skills and training in which childcare providers were asked to rate the importance of a series of skills to their business; the ease with which staff who have these qualities are recruited; and the extent to which it is a training priority for staff or themselves. It found that employers rated having staff with an 'understanding of disability and surrounding issues' as being very important but that recruiting staff with such skills was the most difficult out of a series of skills presented. It also found that staff training in understanding disabilities and surrounding issues is a priority for employers.<sup>8</sup>

<sup>6</sup>Daycare Trust (2004) Everyone Counts

<sup>7</sup>BMRB Social Research (2003) Survey of Early Years Providers, for the National Audit Office

<sup>8</sup>CWDC (2007) Workforce Skills and Training Survey

# 1. Introduction

---

## Methodology

Fieldwork was conducted by the Daycare Trust. Data was obtained through a mixed-method approach using questionnaires to obtain quantitative data from childcare workers and managers; and telephone interviews with 10 childcare workers and 10 childcare provider managers to obtain more in-depth qualitative data. Research was conducted between November 2007 and January 2008.

### Quantitative phase

Questionnaires were distributed by email and post to a mix of maintained, private, independent and voluntary childcare providers including nurseries, after-school clubs, childminders and children's centres throughout London. Questionnaire respondents were also asked if they were willing to take part in a telephone interview. Incentives of nursery equipment vouchers were offered and a target response of 100 completed questionnaires was set. After a series of repeated mail-outs and promotion of the survey, 52 completed questionnaires were returned.

### Qualitative phase

Telephone interviews were conducted with 10 childcare provider managers and 10 childcare workers in a mix of settings across London. Some were accessed through the questionnaires and others were contacted separately by cold calling. Interview providers were offered incentives of vouchers for nursery equipment for their setting.

Interviews with managers were conducted with the aim of exploring the issues with dealing with additional needs from the organisational point of view. For instance, what are the issues for the setting as a whole when accepting a child with additional needs and what are the support needs of that setting?

Interviews with childcare workers were conducted with the aim of exploring the issues for the individual workers when dealing with additional needs. For instance, what impact does it have on their day-to-day working lives and what are their training and support needs?



## 2. Findings

---

### 2.1 Experiences –

an overview of respondents' experiences and competence in dealing with additional needs

#### Experiences of dealing with children with additional needs

The majority of providers had experience of dealing with additional needs on some level. While seven interview providers had no children with additional needs currently attending their setting, some of these had previous experience of children with additional needs at that setting.

Five providers had children who were awaiting an assessment or who they thought had undiagnosed additional needs. One participant worked in an inclusive setting with a room designated for children with additional needs. Among the 52 questionnaire respondents, incidents of dealing with children with additional needs were higher. Over half (28 respondents) had children with special educational needs at their setting, while 17 had children with a disability and nine had children with both disabilities and special educational needs.

---

#### The most commonly referred to additional need, diagnosed or not, was speech and language difficulties.

---

Seven workers spoke of children having speech and language needs which in some cases had not been classified as 'additional needs' but did require additional support for the



## 2. Findings

child, including one to one work, visual props, using Makaton etc. In other cases, speech and language therapists were also involved.

Five providers spoke of having children with autism, or suspected autism, in their care, either currently or in the past. Other common additional needs reported by questionnaire respondents were cerebral palsy, deafness or hard of hearing and Down's syndrome.

Some providers felt that additional needs are becoming more common and/or that there is more awareness now of additional needs than previously. Almost all providers spoken to, both managers and workers, expressed a willingness to take any child into their settings, whatever their additional needs, as long as the necessary support was in place. Five of the questionnaire respondents claimed there had been occasions when their setting had turned away a child because of their additional needs. Reasons cited were:

- a lack of appropriately trained staff (four respondents)
- inadequate funding to provide the level of support needed (three respondents)
- inadequate facilities to cater for the child (two respondents)

Unlike the questionnaire respondents, none of the providers interviewed by telephone could recall a time when a child had to be turned away from a setting because of the inability of the setting to cope with their additional needs. They expressed a high level of awareness of their duty to provide care to all children and their primary concern was to ensure that their setting could comfortably take on a child with any additional need without compromising the quality of care offered to that child or any of the other children at the setting, and without putting unmanageable strain on the setting's staff or finances.

“We're very happy to adapt anything for a child in any situation.”

(Manager of a maintained crèche with 40 children, based in an adult educational centre)

“At the nursery here, no matter what the needs of a child is we'll always take them on here and we do on a daily basis deal with a lot of children who have got additional needs and need supporting in various ways.”

(Childcare worker in a 56-place private nursery)

In some cases though, providers felt that their setting simply could not cope with certain additional needs and were not confident that they could guarantee being able to provide the level of care required. There was also a concern among some providers that the financial burden of caring for a child with a high level of need would compromise the sustainability of the setting.

“We would be happy to take children with additional needs be it whatever if we had the support and the money to actually do it – and without all the paper work and jumping through hoops.”

(Manager of a voluntary 36-place sessional pre-school)

In some Private, Voluntary and Independent (PVI) settings with little or no experience of disabilities, providers suggested that demand from parents with children with additional needs was low at their particular setting because parents were automatically drawn to other, mostly maintained, settings. In no cases did providers believe that parents are, or should be, charged more for a place for a child with additional needs. Even in cases where settings had faced considerable financial strain due to extra measures associated with dealing with additional needs, providers spoke of efforts to manage this so that the extra cost never fell on the parents.

## 2. Findings

### Demand for places for children with additional needs

Many of the parents consulted in phase one of this research project<sup>9</sup> felt that the childcare options available to their disabled children were limited, largely due to the inability or incapacity of settings to deal with their child's needs. Interestingly though, in the current research many providers, particularly those from private settings, felt that their settings had not experienced much demand for childcare for children with additional needs, although they did acknowledge the considerable difficulties faced by some families in accessing appropriate and affordable childcare. Almost a quarter of the questionnaire respondents claimed that a 'lack of demand' was one of the main barriers to their setting providing more services to children with additional needs.

However, some of this seems to be down to differing perceptions of what constitutes a 'disability' or 'additional need'. Some providers associated 'additional needs' with physical disabilities and/or highly complex needs, while for others 'additional needs' encompassed a wide range of levels of need. However, among the sample interviewed there did appear to be differences in the level of experience of disability, especially between maintained and PVI settings. In general, providers from maintained settings tended to have more experience of dealing with additional needs at their settings than their counterparts from PVI settings.

Some providers who had not encountered many children with additional needs at their settings attributed this to parents choosing other, more equipped settings or to cost factors. Providers also believed that in some cases, parents were not aware of the services available to them, limiting the number and types of childcare settings they approach.

On whether their setting had experienced much demand for places for children with disabilities and special educational needs, providers said the following:

"Not really, in the 10 years that we've been open we've had a few autistic children, children with attention disorders and behaviour things, but we don't tend to have anybody really with physical disabilities, we haven't really had the demand for that, its been more obviously supporting children with their development socially and things like that, we tend to have more demand for that than we do for anything else."  
(Manager of a 57-place private nursery)

"This place was built for disabled access, wheelchairs, disabled toilet which to this day in the eight years we've been here it has never actually been used."  
(Childcare worker in a 34-place maintained nursery, in the process of becoming children's centre)

On the lack of information about services for disabled children, one participant said:

"I think making things accessible, making parents aware that there are things like our children's centre out there. We've had a lot of parents who have come through our door who didn't realise the amount of other courses we provide, more than just childcare. We have speech and language, a dieticianist, a health visitor, so I think it's all about making parents and families aware that these services are there for them and for the community that they live in. I don't think parents use us as much as they should do."  
(Childcare worker in a 180-place maintained nursery)

<sup>9</sup>Daycare Trust (2007) Listening to parents of children with disabilities and special educational needs about childcare, for the London Development Agency

## 2. Findings

### Competence in dealing with additional needs

Overall, providers expressed confidence that their setting could handle children with additional needs if required. Almost all settings had at least one worker trained in baseline disabilities and some settings had additional staff trained in more specific special needs. Most settings had access to a support worker, usually a Special Educational Needs Coordinator Officer (SENCO), either within the setting or externally. Providers associated competence to deal with additional needs with having access to sufficient external expertise and with staff training. Some felt that younger, less experienced staff may lack confidence when faced with children with disabilities.

As with the questionnaire respondents, some interview providers spoke of feeling more confident in dealing with certain types of disabilities rather than others. For instance, less complex needs were believed to be manageable within the normal routine of childcare provision, while other more complex disabilities would require a number of adjustments such as more training, physically adapting the setting, and more external support.



Questionnaire respondents were asked what types of additional needs and tasks associated with additional needs they had received training in. The majority reported having had some training in:

- special educational needs (76%)
- referring to appropriate services (75%)
- recognising disabilities and special educational needs (67%)
- understanding disability and surrounding issues (63%)
- assessing additional needs (63%)
- administering medication (55%)
- Autistic spectrum disorders (53%)

However less than a quarter of respondents had received any training in:

- severe and complex physical and learning disabilities
- deafness
- cerebral palsy
- lifting and handling
- use of assistive technology
- feeding through gastrostomy tubes
- spina bifida
- cystic fibrosis

## 2. Findings

Questionnaire respondents were also asked to rate their levels of confidence in dealing with different types of additional needs and in performing different tasks associated with additional needs (see Tables 1 & 2 in Appendix for findings). Respondents rated themselves as most confident in dealing with special educational needs, autistic spectrum disorders, attention deficit disorders and deafness or hard of hearing. They felt least confident in dealing with severe and complex learning disabilities, spina bifida and cystic fibrosis. In terms of tasks, respondents were most confident in 'referring children with disabilities and/or special educational needs to appropriate services', 'administering medication' and 'recognising disabilities and special educational needs'; and least confident in the more physical tasks such as 'lifting and handling physically disabled children and young people', 'use of assistive technology' and 'feeding through a gastrostomy tube'.

On whether they or their settings would be able to cope with children with additional needs, providers said:

"I would be ok. But I suppose the less confident staff, the younger staff, that would be a matter to consider and whether they would be happy and I don't actually think they would be. But that all comes back down to training doesn't it."

(Childcare worker in a 34-place maintained nursery, in the process of becoming children's centre)



"...If I had a Down's syndrome child join the nursery maybe I'd need to brush up on skills. Certain disabilities, physical disabilities I'd need to brush up on."

(Childcare worker in a 39-place charitable nursery)

"I think it would depend on the level of support needed. I mean I feel confident that within my house [which is] my setting, that I could take any level of additional need. I've a ground floor flat... there's a toilet downstairs, the flat is open plan. It's the ideal environment so I'm quite confident."

(Childminder of two children)

"At first I was very apprehensive about it because I had never actually worked with children with additional needs but after I'd had some training and spoke to the parents at length I was quite confident about doing it."

(Childcare worker in a 56-place private nursery)

"You [need to] have the right people working in a setting and [you need] the workers to know what they're doing and be fully qualified. We've also got an officer here who's our manager and if there are any concerns she deals with it and she makes sure we get all the support we can. So I just think it depends on how much knowledge there is in each nursery that you work in."

(Childcare worker in a 50-place private setting)

## 2. Findings

### Barriers to taking on children with additional needs

Questionnaire respondents were asked to nominate what they saw as the top three greatest barriers to their setting providing more services to children with additional needs. 'Funding for extra staff' was by far the most commonly cited barrier, with almost half of respondents saying it was their first or second greatest barrier. A 'lack of demand' was the next highest-ranking barrier with 23% of respondents saying it was their biggest barrier. The next most common barriers were: a 'lack of suitably trained staff' and that their setting was 'unable to offer one to one tuition or support'.

Most providers interviewed by telephone felt that there were no barriers to taking on children with additional needs that could not be overcome with the right support and funding. However, some providers did identify real or perceived barriers that can and do prevent some settings from taking on disabled children. The key barriers identified through interviews were:

- a lack of funding for additional or specialised staff
- a lack of confidence within the childcare team in how to deal with disabilities
- inadequate facilities to take on children with physical disabilities
- the perception that additional needs require more adjustment and money than their setting can afford

Some providers spoke of a perception among colleagues that they simply could not manage children with additional needs, especially those in wheelchairs. On whether there are childminders who are reluctant to take on children with additional needs, one childminder said:

"There are several... I co-ordinate the vacancy list for our area so I know there are several who have worked with profoundly disabled children but there are others who will say 'Oh I can't take a wheelchair so I can't do it'. So it's that level of comprehension sometimes... Also some people genuinely feel they're not... they don't feel able in their confidence to be able to do it. They think it probably requires far more. Whereas in actual fact 'additional needs' covers everything. There's lots of things that children need additional help with, it's just keeping our focus on that. There's extra things we can be doing just within the normal day-to-day setting – that doesn't involve having to have wheelchair access and having to have this or having to have that. It brings it back down to day-to-day activities, looking at things you can do in your home. Even from multi-sensory toys and treasure baskets and things like that and working on those sorts of issues."

(Childminder of two children)

Some providers felt that for practical reasons, their setting could not accept a child with a wheelchair.

"We haven't as yet turned anybody away. But if a child did come with say a wheelchair, if the child was a wheelchair user we would have to turn that child away simply because we don't have the resources or services equipped to accommodate a disabled child in a wheelchair."

(Manager of a 30-place private nursery)

## 2. Findings

In many cases, providers felt that they or their colleagues did not have the experience or training to handle more complex disabilities, saying:

“It’s not because we don’t want to learn or because we’re not prepared to help, we do things, we know enough and there’s enough training to help children that come in [who are] deaf [or have] sight problems, because you can deal with those special needs. But when you’re talking about cerebral palsy and Down’s syndrome and behavioural problems like the autistic spectrum, which is happening more and more...”

(Manager of a 18-place private sessional setting)

“I mean being a supervisor I would go and research that [disability] myself but for me trying to pass on to my other staff, it can be very ‘Oh my goodness, how do we do this?’ then they start to think through the child being there – what if this happens, what if we want to go for a walk and they have a seizure and those sorts of things. And they are practical but they completely worry about them.”

(Childcare worker in a 56-place private nursery)



## 2. Findings

---

### 2.2 Views on provision of childcare to children with additional needs

#### Difficulties in dealing with children with additional needs

When asked about the day-to-day impact of caring for a child with additional needs, providers mostly spoke of the need to provide more individualised care and one to one support for some children. Providers also spoke about the physical requirements of dealing with some children including toileting and personal needs, and the need to continually supervise more vulnerable children. For children with speech and language needs, childcare workers spoke of the need to use signing, Makaton, visual aids etc. For some children, providers spoke of having to follow individual programmes dictated by specialists such as physiotherapists, speech and language therapists and special needs advisors. The general impact of dealing with additional needs was to increase pressure on staff time and the need for additional staff to cope with the extra demands.

In regards to the day-to-day impact of dealing with children with additional needs on settings and childcare workers, providers said:

“There’s no way [autistic child at setting] could be with us without additional support. [He] really needs one to one care. He needs watching the whole time he’s here so we have a designated worker here. The other child with global developmental delay, we don’t have a support worker as such but he does have a key worker and he is able to function part of the time and be independent.”

(Manager of a voluntary 36-place sessional pre-school)

“We have two children at the moment waiting to be assessed on the autistic spectrum. What that means for us is sometimes one to one, a lot of running around, taking them out to do individual groups with them. They’re in nappies. We’ve got one that we’re toilet training at the moment. The other needs we have are speech and language so we need lots of visual props and language group, training for staff and Makaton.”

(Childcare worker in a 39-place charitable nursery)

“We take a maximum of 10 children and we have five staff so it’s sort of two to one but the children that have physical needs, they obviously would need one to one support for all their toileting and personal needs. They would obviously need a higher level of support than perhaps children who are more mobile. But the one to one support is available to the children when they need it really.”

(Manager of a 45-place inclusive private nursery)

“The workload isn’t too bad when we’re monitoring because we just do observations like we do with any of the children. Obviously it gets more intense if we feel there is the need to do further work-plans with children. The one with social and communication difficulties has been hard because we’re doing more one to one work with him so obviously on a ratio of one to four, three other children are left with no member of staff while a staff member does one to one.”

(Manager of a 45-place maintained day care setting)



## 2. Findings

In more extreme cases though, providers spoke of the way in which looking after children with additional needs places an enormous strain on childcare staff, jeopardises the care provided to the other children, and can lead to settings potentially turning away other disabled children. A number of these providers felt that their settings were not getting the necessary support and the staff and children were suffering as a result. For instance, one participant spoke of the strain of caring for a child with severe and complex health needs:

“It does cross your mind [to turn disabled child away] because you know... I’ve got this girl at the moment who is a very bright three year old. She has a condition which means she’s in a wheelchair and she’s unable to support herself because her muscles are so weak. She has a horrendous condition... she has [while at the setting] stopped breathing because her lungs don’t work properly and she has to have her sacks, her blood oxygen levels checked frequently and she has to be suctioned, she needs oxygen on a regular basis during the session and so the local authority are being difficult about giving us somebody here to attend to her medical needs. We can meet her educational needs but we don’t have staff who are able to resuscitate a child, or who want to resuscitate a child. So her parents have to be with her for the time she’s at the nursery. Now I couldn’t possibly [turn her away], knowing what it means to her to come to nursery, I couldn’t say we couldn’t have her.”

(Manager of a 45-place inclusive private nursery)

Providers spoke of the time consuming nature of caring for a child with physical or complex needs, of the strain that places on nursery staff, and of the unaffordable need for extra staff.

“We do it willingly because that’s part of our remit but it is amazing that just one child we’ve got that needs additional help takes up everybody’s time everyday for a lot of the time. And as I say until you get them statemented which is usually not until they’re four, probably five at least, they just go off the radar – there’s no way I’m going to get extra money to have extra help. As a small private nursery, I cannot afford to employ someone just to sort of be there to help him, so it puts tremendous strain on small nurseries. We just don’t have the money and resources to cope. But I mean we do it but everyone is exhausted and it’s time consuming.”

(Manager of a 18-place private sessional setting)

“The other thing that goes unrecognised is the time [spent] in meetings [talking] about those children. Meetings with other early years professionals, meetings involving educational psychologists and reviews, writing those children’s statements is a major, major piece of work that takes a very long time of observations and record keeping and writing the report and those kind of things go unrecognised really. People say oh they need an extra member of staff and that extra member of staff can be costed out as it is in the CAP but the other things, the hidden extras are more difficult to demonstrate.”

(Manager of a 45-place inclusive private nursery)

Some providers were in no doubt that having a child with additional needs at a nursery without receiving the necessary support places other children at a disadvantage.

## 2. Findings

“I mean you know you have to share yourself around, and generally one of the points of coming to nursery is to learn to accept socially that it’s not just one to one, not just the main carer and you. You have to share your time. But when you realise that all of us are helping and talking to this [disabled child]... that’s where it becomes unfair because why should 17 other children suffer for one? And we’re not given any real help.”

(Manager of a 18-place private sessional setting)

Some managers worried about the strain of caring for a child with a high level of need on the staff, to the point where staff would leave and the setting would ultimately have to close down.

“I think people would start saying ‘I can’t take it’ and I would lose really good staff. Yet it’s illegal for me to not say they could come in so what am I left [doing is] saying of course you can come in and then not really looking after that child well. I don’t think we could do that professionally. So we’d just be run ragged until everyone left and then I’d have to close down. It’s as serious as that you know.”

(Manager of a 18-place private sessional setting)

One participant felt that the bureaucracy and paperwork associated with trying to get support to provide childcare for disabled children had a negative impact on the workers and nursery.

“I don’t believe any person I know working in this borough would knowingly not help a child to the best of their ability. I have helped a child out of hours for an hour and a half, I don’t get paid for that, I don’t claim anything and I just think that it’s got to stop. All this extra paperwork and problem solving on our own that’s not paid for because basically what we want to do is teach children. All this stuff, this great sort of ‘oh it’s wonderful pass it out to the nurseries they can do it, they can do it’ [take on disabled children into mainstream], it’s bogging us down and you’re taking away from the core effort of giving to these children, opening their eyes to the world out there because we’re

bogged down with paper. It sounds awful when it’s sort of ‘we’d like more money and we’d like more people to come in’ but you know it’s hard. It will make people [leave childcare] earlier than they have to.”

(Manager of a 18-place private sessional setting)

### **Support for providing childcare to children with additional needs**

Levels of support available to providers to help them and their settings deal with additional needs seem to vary considerably. For providers who spoke of benefiting from a high level of support to deal with additional needs, this was mostly through external professionals such as educational psychologists, speech and language therapists, special educational needs advisors and health visitors. They valued the extra support, and for those providers who had children with disabilities in their setting the expertise and advice provided by external agencies seemed to allay fears and increase their confidence.

Providers also spoke of the benefits of having access to other organisations and centres that specialise in care for disabled children with drop in or advice facilities. Some providers also spoke highly of the range of training available to them, although this did vary between providers and between different boroughs. One participant was receiving funding from the Transformation Fund to study for a foundation degree.

Examples given of good support provision include:

“We’re part of a cluster group within Greenwich who meet up with special education needs teachers and educational psychologists and we all come together from different settings and any questions we have we get together as a group once a term so that’s really supportive. We also have our own area SENCO who we can go to with any questions we have. So there’s nice links there.”

(Childcare worker in a 30-place private day nursery)

## 2. Findings



“Within our borough yes we’re quite lucky. We get a training manual that comes through and there’s quite a big section on special educational needs and it’s just a case of looking to see what you feel you need training in really, covering a spectrum of things so yeah we are quite fortunate.”

(Childcare worker in a 30-place private day nursery)

“We can access the speech and language therapist, the health visitor, the midwife, the breast feeding counsellor so anyone who works with children will have some kind of base in there some time during the week, so we’ll be able to access that and go for advice and things... We have the centre which is just down the road from us here which is a school specifically for additional needs and they do run crèches in there and they also run a drop in centre in the afternoons there. So you can take children along and integrate.”

(Childminder of two children)

“One of the children was tube fed and we had a district nurse come in who would go through it with us and tell us how to carry it out and then she would come in on a regular basis every so often just to double check that we were still happy to carry out the care. Again with the physios, they came in and showed us what to do and came in every six to eight weeks just to monitor the child’s progress and to see that we were still quite comfortable. If we had any concerns or if we weren’t sure we would just ask the parent of the child and they were quite happy to give us any information we needed. Likewise if they were at the hospital or anything they would give us full information about that or we would receive letters from the hospital or from a social worker about what was said and what we needed to be doing.”

(Childcare worker in a 56-place private nursery)

## 2. Findings

### Difficulties in getting required support

A particular issue for some settings is the delay experienced in getting the necessary support required. This is a particular issue for early years settings as many children with additional needs will not have received statementing at that point. Providers stressed the importance of receiving immediate support when a child with an additional need has been identified in order to get the help the child and the setting need before the child moves on to school. They also expressed concern that because of the delays in getting the required support, the care offered to the child with additional needs and to other children at the setting is compromised.

One participant spoke of the frustration they had experienced in trying to get support for a child with additional needs for three years, only to get half a days support through an assist worker – which for them was too little too late. For the four and a half days when they receive no support, the setting has to employ an agency childcare worker at their own expense.

“The child is with us full time so the other times we have to provide the [care]... or I have to get a bank staff who can work one to one. The child has autism so he does need constant one to one from nine to six, as soon as he comes in to the time he leaves... It’s ridiculous because the child’s been with us for three and a half years. The child came when he was just a baby and it’s taken us three and a half years to get half a day’s funding and nothing more, which is disgusting.”

(Manager of a 30-place private nursery)

Another participant spoke of the difficulties and delays they had experienced trying to get a child referred.

“When you’re first referring a child and saying you’ve got concerns, that takes a long time. Departments like speech and language and so on are so busy, they do what they feel is needs first basis and obviously without seeing a child they can only make so much of a judgement... That’s the bit that takes the hugest amount of time and once you’ve got that part, if you know they need statementing, that part works really well.”

(Manager of a 45-place maintained day care setting)

Even where support was available in the form of staff to provide the necessary one to one care to a child with a disability, providers spoke of difficulties. The most common problem relayed by providers was the inconsistency of agency support workers. For instance, some support workers only work on certain days or times of the year, such as term time. Providers spoke of their preference for employing support workers directly, which they believed would mitigate some of the problems associated with relying on external support.

“It’s the inconsistencies in the support workers and the hours and times they do. I also run another nursery and we go through the same thing there, inconsistency with the support workers. You need someone who’s consistent so they get to know the setting otherwise it’s very difficult for us. At the moment we’re looking into getting our own support worker, employing them ourselves and claiming the money back that way, rather than the PSLA [Pre-School Learning Alliance] providing them because that would be more consistent for us. We’ve got more control and we can employ that one person and have support all year round, not just holidays.”

(Manager of a 45-place maintained day care setting)

## 2. Findings

“We obviously do get support but sometimes you can’t really rely on [support workers] 100% – if for one day they’re not in or they don’t work term-time or things like that. It can become a little bit of... not a problem because the children are involved in everyday stuff like the rest of the children and none of them are discriminated against... but sometimes it does become a problem... because they’re not employed by our nursery. I know our manager here was looking into employing via our nursery, staff that would come in and work solely for our client just because they’re more reliable.”

(Childcare worker in a 56-place private nursery)

### Support from local authorities

There was considerable variation in the level of support, providers reported receiving from their local authorities to provide childcare for children with additional needs. Some providers felt that their local authorities and local area Special Educational Needs Coordinator Officers (SENCOs) provided a very high level of support and advice.

“We’re really lucky actually because [local authority], they’re really good actually, very helpful, quite hot on making sure the nursery staff are trained up. I can’t fault them at all... It’s really fantastic, I know that if we’ve even got the slightest concern about a child, you know, they sort of ask us a lot of questions and then they come in and see us, and they’re really supportive, because you know we’re not experts whereas they’ve got more of a background in it and they’re really quite helpful.”

(Manager of a 57-place private nursery)

“Yes we are very lucky with the [borough’s] early years – they are very well equipped and knowledgeable. Admittedly we don’t get as much training as we would like but that’s all due to funding but we always have support if required. The support is brilliant from SENCO. There’s nothing really major, my SENCO goes to training four times a year and there is training throughout the borough on all childcare issues so we are very lucky in the borough.”

(Manager of a 40-place maintained creche, based in adult education centre)

Other providers though felt that the support provided was lacking and in some cases, had declined in recent years. They spoke of their frustration in trying to access funding, information, training and support.

“[Local authority] are stretched to capacity really. I mean obviously we’ve got Sure Start in the area but a lot of that is being closed down because the money has run out. All these projects are started and they’re hailed as something wonderful but a couple of years down the line it all fizzles out you know.”

(Manager of a voluntary 36-place sessional pre-school)

“We’re trying to get some help but the [local authority] have been a nightmare... there’s obviously a lot more training and a lot more awareness and allegedly more money and help but when I try to access it, it’s absolutely impossible. Because he lives in one borough and the school is in another borough, I’ve just been shuffled from pillar to post and it’s very, very annoying actually.”

(Manager of a 18-place private sessional setting)

## 2. Findings

### The cost of providing childcare to disabled children

A considerable difficulty faced by some of the settings involved in this research was the additional expense associated with providing care to some children with additional needs. Some settings required additional staff, such as agency or 'bank' staff, and did not receive funding for this. Others had difficulty affording the equipment and adaptations necessary for their children with additional needs. Two providers told of how their settings had to set up charities in order to fund raise for the extra costs involved.

A stark example of the high cost to settings of providing childcare to children with additional needs was given by a participant from an inclusive nursery. This participant relayed how her setting had recently worked out the financial implications of providing childcare to a child with additional needs. They came to the conclusion that the cost for a non-disabled child was £14.50 per session while the cost for a disabled child, when taking training, extra resources and time into account, was £50–60 per session. In no case however, did the setting let the extra cost fall on the parents. Other providers had similar experiences:

“We’ve had to get extra bank staff in to cover for the morning because they only support the afternoon. We never charge the parents extra to be honest with you because it wouldn’t be fair.”

(Manager of a 30-place private nursery)

“We’ve actually fairly recently set up a charity attached to the nursery because finances are just such a difficulty. It’s such a costly business to be able to provide the equipment to the children to be able to access the curriculum. We’ve now set up our own charity so we can apply to charities and funding streams to be able to supplement our equipment.”

(Manager of a 45-place inclusive private nursery)

### Childcare Affordability Programme (CAP) funding

CAP was initially run as a London-only pilot funded by the LDA and Sure Start with funding for the 2005–2008 period. It provides lower income families with access to subsidised full day and flexible childcare. The programme is designed to offer such families greater choice, flexibility and quality to remain in, or return to, full or part-time work or training.

Under Phase 1 of the funding, all London boroughs were invited to coordinate applications from childcare providers in their areas to subsidise up to 50% of the childcare places they are offering to parents. Subsidised places were affordable full day care or affordable flexible childcare.

Under Phase 2 of the funding, the LDA funded a number of innovative borough-led pilots to meet the childcare needs of low-income families. One of the aims of this phase of the funding was to reduce the cost of childcare for children with disabilities and special educational needs in order to remove the enhanced cost barrier to families with SEN/disabled children who wished to return to work or access training. The boroughs of Enfield, Hackney, Bromley, Kensington and Chelsea and Redbridge participated in the Phase 2 SEN CAP pilot.

There are plans in the Budget 2008 to extend CAP to other areas in the UK.

## 2. Findings

Two of the providers came from settings in receipt of funding from CAP, specifically the Phase 2 SEN CAP pilot. In both cases the funding was being used to support places for disabled children at their setting. They were asked about the impact this funding had on their capacity to take on children with additional needs. Overall the funding was found to be extremely effective in providing the necessary support to take on children that the settings would otherwise have struggled to care for and providers believed that without the funding, these children would not have been able to be cared for at their setting. One setting also believed that without that funding, the setting would have had to close.

Providers also felt though that some parents, children and settings miss out on CAP funding because of the parent's inability or unwillingness to take up employment or training. In these cases, providers called for more funding to be available for childcare places for children with disabilities or SEN, regardless of the employment status of the parents.

“The child with autism we’ve got support work with, there’s no way he could be with us without [CAP funding]... the child really needs one to one care... to be honest if he didn’t have that support worker there’s no way that child would be in this provision.”

(Manager of a voluntary 36-place sessional pre-school)

“If we hadn’t been able to access the CAP this year we would have had to close... It has saved us from closure... it all boils down to one thing really and that’s money. I mean I’ve been doing quite a bit of work in going to other providers and talking to them about CAP. If they’ve identified a child, I’ve been talking to them about CAP and you know the nurseries and playgroups at the moment are all in position where they’re really struggling and to take a child with additional needs without extra resources is just crippling for them. The CAP has been fantastic because it means we’ve been able to say you can have your extra member of staff for this child, you can be setting up language groups and have extra resources and all that kind of stuff which will mean in the future they’ll have much more confidence in being able to meet children’s needs who have a disability. My team have been supporting a lot of play groups that have applied and it’s not only money, it’s the support mechanisms that go with that. It’s people saying try this or try that, just tweaking their practice to make it more inclusive. I think if [CAP funding] is withdrawn or if it’s not continued it’s going to mean that there’s less places available for these children. Certainly our setting would be in jeopardy this time next year if the funding isn’t continued. Of if something isn’t put in its place I think it’s going to be really difficult.”

(Manager of a 45-place inclusive private nursery)

## 2. Findings

### Case study

Lesley Vincent, the Principal of Leapfrog Nursery School, Church in the Orchard in the London Borough of Enfield has seen various benefits to her nursery which is participating on the CAP Phase 2 SEN pilot. She stated that:

“Things were very difficult for us until we were able to find out about CAP and parents were able to apply for CAP, to provide us with the additional funding we needed in order to meet the needs of those children [with disabilities]. For us it’s been a lifesaver really, because we haven’t had to cut back on our service to children, knowing that we have the funding which is vital to carry through.

The impact [of CAP] has actually been enormous because it’s meant that the parents have a choice of where they send their children to and they don’t have the additional financial burden that necessarily goes with that. The parents who use our particular setting know that their children are in a specialist environment. They know they’ve got the support and I know that for all the parents that have applied, it’s been a huge burden lifted of their mind because they can send their child here with confidence; knowing that those financial constraints have been removed.

For parents that have been successful in applying for the grant, it’s been a huge relief.

---

**“Its given them [parents] freedom to know that they can work knowing that their child is well cared for in appropriate settings and with appropriate staffing levels.”**

---



It’s actually encouraged some of our existing parents to go back to work or think about doing refresher courses, things that they hadn’t really ever considered before, because having a child with a disability means they can be very tied at home and they don’t have the time to be able to do that. This has enabled them to be able to have skills and confidence.

---

**“As a provider [CAP], it enables you to have more staff to meet those children’s needs and send your staff on training.”**

---

It’s just giving children with disabilities the quality of service they deserve.”

## 2. Findings

---

### 2.3 Support needs for provision of childcare to children with additional needs

#### What are the key support needs?

Overall, probably the greatest support need identified by providers was having access to more personnel. This is both external professionals to provide expert informal and practical support and additional childcare workers to provide one to one care as required to children with additional needs. Providers also emphasised the need for support to be provided as soon as possible after concerns about a child are first raised. Funding to cover the additional costs associated with providing childcare to children with additional needs, such as adaptations, equipment and other resources were also called for, as was the provision of clear, accurate and practical information.



#### 1. Support from experts

Many providers felt that having support from experts enhanced their capacity to take on children with additional needs. Some felt reassured that with expert advice and support as required, they could be guided to provide appropriate care. This was especially important for those who felt less confident in their knowledge of disabilities and/or believed it shouldn't fall on childcare workers to become experts in disabilities. For them, having external support from a specially trained expert meant they could more confidently provide childcare for children with any disability.

Not only does having the support of external experts increase the confidence of settings to take on children with additional needs, some providers also believed that this system is a more logical and cost-efficient approach for a number of reasons. For instance, some providers argued that even with training, childcare workers cannot be expected to be experts in all areas of additional need. The preferred option for most providers was for all childcare workers to have some basic training in additional needs and to be able to easily call on experts to provide specialised advice and practical support as required. Having access to experts in this way was felt to enhance the opportunities available to disabled children while lessening the burden on the childcare workers.

## 2. Findings



Some providers also made the point that as demand for places for children with additional needs is so low in some settings, being able to call on an external bank of experts, rather than providing training to all staff, would be sufficient. Furthermore, some providers felt strongly that childcare workers should not be expected to become experts in dealing with disability as that was not what they became childcare workers for. They felt that their role as early years educators could become compromised if dealing with additional needs dominated their working day and training requirements. Having external professional support to deal with those additional needs would help them retain their primary roles as early years educators.

“I think you need the experts. We’re not experts. We don’t need anymore training. We didn’t come in to deal with masses and masses of special needs everyday, we came in as teachers and we welcome everybody but our basic love of life is to teach... So how ridiculous is that to spend thousands of pounds on training and you know what it’s like, if you haven’t thought about something for five or six years, they’re not going to be up to date, so it’s a waste of money in my humble opinion. They should have a proper pool of people trained and they go out to nurseries and make sure they earn their living by coming out to nurseries and coming out when we call for them. And I’ll only be calling them once or twice a year and so will other nurseries I know of that don’t have that many [children with additional needs] so you really don’t need to have a huge bank...”

(Manager of a 18-place private sessional setting)

## 2. Findings

### 2. Funding for extra support staff

Providers also felt strongly that as children with additional needs generally demand more staff time, funding should be available to provide extra staff. In this way the child's additional needs can be catered for without placing additional demands on already busy staff and without compromising the care provided to the other children. They called for extra funding to employ an extra staff member to specifically care for the child with additional needs and provide the one to one care required. Providers emphasised the importance of having funding based on the needs of the child and the provider and not tied to external factors such as a parent's employment status.

"If we had more staff we could take on more children with additional needs but it's got to be financed in such a way that we could pay a fair wage. We're stretched to breaking point now and that's with eight staff. There's absolutely no way with the kind of money we're talking about that we could take on more."

(Manager of a voluntary 36-place sessional pre-school)

"It all comes down to funding doesn't it. The funding would have to come with the child so you could take on additional staff to cope with the times you need... you need a higher ratio if you've got children with special needs... It's a matter of staff deployment. If you haven't got the staff to deploy you can't look after the children. It's as basic as that. So really it just boils down to money doesn't it."

(Manager of a 30-place private nursery)

"We could have agency staff to cover the staff – the familiar staff that are working here – so they can take the children out in small groups and do small group work. So rather than the children who have the SEN being with an agency person, the agency could cover the normal staff so that the child is with familiar staff."

(Childcare worker in a 180-place maintained nursery)

### 3. Speedy support

Numerous providers emphasised the need for support to be provided as quickly as possible after initial concerns have been raised about a child. Apart from the fact that accessing immediate support helps settings to maintain high quality care provision, providers also believed that it would improve outcomes for children with additional needs. This is by allowing for additional resources to be allocated to that child as required and by ensuring that this can happen early on in the child's relatively short time in the early years setting.

"With pre-school children it needs to be something you can access quickly because they're only here for two [years] – their nursery years are only two years. So by the time you've messed about with applications that are turned down or... you know a year's gone and you're no further forward. It's hard for those children."

(Manager of a 45-place inclusive private nursery)

### 4. Funding for adaptations, resources, equipment

Providers called for more funding to be made available for making adaptations to settings and for specialised equipment for children with additional needs. Having accessible buildings is seen as crucial by many providers, who felt that their setting would struggle to admit a physically disabled child. The cost of making those adaptations is out of reach of most nurseries according to providers and yet without them, they felt they had no choice but to turn away some children. Other adaptations such as induction loops and sensory play areas were also mentioned.

Numerous providers also called for funding to be made available for equipment and resources for children with additional needs. While equipment banks are available in most areas, providers complained that accessing them can often be difficult and unreliable.

## 2. Findings



“I know one of the other nurseries in [borough] had a child that was on some sort of statement and they received some funding in order to buy extra resources that were able to support that child’s needs. That really benefited the child and obviously the staff were able to use the activities to gain the child’s interest and get him involved in what the other children were doing.”

(Manager of a 57-place private nursery)

“I think the government as a whole needs to look at facilities for the physically disabled because that’s an area that needs to be tackled. If you do have a child who’s in a wheelchair, we can’t accommodate that child at all – we can’t take that child in. There’s no services, there’s no funding available for local authorities to say ‘here’s some funding for you to make your premises accessible for the disabled child’. There doesn’t seem to be that facility available.”

(Manager of a 30-place private nursery)



“I think as well maybe if the government can help with making nurseries have easier access somehow to make them accessible to children with disabilities. Maybe if the government can pay for that because especially for children who are in wheelchairs and most nurseries have stairs and things like that so... if the government initiative is to cater for all the children, the parents will be paying fees if appropriate. And it’s just to make sure the nurseries are actually accessible.”

(Childcare worker in a 20-place charitable nursery)

“We have two children at the moment that we’ve had to buy quite expensive IT equipment for because they’re children with cerebral palsy and they can’t access our mainstream computer. That kind of stuff has to come out of our charity but there’s no other way those children could access our curriculum. So it’s not just the staffing, it’s the resources.”

(Manager of a 45-place inclusive private nursery)

## 2. Findings

### 5. Access to information

Having access to the right information was mentioned by almost all providers when asked about their support needs for dealing with additional needs. Providers spoke of the need for accurate and easily accessible information on what support and advice facilities are available to them in their borough. They also called for more information on different types of disabilities and special educational needs when requested and where possible, information about individual children and their additional needs before the family approaches the setting.

Providers spoke of the need for accurate and accessible information on the support available to them in their boroughs, including training, funding and advice. Some providers felt their local authorities did provide good information, support and advice, while others felt the information they had received was inaccurate and difficult to access.

“You need to have a correct, step by step [guide, for example] if the child needs this, you go to here. The booklets we’ve been given by [local authority] are appalling. They’ve rewritten booklets [and] they didn’t bother to get them trialled by nurseries. We have quite a few children that need certain help and I followed their protocols and they were all wrong so it took me months to get someone to come in to train us.”

(Manager of a 18-place private sessional setting)

Providers also spoke about the need for more information about different types of disabilities and special educational needs so that when a child presents with those additional needs, they can access at least some basic information to help their understanding. This could be through information packs or specialist advisors.

“Even if you were just sent an information pack from the council about that particular disability or from a childcare area so you’ve got a bit of background reading [and] have that bit of understanding so that when they come, you make the parents much more at ease. It makes you want to ask more questions because you already have some sort of knowledge.”

(Childcare worker in a 56-place private nursery)

“We manage to find out some information through the internet. But if you’re talking to someone it’s much easier. I know there is a SENCO for [borough] but maybe if they had different areas because [borough] is a huge area. I think the main ones people tend to know about are the speech and language therapists but they don’t necessarily know about the other disabilities or how to access that information or what’s available from the government.”

(Childcare worker in a 20-place charitable nursery)

Specific information about a child’s disability or special educational need prior to their joining a setting, perhaps at the initial referral stage, would also be beneficial according to some providers. Having even basic knowledge about the child and their individual additional needs would help the childcare workers feel more confident when they meet the child and parents, helping to ease the transition into the nursery for both the workers and family.

“Maybe we could get someone in straight away who can tell you this is what the condition is and give you that specific information about the disability before the parent arrives. I know that for the parents, when you look anxious, they’re anxious and it just sort of goes round in a circle.”

(Childcare worker in a 56-place private nursery)

## 2. Findings

### What are the training needs?

The majority of providers felt that continuous training in disabilities and special educational needs was important in order for childcare workers to be able to confidently work with children with additional needs. However, some suggested that rather than having continuous baseline training available to childcare workers, tailored training, specific to an individual child's needs provided if and when they take on a child with additional needs would be more appropriate and useful.

---

**In general, providers called for more places on training courses, more free training, and more flexible training.**

---

Some also believed that more in-house training available to all staff at a setting at the same time would be beneficial. In terms of what kind of training needs childcare workers have, providers specified training in speech and language, working with children with visual impairments, and dealing with physical disabilities. Many providers also felt they lacked training in the more severe and complex disabilities.

#### 1. Continuous/baseline training

Most providers felt that continuous baseline or refresher training is necessary as without it, skills and knowledge can be lost. They felt that having baseline training helps workers and settings to prepare for additional needs and to cope with them as they arise. It also gives childcare workers up to date knowledge of disabilities and relevant recent legislation. Crucially, providers also felt that having regular training in additional needs increases the confidence of childcare workers.

“I think when I was SENCO trained which was about four years ago I was very confident but because the legislation and everything changes so often I think unless you keep your training up-to-date that's when you can be your most confident. I haven't had any training recently so I think that makes you less confident.”

(Childcare worker in a 180-place maintained nursery)

“I'd like baseline training. I think you should be aware because you never know who's going to join the nursery. And then when they've joined you may not get training for a few months. I think you need to have the information in your brain and be aware of what it's about.”

(Childcare worker in a 39-place charitable nursery)

“You still should always be prepared because say you get a child tomorrow and no one is trained, you should at least have basic training you can at least build up on... You need to be aware.”

(Childcare worker in a 13-place private nursery)



## 2. Findings

### 2. Tailored training when required

Tailored, specialised training based on the needs of individual children in a setting is most appropriate according to some providers as children have different needs that should be addressed on an individual level. Subsequently they felt that training in how to deal with an additional need should be done if and when a child with that additional need comes to the nursery.

“There are [training/workforce gaps] and they need to be addressed on an individual level. It’s very individual work because it’s difficult to just give training about special needs because you could have a situation where you have a child who’s very passive in a wheelchair or you could have a child who is on the autistic spectrum climbing the walls, so really the training needs to be around enabling the setting to manage that individual child. I think my criticism of the training at the moment for children with SEN in this borough is that it’s just very generic and it needs to be more focused and specific help by the team that can go out and give that support.”

(Manager of a 45-place inclusive private nursery)

“Until such a time as we have a child and know their needs, we tend to do it like that. Because I think if you don’t use it you lose it. There’s not much point in learning signing when you’ve got no one to sign to.”

(Manager of a 30-place private nursery)

### 3. Accessible training

Many providers felt that they or their colleagues often miss out on training because of a lack of places on courses and/or not having enough staff to cover for those who are attending training. Managers spoke of the need for easily accessible, free training and of the difficulties of fulfilling staff to child ratio requirements when sending employees on courses.

When asked how training could be made more accessible and useful for childcare workers, providers called for more free places so that staff could avail of training without their setting incurring extra costs, more places on courses, and courses to be repeated throughout the year so that no staff missed out. Providers also felt that training courses need to be made available on a more flexible basis for example, at different times in the day including afternoons/early evenings or weekends throughout the year. Some providers also expressed a preference for training to be provided in-house to all staff at a setting at the same time.



## 2. Findings

“I think it would be useful [to have more free training] because obviously we’re getting more and more children that are coming through with special needs of whatever description and it’s only increasing – it’s not decreasing by any stretch of the imagination. So I think if we could have more training and allow more staff to go on these [courses] – they’re great but they’ve got to be free or peanuts really.”

(Manager of a voluntary 36-place sessional pre-school)

“And also more training opportunities because if you look at the training guide there’s only one or two dates per course and we’re a big borough and there’s lots of nurseries so everybody gets the manual at the same time. All the popular courses and things that are really important – things like first aid. They get booked up so quick and if you’re not quick enough you miss out until the following year.”

(Childcare worker in a 180-place maintained nursery)

“Maybe making it more flexible as well with days of the week and maybe a bit more – not just run the course once every five months or something like that because we don’t run termly either – we run all year round. So that’s difficult – we have one training day actually for staff so that’s quite good. We find out what’s happening and we can do a big training day with one theme. It would be nice to have one training day with just us... offering nurseries training days as a team in their settings so they can put it into practice.”

(Childcare worker in a 39-place charitable nursery)

## 4. Types of training required

As mentioned, most providers felt that baseline disability training should be freely accessible to all childcare workers on a continuous basis. Some also felt that there were particular types of additional needs that, due to their prevalence, more training should be available on. Speech and language was frequently referred to by providers as an increasingly common additional need and one that they felt childcare workers could benefit from more training in. Makaton training, signing, and working with children with hearing and visual impairments were also singled out as requiring more training. Some providers also felt that childcare workers generally need more training on physical disabilities and associated skills such as lifting and handling.

Questionnaire respondents felt they needed training most in (in order):

- severe and complex physical and learning disabilities
- cerebral palsy
- spina bifida
- cystic fibrosis
- lifting and handling
- Autistic spectrum disorders
- Down’s syndrome

(See Table 3 in Appendix for details)

## 2. Findings



“I’d like to learn a bit more about speech delay and speech difficulties because that’s an area that I’m not so hot in – just when to step in or when not to or if there is an issue of concern or if it’s just developing. So that’s an area I would like to do more training on... I think there’s lots of attention on autism and ADHD, dyspraxia, dyslexia and all that kind of stuff. I think actual speech delay – which you do come across quite a lot – that would be the one area that I would like a bit more training in definitely.”

(Childcare worker in 30-place private day nursery)

“I think there is absolutely no training if you have a child who is deaf for example or somebody who is visually impaired, there’s no training to deal with that kind of child so we’d just have to read a really good manual just to make head or tail of it! There’s no facility.”

(Manager of a 30 place private nursery)

“I don’t think that anyone would know how to deal with a child with a physical disability or a child who needed feeding through a gastric tube. It’s not something that we’ve ever had to deal with so I don’t think necessarily the staff would have any idea how to deal with things like that. It’s things like that, say you needed to move a child in a wheelchair down to the bed or to have their nappy changed. It’s things we’ve never had to deal with so I think that would be an issue if we ever needed to.”

(Manager of a 57-place private nursery)



Library photo posed by models/www.JohnBirdsall.co.uk

## 2. Findings

### 5. Training issues

Some providers also felt strongly that all workers in a setting should receive at least some baseline training in additional needs. If only one member of staff is designated with responsibility for additional needs, such as a SENCO officer, or if external specialist support is relied on, then other staff members may miss out on training opportunities. This leads to overdependence on those designated workers or external professionals and may jeopardise the care provided if they are unavailable. Having all staff members trained in how to deal with additional needs goes some way toward mitigating that risk.

“I think for us we have a SENCO officer from the school so possibly there could be issues sending other people on courses because there is a named person who’s responsible for it. [But] the more people who have experience and knowledge [of disability] to me is a positive. So that could be an issue. The problem is when you only have one person who is that designated officer and they’re not here or they’re gone away for a long time. The issue we have here, we are a children’s centre open all year but we’re attached to a school that is not. School holidays are one problem, and not having a named person within our setting who works the same weeks that we do.”

(Childcare worker in a 180-place maintained nursery)

Another issue for many of the settings involved in this research was the difficulty and expense of covering for staff when they are on training courses. As settings have to maintain their ratios, staff cover has to be arranged when off-site training is accessed. For some settings, the cost of providing cover is a barrier to them being able to freely access training. Providers suggested that funding should be made available to help pay for staff cover for training. On what are the main training issues for their setting, one participant said:

“Staffing. Because obviously the ratios of staff to children, I can’t always get. We can’t afford to get agencies because we are a charity so that is definitely a big issue.”

(Childcare worker in a 39-place charitable nursery)

The barriers to training created by staffing issues were highlighted by the following two providers:

“I think maybe when they do run training to have someone available from agency staff to cover that person who is training because otherwise even though they have the training but you might not be able to access the training because of staffing. And sometimes the fees are quite high for special needs training.”

(Childcare worker in a 20-place charitable nursery)

“We put on training here and there is training SENCOs can go to and expertise within the learning trust that we can call upon. When you’re building up a team you don’t want too many people out too much of the time and we’re... I’m always fighting to have time.”

(Manager of a 90-place maintained day care setting)

## 3. Conclusions and recommendations

### Conclusions

According to the findings of this research, a number of issues need to be addressed in order to increase the capacity of London childcare providers to confidently and competently provide childcare for children with disabilities and special educational needs.

#### Increasing awareness

Firstly, parents of children with disabilities and special educational needs need to be made more aware of the childcare options available to them, including provision through Private, Voluntary and Independent (PVI) settings. They need to be supported in finding suitable childcare places and also in accessing additional support and funding as required when a child has taken up a place.

#### Staffing and information

Childcare providers need access to more consistent support when they take on a child with a disability or special educational needs. They need accessible information on what support is available to them and they need to be provided with that support as soon as possible. In particular, providers need funding for extra staff. This is crucial in order to ensure that high quality care is available to the child with additional needs without compromising the childcare provided to the other children at the setting. It is also an important factor for the long-term sustainability of the setting. Other support required by providers includes:

- access to expert advice and guidance from external disability and special educational needs specialists
- funding for extra resources, equipment and adaptations

#### Training opportunities

Access to more training opportunities is also necessary in order to ensure that all childcare workers are suitably confident in dealing with additional needs. Continuous baseline training should be made available to all workers, with easy access to free places available throughout the year and at flexible times. More in-house specialised training is also required, particularly when a setting first takes on a child with additional needs.



Library photo posed by models/www.JohnBirdsall.co.uk

## 3. Conclusions and recommendations

---

### Recommendations

Based on these research findings it is recommended that Central Government support the development of a sustainable childcare service appropriate to all families including those with children with additional needs by:

- creating a national disability childcare fund to develop a skilled workforce
- making base-line training compulsory for all childcare training courses
- ensuring that funding and support is provided to families and settings in order to enable children with disabilities and SEN to use formal childcare that is not tied to the employment status or income of the parent
- providing more funding for additional staff or additional staff hours when a setting takes on a child with additional needs. This funding should be used in order to ensure that adequate support is provided to that child without compromising the childcare provided to other children at the setting
- further increasing and expanding the Childcare Affordability Programme, particularly the elements associated with SEN (currently the CAP Phase 2 SEN)

Local authorities ensure sufficient childcare places for children with disabilities and SEN in their area, in accordance with their sufficiency duties, by:

- ensuring that all Children and Young People's Plans include plans to develop adequate childcare services for children with disabilities and SEN
- ensuring that parents with children with disabilities and SEN are supported in accessing suitable childcare and provided with guidance through every step of the process
- ensuring that every setting that has accepted a child with additional needs is provided with adequate and continuous support, tailored to the needs of that setting
- informing parents with children with disabilities and SEN of the childcare options available to them through a promotional campaign

Local authorities increase the capability and capacity of all childcare settings to take on children with disabilities and special educational needs by:

- ensuring that support is provided to every setting immediately after concerns are first raised about a child or support is requested
- ensuring the provision of expert external support and advice, possibly from a bank of professionals that could be called upon by childcare workers when a child with additional needs first enters a setting and/or as needed
- providing adequate funding for equipment and adaptations to settings

### 3. Conclusions and recommendations

Local authorities improve the training provided to childcare providers by:

- providing more places so that no setting or worker misses out
- running courses more often throughout the year
- making courses available at flexible times – eg. In the late afternoons or evenings or at weekends
- providing in-house training to staff at their settings as required. This will ensure that all staff are equally trained and that training is tailored and appropriate to that setting
- ensuring that all childcare providers receive disability equality training
- ensuring that the types of training provided are relevant and address the skills and knowledge gaps as reported by the childcare workforce itself

Local authorities ensure that all childcare settings have access to adequate information to provide high quality care to all children at their setting, including those with additional needs by:

- ensuring that all information provided to settings is concise, clear and pre-tested
- ensuring that settings have easy access to up-to-date information about all types of disabilities and special educational needs
- providing information to all settings on what support is available to them and how to access it
- providing information, where possible, on individual children and their additional needs prior to them taking up their place at a setting, for instance at the referral stage



The findings from this research suggest that the majority of childcare providers in London are happy to take on children with disabilities and special educational needs as long as the required level of funding and support is available to them. Unless this support and funding is available though the quality of childcare provision to children with additional needs and other children at the setting; the long-term sustainability of the setting cannot be guaranteed.



## 4. Appendix – ‘Listening to Childcare Providers’ – Survey Questionnaire

**LONDON**  
DEVELOPMENT  
AGENCY

Daycare Trust is the national childcare charity, campaigning for quality, accessible, affordable childcare for all. We have been funded by the London Development Agency to conduct research with childcare providers about their experience, if any, of providing childcare for children and young people with disabilities and special educational needs (SEN). In particular, they want to know how childcare providers can best be supported so that they can confidently and competently provide childcare for all

children, including those with disabilities and special educational needs should the need arise. The following survey forms part of this research. Please answer the questions below to the best of your knowledge and return it to the following email address: **afitzpatrick@daycaretrust.org.uk** or fax it to **020 7840 3355**. Alternatively you can print it and post it to the freepost address: **Daycare Trust, Freepost, WC5209 London SE1 6YR**.

### Working with disabled children

1. In total, how many children attend your setting? \_\_\_\_\_
2. How many of the children currently at your setting have disabilities or special educational needs?

Number of children	Disability	Special educational need	Both
None			
One			
2–5			
6–10			
More than ten			

## 4. Appendix – ‘Listening to Childcare Providers – Survey’ Questionnaire

3. Within the **last 12 months**, how many, if any, children with the following disabilities and special educational needs have you cared for in your setting?

Type of disability/SEN	Number of children
Down’s syndrome	
Autistic spectrum disorders	
Cerebral palsy	
Severe and complex physical and learning disabilities	
Special educational needs	
Visual impairments	
Spina bifida	
Cystic fibrosis	
Attention deficit disorder	
Deafness or hard of hearing	
Other disabilities and/or special educational needs (please specify)	

4. a) To the best of your knowledge, in the past 12 months have you or your setting had to turn away any children due to their disability and/or special educational needs?

Yes       No

- b) Why? Please tick as many of the following as are appropriate:

Inadequate facilities to cater for the child	
Lack of appropriately trained staff	
Inadequate funding to provide the level of support needed	
Other (please specify)	

## 4. Appendix – ‘Listening to Childcare Providers – Survey’ Questionnaire

### Confidence and training

5. Thinking about your own level of training and experience, how confident would you rate yourself in dealing with children with the following disabilities/special educational needs? Please use the scale given, where 1 means ‘not at all confident’ and 5 means ‘very confident’ (circle appropriate number).

Type of disability/SEN	Confidence scale				
	1	2	3	4	5
Down’s syndrome	1	2	3	4	5
Autistic spectrum disorders	1	2	3	4	5
Cerebral palsy	1	2	3	4	5
Severe and complex physical and learning disabilities	1	2	3	4	5
Special educational needs	1	2	3	4	5
Visual impairments	1	2	3	4	5
Spina bifida	1	2	3	4	5
Cystic fibrosis	1	2	3	4	5
Attention deficit disorder	1	2	3	4	5
Deafness or hard of hearing	1	2	3	4	5

6. Again, thinking about your own level of training and experience, how confident would you rate yourself against the following tasks. Please use the scale given, where 1 means ‘not at all confident’ and 5 means ‘very confident’ (circle appropriate number).

Tasks	Confidence scale				
	1	2	3	4	5
Lifting and handling physically disabled children and young people	1	2	3	4	5
Feeding through gastrostomy tube	1	2	3	4	5
Administration of medication	1	2	3	4	5
Recognising disabilities and special educational needs	1	2	3	4	5
Referring children with disabilities and/or special educational needs to appropriate services	1	2	3	4	5
Use of assistive technology	1	2	3	4	5
Understanding disability and surrounding issues	1	2	3	4	5
Assessing additional needs	1	2	3	4	5

## 4. Appendix – ‘Listening to Childcare Providers – Survey’ Questionnaire

7. Have you received training in any of the disabilities/SEN and tasks outlined in the table below?
8. Using the same table, please rate whether you think you need more, or any, training against the following disabilities/SEN and tasks, where 1 means ‘not at all’ and 5 means ‘very much’.

Disabilities/SEN & tasks	7. Training received		8. Need training?				
	Yes	No	1	2	3	4	5
Down’s syndrome	Yes	No	1	2	3	4	5
Autistic spectrum disorders	Yes	No	1	2	3	4	5
Cerebral palsy	Yes	No	1	2	3	4	5
Severe and complex physical and learning disabilities	Yes	No	1	2	3	4	5
Special educational needs	Yes	No	1	2	3	4	5
Visual impairments	Yes	No	1	2	3	4	5
Spina bifida	Yes	No	1	2	3	4	5
Cystic fibrosis	Yes	No	1	2	3	4	5
Attention deficit disorder	Yes	No	1	2	3	4	5
Deafness or hard of hearing	Yes	No	1	2	3	4	5
Lifting and handling physically disabled children and young people	Yes	No	1	2	3	4	5
Feeding through gastrostomy tube	Yes	No	1	2	3	4	5
Administration of medication	Yes	No	1	2	3	4	5
Recognising disabilities and special educational needs	Yes	No	1	2	3	4	5
Referring children with disabilities and/or special educational needs to appropriate services	Yes	No	1	2	3	4	5
Use of assistive technology	Yes	No	1	2	3	4	5
Understanding disability and surrounding issues	Yes	No	1	2	3	4	5
Assessing additional needs	Yes	No	1	2	3	4	5

## 4. Appendix – ‘Listening to Childcare Providers – Survey’ Questionnaire

### Barriers

9. What do you think are the **top three** greatest barriers to you or your setting providing more services to children with disabilities and SEN? (Please indicate with a number 1,2 or 3)

Lack of training opportunities	
Lack of funding to pay for extra staff	
Lack of suitable premises	
Lack of suitably trained staff	
Lack of affordable training	
Staff not willing to undertake training	
Unable to offer one-to-one tuition/support	
Lack of funding to adapt premises	
Lack of affordable specialised equipment	
Lack of demand	
Other (please specify)	

### About you

- What London borough do you work in? \_\_\_\_\_
- What is your highest level of qualification?

NVQ Level 1	
NVQ Level 2	
NVQ Level 3	
Foundation degree	
BA/BSc undergraduate degree	
Other (please specify)	

## 4. Appendix – ‘Listening to Childcare Providers – Survey’ Questionnaire

• How long have you been a childcare worker?  years  months

• Are you a manager at your setting?

Yes  No

• Do you work in a:

Day nursery	
Nursery school or nursery class	
Breakfast/after school club	
Playgroup or pre-school	
Holiday club/scheme	
Specialist day nursery/pre-school or unit for children with disabilities/ SEN	
Childminder	
Nanny/au pair	
Other (please specify)	
Maintained setting	
Private	
Voluntary	
Independent	

## 4. Appendix – ‘Listening to Childcare Providers – Survey’ Questionnaire

### Results

These are some of the average scores that were given.

**Table 1**

Question: Thinking about your own level of training and experience, how confident would you rate yourself in dealing with children with the following disabilities/special educational needs? Please use the scale given where 1 means ‘not at all confident’ and 5 means ‘very confident.’

Disability/SEN	Average confidence score
Special educational needs	3.9
Autistic spectrum disorders	3.4
Attention deficit disorder	3.2
Deafness or hard of hearing	3.2
Down’s syndrome	3.1
Cerebral palsy	2.9
Visual impairments	2.9
Severe and complex learning disabilities	2.3
Spina bifida	2.1
Cystic fibrosis	2.1

**Table 2**

Question: Again, thinking about your own level of training and experience, how confident would you rate yourself against the following tasks. Please use the scale given, where 1 means ‘not at all confident’ and 5 means ‘very confident.’

Task	Average confidence score
Referring children with disabilities and/or special educational needs to appropriate services	3.9
Administering of medication	3.8
Recognising disabilities and special educational needs	3.7
Understanding disability and surrounding issues	3.4
Assessing additional needs	3.2
Lifting and handling physically disabled children and young people	2.8
Use of assistive technology	2.4
Feeding through gastronomy tube	1.6

## 4. Appendix – ‘Listening to Childcare Providers – Survey’ Questionnaire

**Table 3**

Question: Have you received training in any of the disabilities or special educational needs outlined in the table below?

Question: Using the same table, please rate whether you think you need more, or any, training against the disabilities, special educational needs and tasks, where 1 means ‘not at all’ and 5 means ‘very much’.

	<b>Number who have received training</b>	<b>% who have received training</b>	<b>Level of need for training (1–5)</b>
Special educational needs	39	76	3
Referring children with disabilities and/or special educational needs to appropriate services	38	75	2.7
Recognising disabilities and Special educational needs	34	67	2.9
Understanding disability and surrounding issues	32	63	2.9
Assessing additional needs	32	63	3
Administering of medication	28	55	2.8
Autistic spectrum disorders	27	53	3.5
Down’s syndrome	16	31	3.5
Attention deficit disorders	16	31	3.4
Visual impairments	15	29	3.4
Severe and complex physical and learning disabilities	12	24	3.7
Deafness or hard of hearing	12	24	3.5
Cerebral palsy	11	23	3.7
Lifting and handling physically disabled children and young people	11	23	3.5
Use of assistive technology	8	16	3.3
Feeding through gastronomy tube	7	14	3
Spina bifida	6	12	3.7
Cystic fibrosis	6	12	3.6

## 4. Appendix – ‘Listening to Childcare Providers – Survey’ Questionnaire

**Table 4**

Question: What do you think are the top three greatest barriers to you or your setting providing more services to children with disabilities and SEN?

Barrier	Number of respondents			
	Top 1	Top 2	Top 3	Total
Lack of training opportunities	4	6	3	13
Lack of funding to pay for extra staff	14	7	1	22
Lack of suitable premises	2	3	1	6
Lack of suitably trained staff	1	5	9	15
Lack of affordable training	1	3	2	6
Staff not willing to undertake training	0	1	0	1
Unable to offer one to one tuition/ support	2	7	6	15
Lack of funding to adapt premises	2	1	4	7
Lack of affordable specialised equipment	1	7	3	11
Lack of demand	12	3	2	17
Other	0	0	0	0

---

## Notes

# Other languages and formats

This document can be made available in large print, braille, on disk, audio cassette and in the languages listed below. For a copy, please contact:

Public Liaison Unit  
London Development Agency  
Palestra  
197 Blackfriars Road  
London SE1 1AA

Tel: 020 7593 9000  
Textphone: 020 7593 9001  
info@lda.gov.uk

## Gujarati

જો તમને આ દસ્તાવેજની નકલ તમારી ભાષામાં જોઈતી હોય તો, કૃપા કરી આપેલ નંબર ઉપર ફોન કરો અથવા નીચેના સરનામે સંપર્ક સાધો.

## Greek

Αν θα θέλατε ένα αντίγραφο του παρόντος εγγράφου στη γλώσσα σας, παρακαλώ να τηλεφωνήσετε στον αριθμό ή να επικοινωνήσετε στην παρακάτω διεύθυνση.

## Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਸ ਦਸਤਾਵੇਜ਼ ਦੀ ਕਾਪੀ ਤੁਹਾਡੀ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੀਦੀ ਹੈ, ਤਾਂ ਹੇਠ ਲਿਖੇ ਨੰਬਰ 'ਤੇ ਫੋਨ ਕਰੋ ਜਾਂ ਹੇਠ ਲਿਖੇ ਪਤੇ 'ਤੇ ਰਾਬਤਾ ਕਰੋ:

## Vietnamese

Nếu bạn muốn bản sao của tài liệu này bằng ngôn ngữ của bạn, hãy gọi điện theo số hoặc liên lạc với địa chỉ dưới đây.

## Turkish

Bu broşürü Türkçe olarak edinmek için lütfen aşağıdaki numaraya telefon edin ya da adrese başvurun.

## Hindi

यदि आप इस दस्तावेज़ की प्रति अपनी भाषा में चाहते हैं, तो कृपया निम्नलिखित नम्बर पर फोन करें अथवा विये गये पता पर सम्पर्क करें।

## Bengali

আপনি যদি আপনার ভাষায় এই দলিলের প্রতিলিপি (কপি) চান, তা হলে নীচের ফোন নম্বরে বা ঠিকানায় অনুগ্রহ করে যোগাযোগ করুন।

## Chinese

如果需要此文档的您的母语拷贝，请致电以下号码或和下列地址联系

## Arabic

إذا أردت نسخة من هذه الوثيقة بلغتك، الرجاء الاتصال برقم الهاتف أو الكتابة الى العنوان أدناه:

## Urdu

اگر آپ اس دستاویز کی نقل اپنی زبان میں چاہتے ہیں، تو براہ کرم نیچے دیئے گئے نمبر پر فون کریں یا دیئے گئے پتے پر رابطہ قائم کریں۔



London Development Agency  
Palestra  
197 Blackfriars Road  
London SE1 8AA

T 020 7593 8000  
F 020 7593 8002

[www.lda.gov.uk](http://www.lda.gov.uk)

Textphone 020 7593 8001