INCLUSIVE EARLY CHILDHOOD EDUCATION

Literature Review

European Agency for Special Needs and Inclusive Education
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<th>Abbreviation</th>
<th>Full version</th>
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<tr>
<td>AAC:</td>
<td>Augmentative and alternative communication</td>
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<td>CSR:</td>
<td>Cognitive self-regulation</td>
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<td>ECCE:</td>
<td>Early Childhood Care and Education</td>
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<td>ECE:</td>
<td>Early Childhood Education</td>
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<td>ECEC:</td>
<td>Early Childhood Education and Care</td>
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<td>EFA:</td>
<td>Education for All</td>
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<td>EPPE:</td>
<td>Effective Provision of Pre-School Education</td>
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<td>ET 2020:</td>
<td>Education and Training 2020</td>
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<td>EU:</td>
<td>European Union</td>
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<td>HECIDI:</td>
<td>Holistic Early Childhood Development Index</td>
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<td>IECE:</td>
<td>Inclusive Early Childhood Education</td>
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<td>IEP:</td>
<td>Individual Education Plan</td>
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<td>ISCED:</td>
<td>International Standard Classification of Education</td>
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<td>NGO:</td>
<td>Non-governmental organisation</td>
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<td>OECD:</td>
<td>Organisation for Economic Co-operation and Development</td>
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<td>PIRLS:</td>
<td>Progress in International Reading Literacy Study</td>
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<td>PISA:</td>
<td>Programme for International Student Assessment</td>
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<tr>
<td>PVI:</td>
<td>Private, voluntary and independent</td>
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<tr>
<td>SABER:</td>
<td>Systems Approach for Better Education Results</td>
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<td>SEN:</td>
<td>Special educational needs</td>
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<td>UK:</td>
<td>United Kingdom</td>
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<td>UN:</td>
<td>United Nations</td>
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<td>UNESCO:</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
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<td>UNESCO-IBE:</td>
<td>UNESCO-International Bureau of Education</td>
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<td>UNICEF:</td>
<td>United Nations Children’s Fund</td>
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<td>US:</td>
<td>United States</td>
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<td>WHO:</td>
<td>World Health Organization</td>
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EXECUTIVE SUMMARY

This literature review on Early Childhood Education (ECE)/Inclusive Early Childhood Education (IECE) is part of the ‘Inclusive Early Childhood Education’ project, conducted by the European Agency for Special Needs and Inclusive Education. The project’s overall goal is to identify and analyse the factors that enable quality and effective pre-primary programmes for all children in inclusive early years settings.

This review shows that international organisations and the European Union (EU) regard high-quality ECE/IECE as an essential foundation for lifelong learning. It is indispensable for success in modern knowledge-based economies. Participation in high-quality pre-primary education has long-lasting positive effects on children’s development and the benefits are greater for children from a disadvantaged background (Frawley, 2014). In many cases, the early childhood stage is critical because many children’s different needs are detected once they become part of the education system. Therefore, one EU benchmark in the strategic framework for European co-operation in education and training (ET 2020) is that at least 95% of children between the age of four and compulsory school age should participate in ECE.

At the same time, there are concerns about the accessibility and quality of ECE/IECE provisions. Despite its importance – especially considering the latest data about provisions for children with special educational needs (SEN) and/or at risk of social exclusion (e.g. due to poverty) in Europe from birth to seven years – the Organisation for Economic Co-operation and Development (OECD, 2004) reports that only one quarter of children with SEN are included in mainstream early education settings.

This literature review aims to:

- collect information about at-risk children and/or children with SEN in Europe at the pre-primary education level;
- describe where those children are located during the pre-primary stages;
- explore which resources are allocated to meet their needs;
- describe the main characteristics of the educational contexts where these children are included.

This document summarises major research and policy documents to analyse Early Childhood Education and Care (ECEC) services and programmes implemented for at-risk children and/or those with SEN.

Chapter 2 introduces the definitions of the concepts that are the focus of study. Chapter 3 summarises the main documents published by international organisations and reviews the main EU policy developments related to ECE/IECE which define the context in this area. Chapter 4 reviews the latest literature describing the benefits of ECE/IECE for at-risk children and children with SEN. Chapters 5 to 10 describe relevant academic research, aiming to identify the main factors that are important in early years programmes. The key
research is framed within the five principles identified by the European Commission’s Thematic Working Group on ECEC (2014), namely:

- Access/transition procedures
- Workforce
- Curriculum/content
- Governance/funding
- Monitoring/evaluation.
1. INTRODUCTION

This literature review on ECE/IECE is part of the ‘Inclusive Early Childhood Education’ (IECE) project, conducted by the European Agency for Special Needs and Inclusive Education. The project’s overall goal is to identify and analyse the factors (facilitators - challenges/barriers) that enable quality and effective pre-primary programmes for all children in inclusive settings.

ECE/IECE is a policy priority in most European countries. Major international organisations, such as the OECD (2014a) and the United Nations Educational, Scientific and Cultural Organization (UNESCO, 2014a), have had specific departments and research teams working on this topic for the last 20 years. Within the political framework, it is important to highlight that the European Convention on Human Rights (Council of Europe, 1950) and the United Nations Convention on the Rights of the Child (UNCRC) (UN, 1989) are widely accepted references on children’s rights. There is enormous debate about what it means to implement rights in terms of empowering disadvantaged and vulnerable groups. To analyse this debate and emerge with desirable outcomes, one must understand how these rights are being implemented in the early years. This literature review therefore intends to present the latest literature in terms of policies and research that describe the current knowledge on inclusive education issues in early childhood.

While ECEC spans the period from birth to the start of compulsory schooling, ECEC policies and curricula have often been applied to two different age groups. Their range varies among countries, but tends to be from birth to three years and from three years to the start of compulsory schooling (OECD, 2012a). This is often complicated by a ‘split’ of responsibility for standards and provision among different government ministries for the two age groups. The health and social welfare ministry is often responsible for the first group, and the education ministry for the second.

Almost all OECD countries have some form of a framework, with either a curriculum or learning standards for the older age group. Several countries aim to have ‘integrated’ services and one framework for continuous development from birth to compulsory schooling, such as the one used in Hesse, Germany.

This review will particularly focus on the period between the age of three and the start of formal schooling. The IECE project recognises the great importance of appropriate care and child-rearing practices in the first three years of childhood. Nevertheless, this project aims to enhance policy and provision for the older age group, which is now seen to need structured forms of education provision.
2. DEFINITION OF EARLY CHILDHOOD EDUCATION AND CARE, PRE-PRIMARY EDUCATION, AT-RISK CHILDREN AND/OR CHILDREN WITH SEN

This literature review adopts international definitions of ECEC and pre-primary education, as maintained in the International Standard Classification of Education (ISCED) published by UNESCO (2006a [1997]). This review assumes that there are many different practices in nursery education, involving age range, content and quality of the education provided and implemented (Wolfendale, 1997; Buysse et al., 2001; Robinson, 2008).

In this literature review, ‘early childhood education and care’ or ‘early childhood care and education’ (ECEC, or ECCE as termed by UNESCO) refer to:

Provision for children from birth through to primary education that falls within a national regulatory framework, i.e., it has to comply with a set of rules, minimum standards and/or undergo accreditation procedures (European Commission/EACEA/Eurydice/Eurostat, 2014, p. 155).

This literature review adopts the following ISCED definition of ‘pre-primary education’:

Pre-primary education (ISCED 0) is defined as the initial stage of organised instruction, designed primarily to introduce very young children to a school-type environment, that is, to provide a bridge between home and a school-based atmosphere. ISCED level 0 programmes should be centre or school-based, be designed to meet the educational and developmental needs of children at least three years of age, and have staff that are adequately trained (i.e., qualified) to provide an educational programme for the children (OECD, 2002, p. 372).

This review focuses on ‘inclusion’ in ECEC. ‘Inclusion’ is here defined as:

An ongoing process aimed at offering quality education for all while respecting diversity and the different needs and abilities, characteristics and learning expectations of the students and communities, eliminating all forms of discrimination (UNESCO-IBE, 2008, p. 18).

Furthermore, inclusion is considered to be a concern of the system, rather than of individual learners or groups:

The Agency views inclusive education as a systemic approach to providing high quality education in mainstream schools that effectively meets the academic and social learning needs of all the learners from the school’s local community (European Agency, 2015, p. 2).

This idea links with the meaning of ‘health’ described by a group of four-year-olds. They indicated how their feeling of being engaged in their favourite educational activities with their peers was largely related to feeling healthy (Almqvist et al., 2006).
Inclusion in early years has been associated with different terms that Devarakonda summarises as:

\[ \textit{Diversity, removing barriers, equal opportunities, respect, celebration of differences, meeting needs, ongoing processes, overcoming exclusion, better access, and increasing participation. Individuals differ in many aspects, and inclusion for each child can mean something different (2013, p. 7).} \]

Scholars such as Nutbrown et al. clarified that inclusion ‘has an operational rather than conceptual focus’ (2013, pp. 3–4). It is always ‘a state of becoming’ (ibid.), in which families and schools are continuously working on encountering positive and challenging factors. Therefore, the following sections of this review try to give form to the process of inclusion itself and identify the factors that, according to scholars, are part of the process of inclusive practice in the early years. All children have a right to inclusion in the mainstream education system. The implementation of inclusion goes through a never-ending process of breaking down barriers to participation (Tedam, 2013).

Furthermore, heterogeneity is not only encouraged in an inclusive environment – it is intended to become a holistic experience for all children during their first stage of education. Challenges in implementing meaningful education might be due to the fact that inclusion is a complex and context-dependent matter. Inclusive education follows a historical path and exercises cultural tools.

Graham and Jahnukainen (2011) reviewed the Alberta (Canada) and Finnish education systems. Both had similarly high standards of living, well-developed education systems and top results in international education rankings. The review showed that culturally-bound elements affect how learners with disabilities are organised in educational centres. Many children are located in special schools in Canada, as there are only two plausible choices – mainstream or special schools. However, in Finland, many structural forms are in place and are supported by national policies. Therefore, a more flexible education system offers teachers resources and support services. In Canada, teachers get overwhelmed because of limited choices and so exclusion is naturalised. In Finland, on the other hand, teachers and learners have extensive support available to them. This support is pro-active, responsive and independent of diagnosis for around 30% of children from pre-primary to year three.

This educational stage is characterised by different settings that include children with diverse characteristics (Devarakonda, 2013; Pugh and Duffy, 2014). This literature review will focus on all children with SEN and/or at-risk children (i.e. disadvantaged, immigrants, disabled) from three years old to the start of primary education (six to seven years old).

The EU Quality Framework provides the following definition of at-risk children:

\[ \textit{Children can be at risk of disadvantage because of their individual circumstances or because they, or their families belong to a group which is disadvantaged in society. These children may include those with disabilities, with mental health problems, in alternative care, at risk of neglect/abuse, undocumented child migrants/asylum seekers, those whose families live in poverty or are socially disadvantaged, those whose families have a migrant and/or second language background, those whose families have limited access to services, Roma and traveller children (European Commission, 2014, p. 68).} \]
In Sweden, the definitions of ‘young children in need of special support’ were divided into two general perspectives: a child perspective and an organisational perspective (Sandberg et al., 2010). Units with a child perspective had a higher proportion of children in need of special support, especially girls. The study highlights that the term is partially socially constructed and partially based on perceived child characteristics. In a unit, the staff’s perceptions of what is considered to be a child in need of special support may affect the services provided to children in need of special support. Following the document entitled *Key principles of a Quality Framework*, it is important that policies work towards a perspective that considers all children’s rights, instead of using risk analysis (European Commission, 2014).

The conceptual framework for the education of children with SEN is contextualised, as many participants are involved in its interpretation and with the services provided. For example, in the United Kingdom (UK), Hodkinson and Vickerman (2009) identified different definitions used by schools and local authorities that cause great difficulties for professionals in distinguishing between disabilities and special needs. They also cause confusion over the definition of SEN itself. In that regard, there are children with special needs, but without the characteristics defined in the policy or education act. This results in lower expectations for children or lack of resources. Devarakonda (2013) pointed out that not all children with disabilities have SEN; many only need certain accommodations and have no difficulty in accessing learning. She also specified that the term’s use is contextualised, as it depends on the options for education provision, the parents’ perspective and the role of staff providing support. Mental health problems in childhood are considered an international public health issue, affecting up to 20% of children (Bayer et al., 2008).
3. INTERNATIONAL CONCERNS ABOUT EARLY CHILDHOOD EDUCATION AND CARE

Many international organisations have acknowledged ECEC’s value and benefits, which are greatest for at-risk children.

The UNCRC recognises that the youngest children are vested with the full range of human rights (UN, 1989). Article 28 of the UNCRC sets out the child’s right to education on the basis of equal opportunity. It calls upon States Parties to make primary education compulsory and freely available to all. Although the UNCRC does not explicitly refer to ECEC, Article 6 states that children have a right to develop to ‘the maximum extent possible’ (UN, 1989, p. 47).

In September 2005, the UN Committee on the Rights of the Child issued a general comment on Implementing Child Rights in Early Childhood, which underlines the importance of early childhood development (UN, 2006). It emphasises that the right to optimum development entails the right to education during early childhood with systematic and quality family involvement. It highlights the need for States Parties to develop a comprehensive framework for early childhood services which ensure the child’s best interests. Access to services for all children – especially the most vulnerable – should be guaranteed. The Committee calls on States Parties to ensure that the services responsible for early childhood comply with quality standards and that staff members ‘possess the appropriate psychosocial qualities’ (UN, 2006, p. 11). The child’s right to rest, leisure and play needs to be addressed within ECE. The document emphasises the importance of ECEC for children with disabilities as a means for early identification. The Committee states that young children with disabilities ‘should never be institutionalized solely on the grounds of disability’ and that ‘it is a priority to ensure that they have equal opportunities to participate fully in education and community life’ (UN, 2006, p. 17).

The Education for All (EFA) goals also stress the crucial role of early learning for all children. EFA is a global commitment, launched in 1990 by UNESCO, the UN Procurement Division, UNICEF and the World Bank.

In 2000, 164 governments met in Dakar and identified six goals intended to meet the learning needs of all children and adults by 2015. The Dakar Framework for Action affirmed the importance of ECE by including it as the first of its six main goals: ‘expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children’ (UNESCO, 2000, p. 8).

The Dakar Framework recommended that ECEC programmes ‘should be comprehensive, focusing on all of the child’s needs and encompassing health, nutrition and hygiene as well as cognitive and psycho-social development’ (ibid., p. 15). ECEC should also contribute to identifying and enriching the care and education of children with special needs.

The EFA Global Monitoring Report 2007 urges countries to develop national early childhood policies to promote young children’s holistic development. The report underlines that governance is a key element of an ECEC policy. Policy decisions about governance have implications for the types and quality of children’s experiences before they begin school (UNESCO, 2006b). Its importance was made clear in September 2010,
when UNESCO held the first ‘World Conference on Early Childhood Care and Education’ in Moscow (UNESCO, 2010).

UNESCO developed the Holistic Early Childhood Development Index (HECDI) to monitor young children’s well-being at both national and international levels (UNESCO, 2014b). The HECDI sets targets and indicators. It adopts a holistic vision of early childhood which includes indicators of health, nutrition, protection, welfare and education. The HECDI’s main goal is to ensure that each child achieves their potential. It therefore presents four main objectives for young children’s development, covering health, nutrition, education, social protection, poverty and parental support. The HECDI was used to monitor global progress in achieving EFA Goal 1 for 2015.

The Dakar Framework has now been replaced by the UN Sustainable Development Goals, one of which states:

*By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education* (UN, 2015, Goal 4.2).

The World Bank has also stressed the major role of early childhood development in its *Education Strategy 2020*. It sets the goal of achieving ‘Learning for All’ through the following three pillars: invest early, invest smartly and invest for all (World Bank, 2011). The World Bank strategies on health, nutrition and social protection also involve early childhood development. This interest in early childhood development has led to the development of the SABER-Early Childhood Development tool. It aims to present policymakers with a means to promote healthy development for young children (World Bank, 2013). The initiative identified three main policy goals to assess early childhood development systems: ‘establishing an enabling environment’, ‘implementing widely’ and ‘monitoring and assuring quality’ (World Bank, 2013, p. 18).

In 1996, the OECD developed an ECEC network. It aims to help countries develop effective and efficient education and learning policies during the early years of children’s education. This network has released major publications in the field of ECE, such as *Starting Strong I, II, III and IV* (OECD, 2001; 2006; 2012a; 2015a). These reports focus on analysing key components of successful ECEC policies and promote data collection in this field.

One of the eight key elements of successful ECEC policies, identified in the *Starting Strong I* report, is a ‘universal approach to access, with particular attention to children in need of special support’ (OECD, 2001, p. 126). The report highlights that a universal approach to ECEC access is more effective than targeting particular groups. However, children in need of special support require particular attention. Including children with SEN in ECEC appeared to be an important goal for all countries that participated in the review (OECD, 2001).

The *Starting Strong II* report (OECD, 2006) expresses the need for greater social inclusion in ECEC services. It highlights that:

*Access is often inappropriate for children with special needs and/or additional learning needs, so much so that directors of centres may not allow them to enrol, or parents – seeing the difficulties involved for their children – simply desist* (ibid., p. 82).
Therefore, there is a critical need to support ECEC for children with special needs. Early childhood services are particularly important, as they can contribute to children’s health and social and cognitive development. ECEC services make an important contribution for at-risk children and their families, as they allow for early screening and identification of special needs (ibid., p. 97).

ECEC is guided by a framework of common goals linking education and health in children’s first educational stages. According to UNESCO (2005), ECEC refers to a wide range of programmes. All of them focus on children’s physical, cognitive and social development before they enter primary school, from birth until, in certain countries, the age of seven or eight.

The UNICEF report, The State of the World’s Children 2001: Early Childhood, acknowledges that successful ECEC programmes should:

- use communities’ existing strengths;
- have a broad framework which encompasses multi-dimensional programmes in health, nutrition and the child’s psychosocial and cognitive development;
- be developed with and for families (UNICEF, 2001).

Starting Strong II (OECD, 2006) intensely explored areas such as governance of ECEC systems, the impact of financial approaches on quality and examining the results from different pedagogical approaches. In conclusion, the OECD recognised the value of inter-departmental work, together with co-ordinated bodies among local and national governments.

In 2012, the OECD published Starting Strong III (2012a). This recognised that quality in ECEC provision is an essential factor for ensuring positive outcomes, but that such quality differs widely among countries. The document identified five key levers for raising quality in ECEC, namely:

- Setting out quality goals and regulations
- Designing and implementing curriculum and standards
- Improving qualifications, training and working conditions
- Engaging families and communities
- Advancing data collection, research and monitoring.

Starting Strong IV (OECD, 2015a) followed and explored how countries can develop and use monitoring systems to ensure quality and accountability in ECE programmes.

Meanwhile, the UNESCO (2006b) EFA Global Monitoring Report had also suggested that ECEC could ease the stress that some children experience during the transition to primary school. The main strategies are: integrating ECEC with primary education, continuity of the curriculum and continuity between home and school. This document emphasises the importance of the relationship between the child and the carer or teacher at early childhood levels, which further analysis should examine. Teachers’ involvement in this programme has proved to be a problem area. There is a high rate of teacher attrition or turnover, especially in the early years. For example, in the US, it is estimated that between 40 and 50 percent of teachers leave within five years of entering the profession.
The report also supports the view that children learn in their mother tongue during the early years educational stage. This is because children acquire linguistic and cognitive skills more readily in their own language and are then able to transfer skills to other widely used languages (UNESCO, 2006b). More specifically, ECE can play a crucial role in integrating children with a migrant background, particularly by placing a strong focus on language development (Council of the European Union, 2009a).

Education International (2008) evaluated the EFA Global Monitoring Report, *Education for All by 2015. Will we make it?* (UNESCO, 2008). It agreed that in order to work holistically with children, one must ensure their well-being by providing immunisation, nutrition and other complementary services. The OECD Starting Strong II report (2006) complements this. It emphasises that decentralised services are an aim. However, they are only effective if the national parameters are consistent with goal setting, staffing legislation, financing regulations and programme standards in order to avoid disparities in quality and access to services.

In 2012, UNESCO and UNICEF analysed the EFA Goal 1 and published the *Asia Pacific End-of-Decade Notes on Education For All*. It analyses how the early years of child education are implemented worldwide and gives further attention to services and programmes in developing countries. The document supports the importance of local culture and quality of teaching methods in this educational stage, particularly in countries where resources are scarce. It highlights the challenges of those who have tried to ‘copy’ quality programmes from Western countries. It emphasises the importance of qualitative analysis in educational contexts. The meaning of quality should be delivered by the stakeholders, including parents, children and staff.

Therefore, in many cases, the way to implement the programmes in society needs to be understood in context. In some Asian countries, learning methods are unique to their own environment. Instead of learning through conventional Western methods, learners often learn from the elders in their village. The elders interpret the outside world in their own way and focus more on cultural activities and music. Significantly, researchers observe that, within different communities and vastly different cultures, different methods are often successful in their own rights. According to this analysis, educational quality in the early stages should therefore be interpreted within a specific holistic system. It also holds that it is important to go beyond the ‘high standard parameters’ defined and look to other parameters. These include having an exceptional, sensitive teacher/carer who provides a stimulating learning environment to young children, with support from parents and the community (UNESCO and UNICEF, 2012).

In January 2012, the OECD (2012a) Directorate of Education summarised the next goal as being to encourage quality, especially with regards to staff. Firstly, the Directorate emphasised setting out explicit goals and regulations that direct resources to prioritised areas, the co-ordination of resources and parents’ involvement in making informed choices, helping staff to enhance instruction strategies, and helping parents to better understand child development. Furthermore, another priority should be to promote further learning for school staff, by advancing qualifications, initial education, professional development and working conditions.

The next aim is to engage families and communities and to gather data through research and monitoring (OECD, 2015a). Despite the objectives specified, in 2014, only the
following European countries had signed up: Austria, Belgium, Czech Republic, Denmark, Finland, France, Germany, Hungary, Ireland, Italy, the Netherlands, Portugal, Sweden and the UK.

Improving ECEC quality is one of the recommendations for countries to contribute to support equity, prevent school failure and benefit disadvantaged learners (OECD, 2012b). Investment in early childhood services has a positive impact on the educational, social and economic spheres and the benefits are highest for those at a disadvantage (UNICEF, 2012a). Many OECD countries underspend on ECEC settings. However, allocating resources to improve ECEC quality – and particularly to promote access for disadvantaged families – has proved to be cost-effective (OECD, 2012b). Across OECD countries, the enrolment rates of three-year-old children in ECEC settings have increased. Therefore, countries now face new challenges: ensuring coverage for all children and the quality of ECEC provisions (OECD, 2015b, p. 47). The OECD countries have adopted different measures to tackle these new challenges. They include launching general ECEC strategies, improving the curriculum’s quality and identifying learning needs through assessment.

The Conclusions of the 2008 International Conference on Education called for the development of inclusive ECEC programmes and for greater investment in early detection and intervention (UNESCO-IBE, 2008).

3.1. Addressing the needs of disadvantaged children through ECEC

The OECD (2006) agreed that children with physical, intellectual or sensory disabilities or from socio-economically disadvantaged environments have ‘learning rights’. Such children are entitled to inclusive universal programmes in the early educational stage. Enhanced funding is needed to establish inclusive programmes, low child-staff ratios, specialist staff and well-planned pedagogies (OECD, 2006).

UNESCO (2009a) states that the early childhood imperative for the rights of children with disabilities is clear. Early years experiences provide a special opportunity to foster developmental gains and implement intervention programmes that enable young children to fully develop their potential (UNICEF, 2013a). Early identification of a child’s disability helps to provide a diagnosis that allows parents, healthcare providers, teachers and others to better understand and plan for the child’s needs (ibid.).

The World Report on Disability also highlights that early intervention can reduce the level of educational support children with disabilities may require throughout their schooling and ensure they reach their full potential (WHO and World Bank, 2011). Access to early childhood intervention, support and education is particularly significant for children with disabilities. This is because it can ‘reduce disabling conditions and significantly increase capabilities of children with disabilities’ (UNICEF, 2012b, p. 54).

Early intervention is most effective when families are involved, as they gain relevant information about how to optimise their child’s learning potential. Comprehensive ECEC, which provides care, stimulation, parental support and access to relevant services, enhances the effects of interventions for children with disabilities (UNESCO, 2009a). Early childhood programmes allow positive transition from home to pre-school when the ECEC provision provides the necessary individualised support to address the diverse learning
needs and abilities of children with disabilities. Early assessment and intervention also increase the chances that ‘children with disabilities can participate and flourish in inclusive mainstream educational settings’ (UNICEF, 2012b, p. 55).

The UNICEF (2012b) position paper on *The Right of Children with Disabilities to Education* calls on governments to invest in early assessment and intervention. However, it highlights that assessment should not be discriminatory by directing children to special schools, increasing the labelling of children and contributing to negative attitudes among parents and other family members regarding their child’s potential and rights. The position paper also summarises the key strategies required to ensure the right of children with disabilities to inclusive education. One of these strategies is to develop universal access to inclusive pre-primary provision (ibid., p. 103). ECE experience is a key step which can provide an important opportunity for creating inclusive environments. It is a crucial stage for developing attitudes and altruistic behaviour. Inclusive pre-primary education benefits children both with and without disabilities (ibid., p. 56).

In its 2007 EFA Global Monitoring Report, UNESCO suggested that further attention be given to children living in poor conditions, children living in rural areas and children with disabilities. It asserted that, after evaluating systems within various countries, there are unclear and inconsistent definitions of what constitutes a disadvantage. As a result, many vulnerable and disadvantaged children are at risk of being neglected by the system. The publication recommended further analysis of different systems at national and regional levels.

A focus on addressing special needs through ECEC programmes was a specific area of the profile of quality in ECEC identified in the Czech Republic, Finland, Norway, Portugal, Sweden and the UK (OECD, 2012b; Karila, 2012). Of these countries, only the Czech Republic, Norway and Scotland offer formal programmes that cater for the special needs of children at this educational stage. This includes gifted children, as well as those with identified SEN (OECD, 2014b; 2014c).

*The State of the World’s Children 2013* (UNICEF, 2013b) asserts that many children with disabilities face deprivation during their childhood. This deprivation has many aspects, including social, cultural, educational and recreational. Such circumstances can have lasting effects on the child. It is well known that education systems offer increased places for young children in schools. Specifically, in many European countries, children start school at as early as four years of age. Many of these schools therefore provide resources. However, these have often become increasingly limited, due to the financial crisis and austerity programmes and public spending cuts which started in 2008 (Glassner, 2010; Lloyds, 2014; Lloyds and Penn, 2014).

For all children, and particularly those with SEN, to have equal opportunities, governments should aim to give access to and offer the opportunity to use supportive services and technology. This will allow the child to take their place in the community and contribute to it (UNICEF, 2013b). This UNICEF report mentions scholars’ findings that, at pre-primary level, children without disabilities may overlook children with disabilities as friends or playmates. This is due to their belief that those children are not interested or are unable to play or interact. Communities must therefore work to alleviate the prejudice against children with SEN, particularly within the early years, and involve their peers (Bruce Marks, 1997; Aboud et al., 2012; Abrams and Killen, 2014).
UNICEF (2013b) shows the importance of programmes run by local communities and how they should include education as part of a group of interconnected services. These services are: health, education, livelihood and social empowerment. UNESCO (2009a) argues that each child must be offered early identification. This is because one in three infants who receive early intervention services do not later present with a disability or require special education at school. Assessments must lead to action, not only from local services, but at national level. This may include mapping available services, facilitating referral protocols and delivering informative materials for families on how to participate and enhance functioning at home and in the community (UNICEF, 2013b).

The *Early Childhood Development and Disability* discussion paper, by the WHO and UNICEF, highlights that attention to early childhood development is crucial for children with disabilities. It can enable them to flourish, learn, be empowered and participate (WHO, 2012). A comprehensive approach to early childhood development is necessary for appropriate care and support. Such an approach includes ‘early identification; assessment and early intervention planning; provision of services; and monitoring and evaluation’ (ibid., p. 21). The discussion paper emphasises that children with disabilities are often denied early years of primary schooling. When enrolled – due to a lack of inclusive approaches – they often fail, need to repeat and/or are encouraged to drop out. Inclusive pre-primary and early primary schooling gives children with disabilities a space that ensures optimal development. It does so by ‘providing opportunities for child-focused learning, play, participation, peer interaction’ and developing friendships (ibid., p. 24).

UNICEF (2013b, p. 81) stresses that when barriers are removed earlier in life, it lessens the compounding effect of the multiple barriers that children with disabilities face. The report *Policy Guidelines on Inclusion in Education* (UNESCO, 2009b) advocates that inclusion be ensured through ECEC. ‘Early childhood interventions should be seen as a sustainable way to guarantee the right to education of all children’ from the outset (ibid., p. 17). Therefore, ECEC can be a significant instrument for building inclusive societies.

Promoting inclusive ECEC programmes can enhance the development of children with disabilities and foster inclusive and non-discriminatory attitudes among children from the start (UNESCO and UNICEF, 2015). ECEC programmes which are ‘responsive to individual needs and respectful of diversity benefit all children and contribute to building the foundations of an inclusive society’ (UNESCO, 2009a, p. 1).

### 3.2. ECEC at the European level

Increasing access to ECEC has been one of the EU’s priorities since 1992, following the publication of the *Council recommendation on child care* (Council of the European Communities, 1992). The development of EU policies for ECEC provision has been linked to labour market policies of employability and equity. The first goal that was highlighted was to provide ECEC so that women would have equal access to jobs. Secondly, ECEC was seen as a way of preventing school failure, early school leaving and unemployment. Thirdly, ECEC is increasingly seen as a way to reduce disadvantage and social exclusion by providing quality, equitable educational opportunity. ECEC should therefore be characterised by a universal approach of access to quality ECEC, irrespective of family income, parental employment status, SEN or ethnic background (OECD, 2001).
Women’s participation in the labour market has been a key driver of European governments’ interest in expanding ECEC services. Thus, at the European Council in Barcelona in 2002, the European Education Ministers aimed to promote access to employment for parents, and particularly for mothers. The European Council invited member states to ‘remove disincentives to female labour force participation’ (European Council, 2002, p. 12). It set a benchmark that, by 2010, member states were to provide childcare to at least 90% of children between three years old and the mandatory school age and to at least 33% of children under three years (ibid.).

Infant education and care in Europe is thus much more than a simple stage delivering the quality of care children need. ECE is becoming a general response to society, offering families and the leading financial system a second home for small children with its own educational status, practice, principles and research (Llorent-Bedmar, 2013). The European Council and the Commission pinpointed in the Lisbon Strategy in 2000 and 2008 that providing high quality in ECE provision is a key component to achieve gender equality and increase female labour market participation.

Since then, realising the Barcelona objectives has been one of the EU’s main priorities, first in the Lisbon Strategy and then in the strategic framework for European co-operation in education and training up to 2020.

The focus of European education policies has, however, shifted. Initially, they focused on increasing the quantity of childcare and pre-primary places to enable more parents to join the labour market. Now, they focus on the educative and formative effects of ECEC for young children in their development. The 2006 spring European Council stated that reforms are necessary to ensure high-quality education and training systems that are both efficient and equitable (European Council, 2006). The European Commission’s Communication (2006a) on efficiency and equity presents recommendations for member states to integrate the principles of efficiency and equity at all levels of education and training. Integrating these principles should guarantee access to education for all – particularly for the most disadvantaged – as well as reduce long-term costs caused by inequalities in education and training. In the Communication, the Commission highlighted that participation in high-quality pre-primary education has long-lasting benefits. These include benefits in terms of achievement and socialisation during the individuals’ schooling and career, because it facilitates later learning.

Moreover, the Communication states that early intervention programmes, especially those targeted at disadvantaged children, can produce large positive socio-economic returns, and that these persist well into adulthood. The effects of participation in pre-primary education include better school achievement, grade retention, employment rates, earnings, crime prevention, family relationships and health. The Commission invited member states to invest more in pre-primary education as an effective means to build a foundation for further learning and to prevent school dropout. Investing in pre-primary education is both more efficient and more equitable. This is because pre-primary education facilitates further learning. Furthermore, it has the highest rates of return of the whole lifelong learning continuum, especially for the most disadvantaged. The results of this investment increase over time (European Commission, 2006a).

In 2009, the Council launched a strategic framework for European co-operation in education and training up to 2020 (ET 2020). This new strategic framework considers
education and training as a whole within a lifelong learning perspective. It builds on the achievements of the Education and Training 2010 work programme. ET 2020 provides four common strategic objectives for the member states. It includes a set of principles to achieve these objectives, as well as common working methods with priority areas.

One of the common strategic objectives is to promote equity, social cohesion and active citizenship. This objective underlines that education and training systems should enable all citizens to acquire and develop competencies for their employability and develop further learning, active citizenship and intercultural dialogue. Under this objective, the Council stated that high-quality ECE, targeted support and inclusive education are key elements to address educational disadvantage (European Commission, 2008a; Council of the European Union, 2009b).

ECEC is the foundation for successful lifelong learning, social integration, personal development and later employability (European Commission, 2011a). In the long term, investment in high-quality ECEC can decrease the cost of public spending on welfare, health and justice. Attending pre-primary education can pave the way to better educational outcomes throughout lifelong learning. Many of the benefits of participation in ECE depend on the quality of ECEC provision. Recent European education policies have focused on factors that affect quality and on what constitutes high-quality ECEC. The availability of high-quality, affordable ECEC is a key priority for the EU and its member states. High-quality ECEC can contribute to achieving two Europe 2020 targets: reducing early school leaving to below 10% and removing at least 20 million people from poverty and social exclusion.

One in four children under the age of six in Europe is at risk of poverty or social exclusion. These children require specific measures to support their educational needs (European Commission/EACEA/Eurycide/Eurostat, 2014). Across Europe, at-risk children have lower participation rates in ECEC. Increasing participation in high-quality ECEC among children from disadvantaged backgrounds is one of the main priorities of European education policy.

Recently, ECEC policy has been moving towards enhancing child development. ECEC is a crucial stage, as participation in this level of education can profoundly influence a child’s development. Therefore, ECEC policy has often been incorporated in anti-poverty and educational equity strategies, as ECEC can constitute a foundation for more equitable education systems.

The ET 2020 strategic framework includes a new benchmark on ECEC: at least 95% of children between the age of four and compulsory school age should participate in ECE (Council of the European Union, 2009b). This new benchmark aims to increase ECEC participation as a foundation for later educational success, especially for children from disadvantaged backgrounds. ET 2020 specifically highlights the importance of equity in ECEC, as high participation and high-quality provision can reduce the risk of educational failure due to a disadvantaged background.

The Communication on ECEC (European Commission, 2011a) set out key policy areas for co-operation between member states within the Open Method of Co-ordination in order to improve the accessibility and quality of ECEC across Europe. The Communication highlights that quality in ECE is a key issue. With this Communication, the Commission
launched a co-operation process with measures to improve access and ensure the quality of provision. These include using ECEC effectively to support inclusion, to reduce early school leaving and to widen access for disadvantaged children. Since the launch, improving ECEC quality across Europe has been part of Europe’s broader agenda. Education Ministers adopted Council Conclusions on the same topic that laid out the future priorities for joint policy work. The Council also supported the member states in their efforts to improve their ECEC provisions (Council of the European Union, 2011).

However, access to mainstream education and training for children with SEN is difficult and sometimes unequal. The EU promotes national efforts to provide support for inclusive education and early identification of special needs through ET 2020, the strategic framework for European co-operation in education and training, and the European Disability Strategy 2010–2020 (European Commission, 2010). One of the eight priority areas under the European Disability Strategy is education and training. Under this key area, the strategy recognises the need to integrate children with disabilities into general education systems and the need to provide individual support.

In the framework of ET 2020, the Council invited member states to develop more co-operation with learners with special needs to promote inclusive education and personalised learning through support, as well as the early identification of special needs (Council of the European Union, 2009b). The Youth on the Move initiative also aims to increase knowledge about levels of education and opportunities for people with disabilities. It aims to increase their mobility by facilitating their participation in lifelong learning (European Commission, 2010).

In 2012, the Commission initiated a process of defining quality in ECEC by setting up a Thematic Working Group, which started to meet as part of the Open Method of Co-ordination. The Thematic Working Group on ECEC started to work to develop a quality framework for ECEC in Europe. Its focus has been on identifying key policy actions that have led to improvements in ECEC quality and access. The Working Group’s outcomes include a proposal for key principles of a quality framework for ECEC. This is considered a practical guide to support policy-makers and member states to go further in increasing quality in ECEC settings (European Commission, 2014). Five key areas were identified where action has led to improvements in the quality of provision: access, workforce, curriculum, evaluation and monitoring, and governance and funding. Within these five key areas, the Working Group identified actions which member states could use to further improve ECEC quality.

Thus, since 2011, the importance of high-quality ECEC has been reflected in a large number of joint programmes by European institutions and by the member states. Developments in the field of ECEC have focused on factors that affect quality. Member states have co-operated more closely at EU level on issues relating to increasing ECEC quality. The emphasis is now on the importance of early years education provision. This is not only to encourage parents’ participation in the labour market, but also to influence children’s development and address socio-economic inequalities.
3.3. Key facts about ECEC at the European level

In 2014, 32 million children were at a qualifying age for ECEC provisions in Europe. Most member states have committed to providing ECEC for all children, either by making attendance compulsory for at least the last pre-primary year or by establishing a legal entitlement to ECEC.

In 2011, the EU average for participation in ECEC for children between the age of four and the start of compulsory primary education was 93.2% (European Commission, 2013a). This rate is only 1.8 percentage points away from the ET 2020 benchmark, which is to ensure that at least 95% of children in this age group participate in ECEC. It is therefore likely that the ET 2020 target will be reached before 2020. Participation in ECEC for children under three years old remains very low. In 2011, only 10 EU member countries (as well as Iceland and Norway) had reached the Barcelona target, which stated that by 2010 childcare should be provided for 33% of children under the age of three (European Commission/EACEA/Eurydice/Eurostat, 2014).

The starting age for compulsory primary education across Europe varies between four and seven. It is compulsory from the age of:

- four in Cyprus, Luxembourg and Northern Ireland;
- five in Croatia, England, Greece, Hungary, Latvia, Malta, the Netherlands, Poland, Scotland and Wales;
- six in Austria, Belgium, Czech Republic, Denmark, France, Germany, Iceland, Ireland, Italy, Norway, Portugal, Romania, Slovakia, Slovenia and Spain;
- seven in Bulgaria, Estonia, Finland, Lithuania and Sweden (European Commission/EACEA/Eurydice, 2013a).

In Switzerland, the age for compulsory education depends on the individual canton and can vary between the ages of four and six (European Commission/EACEA/Eurydice/Eurostat, 2014).

UNESCO (2014b) monitors the following data at a national level in most countries worldwide: ‘gross enrolment ratio in ECEC programmes’, ‘percentage of new entrants to primary grade 1 who have attended some form of organised ECCE programme’, ‘enrolment in private ECCE centres’, ‘percentage of trained teachers in ECCE programmes’, ‘public expenditure on ECCE programmes as a percentage of total public expenditure on education’, ‘net enrolment ratio (NER) in ECCE programmes including pre-primary education’ and ‘pupil/teacher ratio’. This specific group includes the following European countries: Austria, Belgium, Cyprus, Czech Republic, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Malta, the Netherlands, Norway, Portugal, Spain, Sweden, Switzerland and the UK.

Nowadays, UNESCO (2014a) is collecting statistics from EFA Goal 1, taking into account the gross enrolment ratio (GER) regardless of age, divided by the total number of eligible children of pre-primary age in pre-primary education. The data established that Belgium, Denmark, the Czech Republic (110%), France (108%), Germany (114%), Italy (98%), Malta (117%), the Netherlands (93%), Norway (99%), Spain (126.9%), Sweden (94.9%) and Switzerland (100.6%) have exceeded the 90% recommended enrolment.
In December 2013, UNESCO held a regional thematic consultation on ‘Education in the Post-2015 Development Agenda’ (UNESCO, 2013). It highlighted its work on monitoring through qualitative data and specified that it has mainly received data focusing on the pre-primary stage. The UNESCO report (2013) and a UNESCO and UNICEF report (2013) both concluded that well-being has improved in early years worldwide, as has access to primary education. However, there was still little progress on the provision of ECCE. Specifically, in Western Europe and North America, the reports recommended addressing the inequality in education at all levels, but particularly in ECCE access. The UNESCO and UNICEF report confirmed that all participating countries from these regions have comprehensive public policies providing for the care of children aged under three.

There are great differences in mortality statistics for children under five (UNESCO and UNICEF, 2013). In Finland, Iceland and Sweden the death rate is 3% and in the US, it is 8%. There are various challenges within participating countries when it comes to offering children the education needed at pre-primary education level. For example, in France 87% of children go to state pre-schools and in Belgium 53% attend private ones. Universal participation is implemented in nine countries, including the following European countries: Italy, the Netherlands, Norway, Spain and Sweden. The private sector accounts for one fifth to one half of learners in these countries. Finland and Portugal have progressed greatly toward universal pre-schooling. The share of the private sector varies considerably, standing at 4% in Switzerland and reaching 51% in Cyprus. The countries with a smaller proportion of children in pre-school are the US (64%) and Ireland (67%) where, moreover, 98% of learners attend private pre-schools. The duration of pre-primary schooling varies, from 1.3 years in Ireland and 1.7 years in the UK, to 3.2 years in France, 3.8 in Spain and 4 years in Denmark.

Two main organisational models of ECEC exist in Europe. The most widespread is the split model, under which there is a separation between childcare for young children (under the age of three) and pre-primary education. The other model is a unitary system whereby ECEC provision consists of a single phase for all children of pre-primary age.

Regarding the time spent in ECEC provisions, programmes can cover the entire week or only several hours during the same period. In the 28 EU countries, children over three years of age spend an average of 29 hours per week in ECEC (European Commission/EACEA/Eurydice/Eurostat, 2014).

PISA (2009, as cited in UNESCO and UNICEF, 2013) states that those children who attended at least one year of pre-primary education performed better than those who did not. The following aspects were considered: number of years of attendance, pupil–teacher ratios and public expenditure per pupil. It is said that policy-makers tend to neglect public expenditures for ECCE and there are great differences in those countries with available data.
Worldwide, children’s enrolment in the pre-primary educational stage (ages three to seven) has increased. The progress in enrolment ratio is slowest in low-income countries. In conclusion, it is said that:

... specifically there are no indicators which are globally commonly used to assess the coverage and quality of early years ECCE opportunities. Summarily there are no agreed global measures to assess school readiness. Thus, the ECCE sub-goals require more developed measures which assess the extent and quality of such provision (UNESCO and UNICEF, 2013, p. 36).
4. WIDE-RANGING BENEFITS OF PRE-PRIMARY EDUCATION

It is difficult to deny that early childhood educational experiences have an important impact on a person’s life (Barnett, 2011). The various benefits of ECEC at both the individual and societal levels are increasingly acknowledged across Europe. These benefits are wide-ranging and include educational, economic and social aspects (European Commission, 2011a). It is assumed that major developments in physical, socio-emotional and cognitive areas occur during this stage. As such, meaningful educational experiences during these years can have a positive impact on a child’s future (Shonkoff and Phillips, 2000). Participation in high-quality ECEC is determinant in terms of later educational success and successful lifelong learning.

European institutions have highlighted the positive effects of high-quality pre-primary provision on children’s intellectual, social and behavioural development. Attendance in pre-primary education improves children’s average attainment, attention and participation in class at the primary level (European Commission, 2006b; 2008b). ECEC has long-lasting benefits in terms of achievement and socialisation during the individuals’ schooling because it facilitates later learning (European Commission, 2006a). In its resolution on early years learning in the EU, the European Parliament (2011) re-affirmed that the early years are critical for cognitive, sensory and motor development, as well as for personal development and language acquisition. Participation in high-quality ECEC has been identified as one of the most effective preventive measures to reduce early school leaving (European Commission, 2011b).

The PISA and PIRLS surveys have also demonstrated the benefits of participation in ECEC. Learners who attended pre-primary education performed better in PISA than those who did not. PISA and PIRLS results demonstrated that participation in high-quality ECEC is associated with better outcomes at later educational stages, notably in reading achievement scores and in mathematics scores (OECD, 2013a; 2013b).

Participation in ECEC also gives social and economic advantages. ECEC has been identified as a key area for laying the foundations to improve the competences and later employability of future EU citizens (European Commission, 2011a). The improvement of ECEC quality is part of the Commission’s broader agenda of creating a more skilled workforce, capable of adapting to technological changes and therefore contributing to the flagship ‘Agenda for new skills and jobs’.

Over the last decade, governments have promoted research on their own national early years programmes. Economists, such as James J. Heckman (a Nobel prize winner and an expert on the economics of human development), have proved that the quality of early childhood development has a huge impact on health, economics and social outcomes for individuals, families and society. Heckman has demonstrated its benefit for the US economy in terms of equality of opportunities and the development of capable and highly productive human beings (Heckman, 2011). An extensive cost-benefit analysis examined the impact of a quality programme for 0–5-year-olds from disadvantaged families in the US. It reported a ‘13% per child, per year return on investment’. This was through better
outcomes in education, health, social behaviour (less crime) and employment, leading to reduced public costs down the line and enhanced workforce competitiveness (García et al., 2016). In the US, the state-funded Head Start programme focuses on poor children. Participation in it was found to increase the possibility of getting a secondary diploma by 9% and decrease the likelihood of dropping out of school by 7% (Garces et al., 2000).

As another example, the OECD (2006) carried out a longitudinal comparative study with two groups that had and had not experienced pre-school in their early years. The study highlights the strong evidence that ECE, together with public policy measures, improves the life of children and influences social equity. The group of children with pre-school experience were:

- better prepared to attend school at the age of 5;
- more committed to school at the age of 14;
- more likely to gain a basic education certificate at the age of 14;
- more likely to graduate from high school;
- more likely to earn higher wages;
- less likely to be arrested (OECD, 2006).

The OECD concludes that education systems must aim to identify inequalities and that the early years are the best period to offer children a good educational trajectory (OECD, 2007).

ECEC benefits all children, but particularly the disadvantaged. The European Commission (2006b) has highlighted that pre-primary education is particularly beneficial for the disadvantaged and can bring them the highest returns over the lifelong learning cycle. Tackling disadvantage in the early years is an important means of increasing efforts to address poverty and social exclusion. ECEC can help to lift children out of poverty (European Commission, 2011a). Extending access to quality ECEC for children from disadvantaged backgrounds is a key issue to counter segregation and provide all children with equal opportunities. More specifically, inclusion at pre-primary level has the potential to lay the groundwork for inclusion in mainstream schools at a later educational stage. The European Commission (ibid.) acknowledged that ECEC offers the potential for greater inclusion of children with SEN, paving the way for their later integration in mainstream schools.

However, all the above benefits depend on ‘quality’:

*Expanding access to services without attention to quality will not deliver good outcomes for children or the long-term productivity benefits for society. Furthermore, research has shown that if quality is low, it can have long-lasting detrimental effects on child development, instead of bringing positive effects* (OECD, 2012a, p. 9).

Recent developments have demonstrated the need for further analysis of the conditions that, once implemented, result in effective programmes. Following on from Barnett (2011), who re-affirmed that a range of early educational interventions produce different results on children’s learning abilities, it is important to study which interventions are most effective.
In England, a group of researchers showed that a high-quality pre-primary educational experience – including the relationship between the child and the staff and curricular provisions – can moderate the impact of risks to children’s cognitive development (Hall et al., 2009).

In another example, Bauchmüller et al. (2011) produced an epistemological report. It studied the long-term impacts of Denmark’s state-funded early years programme (in which 2,275 pre-primary and age-integrated institutions were successfully matched) on children’s cognitive and language development by the end of elementary schooling (age 16). It found that significant improvements in children’s test results in Danish by the end of the ninth grade were related to a higher number of staff members per child, a higher share of male staff, a higher share of staff with a pedagogic education and a higher share of teachers with a non-Danish ethnic background. The research found that the quality of the staff has a direct influence on children’s learning acquisition in the long run.

Inclusive programmes have a positive effect on children with specific disabilities. For example, an eight-month study was conducted on a group of three-year-olds on the autism spectrum. Community programme staff, representing a broad range of agencies, worked closely with the children, implementing activities with a 1:3 teacher-to-child ratio. The programme also included individual service outside the classroom and in-home parent education for children with autism spectrum disorder. Among the children who participated in the research sample, 31% were functioning in the typically developing range (Stahmer et al., 2011; Brookman-Frazee et al., 2012).

Some countries, such as Australia and the UK, offer a system for all children and families with additional needs, named the ‘framework of progressive universalism’. Within this, ECEC services are available to all, but those who need them the most can access them in a more intensive form (Aarssen and Studulski, 2013). The UK uses a broad definition of ‘children with additional needs’, applying it to those who require any support over and above that provided by universal services in order to reach their potential. This definition is expected to apply to as much as 20 or 30 percent of children and young people at any point in their childhood (Statham and Marjorie, 2010).

Schelle and Friederich (2015) highlight that inclusive education for young children is a future challenge for all childcare centres in Germany. However, by promoting inclusion in the centres, there is a chance to change them. The aim is to provide access to childcare close to home, individual support and participation. Children benefit from appropriate individual support. Moreover, in achieving this aim, the quality of the whole centre increases. The article shows how improved quality is connected to developing inclusive settings in childcare. With regards to key processes in ECE, the authors illustrate the relationship between the development of quality and inclusion.

It has been underlined, however, that there is a great need for further research. Very few studies are available to inform policy-makers about effective ECEC procedures (Barnett, 2011; Bauchmüller et al., 2011).
4.1. Relevant areas of study related to inclusion in early years

The European Commission (2008a) has stated that high-quality pre-primary education and targeted support can address educational disadvantage. These must be combined with properly managed inclusion in mainstream education and training.

Moreover, the European Parliament (2007) has highlighted that there must be social diversity of classes and schools from the pre-primary stage to avoid a differentiation of curricula and expectations. In its resolution on early years learning in the EU, the European Parliament (2011) stressed that, where appropriate, children should participate in mainstream ECEC services and, if necessary, receive additional help from specialists.

In 2011, EU Education Ministers agreed that one of the measures to meet the challenge of generalised equitable access to ECEC while raising the quality of provision could include providing access to high-quality, inclusive ECEC. They particularly referred to children with a socio-economically disadvantaged, migrant or Roma background or children with SEN, including disabilities (Council of the European Union, 2011). The Council reiterated that ECEC provides an opportunity for early detection of learning difficulties and for early intervention. ECEC can contribute to identifying young children with SEN and, wherever possible, facilitate their integration into mainstream schools (ibid.).

This agenda can only be effectively addressed at policy level based on knowledge of the structures and processes that constitute quality education for all children, including those with some form of disadvantage. The IECE project aims to contribute to such knowledge.

As already mentioned in section 3.2, in 2012 the European Commission established the Thematic Working Group on ECEC. This Group began the work of developing a proposal for key principles of a quality framework for ECEC at EU level (European Commission, 2012). The Group, which was organised under the Open Method of Co-ordination, comprised ECEC experts and policy-makers from across Europe. It aimed to identify and review ‘key policy actions which have led to improvements in ECEC quality and access’ (European Commission, 2014, p. 4). The Group placed ‘the child at the centre of its reflections’ (ibid.) to point out ‘five areas where action has led to clear improvements in the quality of provision’ (ibid.).

These areas are:

- Access
- Workforce
- Curriculum
- Evaluation and monitoring
- Governance and funding.

The Group recommended ten actions within these five areas.

The Group’s proposal is a ‘first practical step’ (ibid., p. 5) to offer policy-makers and decision-makers in the member states a tool for self-reflection to improve the quality of ECEC provisions at the system level.
The existing literature has helped to identify key areas where quality goals are likely to help improve quality in ECEC. Nevertheless, ‘there is not sufficient research on “best practice” for each intervention’ (OECD, 2010, p. 5).

The present literature review serves as a first attempt to see how the proposal for key principles of a quality framework links to decision-making on ECEC in practice, particularly regarding the provision of quality inclusive settings. This is possible by surveying how decision-makers on ECEC across Europe regard the framework, as well as how it relates to practice in the field in several European countries.
5. THE PROPOSAL FOR KEY PRINCIPLES OF A QUALITY FRAMEWORK FOR ECEC

The Thematic Working Group on ECEC identified five areas which can be regarded as areas of challenge for ECEC policy-makers and providers (European Commission, 2014). Chapters 6–10 describe each of the areas to highlight the challenges they present, the responses that relevant research to date describes, and the areas that need to be addressed in the present study. However, it is first important to consider some reflections on questions about the nature of quality in ECEC.

5.1. Quality in ECEC

There is wide agreement that beneficial outcomes for children and their families are related to quality ECEC. However, it should be noted that ‘ECEC quality is a complex concept’ and ‘there is no internationally agreed concept of quality in ECEC services’ (European Commission, 2014, p. 6). For instance, different stakeholders may have different goals. Governments may want to ensure school preparedness and healthy socio-emotional child development, while working parents may look for easy access to high-quality childcare, and minority groups may seek opportunities for transmitting their native culture and language (OECD, 2012a). There are also often different goals emphasising aspects of care or education when ECEC provisions are provided by mental health rather than educational departments.

Along with the diversity of goals, there is a diversity of efforts to improve ECEC quality. It has proved difficult to identify ‘the specific measures which have had the greatest impact on quality and in turn have led to better outcomes’ for children (European Commission, 2014, p. 5).

One goal that is not always highlighted to the same extent, but which is central to the present study, is the level and quality of inclusiveness of ECEC settings. The Thematic Working Group on ECEC report (European Commission, 2014) addresses this concern more widely, through its above-mentioned five areas for action towards quality. The Eurofound (2015) working paper also addresses this. At the same time, there is wide agreement on the main action areas for improving ECEC quality. The OECD Starting Strong III report calls these ‘policy levers’ (2012a, p. 3). The OECD addresses the same five action areas that the Thematic Working Group identified, though with subtly different highlighting.

The OECD lists the following five policy levers:

- **Policy Lever 1**: Setting out quality goals and regulations
- **Policy Lever 2**: Designing and implementing curriculum and standards
- **Policy Lever 3**: Improving qualifications, training and working conditions
- **Policy Lever 4**: Engaging families and communities
- **Policy Lever 5**: Advancing data collection, research and monitoring (ibid.).
Policy levers 2, 3 and 5 are similar to three of the Thematic Working Group’s areas. Meanwhile, the OECD report addresses the Group’s ‘Access’ and ‘Governance and funding’ differently, as ‘Setting out quality goals and regulations’ and ‘Engaging families and communities’.

5.2. Assessing quality in ECEC

Given the potentially different stakeholder goals, how will ECEC quality be measured?

The OECD network on ECEC (2013c) and the Thematic Working Group on ECEC (European Commission, 2014) have identified three ways of assuring the quality of ECEC services. These are structural, process and outcome quality.

**Structural quality** refers to how the overarching ECEC system is designed and organised. It includes standards associated with the accreditation and approval of individual ECEC settings. Standards may be applied to:

- inclusive access to quality services;
- well-qualified and supported staff;
- quality curriculum design;
- quality physical environment;
- quality health and safety requirements;
- quality leadership and management – including monitoring and evaluation.

**Process quality** refers to elements that influence the everyday nature of ECEC settings and directly influence the quality of the education programme each child experiences. They include:

- quality of interactions and relationships between children and ECEC staff;
- quality implementation of inclusive curricula that support all children’s well-being, active learning and development;
- inclusive collaborative connections with families and community.

**Outcome quality** refers to the benefits that children, families and society obtain from ECEC. Long-term outcomes have been assessed by relating ECEC experiences to school achievement at primary and secondary levels, as well as early school leaving and employment rates (for example, please refer to European Commission/EACEA/Eurydice/Eurostat, 2014). The IECE project focuses on shorter-term impacts in terms of children’s well-being, emotional, social, moral, mental and physical development and learning within the ECEC period itself.
5.3. Putting the child at the centre

The present study, like the previously defined Thematic Working Group on ECEC and other studies, puts ‘the child at the centre of its reflections’ (European Commission, 2014, p. 4). Even so, the concept of ECEC quality may differ, as it is based on different stakeholder views about ‘how children should learn and grow up in society’ (ibid., p. 7). This study concurs with the Thematic Working Group’s shared image of the child, namely that:

... children are capable, adventurous and active learners, who benefit from a combination of learning, care and play. Children are seen as active participants in their own learning and central to the education and care process. Children are not solely recipients of education they have an active role in framing their own learning. This image included a clear agreement that children were unique and they had different emotional, physical, social and cognitive needs which should be recognised [and addressed] (ibid.).

Such a view perhaps fits more easily into an ecological model of child development (Bronfenbrenner and Ceci, 1994) that has also sometimes been used in studying ECE quality (Odom et al., 2004). This considers the complex evolving influences on children. These influences arise from their interactions and interrelations between them and the systems that surround them in the school/home, community and region/country – termed micro-, meso-, exo-, and macro-systems – in which they function and grow. Odom et al. used the model to review the literature. They first focused on ‘outcomes and factors associated with different child characteristics and disabilities (biosystem)’ (2004, p. 19). They then considered research related to the different levels of the ecosystem: inclusive pre-primary classrooms as the micro-system, interactions among participants (family members, collaborative teams) outside the pre-primary classroom as the meso-system, influences from outside the micro-system – such as social policy decisions – as the exo-system, and cultural and societal values and population demographics as the macro-system. They also considered programmes’ evolution over time and longitudinal outcomes for children as the chronosystem.

Odom et al. themselves found that ‘Given the small amount of research on preschool inclusion at the macro system level, few examples of research are available’ (2004, p. 38). It has in fact been observed that such studies using the ecological perspective have limited the focus of the ecological influence to the ‘microsystem represented by the mother/parents/family and the ECEC setting’ (Fenech, 2011, p. 112). They have not sufficiently considered the impact of the wider systems in the community and region or country policy. Other applications of the model have been restricted to one curriculum area only (Chau-Ying Leu, 2008), or to ‘special education’ provision only (Hebbeler et al., 2012).

One challenge facing policy-makers, researchers and practitioners is how to keep the perspective of the child at the centre within an ecological model, while considering the quality areas that European and international policy-makers raise within the structure-process-outcome framework at all system levels. There is also a need to study the variety of views of child development that the different stakeholders in the member states hold and how these relate to policy and practice, particularly regarding inclusive education policy and practice.
6. SECTION A: ACCESS, TRANSITION, INTERVENTION AND ACCOMMODATIONS

Access to quality ECEC is a main concern for achieving inclusion and equity. For children with some form of disadvantage, access to quality provision particularly requires the availability of needs assessment, and accommodation of services and relevant support to ensure mainstreaming.

6.1. Access

Most European countries have pledged to provide ECEC places for all children, by establishing either a legal entitlement to ECEC or compulsory ECEC for at least the last pre-primary year. However, the coverage is insufficient, particularly in Eastern European countries. Specifically, in countries where provision is available, the quality needs to be improved and the curricula need to meet the needs of the variety of different cultures, particularly for children living in poverty (Leseman and Slot, 2014).

The most common way to ensure ECEC access for all children is by establishing a legal entitlement. This refers to a ‘statutory duty on ECEC providers to secure publicly subsidised ECEC provision for all children living in a catchment area’ (European Commission/EACEA/Eurydice/Eurostat, 2014, p. 38). Public authorities must therefore commit to guaranteeing ECEC places for children who are covered by legal entitlement. Children are entitled to ECEC provisions, but do not have to participate. Legal entitlement implies that provision is affordable and may (but not necessarily) be free.

Another way to ensure ECEC availability is to establish compulsory ECEC for the last one or two years before a child attends primary school. In this case, the authorities must ensure sufficient pre-primary places for all children within the age covered by compulsory attendance. ECEC provisions are free and children are obliged to attend (European Commission/EACEA/Eurydice/Eurostat, 2014).

Access to ECEC remains a particular issue for children with some form of disadvantage. There is wide recognition that pre-primary education has the potential to reduce educational disadvantage for children from low-income and minority backgrounds. Moreover, it brings the highest rates of return over the whole lifelong learning process, especially for the most disadvantaged (European Commission, 2008b).

However, PISA 2012 data shows that, on average, in the 28 EU member states, there is a 12% difference in ECEC participation rates between those who have a combination of disadvantages and those who do not (OECD, 2014d). In all European countries (except Hungary and the German speaking community in Belgium), 15-year-old learners from wealthier families were more likely to have attended ECEC for more than one year than those from a disadvantaged background. Pre-primary participation is higher among advantaged learners than disadvantaged learners. This difference in enrolment between advantaged and disadvantaged learners is observed in almost all PISA-participating countries (ibid.).
Furthermore, pre-primary education can be the first step towards segregation if children with SEN are orientated towards special schools (Macartney and Morton, 2013) or are excluded within the mainstream system (MacLure et al., 2012). For instance, Roma children’s ECEC participation rates are generally lower than those of the native population (Klaus and Mash, 2014). Providing suitable educational opportunities for Roma children is a key policy challenge across Europe. ECEC can overcome the educational disadvantage that Roma children face, as demonstrated by pilot actions on Roma inclusion in some member states, with funding from the EU budget (European Commission, 2011a).

There may be different ways of organising inclusive schooling. Procedures in accessing pre-primary school for children with SEN and/or at-risk children are a key issue. There are different types of settings in early years education in which children with SEN or at risk of specific needs are included. Among them, reverse inclusion has particularly positive results. This takes place when there is a smaller number of children without SEN. The ratio is therefore smaller than a mainstream class and they get a higher number of resources. For example, in terms of human resources, the learners have a team of staff that co-teach, such as a class teacher with a master’s degree, a teacher with a bachelor’s degree and a teaching assistant. Almost 100% of parents said that they would repeat the experience (Rafferty et al., 2001).

Even in integrated settings, there is a need to understand the processes of inclusion and exclusion that can have important consequences for children. For example, ethnic minority learners who feel excluded from their peers in the social context of school become alien to the culture of schooling (Abrams and Killen, 2014). Moreover, children – and especially those who are socially excluded – have a very weak voice, if any voice at all. Their needs may thus be obscured and misunderstood and they are easily seen as the source of their own exclusion and consequent problems. It is, therefore, important to investigate:

... how, why and under what conditions, children and groups make decisions to exclude others, how they experience exclusion and how exclusion originates and changes over time (ibid., p. 2).

For instance, Manwaring (2008) identified how there is little concern about the effect of classroom distribution on gender representation in early years special settings, and the fact that boys are over-identified with SEN and therefore girls are underrepresented in pre-primary special education self-contained classes. This results in social isolation and increases the risk of inappropriate language and inadequate social, academic and play skills. Teachers have an important role in promoting cross-gender play, discussion, activities or friendship within the school community and communicating with parents to look for friends within the neighbourhood (ibid.).

6.2. Formative assessment of children

All EU member states have implemented measures intended to prevent educational difficulties for at-risk children. In most countries, intervention is targeted at groups based on defined social, economic or cultural criteria. In a few countries, additional support is based on children’s individual needs, as identified during their schooling. This targeted approach is often combined with assessing children’s individual needs (European
Across the EU, three main approaches to provide additional support to disadvantaged children have been developed:

- through specific measures to support children’s development, especially language development;
- through providing additional staff;
- through establishing special organisational and/or funding arrangements.

These approaches are not mutually exclusive (European Commission/EACEA/Eurydice/Eurostat, 2014). Language support is the most common form of centralised support for disadvantaged children.

Assessment of children’s progress and achievement is a key topic in ECEC settings. The goal of assessment is to evaluate the efficiency of teaching and to identify children’s needs and potential difficulties. In most EU countries, assessment of children’s progress is regular and based on continuous observation. Children’s assessment usually focuses on children’s personal development and their language and social skills. The assessment information is often shared with parents and, in some cases, with primary teachers to facilitate the transition from ECEC to primary school (European Commission/EACEA/Eurydice/Eurostat, 2014). In most countries, the steering documents outline recommendations regarding assessment methods in ECEC settings. Continuous observation is the main method specified in most of the EU educational steering documents for younger children. Testing is not often recommended for assessing children’s progress and development in ECEC (European Commission/EACEA/Eurydice/Eurostat, 2014).

In some European countries, language skills and other elements – such as maturity and readiness for school – are criteria for entering primary education. Almost all European countries pay special attention to the transition between ECEC and primary education. They do so through central guidelines and/or measures that aim to help children and their families get used to the new environment.

Almqvist and Almqvist (2011) and Nilsson et al. (2013) highlighted the importance of children becoming participants in their own research on learning, giving them the opportunity to express their perspectives about something they are interested in. It is also important to receive direct knowledge from their own voices and shared self-directed experiences.

6.2.1. Portfolios

Portfolios are a valuable tool to show children’s growth and development over time; moreover, scholars believe that portfolios can be tools to promote staff professional development. Campbell et al. (2001) indicated the results from a project in which nursery staff created a portfolio of key children. The study found that staff took responsibility for children’s learning through class-based training and on-site consultation visits, including pre-course and post-course observation sessions. In practice, as a consequence, staff attitudes changed and they looked more at children’s strengths, rather than challenges.

Gilkerson and Fryer Hanson (2000) postulate that there are many benefits of involving families in the process of documenting children’s experiences. For example, they become
active participants in portfolios (i.e. bringing the portfolio home to share activities). Families are involved in feedback about the child’s development, and share suggestions on how to improve the planned and shared activities in the school and at home. In addition, portfolios are delivered with plans for activities to do at home, and feedback from parents can be shared verbally, through written notes or by using technology. Such portfolios enable parents to be active participants in their children’s learning.

6.3. Early detection or first assessment procedures

A major issue for inclusive ECEC provision is how to recognise, identify, assess and make provisions for meeting individual educational needs, while avoiding the potentially damaging effects of labelling and stigmatisation.

Early intervention programmes can bring large positive socio-economic returns and these can persist into adulthood. The effects produced by early intervention are very broad and include better school achievement, employment rates, earnings, crime prevention, family relationships and health (European Commission, 2006a). It is particularly essential that children follow natural learning strategies that are learned and linked with a context and specific subject (Howard-Jones, 2007) and through multiple intelligences (Gardner, 2011). Children must be understood and respected by their teachers.

The European Commission (2008b) highlighted that interventions at an early stage are crucial, because deficiencies in learning are difficult and more costly to rectify at later stages. Early identification of learning difficulties and comprehensive preventive strategies within schools are the most important ways to reduce early school leaving.

The Council of the European Union states that ‘ECEC provides an opportunity for the early detection of learning difficulties and early intervention’ (2011, p. 3). It helps to identify children with SEN and, where possible, facilitate their integration into mainstream schools (ibid.).

ECEC is key to addressing the challenges facing disadvantaged children. This is because it can provide early intervention and can serve as an early warning system to identify family- or school-related physical or psychological support needs, special needs or abuse (European Commission, 2013a; 2013b). From an administrative perspective, governments must support family well-being and promote families’ participation in their children’s education. Governments can also address issues such as providing choices for part-time jobs, parental leave and supporting mothers to employment (Buehler and Marion, 2011; Mistry et al., 2012).

The first assessment should not be a way of labelling the child. According to Claes et al. (2010), the assessment should be based on ‘person-centered planning’. The American Association on Intellectual and Developmental Disabilities (2014) produced a ‘Supports Intensity Scale for Children Field Testing Webinar’ on this topic, directed by James R. Thompson. It shows an alternative to be explored in further research and settings. Scholars recommend that this process be used as a way of identifying the child’s needs (Kirk et al., 2012). Assessment is one of the most important issues linked to quality. Early childhood educators could use assessment to understand children’s needs, to observe and
take note of children’s interactions and their involvement in their activities (Pugh and Duffy, 2014).

Different tiers need to be involved in the evaluation process (school system, teachers and learners) and assessment for learning. A holistic approach is needed to assess the children’s progress (Wiliam, 2011).

At pre-primary age, children in whom staff or parents detect any delay in developmental aspects are normally referred for a comprehensive assessment or standardised testing (Linchtenberger, 2005). These developmental aspects may be physical (Tieman et al., 2005), cognitive (Commodari, 2012), connected to communication and particularly language skills (Zimmerman and Flores Castilleja, 2005), or to social, emotional or adaptive behaviour. Many of the diagnosis instruments are still only implemented in clinical settings and by individual computerised tests (Trepagnier et al., 2006; Commodari, 2012). Furthermore, scholars emphasise that the diagnostic tools available for neuromotor examinations and attention at pre-primary educational levels are not completely ironclad. It is important to further explore offering children appropriate behavioural, academic and pharmacological intervention (Hadders-Algra, 2005; Mahone, 2005). Many children are at risk of neurodevelopmental disabilities through psychosocial disadvantage (i.e., poverty, parents’ mental illness, drug use or low parental educational background). Diagnosis will help to create intervention strategies that enhance the children’s independence, family support systems and community participation (Msall, 2005).

Taylor et al. (2000) reveal a relationship between needs identification and prevention, and identify the role of nursery teachers for children’s documented learning disabilities. Scholars have identified which child characteristics are relevant for staff to document – namely: academic achievement, phonological processing and working memory, behaviour and attention problems and social competences.

Different tools must be used with other forms of assessment – such as observations, rating scales and developmental history – to make a diagnosis and determine the next steps as interventions (Linchtenberger, 2005). Isquith et al. (2005) confirmed that performance tests alone are insufficient to develop a comprehensive method to understand the child’s executive functioning. Instead, it is necessary to implement the rating scales in the everyday context, including the use of parent and teacher ratings.

Nursery staff trained in intervention strategy help in the early identification of children with learning disabilities (Steel, 2004). Observation strategies within the child’s classroom are useful as diagnostic tools because they avoid ‘unnecessary’ testing and labelling. Gray and Tonge (2005) demonstrated that checklist screening tools can be implemented in schools or nurseries and also allow a quick response to enable assistance from diagnostic and external services.

Early identification helps to provide resources. Some children have trouble expressing themselves, so it is difficult for them to access what they need. For example, children on the autism spectrum often have difficulty in using oral language to communicate. Therefore, Charman (2004) recommended a clear differentiation among the different kinds of communicative tools (i.e., oral, mimicry) and the types of communicative processes involved, such as receptive, comprehensive and expressive. Social communication is a related aim with peer acceptance. During the last decade, there has
been progress in the development of tools to assess challenges in this area. The authors demonstrate that these tools are particularly useful for working in inclusive settings with groups of children diagnosed within the autism spectrum or with language difficulties. The tools are effective in working within the two domains of receptive and expressive use of language and the main aspects of social communication, such as joint attention, communicative intents, initiation and responsiveness, and affect and gestures (Landa, 2005). Intervention focusing on the development of social communication has been implemented in integrative settings at pre-primary levels. Stanton-Chapman et al. (2008) have shown potential effectiveness on a group of eight at-risk children with diverse SEN.

Scholars have introduced many specific tasks in play sessions regarding the following skills: initiating and maintaining a topic of conversation, turn-taking, semantic and syntactic cohesion, use of eye contact to signal attention to the listener, and responsiveness to peer communication attempts. The intervention consisted of play sessions organised in advance, in which vocabulary, thematic roles, storybooks and strategies were introduced, pairs of children engaged in role play and received coaching, and a review session in which children discussed their experiences with an adult. In inclusive settings, children with autism and their peers (from a mainstream classroom) participated in social competence developing activities with their parents during free play sessions and staff observed them through coding. Researchers have identified the value of the child-initiated engagements with parents for social competence with peers, resulting in an increase in inclusion with peers and decreasing hyperactive-distractible behaviours. Results indicated an increase in peer-directed requests, verbal requests and word diversity for six of the eight participants some months after the intervention (Meek et al., 2012). Potentially, parents’ involvement in early intervention processes is important, as they work as role models with the power to make children generalise positive learned behaviour at home and at school.

A recent ground-breaking intervention with children with autism in the pre-primary period showed that, through parent training:

- parental synchronous response to child communication during interaction
- mediated 71% of improvement in child communication with the parent during interaction. In turn, this improvement in child dyadic communication mediated 73% of the independently assessed symptom change in the child in a different context (Pickles et al., 2016, pp. 2502–2503).

Within the pre-school, it is highly important that the child is active in the activities. Scholars therefore promoted interventions through creative play and enjoyable everyday childhood experiences that children directed through a ‘listen to the children’ paradigm. Within this, the researcher and the practitioner involved in the early years programme gained feedback from children and families (Matthews and Rix, 2013, p. 242).

Intervention can address not only delays in child development for those with SEN or disability, but also skills and competences related to performance in certain academic subjects, such as literacy and numeracy (Dowker, 2005; Aydogan, 2012). In their study, Van de Rijt et al. (2003) obtained a very interesting result by investigating the development of children’s early literacy in different European countries. They found that children of the same age who were studying in educational institutions all showed similar results to those who were not. The authors concluded that parental roles are important,
as are the broader socio-cultural contexts, and that later academic success is associated with early learning experiences. In relation to numeracy skills as an international comparison, Aunio et al. (2004) compared children’s numeric sense in Finland, Hong Kong and Singapore, concluding that the results showed great differences in age-related gains. Particularly for Asian children who were outperforming at four years old, there are no significant differences at the age of seven. The authors identified great differences in teaching methods.

Scholars had logically trained a group of children (small group interventions) during pre-primary and also other groups with further intervention during primary grades on reading skills. This helped to prevent early and long-term reading difficulties (Vellutino et al., 2006).

6.3.1. Early identification of children at risk of SEN

The Effective Provision of Pre-School Education (EPPE) project was a UK longitudinal study that followed the development of around 3,000 children. It identified children as being at risk when considered in relation to their cognitive development, behavioural development and in comparison to both national norms and the overall EPPE sample (Taggart et al., 2006). Scholars included those children who showed lower ratings on the teaching and learning process in certain areas in this group, although they were not receiving special support. Scholars had identified those children who had an extremely preterm birth when they experienced neonatal risk factors, early childhood neurodevelopmental impairment and socio-economic status, resulting in lower means than the control group on standardised tests in academic subjects (Taylor et al., 2012).

Among factors identified as preventing later need for special education are the quality of pre-primary education (i.e. early identification and the specific strategies to support the child’s development) reducing the risk of SEN in the long-term, and high maternal education, resulting in higher reading skills (Anders et al., 2011). Jeon et al. (2011) argue that children from low-income families who participated in comprehensive services by the age of three and who had promoted pre-academic skills (i.e. academic and social competences) at the age of five did not differ from their schoolmates when they started primary education.

Burger (2010) analysed the impact of ECCE programmes on children from socio-economically disadvantaged families. He indicated that most programmes had considerable positive short-term effects on intellectual and social abilities, but fewer long-term effects. Therefore, it is not plausible that education alone could fully compensate for the developmental deficits resulting from unfavourable learning conditions. Thus, the inclusion of these children in early years intervention programmes involving parents is recommended. Many aspects of the educational experience are still important and scholars suggest that these factors must be analysed. They include the quality of instruction, pedagogical curricula and the effect of age at entry, duration and intensity of attendance (Burger, 2010). Tomlinson (2014) highlighted the importance of a differentiated classroom that helps to respond to each child’s need.
6.3.2. Alternative assessment and transition processes

For children with SEN whose progress cannot be gauged using regular scales, there may be a need for alternative assessments. Scholars have identified different kinds of assessment in use. However, neither staff nor the scientific community have been able to implement alternative assessments, whether to validate performance indicators with content area experts and stakeholders or to research how this procedure helped children to learn (Towles-Reeves et al., 2009).

There may be a need for multi-disciplinary individual educational planning and transition processes for children with different forms of SEN to receive services. There are different transition programmes in which at-risk children or children with SEN are involved and which have been identified as positive for families and children. Quintero and McIntyre (2011) reported the importance of visits from the early years settings staff to previous settings, resulting in effective transitions. They also highlighted that, although teacher-implemented transition programmes for the whole classroom exist, individualised practices are lacking.

Villeneuve et al. (2013) reported on parents’ experiences in a Canadian multi-method research project called HELPS Inc (Health, Education, and Learning Partnerships Promoting Social Inclusion). It included multi-lateral collaboration among different departments, such as education and health. The study introduced the general procedures implemented worldwide regarding the transition meeting. In the transition meeting, parents, professionals and the school special education co-ordinator shared reports. These documents provided specific information about the child, including areas of strength, developmental needs, goals, intervention, learning strategies and recommendations. There are tools, such as a book that includes specific information about the child’s preferences in play activities. The educators, parents and staff meet using the educational transition plan to guide discussions that will include topics about class placement and resources. Scholars assert the importance of parents feeling that they are part of the decision process after the transition meetings. They specified how important it is for them to participate in the decisions related to children in the school (Villeneuve et al., 2013).

Teacher expectations of competencies must be challenged. This is particularly true considering that children with challenging behaviours are often included in mainstream settings. Specific intervention strategies implemented in the classroom can include behaviour modification, investigating contributing factors to a specific behaviour pattern with intent to create a positive behaviour support plan, or social integration activities. Examples include peer or teacher modelling or group friendship activities (games focusing on peer interactions) (Stormont et al., 2005).

Moore et al. (2013) implemented an effective programme that involved staff coaching parents on promoting communication skills through daily routines. This helped children develop expressive language skills and prepared them during the transition process before entering pre-school. Malone and Gallagher (2008) described the factors that influenced an easy transition from an early childhood intervention programme into pre-primary special education programmes. Sources of referrals and children’s level of functioning were significant in predicting age of referrals and age of placement.
6.3.3. Health, mental health and behavioural challenges

6.3.3.1. Early intervention programmes

Scholars argue that children’s physical and mental health must be addressed in the early years, as proper early years intervention programmes avert challenges in the future. Concerning physical health, most programmes are directed towards overweight children, as almost one third of children in Europe face obesity (Cattaneo et al., 2010). Furthermore, children are affected by challenges in their relationships with peers and self-esteem (Smith and Hart, 2013). Cattaneo et al. (2010) have identified a lack of research and data about infants in pre-school.

Hebbeler et al. (2012) acknowledged that, although these early intervention programmes had been implemented for over 25 years in the US, there were broad differences in accessibility by states and the process of eligibility. The policies and assessment tools focused on specific areas for improvement, rather than on functional specific recommended practices to be implemented in the settings. The work with families during this first educational stage prepares children for early years educational levels. It includes support for families through mental health promotion, including emotion regulation, social competence and behaviour functioning for children, and preventing stress, depression or anxiety and caregiver strain for parents. Particularly effective were programmes delivered principally by community-university collaboration, promoting innovative structures (Bagner et al., 2014). McCabe and Marshall (2006) also claim that parents and teachers must be responsible for collecting information about children’s competencies, analysing their perceptions and sharing the information collected through behavioural observation tools.

6.3.3.2. Child mental health

Several external and internal factors influence children’s emotional health, putting them at risk of mental health or emotional problems. Developing positive health patterns and development depends on many different factors that are directly associated with engagement or participation. The combination of factors may result in risk to the child’s future development, not a disability itself (Almqvist, 2006).

Scholars define the main factors as brain injuries during or after birth and genetic or biological vulnerability. Other factors include parental neglect, parental conflict, family breakdown, physical, sexual or emotional abuse, loss of a family member or friend, rejection or hostile relationships, discrimination, economic disadvantages, parental psychiatric illness, and domestic violence. Smith and Hart (2013) also indicated other minor traumatic events which could create emotional distress. These include moving house, the arrival of a new baby or the child being left with someone they do not know well. The authors have also identified signs of emotional distress, such as the child showing feelings of anxiety, sadness, anger or being upset. In some cases, this could lead to serious difficulties, risking the child’s development, resulting in the family unit being disturbed and the child’s challenges becoming aggravated.

The main consistent and cumulative predictors influencing early childhood mental health were externalised behaviours, such as aggression and oppositional defiance, and internalised behaviour, such as depression or stress. The external indicators for parents
include stress and severe discipline. The predictors of internalising behaviours are small family size, parent distress and quality of parenting (Bayer et al., 2008).

**6.3.3.3. Complex mental health problems**

Among the main disorders identified as complex mental health problems are emotional disorders (e.g. panic and phobic disorders), mood disorders (e.g. bipolarity or depression), disruptive behaviours (e.g. attention deficit hyperactivity disorder), autism spectrum disorders, feeding and eating disorders, elimination disorders and tic disorders (e.g. Tourette syndrome) (Smith and Hart, 2013). Mäntymaa et al. (2012) indicate that, among children with mental health problems, the internalising problems at five years old were family violence during child infancy and, at the age of two years old, parental stress. Externalising problems were predicted by psychiatric problems in the mother before pregnancy and child externalising problems at the age of two. Slemming et al. (2010) stated that early childhood challenging behaviour was expressed by showing pre-school anxious, fearful behaviour and pre-school hostile and aggressive behaviour, which were associated with school-age emotional difficulties.

Rohde (2011) has identified major challenges in diagnosing mental health disorders. The author claims that it is necessary to consider a child’s developmental perspective. Therefore, the diagnosis cannot be the end, but must be the starting point of the professional’s practice. Perry et al. (2008) explained that around 4 to 12% of children showed challenging behaviour in early childhood. It is particularly prevalent in the low-income population. In the early years, 31% show internalising disorders and 57% show externalising problems. Children stay in childcare, although many staff are not prepared to cope with challenging behaviours and therefore many pre-schoolers are expelled. Scholars explained a relationship among the larger group size (three-year-olds) to the increase of teacher demands. Behavioural intervention (individualised on-site intervention by two specialists lasting three months) with staff prevented the children’s expulsion and improved children’s social skills (ibid.). Scholars recommend urgent actions from the community that could promote positive practices by parents and further prevention programmes with children (Bayer et al., 2008; Mäntymaa et al., 2012).

**6.3.4. Children from ethnic minorities and Roma and Irish Traveller children**

ECEC is particularly beneficial for socially disadvantaged children and their families, including migrants and minorities. Most European countries have more than 5% of their children born abroad or registered as foreign citizens (European Commission/EACEA/Eurydice/Eurostat, 2014). Prejudice against ethnic minority groups exists in all communities around the world, and powerful groups have regularly dominated and excluded others. Children learn from families and teachers that discriminatory behaviour results from their beliefs, attitudes, behaviour or prejudices. Therefore, at the classroom level, staff should use strategic techniques such as modelling and challenge the act of discrimination. Staff must offer a rich learning environment for all children and their families, showing respect, value and welcoming attitudes towards everyone. They should also provide a culturally diverse curriculum that includes positive representation of immigrant culture. They can also use resources to raise awareness of and respect for differences in race, religion and other factors that may lead to exclusion (Devarakonda,
Inclusive Early Childhood Education

It is important to take into account that children’s development is culturally shaped (Rogoff, 2003).

Murray (2012) differentiated two types of nomadic groups: the Irish Traveller immigrants, who normally live within England, the US and Australia, and the Roma, originating from India, who are the largest ethnic minority group in Europe. Many children who live in poverty beg in order to feed their families. Most suffer from negative stereotypical behaviour on the part of majority communities and many are excluded from education and later career opportunities. Scholars have documented a lack of resources to tackle discrimination and holistically address these children’s needs when it comes to early years services. Staff do not have the necessary cultural awareness training to connect with children. Therefore, it is vital to develop relationships between educational institutions, families and NGOs within the ECEC sector (ibid.). Murray (ibid.) revealed that the participation of Travellers and Roma in pre-primary education has only recently, at European level, been re-affirmed.

In 2011, the European Commission (2011c) announced an EU Framework for National Roma Integration Strategies up to 2020. The same year saw the publication of the EU Agenda for the Rights of the Child (European Commission, 2011d) and Early Childhood Education and Care: Providing all our children with the best start for the world of tomorrow (European Commission, 2011a). The EU Framework describes how countries will address the challenges around the inclusion of Roma communities by developing national and local strategies.

Through the Lifelong Learning Programme, the European Commission developed and promoted the ‘Policy Cooperation and Innovation Roma Multilateral Project’, which studied the situation of these communities in the Netherlands, Spain and the UK. Scholars indicated that children with SEN are normally segregated into special classrooms or special schools, and the children’s rights are still missing (Herczog, 2012). In the Netherlands, there are active policies from the health and education departments, for example, to assist undocumented migrants with access to healthcare, provide school admission for newly arrived migrants and services for language acquisition to encourage children’s attendance at schools. In Spain, segregation is not formalised, although there are schools or educational specialisations with a great number of children of Roma origin. The services in Spain are mainly delivered by the education sector, offering support in the enrolment process. Within a specific settlement, they work with local associations and police: one example is a programme on absenteeism and language acquisition classes in schools. In relation to healthcare, the programme focuses on child immunisation, health check-ups and assistance to obtain the health card. In the UK, services are provided by different departments, such as by education principally in those schools where the Roma population is higher and by the head teachers in ethnically diverse areas. Voluntary and community workers assist in getting access to mainstream services. The local councils support schools in sharing practices. There is a lack of statistical data from national, regional or local levels about the Roma population and therefore there is a challenge due to a lack of resource allocation (Scullion and Brown, 2013).

Bhopal et al. (2000) explained how nomadic groups of gypsy travellers in England were included in six different schools and how the main exclusionary factors influenced the availability of services. They highlighted that successful procedures for including children
in pre-primary education result from families’ trust in the schools, given that they have been part of the community since their children were toddlers. Local government services, such as children’s centres, are also linked with the schools. Factors that promote the children’s continuity at the school are: a direct relationship with a family mentor, flexibility in arrangements (i.e. transportation, provision of uniforms), the teaching assistant’s active role in admission procedures and transition stages, a welcoming school, and a clear cultural ethos on both sides based on acceptance and respect.

6.3.5. Low-income families and poverty

There are great differences in child support as a result of a family’s socio-economic status (Eurydice, 2009). Many factors, such as parental unemployment and low income, result in children being different and, in many cases, excluded. They receive poorer quality services than children from more privileged backgrounds. Scholars also highlight that the relevance of children’s experiences during pregnancy and early years are overlooked, such as children being born with low weight, overweight or being exposed to harmful tobacco smoke before and after birth (Lazzari and Vandenbroeck, 2012). The education system itself cannot respond to these difficulties. On the other hand, governments must take responsibility for reducing the child poverty risk (UNICEF, 2005). In Norway, where the number of families in poverty is low and universal ECE is available, a study documented how ECEC safeguards against the negative internalised factors of children from the few existing lower-income families (Zachrisson and Dearing, 2014).

Brackertz (2007) highlighted a change of perspective when staff asked at-risk families about the reasons for their lack of interest. The staff came to understand it was due to differences, rather than deficits or a lack of participation. They then had to offer functional solutions that these families could use in their lives. There has also been a challenge as to how social workers could help these families and in how they can link with other staff in the families’ natural environments (Schiettecat et al., 2014). The role of pre-school staff is essential to ensure equality in the classroom. Therefore, staff need to be wary about asking parents to bring items that display the family’s economic background to school (Devarakonda, 2013).

Scholars have also indicated how medical conditions are related to poverty. In Europe, there are still many diseases in existence, particularly in the poorest communities, that affect small children (Mahony, 2007). Furthermore, some diseases became increasingly prevalent due to cuts to health services. This is particularly evident among those without the right to state assistance and members of vulnerable groups, such as Roma, orphans destined for international adoption and immigrant groups. For example, in South Europe, vector-borne zoonoses, including leishmaniasis and Chagas disease, and key arboviral infections have emerged. Better diagnostic techniques, research and tools are needed (Hotez and Gurwith, 2011).

Bradbury (2013) identified claims that, in the UK, a major level of poverty in the child’s environment indicated a lower level of development. The early years curriculum described how children in the pre-primary level should be evaluated based on a developmental profile. This system of assessment aims to acquire the expected results which will follow the child into their primary education, without further attention to other issues. Scholars expect responses from the educational centre regarding the quality of the evaluation and
giving specific responses to the individual considering the nearest context (Bradbury, 2013). Heckman and Kautz (2012) identified how other ‘soft skills’, which are not easily quantifiable, could predict success in future life and should be included in public policy as a great return on human capital.

6.3.6. Children with disabilities and multiple disabilities

Children with disabilities, and particularly with severe disabilities, benefit from pre-primary inclusive practices in areas such as language and social competencies, although problem behaviour must be taken into account (Rafferty et al., 2003).

Scholars point out the importance of recognising children’s will and their interests, hearing children’s voices and their own perspective. Hickman and Jones have identified inclusion as an ‘emotional state and one that demands negotiation and compromise’ from all stakeholders (2014, p. 111).

Kelly et al. (2001) have identified the importance of a personal profile, particularly for keeping track of information about children with moderate and severe disabilities. They have developed alternative forms of assessment that aim to avoid labelling procedures. Scholars highlight the importance of staff having information about the highly-specialised needs of those children learning in inclusive settings. Staff should have a method for sharing information among the teams that work with the child so as to follow the child’s progress in particular areas. Authors have developed specific profiles, such as a personal profile assessment summary which is produced by gathering information from the influential adults in the child’s life, including parents and teachers or day-care providers. The document provides a summary of the child’s abilities, what they are proud of, their interests and challenges, optimal learning conditions and family life. It is a communication tool that complements the information from the IEP (ibid.).

As an example of good practice, there are specific strategies to promote the inclusion of the specific group of children with disabilities. Staff must take into account that the specially adapted resources will differ according to the child’s needs (i.e. Makaton or Braille or use of technology). They must also take into account access to the environment (i.e. displaying notices) and choice of appropriate toys (i.e. personal dolls) (Devarakonda, 2013). The use of Makaton as an alternative communication system is as effective among children with SEN as among those without SEN (Parry, 2012). This system was found to have a significant impact when used for direct activities. It enabled staff to take a facilitating role, rather than directing interactions between the children with SEN and their peers (Parry, 2014).

Many children are still placed in special provision, particularly those with severe disabilities. The main challenge that Hickman and Jones (2014) describe is that those children placed at a very young age normally stay in the special setting for their entire educational period. Hanline and Correa-Torres (2012) studied how a programme of inclusion with children with severe disabilities offered positive results on children’s learning. Scholars have identified the strategies that were particularly effective for teachers. The following approaches were used to facilitate peer-to-peer interactions: children’s full participation in activities, modelling appropriate behaviours and enlisting the help of children without disabilities.
6.4. Accommodations and follow-ups

There are broad differences in Europe related to quality, resources adapted to children’s needs and the meaning of being disadvantaged. Therefore, getting access to or being provided with services have different meanings depending on the national context (Gambaro et al., 2014). Scholars have suggested that staff in inclusive settings still need further preparation to work with children with disabilities (Early and Winton, 2001; Chang et al., 2005).

In some countries, such as England, the state supports universal access to pre-school through two different services differentiated by educational levels. It offers part-time provision (15 hours a week) in the maintained (state) sector or in settings belonging to the private, voluntary and independent (PVI) sectors for children aged three or four years. Children from low-income working families commence from two years of age. In England, Scotland and Wales, education becomes compulsory in the term after a child turns five. In England and Wales, schools offer full-time education one or two terms earlier in ‘reception classes’. In Northern Ireland, compulsory schooling starts in September for any child who has turned four before 1 July of that year.

In the educational stage of children who are three to four years old, there are many providers. The variety and quality of their educational services during the entitlement hours depend on the local council, the staff’s training (for example, just one third of staff in PVI settings are graduates) and the schools’ spending. Outside these hours, the quality of educational services depends on the children’s families (Gambaro et al., 2012). The English government funded a longitudinal study, the EPPE project, following 3,000 children who started their education at three years old. Scholars have considered the effects of this ‘early entry’ on children at risk of developing SEN. The report emphasised providing ‘quality pre-school provision as an effective strategy in itself’, meaning resources and effective intervention strategies (Taggart et al., 2006, p. 40).

Björck-Åkesson (2014) has suggested that, when measuring quality, note should be taken of the structural indicators, process indicators and outcome indicators listed in Table 1.

**Structural indicators**: the environment in which an activity or intervention takes place. In ECEC these are: availability, accessibility and affordability.

**Process indicators**: factors affecting children’s engagement while in ECEC. These are: accommodation/adaptability and acceptability.

**Outcome indicators**: making the effects of actions and interventions visible. This refers to active child engagement.
Table 1. Structural, process and outcome indicators for measuring quality

<table>
<thead>
<tr>
<th>Structural indicators</th>
<th>Process indicators</th>
<th>Outcome indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding – public expenditure</td>
<td>Pedagogical approach – curriculum, activities</td>
<td>Engagement measures</td>
</tr>
<tr>
<td>Status of women</td>
<td>Interactions with staff and children</td>
<td>Learning opportunities</td>
</tr>
<tr>
<td>Indoor/outdoor space</td>
<td>Interactions between peers</td>
<td>Playing with materials</td>
</tr>
<tr>
<td>Standards</td>
<td>Interactions between staff</td>
<td>Social interaction with children</td>
</tr>
<tr>
<td>Staff-child ratios</td>
<td>Interactions children have with materials and activities in the environment</td>
<td>Social interaction with teachers</td>
</tr>
<tr>
<td>Staff competence and qualifications</td>
<td>Interactions between staff and parents</td>
<td>–</td>
</tr>
<tr>
<td>Safety and social protection</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Status of children</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Enrolment rate</td>
<td>–</td>
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</table>

Bertram and Pascal (2014) used similar terms and the same linear approach, analysing the systemic factors, structural factors, process factors and the expected outcome measures (please refer to Table 2).

- **Systemic factors:** ‘factors which are shaped by the wider system in which early education is placed’ (ibid., p. 44), i.e. funding and investment; multi-agency and intergenerational agency; continuity in primary school; regulations and accountability; workforce labour markets.
- **Structural factors:** ‘factors which shape the nature, scope and capacity of early years programmes’ (ibid.), i.e. staff-child ratios; class group sizes; staff training and qualifications; enhanced practitioner skill base; early years pedagogy; curriculum coverage; parenting programmes.
- **Process factors:** ‘factors which determine how early years services are experienced by those involved’ (ibid.), i.e. child-centred services; quality of interactions; initiation of activities; behaviour expectations and discipline; diversity.
Table 2. Systemic factors, structural factors, process factors and the expected outcome measures in ECE

<table>
<thead>
<tr>
<th>Focus</th>
<th>Aspect</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children are developing well: cognitive development, communication and language, social and emotional development and physical health</strong></td>
<td><strong>Cognitive development</strong>&lt;br&gt;1. All children are developing age-appropriate skills in drawing and copying&lt;br&gt;2. Children increase the level to which they pay attention during activities and to the people around them&lt;br&gt;<strong>Communication and language development</strong>&lt;br&gt;3. Children are developing age-appropriate comprehension of spoken and written language&lt;br&gt;4. Children are building age-appropriate use of spoken and written language, social and emotional development&lt;br&gt;<strong>Social and emotional development</strong>&lt;br&gt;5. Children are engaging in age-appropriate play&lt;br&gt;6. Children have age-appropriate self-management and self-control&lt;br&gt;<strong>Physical development</strong>&lt;br&gt;7. Reduction in the numbers of children born with low birth weight&lt;br&gt;8. Reduction in the number of children with high or low Body Mass Index</td>
</tr>
<tr>
<td><strong>Parenting: the interaction between parent and child</strong></td>
<td><strong>Creating safe and healthy environment</strong>&lt;br&gt;9. Reduction in the numbers of mothers who smoke during pregnancy&lt;br&gt;10. Increase in the number of mothers who breastfeed</td>
</tr>
</tbody>
</table>
### Focus

<table>
<thead>
<tr>
<th>Promoting an active learning environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Increased number and frequency of parents regularly talking to their child using a wide range of words and sentence structures</td>
</tr>
<tr>
<td>12. More parents are reading to their child every day</td>
</tr>
</tbody>
</table>

### Positive parenting

| 13. More parents are regularly engaging positively with their children |
| 14. More parents are actively listening to their children |
| 15. More parents are setting and reinforcing boundaries |

### Parents’ lives: those elements of parents’ lives which exert powerful influence over parenting

<table>
<thead>
<tr>
<th>Good mental wellbeing</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. More parents are experiencing lower levels of stress in their home and their lives</td>
</tr>
<tr>
<td>17. Increase in the number of parents with good mental wellbeing</td>
</tr>
<tr>
<td>18. More parents have greater levels of support from friends and/or family</td>
</tr>
</tbody>
</table>

### Knowledge and skills

| 19. More parents are improving their basic skills, particularly literacy and numeracy |
| 20. More parents are increasing their knowledge and application of good parenting |

### Be financially self-supporting

| 21. Parents are accessing good work or developing the skills needed for employment, particularly parents … furthest away from the labour market |

Source: Bertram and Pascal, 2014, pp. 56–58

The impact of participation in pre-primary is evident in the reduced proportion of children considered at risk of low cognitive attainment. This fell from an initial one third when starting pre-primary, to one fifth when transitioning into primary (Taggart et al., 2006).
This study also indicated that children in the at-risk group for cognitive development normally started pre-primary education later than their peers. It also reported an overrepresentation in the at-risk group of children from minority groups and from lower socio-economic backgrounds.

6.4.1. Social dimensions of inclusion and exclusion

Children’s perception of their inclusion is as important as their actions. Children are active agents in their own cultural learning and are engaged in reproducing and resisting the world around them. They get rules from the adults and they behave according to those rules and participate in the process of action. Evidence on these processes was reported in a study on a pre-primary mixed group of children between two and five years of age (Evaldsson and Tellgren, 2009). Peer exclusion was found to be a regular practice in pre-primary settings. Children used different techniques to exclude peers, such as unmitigated and mitigated ignoring and planning. Exclusion occurred more frequently by children with different roles and status within a group (i.e. dominant boys directly used peer exclusion). Children who were socially accepted used mitigated forms or used techniques of ignoring their peers (Fanger et al., 2012). To lessen social exclusion, Ramani and Brownell (2014) and Buysse et al. (2002) confirmed the value of co-operative problem-solving within social play among pre-primary peers. This helped them to gain critical knowledge and to develop joint goals.

Dyson (2005) analysed the knowledge of disabilities that children without disabilities gained in inclusive nurseries and their attitudes to their classmates with disabilities. The study concluded that children in pre-primary levels linked disabilities with physical appearances and an inability to play. They also understood the main aspects of disabilities related with perceptual information and showed positive attitudes toward people with disabilities. However, only half the children without disabilities confirmed that they had friends who had disabilities. Thus, few children with disabilities had friends in the general education classroom. It is therefore important that programmes promote children’s social and functional competencies. Laine et al. (2010) indicated that around 60% of children in day-care centres and in pre-primary education experience problems with peers. These challenges decrease when they are in first grade. The study specified that children experienced withdrawal and loneliness. Children experiencing social exclusion showed problems in acquiring adequate social interaction skills and experienced patterns of negative social situations in an unsupportive context, leaving the child ‘outside the favourable social world of childhood’ (ibid., p. 482).

Exclusion or inclusion related to gender participation in activities has been analysed in a group of pre-schoolers. The decision to include individuals in peer group play activities was based on moral reasoning, although exclusive social conventional reasoning included social stereotypes. In the latter case, the stereotypes were the only information on which the decisions were based (Theimer et al., 2001). Killen et al. (2001) found that nearly 90% of their sample of children in the early years setting avoided exclusionary behaviour and judged it as wrong. This came about through different factors, such as exposure to a non-stereotypical curriculum, heterogeneous communities and general awareness of stereotypes.
7. SECTION B: THE WORKFORCE

This section contemplates the role of staff within the organisation (teachers, teaching assistants and others, such as psychologists, speech therapists and doctors). It examines the organisational status of these professionals, staff education, in-service training on responding to diversity and SEN, and co-operation with external staff from NGOs, the local community and others.

Staff quality is one of the most important factors that can influence ECEC quality. Strong evidence suggests that improved training and qualification levels raise the quality of interaction and pedagogy in ECEC. Ensuring that all staff have sufficient qualifications and have received quality training throughout their working career is an efficient way to guarantee educational quality for children in ECEC provisions (European Parliament, 2013). Across Europe, ECEC practitioners are a very diverse workforce with different staff profiles. The EU supports the trend towards professionalisation. The staff professionalisation process starts with the entry requirements for ECEC practitioners. It also extends to continuous development for professionals, allowing them to learn about the most recent pedagogical developments and exchange experiences with other professionals. Other factors, such as salary and working conditions, also play a significant role in guaranteeing quality ECEC (European Parliament, 2013). The quality of pre-primary education depends on staff training and good working conditions. The European Commission (2006b) underlines that there is a critical need to develop strategies to recruit a qualified, diverse, mixed gender workforce and to ensure that a career in pre-primary education is satisfying and financially viable. Gender balance among ECEC staff is a very important issue. Across Europe, the majority of staff are women. A few countries have set targets for recruiting men into ECEC.

In most European countries, three main types of staff work in ECEC settings:

- Educational staff, who are generally qualified at tertiary level
- Care staff with a minimum qualification at upper-secondary or post-secondary
- Auxiliary staff or assistants, who are usually either not qualified or have a minimum qualification at upper-secondary level.

Educational staff usually work in settings for older children. Two main approaches to staff qualifications exist in European education systems. Over half of the countries have adopted a single qualification regime for the whole ECEC phase. In other countries, staff working with younger children have different qualifications to those working with older age groups. Usually, a lower level of qualification is required for staff working with younger children (European Commission/EACEA/Eurydice/Eurostat, 2014). There is a clear link between the ECEC organisational model and staff qualification requirements. In unitary systems, when ECEC settings are the same for all children and a pre-primary stage is organised in a single phase in one setting, the same minimum qualifications are required regardless of the children’s age. In most countries with a split system that organises ECEC provision according to the children’s age, the types of qualifications required are different for working with younger and older children (European Commission/EACEA/Eurydice/
For pre-primary teachers working at ISCED level 0, the level of initial education is the same as for primary teachers in half of the EU member states.

Good leadership in ECEC settings is one of the components of high quality at pre-primary level. Heads of ECEC provisions are required to organise educational settings and manage financial and human resources. In most EU countries, heads of ECEC settings must hold a bachelor's degree. In a few countries, the minimum qualification for this position is a master's degree.

The ECEC team not only comprises care staff and educational staff, but also professionals specialised in diverse fields, such as speech therapy, psychology and social work. In almost all European countries, regulations include provision for a range of specialists to support ECEC teams. These professionals can assist education and care staff working with children who have learning or cognitive difficulties. The size of the setting or the number of children with SEN often determines the availability of specialists (European Commission/EACEA/Eurydice/Eurostat, 2014).

The European Parliament (2011) recognised that the most notable impact on the quality of ECEC provisions comes from having qualified and well-trained staff. It called on member states to raise professional standards by introducing recognised qualifications for persons working in the ECEC field.

In most of the European education and training systems, initial education incorporates specific training to prepare educators for working with children with additional needs. In some countries, specific additional training is compulsory for all ECEC staff. This specific training can also consist of continuous professional development and be recommended, but this is more often for staff working with older children (European Commission/EACEA/Eurydice/Eurostat, 2014). The European Commission highlighted that teachers ‘require specific training to work effectively in diverse classrooms’ (2008b, p. 6).

**7.1. Learning from inclusive theory and practice**

Children learn through participation in:

... *developmentally advanced environments ... a more cognitively, linguistically, and socially stimulating environment than occurs in nonintegrated special education settings* (Odom and Wolery, 2003, p. 168).

Such environments are now being included in mainstream settings, supported with instruction from professionals on the strategies that have been successfully used in the field of early intervention/early childhood special education (Odom and Wolery, 2003). Where staff are identified as delivering quality instruction, it relates to the children’s reading, maths and literacy skills, as well as the amount of teacher-children interaction. A quality classroom was identified as having emotional support, social competences and instruction quality (Burchinal et al., 2010). Buysse and Hollingsworth (2009) state that there is still a clear need to reach consensus on standards and practices that define high-quality inclusion. This is in order to deliver it through professional development activities and to appreciate its value in staff practices. In general terms, scholars have identified the following issues: accessibility, adaptations and modifications of materials and equipment, representation of people with disabilities and facilitation of participation activities.
Additionally, one issue – namely, provisions for children with disabilities – addresses the following specific indicators for children with disabilities and their families: collaboration with parents and professionals, individualisation of child programming, programme modifications and adaptations, and facilitation of inclusion (Buysse and Hollingsworth, 2009).

Educators have a main role in promoting and maintaining inclusive practices, keeping alive the learning processes with their learners. It is essential that all staff working with children know and are aware of the policies on diversity and equality of opportunities for children (Tedam, 2013; Morabito and Vandenbroeck, 2014). Barros Araújo (2015) provides an example of such relevant training. She describes an effective programme implemented by a specialised trainer with a group of 12 pre-primary teachers through observation techniques, reflection in action and critical insertion. The trainer was working as a result of the international Effective Early Learning (EEL) Programme.

Dickson (2000), an experienced teacher, explained in a self-narrative her process of becoming an inclusive teacher. She indicated how the process started when she had to teach a child with SEN. First, she had to learn about policy and terminology and tailoring the environment to the child in psychological, physical and environmental terms. She worked with a staff team and they shared the pride they felt when they saw the child enjoying his friendship with his classmates. The team was also proud of the professional experience gained and, in this special case, she could share and talk about it with her colleagues. Reflective practice is embedded throughout the process of learning to be a teacher, pre-service training and professional life (Paige-Smith and Craft, 2011). Early years professionals must aim to be reflective practitioners, which Lindon (2012) takes to mean the following:

- **Self-evaluation**: the process of considering what you do in your practice, including active reflection that considers the possible gap between hope and interactions and what actually happens.

- **Self-assessment**: the practical judgements that are reached through an honest and thorough self-evaluation process. Useful self-assessment leads to some level of observable action.

- **Reflective practice**: the process of serious thought and constructive critical analysis of current practice, leading to an informed judgement about strengths and considered plans for change that will lead to improvements.

Reflection takes place on two occasions: while doing something and after the action. Questioning is essential, as the actions of nursery staff have an impact on children. It is therefore important to think not only about what the professional is doing, but how the current knowledge around them (i.e. books or the community of learning) adds to their knowledge (Willan et al., 2007). Children’s views are essential when exploring practices. It is recommended that staff research children’s views, focus on their participation and attend to the ‘voice’ of the silent and un-powerful (Nutbrown et al., 2013).

Odom and Wolery (2003) identified that staff can mediate children’s experiences and provide multiple learning opportunities through activity-based interventions, high-probability requests and prompt-fading strategies. Teachers play a major role in promoting the initiation and maintenance of peer interaction. The scholars reveal that not
all children with disabilities face challenges with social skills. Therefore, it is important that children’s social functioning is observed and assessed (Kwon et al., 2011). That must be the result of a social individual education plan (SIEP) produced by the teacher in collaboration with other professionals working with the children and implemented by the teacher, with concrete objectives that reflect children’s social performance. Beyond children with SEN, this approach also benefits the general school population (Kwon et al., 2011; Denboba et al., 2014). Teachers work on the delivery of the IEP with external professionals. Scholars point out that the IEP must include parents from the start of the process and must be based on laws and regulations. All stakeholders (parents and internal and external staff) must be involved in creating the essential knowledge of the programme, monitoring what the child does at the pre-primary stage and considering the child's background. Furthermore, the setting’s leaders must promote effective communication and commitment among staff (Diliberto and Brewer, 2012).

7.1.1. The importance of lifelong learning for staff

The literature tends to focus on the content of what teachers need to learn to get effective responses. However, as the U.S. Department of Education (2010) shows, few studies focus on the processes or strategies that teachers use to acquire new knowledge or improve their practices. More evidence is needed on the key dimensions and pre-existing goals of on-site knowledge acquisition from staff participation in professional development, the nature of their relationships and the characteristics of these interactions (Nutbrown et al., 2013). It is important to consider that early years staff must respond to new challenges that could have different origins, such as new policy implementation or adapting mainstream lessons to all children (Kirk et al., 2012).

Timperley (2011) has developed a cycle model in which professional learning is implemented in daily practice. The cycle has the following elements: learners’ needs (assessment and evidences), teachers’ enquiry (about the teachers’ own needs), knowledge skills (developing professional knowledge), learner opportunities (i.e. new learning experiences) and checking outcomes (evidence of new knowledge acquisition). The European Commission research team developed a competency analysis through CoRe (Competence Requirements in Early Childhood Education and Care) to raise the standards of the ECEC workforce (European Commission, 2011e; Urban et al., 2011). The report indicated that staff members with higher qualifications – at least a bachelor’s degree – are more suited to offering higher quality services to children.

7.1.2. Learning at school and in the classroom

Effective pre-service training aims to promote the equal treatment of children and families through the sense of efficacy and attitudes enhancing diversity (Wey and Mager, 2011). When staff work at a school, it seems essential to encourage open debate and discussion within the workplace and to enable learning environments in which they feel free to express questions and request help in order to solve challenges and share experiences and skills (Tedam, 2013).

Post et al. (2004) say it is important for children and staff to be mentored, particularly when they play with at-risk children. The schools proved the effectiveness of 10 weeks’ training with immediate feedback. The play sessions were followed by individual sessions, which were followed by generalisation strategies to work with the whole group. An
evaluation one year later indicated that the training had an effect on the individual sessions, but not on the implementation of group activities. Moreover, staff indicated that the method was useful for focus group dialogues and influencing their classroom behaviours, and that it shaped their perspectives in valuing children’s opinions and increasing their confidence as teachers (Hess et al., 2005).

7.2. Implementing strategies for all learners

Sheridan et al. (2014) have confirmed that, in many pre-primary settings with different staff-child ratios – as are found in Sweden – children receive quality instructions and good conditions for learning when teachers offer them several grouping opportunities during the day. Some of these are organised by the teachers and others by the children themselves.

Laine et al. (2010) observed that when staff teach in a large classroom as a parameter, intervention towards favourable peer interaction becomes difficult. Epstein et al. (2003) identified the importance of offering feedback to all children about the anticipation or responses in their activities and proved its effectiveness in testing results.

Teachers also serve as role models for children. The models that adults display have an impact on children’s beliefs, values and practices. Thus, the leadership of nursery staff needs to challenge adults’ stereotypes regarding collaboration with children. It is suggested that they teach children concepts such as inclusion and exclusion and anti-discriminatory practices and engage them in reflection about making the setting more inclusive (Willan et al., 2007).

7.3. Collaboration with external professionals and families

After analysing early intervention programmes, Moore (2004) indicated the importance of setting agreed common goals for programme delivery, including what they are trying to achieve and the desired outcomes. Professionals must have the skills to work with families, communities, other agencies and other professionals. Collaborating with parents and responding to their priorities, changing staff roles and providing integrated services among professionals to support transition into kindergarten were identified as key strategies for inclusion in an inclusive ECE programme in a rural community in England (Hunt et al., 2004; DeVore and Russell, 2007).

Palmer et al. (2012) introduced the Early Childhood Foundations Model for Self-Determination. This establishes a collaborative relationship between a child’s important adults and between their inclusive classroom and their home. Sandberg and Vuoriinen (2008) studied co-operation between pre-primary teachers and parents. They highlighted the importance of pre-primary teachers providing varied and rich forms of co-operation, as different forms appeal to different parents. With a wide range, it is possible to reach all parents.
7.3.1. Families’ participation

European institutions have underlined the key role of parental involvement in ECEC, especially for the disadvantaged. Parental engagement is essential for successful pre-primary education (European Commission, 2006a). The European Parliament (2011) resolution on early years learning in the EU stresses that parents are equal partners in ECEC and that ECEC services should be fully participative. The long-term efficacy of ECEC appears to be best ensured by a holistic approach that involves the child, the family, the community and the school.

In most European countries, the steering documents emphasise the importance of parents’ involvement. They recommend that ECEC settings include specific measures to encourage parent participation. The most common form of co-operation between parents and ECEC settings is through information sessions and bilateral parent-teacher meetings, which could be the basis for regular dialogue between families and ECEC practitioners (European Commission/EACEA/Eurydice/Eurostat, 2014).

An effective partnership between ECEC providers and families creates better conditions for children’s learning. Parents can assist children in their learning and help staff to better understand children’s needs. Co-operation between ECEC staff and parents is considered beneficial for the child’s progress and development. The ECEC staff’s role is to initiate dialogue, share information and ensure that parents play a part in their children’s education. This is especially important in the case of children with additional needs who require specific support in their development and learning (European Commission/EACEA/Eurydice/Eurostat, 2014). The integration of children with a migrant background can be facilitated by developing partnerships with local communities, including families and migrant associations (Council of the European Union, 2009b).

The Council of the European Union (2011) has called on the member states to support parents in their role and to encourage ECEC services to co-operate closely with parents to increase awareness about the opportunities that ECEC offers.

Children develop in a determinant context. The socio-political environment, neighbourhood/community and family characteristics directly influence children’s well-being. Therefore, they also influence their lifelong trajectories in education and health (WHO, 2005). Parenting is highly relevant for the child’s development. This includes the dynamic interrelation between the parents and the child and the communication and learning environment (i.e. nurturance), and the parents’ lives or parents’ own context (i.e. inequality or low-income families) (Bertram and Pascal, 2014).

Children experience multiple learning opportunities from their nearest natural environment, such as their families and neighbourhood. Their competences and natural interests arise from the multiple possibilities of exploring their environment. Therefore, when parents offer the opportunity for children to be involved in learning and play activities in which guidelines are available, there is increased interactive behaviour among children and adults (Dunst et al., 2001). Axelsson (2014) observed that, in Sweden, children with profound intellectual and multiple disabilities participated less often than children with typical development in a great number of family activities. In particular, they were more active in less physically demanding activities and in a less diverse set of activities. Professionals close to the family environment need to facilitate strategies that
are near the proximal processes of the child’s needs (ibid.). Harjusola-Webb et al. (2013) have developed a professional development programme from the University of Ohio that addresses professionals’ needs through a collaborative intervention network with professionals and children, together with families. Parents and providers indicated different benefits from different programmes resulting from the natural environment, early years interventions and service co-ordination: participants offered a clear understanding of the expected results related to processes and outcomes, creating a framework with clear objectives (Dunst and Bruder, 2002). Involving parents in the intervention process is much more powerful than working only with the child (Raver and Childress, 2014).

Families are key in implementing successful inclusion in the classroom and in teaching children to value individual differences (Stivers et al., 2008). Salend (2004) indicated that teachers could help families with different strategies for communicating with children about the individual differences between them and their peers. For example, they can criticise negative stereotypes, use children’s books or internet resources about children with SEN, address inappropriate behaviour and hurt feelings, use adults with SEN as resources, address accessibility issues, and teach alternative communication.

Furthermore, scholars have specified how important it is for all families to learn general information about issues, characteristics, challenges and accommodations associated with various disabilities or conditions. Strategies to be implemented at nursery and at home that staff can teach to families include:

- noting similarities among children;
- describing children in positive and meaningful ways;
- speaking to children in age-appropriate ways;
- answering questions honestly and directly and relating them to the child’s experiences;
- respecting all children and their independence;
- fostering social interactions and teaching the social skills for interaction with each other;
- having age- and disability-appropriate toys available (Salend, 2004).

Keeping in mind that respect and confidentiality are important issues, staff must provide families and people from external organisations related to children with SEN or disabilities with the opportunity to share experiences.

Boulware et al. (2006) developed an effective programme, named Project DATA (Developmentally Appropriate Treatment for Autism) for Toddlers. It is an inclusive early intervention programme in functional outcomes, including toilet training, imitation, verbal communication and interaction with peers. The programme focuses on children between one and three years old on the autism spectrum and places them in mainstream playgroup classes, including sessions with families. The programme resulted in most of the children (four out of seven) being included in schools, one home-schooled with access to general schooling and two in segregated placements.
7.3.1.1. Information available to families and parents’ participation

Scholars recommend that families receive information about children’s rights and inclusive education. They should be well-informed about the different options available and be empowered to make the most appropriate decisions for their children. The information should be provided at different levels (policy, administrative, school staff, NGOs). Odom and Wolery (2003) emphasise that families are the main context where children learn. Families must be involved in the nursery practices and should get support from the nursery staff through parental education programmes.

ECE settings should consider the following questions to enhance collaboration with parents:

- What does parent participation mean?
- How can the school effectively contribute to and promote the empowerment of families?
- Is there a school policy on how to work with families?
- What are the key elements of this school policy?
- Is this included in teacher training?
- Do families have the opportunity to decide on their children’s educational options?
- Which are the procedures parents could initiate to complain about school decisions?
- Does the school consider the child’s strengths, interests, goals and expectations – as well as those of the child’s family?

Based on Cunningham and Davis’ (1985) model, Devarakonda (2013) developed a model explaining the different characteristics of relationships between parents and professionals:

- **An expert model** – professionals are perceived to be knowledgeable about all children with special educational needs and parents are expected to follow the advice provided by the professionals. […]

- **A transparent model** – professionals […] are responsible for making decisions for all children with special needs. Parents are provided with appropriate information allowing them to be active in the decision-making process, are considered to be a valuable resource and are trained to follow up activities at home.

- **A consumer model** – parents of children with SEN are the key decision-makers. Parents are empowered and involved in making decisions for their children, as they are presented with all the options available for children and their families (Devarakonda, 2013, p. 146).

7.3.2. Professionals for inclusion

Scholars have found that, unless early childhood services are implemented between the ages of zero and three, children miss the opportunity to be screened. In response to this situation, interventions in speech therapy and cost-effective alternatives have appeared.
Woods et al. (2011) have identified effective early communication strategies from the speech therapy field for helping other professional everyday routines to communicate with infants and toddlers with, or at risk of, communication deficits and their families through early intervention supports and services.

McCullough (2001) has proved the viability and effectiveness of teletherapy for children with SEN in early years settings. Staff and parents had contact with experts and received special training from healthcare services through ‘televisits’ (covered by NTL/Cabletel), particularly speech and language sessions at home and during nursery hours. Within 10 years, technology changed and the televisits transformed into low-cost videoconferencing (using Skype), which proved useful in community clinics for screening children living in urban areas (Ciccia et al., 2011).

Early intervention by health visitors or school nurses resulting in strategies implemented in the classroom, such as behavioural modification, are more effective and acceptable for families than the use of external services, such as mental health services (Smith and Hart, 2013). In countries like Australia and England, health visiting services are universal and are embedded in the wider resource system (Cowley et al., 2012). Greenstock and Wright (2011) reported effective practices involving teachers, language therapists, teaching assistants and nursery nurses when teaching and using graphic symbols. They highlighted the importance of involving participants in speak-up sessions, such as focus groups, in which they identify their roles and develop mutual understanding.

Teacher beliefs about the meaning of SEN could change, influenced by policies and as a result of teachers’ own professional learning and the team supporting them (Croll and Moses, 2003).

### 7.4. The role of teaching assistants and specialist staff

This issue is controversial, as teaching assistants may represent a barrier to a child’s inclusion in the classroom or they may provide opportunities and interaction. What should be the teaching assistant’s role? What is the teaching assistant’s profile? It is still necessary to decide whether they should have a pedagogical role and how they should act if it is decided that they should take another role (Webster et al., 2011).

Marchesi et al. (2009) observed that specialist staff need to help within the mainstream classroom and are expected to work with all children, not just those with SEN. These staff need to respond to the elements required to work with children with severe disabilities (Cross et al., 2004), autism spectrum disorders (Stahmer and Ingersoll, 2004) or visual impairments (D’Allura, 2002).

The European Commission (2011e) highlights that invisible assistants are involved in caring tasks, which devalues the educational side of care and reduces education to learning. According to Oberhuemer (2014), different human resources are available in different forms in Europe. In Slovenia, for example, teachers are supported by fully qualified assistants with an early years specialist focus. In other countries, such as Cyprus, Greece and Ireland, teachers work alone without assistants, except for when they work with children with SEN. In the Baltic countries, there are few assistants; specialist staff implement regular support in different areas of learning, such as music and physical education.
8. SECTION C: CURRICULUM/CONTENT

The European Commission emphasises that ECEC content should be considered carefully. Programmes which focus on learning, as well as personal and social competencies, tend to produce better outcomes and, consequently, better outcomes throughout life (European Commission, 2006a). ECEC settings must be ‘designed and delivered to meet all children’s full range of needs, cognitive, emotional, social and physical’ (European Commission, 2011a, p. 6). The needs of pre-primary age children are very different from those of older children. The acquisition of non-formal skills at an early age is essential for future learning and successful social engagement. The European Commission (2011a) states that ECEC curriculum content should go beyond cognitive learning and include socialisation and various non-cognitive aspects.

Many European countries have issued official steering documents for this educational phase. The educational component of these documents tends to be restricted to older children in pre-primary years. For younger children, in many countries the emphasis tends to be on the care element of the provision, while guidelines on cognitive and intellectual needs are mentioned less (European Commission/EACEA/Eurydice/Eurostat, 2014). In about half of the EU countries, the educational component of ECEC provision covers the entire age range of children, while in other countries, it is only directed at older children. All European countries list objectives regarding personal, emotional and social development, as well as language and communication skills that ECEC should cover. Most countries highlight physical development and the development of artistic skills for both younger and older children (ibid.).

The European Parliament (2013) and the Council of the European Union (2011) also underline the necessity for balanced programmes and curriculum guidelines. The curriculum guidelines should contribute not just to developing cognitive aspects that are important for entering primary education, but also to developing non-cognitive elements, which are important in laying the groundwork for lifelong learning. The Council (ibid.) notes that EU member states should promote cross-sectoral and integrated approaches to care and education services in order to meet all children’s needs – cognitive, social, emotional, psychological and physical – in a holistic way.

8.1. Pedagogy and curriculum focus

Pedagogy is the way the staff teach the children. Oliveira-Formosinho and Barros Araújo (2011) describe a pedagogy trend from Portugal, called Pedagogy-in-Participation. Valuing and respecting diversity are central and are considered in pedagogical dimensions (pedagogical spaces, materials, time, adult-child interactions, observation and planning). Families, nature and culture are mediators in developing sensitivity and respect for all forms of difference. Paige-Smith and Rix (2011) have implemented a research method where the pedagogy is based on the children’s responses in an active participation programme. This is called a ‘listening to children’ approach. Instead of following a child’s developmental clues, the authors follow the ‘learning story’ approach to assessment,
following the child and narrating their early years intervention in first person. In this process, the child’s rights are acknowledged and recognised in every learning situation.

Zakin (2012) shows how important curriculum content is in an inclusive classroom. This means the inclusion of tolerance or social justice in early childhood that enables children to be aware of themselves in relation to others, to accept physical or behavioural differences and to show empathy and care for others. The author also says that social justice is the ability to treat others with fairness, even if that means putting others’ needs above one’s own. Scholars have identified effective classroom activities through artistic exploration, such as mixing skin tones by drawing and painting hands, reading children’s picture books representing children of different skin colours and learning about different traditions (ibid.). Polat (2010) states that integrative and exclusionary settings normally exclude these competencies from the curricula. Kliewer (2008) claims that inclusive pre-primary settings are the best place to teach literacy, changing the understanding of literacy. This indicates that teaching should be based on the children’s surroundings, by using multiple signs (i.e. visual, orthographic, tactile and sign systems) and symbol systems to develop narratives.

Early years curricula are implemented as a result of the responsibility taken by the early years staff. Scholars recommend a holistic approach focusing on all aspects of the child’s development: cognitive, social, emotional and physical aspects, including health promotion (Soni, 2014). Communication skills are very successfully achieved in group activities. Group intervention delivered by nursery staff and teaching assistants in several nursery schools in the UK resulted in significantly better performance by children in oral language and spoken narrative skills immediately after the intervention and after six months. It also had a positive impact on reading comprehension (Fricke et al., 2013).

Furthermore, Lynch and Simpson (2004) identified the importance of staff being knowledgeable about the additional senses and the sensory integration process. When problems appear, nursery staff misunderstand them in many cases, resulting in behavioural problems. Therefore, detection and classroom accommodation strategies for young children with sensory processing difficulties are needed in the areas of general, tactile, vestibular and proprioceptive detection.

### 8.2. Relationships with peers

Few academics have studied the impact of children’s participation in inclusive pre-primary education programmes. It is expected that children in inclusive settings have contact with children with disabilities, resulting in these children exhibiting more moral judgments and moral emotions than children in non-inclusive classrooms. Furthermore, within the inclusive group, children who communicated great sympathy towards children with disabilities were more likely to report frequent contact with children with disabilities. Therefore, scholars have found that the main competence to be accepted is sympathy, as a means of enhancing other-oriented and socially inclusive behaviours. Children with this competence were more likely to include children with disabilities in primary school grades (Gasser et al., 2013). Odom et al. (2007) reveal how children with a range of disabilities are socially rejected in relation to their social competences on social problem-solving, emotional regulation and developmental capacities. In response, Gasser et al. (2014)
identify the importance of the staff’s role in essential adaptations of teaching methods and classroom management when teaching children with intellectual disabilities. These include, for instance, focusing more on child-centred and co-operative classroom activities that will provide important interactional opportunities for all children to develop social skills.

DeLuzio and Girolametto (2011) have identified that although children with severe to profound hearing loss have the competences to manage conversational exchanges with peers, they are often excluded from interactions. The authors reveal that promoting classroom-wide social skills training increases interaction opportunities.

Other scholars re-affirm that children use a negotiated system of communication that rules their relationship. Ytterhus (2012) has identified that those children who do not follow the rules are excluded. Exclusion increases with the complexity of the nuances, signs and symbols of these rules. Therefore, scholars have pointed out the need for ‘translators’ among their peers or other human resources, such as organisation and choice of activities (ibid.). Inclusive practices could benefit all children, with and without risk of disabilities or with disabilities. Ogelman and Seçer (2012) have identified how inclusive education practice (daily plans based on inclusive activities made in advance and shared between teachers) has a positive effect on the level of aggression, pro-social behaviour, asocial behaviour and victimisation displayed toward their peers. Moreover, there is a positive effect on interpersonal skills, anger management skills, self-control and adaptation to change. Indeed, scholars have identified how peer imitation is a fantastic tool being promoted by staff by planning activities in small groups and in free settings. Small group imitation training consists of a four-step intervention that continues until the child with SEN in the small group gets to be in a leadership position twice. The steps consist of the teacher’s instructions to the small group, selecting a leader, prompts to promote imitation and praising imitative acts (Garfinkle and Schwartz, 2002).

Trepanier-Street et al. (2011) report that children have positive perceptions and are seen as competent based on their physical, social and academic abilities. Competences were valued for the effect and demand on task. Therefore, the scholars have observed that children showed very limited knowledge about possible adaptations and accommodations available.

Kirves and Sajaniemi (2012) studied the prevalence of bullying in early educational settings in Finnish kindergartens. They also investigated whether bullying in kindergartens differs from school bullying and what forms bullying takes among pre-primary age children. The study collected two kinds of data: data from a survey of day-care staff in the City of Vantaa (n = 770, involving 6,910 children) and data from interviews of children, day-care staff and parents (n = 114). The study’s results indicate that systematic bullying does occur among pre-primary age children. The interviews showed that bullying among pre-primary age children seems to be a similar phenomenon to that of school bullying. The study found that 12.6% of children aged three to six years in day-care were involved in bullying in some way. Exclusion from peer relationships was the most common kind of bullying. Moreover, these children talked about bullying as an everyday phenomenon and its content varied only slightly from adults’ speech on the topic.

In some European countries, organisations promote positive values among children living in conflict-affected societies. Aboud et al. (2012) identified the broadness of children’s
responses to the programme interventions to reduce prejudice among children in pre-primary education. Among the strategies used in the programmes, some scholars had selected contact, while others selected media or instruction with effects on attitudes and on peer relations. The results – positive (40%), non-significant (50%) and negative (10%) – indicate a mixed picture. Overall, more attitude effects (55%) than peer relations effects (25%) were positive, and media/instruction (47%) was more successful than contact (36%) (ibid.).

Organisations in Northern Ireland, such as Queen’s University Belfast, studied a successful programme based on using cartoons and curricula materials to promote inclusion and diversity values in children in early years centres (three to five years old). The programme had a great impact on the children. Studies highlighted the importance of considering ethical issues, and that the staff was continuously monitored and trained to ‘break … cultural constraints’ (Connolly et al., 2006, p. 276).

Diamond and Carpenter (2000) confirmed how children with experience of inclusive pre-primary settings showed higher helping strategic competences, such as being sensitive to the needs of children with disabilities. Moreover, Nutbrown and Clough (2009) demonstrate that supportive staff taking the lead on action research results in greater involvement of children aged three to six years. Staff became involved in children’s development of values such as inclusion or citizenship that are proved to be different to the ones the adults had. This resulted in children feeling valued and contributing to the nursery activities with their own ideas. Early music education for children aged four to eight-and-a-half years has also been used effectively as a tool for inclusion and fostering respect for diversity. The activities engaged all children and were led by confident teachers and facilitators (Odena, 2009; 2010).

8.3. The importance of play in early childhood development

Different practitioners implement strategies in different ways in the early years. Pound (2014) and Rogers (2014) state that quality must be a main aim in which the understanding of learning and development in early childhood is shared among pedagogies such as play, active learning and critical thinking. In infant education, play is a central component of child development and should be a fundamental way of learning (Nutbrown et al., 2013). Free choice and free play should be part of the discourse, as children learn from being in a group. It is important to offer children the opportunity to create their group and individual agencies, through work within shifting power structures, relationships, conflicts, negotiation resistance and subversion (Wood, 2014). Its relevance is also shown by Kemp et al. (2013), who identified that children with disabilities in inclusive childcare settings interact more with their peers during free play and meal routine activities than during group activities. Skogman (2004) stated that innovative play and activity can slowly, and gradually, change the pre-school, so that it will be inclusive for children both with and without disabilities.

Wolfendale (1997) demonstrated the relevance of play as an assessment tool. Assessment provides a baseline in which rich information could be gained by observation and participation. Therefore, staff could model the child’s behaviour or use feedback to identify other motivating play opportunities.
8.4. Resources for children with SEN that are useful in inclusive settings

The way classroom practices are used has a direct impact on children’s learning and skills acquisition. For example, cognitive self-regulation (CSR) includes children’s ‘ability to manage or modulate positive and negative emotions, to inhibit or control their behavior, and to shift and focus their attention’ (Raver et al., 2012, p. 247, as cited in Fuhs et al., 2013). CSR was effective in early childhood classrooms when teachers were approving of children’s behaviours, less disapproving, using more positive emotional tone, using more time on offering quality instructions and literacy and mathematic content (Fuhs et al., 2013).

This section presents some examples of strategies that have been effective in practice in inclusive settings.

8.4.1. Buddy skills package

Kohler et al. (2007) implemented a programme to increase social interactions between pre-schoolers with autism and their peers. Following baseline, the children participated in eight sessions of training that focused on the strategies of Play, Stay and Talk. An intervention consisting of teacher feedback, praise and picture cards was then implemented to support peers’ overtures to their classmate with autism. Teacher feedback and praise were terminated in a final maintenance phase, whereas the picture cards were still available as visual cues.

A multiple baseline design indicated that the package increased peers’ overtures to their playmate with autism, and this behaviour continued during the maintenance condition. The child with autism also directed more overtures to her peers, although she did not receive teacher support for this.

8.4.2. Reinforcement strategies

Hester et al. (2009) show the importance of teachers implementing supported strategies to promote the social and academic growth of young children at risk of behaviour disorders. Three of the most widely researched and suitable strategies for supporting positive, adaptive behaviour among young children are praise (Bayat, 2011), planned ignoring and classroom rules.

8.4.3. Adaptation of planned activities

Diamond and Hong (2010) have identified adaptations of planned activities that promote participation by reducing motor demands for all children, along with attention to issues of fairness and equity of opportunity. These may be effective classroom interventions to support the inclusion of children with disabilities in play activities with peers.

8.4.4. Assistive technology

Light and McNaughton (2012) demonstrated that children with complex communication needs get substantial benefits from augmentative and alternative communication (AAC) in developing communication, language and literacy skills, with no risk to their speech
development. The use of AAC technologies/apps would help them. Shimizu and McDonough (2006) report how the computer mouse could help children with developmental disabilities to point and, therefore, become more active in pre-primary activities. Shamir and Baruch (2012) confirmed the usefulness of e-books (designed by the authors of the article) in working on early mathematics and literacy skills with children at risk of learning disabilities (with verbal or non-verbal skill levels).

8.4.5. Use of pictograms

Use of the Picture Naming Individual Growth and Development Indicator (Early Childhood Research Institute on Measuring Growth and Development, 1998) could be effective. It is a specific system that increases the expressive language growth of young children with autism spectrum disorders during individual one-to-one sessions within the mainstream classroom. They are accessible, inexpensive and useful to follow the children’s progression (Caddigan and Missall, 2007).

8.4.6. Circle of friends

Kalyva and Avramidis (2005) described the circle of friends, an activity lasting 30 minutes. It was carried out in a nursery setting on a weekly basis for three months, with the active involvement of one teacher and five peers of each child with autism. The children were selected with different abilities and with an established friendship with the child with disabilities and tools were selected as preferred by the child. The teacher encouraged the focus children to also participate in verbal activities or to sing nursery rhymes. The programme had the effect of improving the social skills of children with autism and their ability to communicate, and ultimately facilitate their ‘inclusion’ in mainstream settings.
9. SECTION D. GOVERNANCE AND FUNDING

The issue of funding is strongly linked to the issue of childcare availability. Affordability is a key factor in ensuring that all children have access to ECEC, especially the most disadvantaged ones. Decentralisation of early childhood services is part of national policy and, at the same time, brings new responsibilities to the local authorities. It requires the adjustment of national and local standards and monitoring to prevent inequalities between regions and settings developing (OECD, 2006).

Fees for ECEC attendance vary considerably among EU countries. The private sector is often more prevalent in ECEC provision for younger children, while more public funding is usually allocated to ECEC for older children. The most common pattern for financing ECEC is a mixture of central and local funding. Family income is often considered as a criterion for fee reductions.

In most EU member states, pre-primary education services are covered for at least two years for children between three years old and the mandatory school age. They are financed by public funds and are often free of charge for the parents (European Commission, 2008c). Fees are not charged for older children for the last years of pre-primary education. In around half of European education systems, the entire ISCED 0 period – i.e. centre-based educational programmes for children over three years old – is provided free of charge. For early years prior to ISCED 0, parents generally have to pay and these costs vary considerably among countries (European Commission/EACEA/Eurydice/Eurostat, 2014).

Member states have a great variety of financing models for ECEC, which are based on public and private sources. All member states use public sources to finance or co-finance ECEC provisions for children over three years. Less than half of the EU countries cover most of the costs without requiring family contributions. For children under three years, provision tends to be privately funded (European Commission, 2011a).

Governments across Europe have recognised the importance of investing in ECEC. High-quality ECEC that is accessible for all requires substantial investment and private provision is often beyond the means of low-income families (European Commission/EACEA/Eurydice/Eurostat, 2014).

The European Commission (2006b) and the European Parliament (2011) highlighted that investment in ECEC has subsequent economic and social benefits and can reinforce equity and efficiency. They have stressed that public investment should prioritise education at the earliest age and that member states should devote appropriate resources to ECEC services. Returns on investment in ECE are the highest, particularly for those from a disadvantaged background. Educational investment at later stages tends to disproportionately benefit children from higher socio-economic backgrounds (European Commission, 2011a).

The priority is to invest in the earlier years of education to prevent educational failure and its consequences in adulthood and for a more efficient use of funds. Since 2000, EU countries have invested more in the field of pre-primary and school education, but public
investment per capita in the early childhood phase is still lower than at the other stages (European Commission, 2012).

9.1. ECEC policies

The European Commission and the Council of the European Union stress that a more integrated, systemic approach to ECEC services is required across Europe. This means strong collaboration between the different policy sectors, such as education, employment, health and social policy. This approach requires a coherent vision that all stakeholders share, a common policy framework with goals and clearly defined roles and responsibilities at central and local levels. This systemic approach could allow governments to organise ECEC policies more efficiently and could also help ECEC services to respond better to local needs. The systemic approach should involve all relevant stakeholders at local, regional and national levels, as well as families. This should be combined with close cross-sectoral collaboration between different policy sectors (European Commission, 2011a; Council of the European Union, 2011).

9.2. Services and funding

Different funding models exist for the family and/or for the school. Odom et al. (2001) compared the instructional cost of inclusive pre-primary education with the cost of special education services for children with disabilities. In a comparison of five different agencies in the UK, the authors concluded that inclusive settings were less expensive. This was based on an analysis of salaries, tuition, equipment, materials, transportation, administration and building costs.

In Europe, Oberhuemer (2014) described clear distinctions among European countries in ECEC settings for children. In Finland and Sweden, responsibility mostly resides with the education ministry, with unitary forms of provision between the ages of one and six. Estonia, Denmark, Latvia and Lithuania had different forms, with zero to six age-integrated or age-segregated groups (zero to three; three to six). In Finland, Lithuania and Sweden, where school commences at seven years old, the government offers compulsory preparatory classes before primary school. In all countries, provisions are universal and non-eligible private services. In the UK and Ireland, there is a different model. These countries offer integrated services between education and healthcare services. Although this is changing with the inclusion of free entitlement hours for children over three years old, private provision still dominates the market and parents must share costs.

In Eastern Europe, compulsory pre-primary education starts around five years of age. Due to budget cuts, few free services exist in Eastern Europe for children under three. In Western Europe, early years services are divided among different ministerial bodies. In France and Belgium, pre-primary provision from ages three to six is free of charge and comes under the ministry of education. Education for children under age three is segmented and comes with a fee. In Germany, from the stage of zero to six, the system is strongly decentralised. In Southern Europe, early years educational stages are divided from birth to the age of three years and pre-primary institutions/settings for children from three years up to the start of primary education.
The UK implemented a programme in six local authorities. It was an extended Individual Budgets (IB) programme in which the former Department for Children, Schools and Families (DCSF) originally commissioned the IB pilots to run from April 2009 to March 2011. The most commonly identified risks with taking the IB work forward included challenges in disaggregating health and education budgets and a lack of understanding, commitment and capacity to get involved among health and education staff. More information can be found in Prabhakar and Thom (2012).

9.3. Affordability of ECEC and pre-primary settings

It is clear that during this stage, many groups work to improve a specific child’s quality of life. There are different units that can be interconnected. They are the school, including the classroom and the human resources involved within the school community, and the human resources and leaders from local authorities and families. Fuller et al. (2013) indicated that key issues – such as co-ordination of resources, conduit of communication, promotion of social inclusive activities and leadership mechanisms – need to be realised from the meso- and macro-levels. This includes school leadership by persons with distributive leadership skills.

9.4. Governance

Leaders must consider the social capital and build on the important aspects to develop relationships and participate in sustainable societies in which leadership should be highly contextualised. They should respond to the cultural settings and the real community of learning. Leaders must be transformative, offer a vision that inspires others, take risks based on a creative potential, show energy, enthusiasm and passionate personal qualities, have a relationship with the school community and show personal integrity (Leeson, 2014). A new tendency is promoting multi-agency work, in which everyone who works with families and children works in partnership to ensure the child’s progress. In the UK, there were cases in the past where children suffered abuse because of a lack of co-ordination among professional staff. The new policy states that the child’s protection must be ensured and through different levels (Siraj-Blatchford et al., 2007).

Scholars recommend that early years settings have an active inclusion policy and renew it continually, bring information up to date and evaluate policies. These policies are effective when they are implemented in specific settings and became ‘understandable, practical and workable documents’ (Mortimer and Johnson, 2008, pp. 18–19). Staff must be part of them and believe what they say. Inclusion policies should indicate a shared meaning, such as a statement with values and vision complemented with the policy’s objectives and for whom it stands. The policy must describe the issues that are important to tackle – for example, that there are seven languages taught in the classroom – and what the nursery and the classroom are going to offer in this situation. The policy’s impact must be considered through a section which describes awareness raising. At the end, it must specify how the community of learning will keep up to date with the actions and how the community will participate in its evaluation (Mortimer and Johnson, 2008).
Both the OECD Working Group and the European Commission’s Thematic Working Group on ECEC suggest that monitoring and evaluation are ‘powerful tools for improving children’s outcomes and driving continuous improvement in service delivery’ (OECD, 2012a, p. 13; OECD, 2013c; European Commission, 2014). Monitoring and evaluation go beyond assessing children’s learning, as discussed in Section A. They refer to the process of collecting data and making judgments about systems, programmes, materials, procedures and processes (Harlen, 2007). Such monitoring and evaluation can both provide accountability about investment in ECEC services and serve to improve policy design and the implementation of standards. It can also be an important tool for informing parents about the level of quality of the services being offered (Levitt et al., 2008). Indeed, all European countries have set up mechanisms to ensure external evaluation of ECEC settings (European Commission/EACEA/Eurydice/Eurostat, 2014). The European Parliament (2011) has called on member states to develop mechanisms for evaluating ECEC provision and ensuring that quality standards are met in order to improve ECEC services.

Monitoring often involves evaluating services against standards set for quality structures, processes or outcomes. Such evaluation can be quantitative and/or qualitative and can involve interviews, observations, standardised testing and service quality ratings, depending on its purpose.

Monitoring and evaluation can be applied to all the areas mentioned in Sections A to D. *Starting Strong III* identified seven common targets of evaluation exercises:

1. Child development
2. Staff performance
3. Service quality
4. Regulation compliance
5. Curriculum implementation
6. Parent satisfaction

One area that needs monitoring is the quality of services received by children with special needs. For instance, two studies were recently conducted using the Global Guidelines Assessment. They investigated access to and quality of special education services in ECCE programmes across eight countries in the Americas and Asia (Hardin and Hung, 2011). Results from both studies indicate that ECCE programmes strive to provide equal access to young children regardless of ethnicity, religion, language, gender and socio-economic status. However, insufficient resources and policies were cited in considering why there are still many barriers to services for children with disabilities (Pearson et al., 2014).

The Thematic Working Group on ECEC under the auspices of the European Commission pointed out two criteria for effective monitoring. Firstly, systematic monitoring of ECEC should generate information and feedback at the appropriate local, regional or national
level, allowing for integration of data at all levels to enable decision-making. Secondly, it is also important that: ‘All stakeholders, including ECEC staff, should be engaged and empowered during the implementation of any monitoring and evaluation process’ (European Commission, 2014, p. 11). This can further ensure that the monitoring process focuses on the child’s interest.

Regarding the previous statement, and with respect to local-level evaluation and evaluation of the quality process of interaction between teaching staff and children, a small study recently done in Portugal is worth considering. The study aimed at raising ECEC quality through a participatory and context-sensitive approach to ECEC evaluation (Barros Araújoa, 2015). Twelve pre-primary teachers were trained to carry out evaluation of adults’ engagement and children’s involvement through the support of a specialised trainer. Results showed perceived effects on staff observation skills and reflection-on-action. Participants also pointed out that experimentation in practice contexts and shared reflection were the most meaningful and facilitative strategies in their learning.
11. CONCLUSION

The provision of quality ECE/IECE is clearly a priority concern for policy, practice and research in Europe, as well as at international levels. Working groups within the EU, OECD and UNESCO have developed pointers towards promoting, improving and sustaining quality ECE/IECE services. They all, however, indicate the need for further understanding of the policies that can serve to enhance ECE/IECE structures, processes and outcomes. The IECE project should serve as a grounded study of the policy and practice scenario in Europe.
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