

# Early childhood care: Accessibility and quality of services







European Foundation for the Improvement of Living and Working Conditions

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## Country codes for EU Member States

AT	Austria
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BG	Bulgaria
CY	Cyprus
CZ	Czech Republic
DE	Germany
DK	Denmark
EE	Estonia
EL	Greece
ES	Spain
FI	Finland
FR	France
HR	Croatia
HU	Hungary

IE	Ireland
IT	Italy
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RO	Romania
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SI	Slovenia
SK	Slovakia
UK	United Kingdom

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## List of abbreviations

ABA	applied behaviour analysis
ASD	autistic spectrum disorders
ADHD	attention deficit hyperactivity disorder
CDI	Childhood Development Initiative
CEE	central and eastern Europe
CPD	continuing professional development
ECEC	early child education and care
ECERS	Early Childhood Environment Rating Scale
EIBI	early intensive behavioral intervention
PCF	parent/carer facilitator
PEIPs	parenting early intervention programmes
RCT	randomised control trial
SEN	special educational needs
SLI	specific language impairment
SLT	speech and language therapy

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# Executive summary

## Introduction

This report focuses on access to and quality of early childhood education and care (ECEC) services, two dimensions that have gained increasing importance in the political agenda in Europe since the 2011 Communication from the Commission *Early childhood education and care: Providing all our children with the best start for the world of tomorrow*. More concretely, it presents evidence regarding the elements of working conditions and in-service training that increase the quality of early childhood education and care; it also presents examples of successful practices when it comes to making services more inclusive for children in a vulnerable situation. A systematic review of research studies from Europe identifies which types of training and which elements of working conditions have the greatest influence on the quality of services. Such a review is a useful tool in providing policy guidance, as it gives a good overview of the aggregated results of different studies. As for the accessibility of services, the report describes good practices gathered in the form of case studies that have been evaluated and that describe additional resources for the inclusion of children with disabilities or learning difficulties, or who come from a disadvantaged background, in mainstream ECEC services.

## Policy context

For a long time the emphasis at the EU level was on the availability of ECEC places and on the relevance of ECEC for work–life balance, but the importance of quality and the role of ECEC in achieving social inclusion has become more prominent in the last decade. In its 2011 Communication, the European Commission highlights the situation of children with disabilities, learning difficulties and disadvantages, reaffirming that high-quality ECEC is particularly beneficial for these groups and that ECEC provides an opportunity for early detection and intervention of learning difficulties. Similarly, the European Commission recommendation *Investing in children: breaking the cycle of disadvantage* highlights the need to focus policies on children who face an increased risk due to multiple disadvantage and points out that ECEC should be of high quality, inclusive and affordable, as well as adapted to the needs of families. Current work from the OECD and the European Commission, regarding the quality of ECEC, highlights the importance of having a qualified and motivated workforce and the need to increase efforts to make services more accessible for children in a vulnerable situation.

## Key findings

**Benefits of continuing professional development:** Continuing professional development plays a key role, both in improving the outcomes of children using ECEC services and making services more inclusive. Studies included in an earlier systematic literature review contracted out by Eurofound show that training is more effective when it is integrated in the practice of ECEC centres – for instance, delivered in the workplace, dealing with practical issues, or involving coaching and/or discussions with colleagues. In the case of training courses lasting up to six months, a video feedback component has a positive impact on the language acquisition and cognitive development of children and on the competencies of practitioners in caregiving and language stimulation. Long-term pedagogical support to staff, provided by specialised coaches or pedagogical counsellors in reflection groups, was found to be effective in enhancing the quality of ECEC services over a long period of time. There is also evidence of its positive impact on children’s cognitive and social outcomes.

**Training on inclusion:** Training on inclusion focuses on teaching practitioners how to interact with children, parents and staff from other organisations (for instance, Roma mediators). The incentives given to increase the take-up of voluntary training courses include financial incentives, or some type of certification within the framework of a wider training scheme (for instance, becoming a licensed practitioner). To make services more inclusive for all children, emphasis is placed on ensuring that all stakeholders have a common understanding of the concept of inclusion.

**Differing quality of evidence:** Overall, the evidence available regarding the impact of working conditions on the quality of ECEC services is less robust than that of the studies dealing with training. This lack of robustness is an issue, as it is necessary to establish causality accurately in complex interventions such as ECEC. Some of the gaps identified in research include the impact of short-term training courses integrated into ECEC practices without a video feedback component, and the lack of integration of courses into the ECEC practice, as well as the impact on staff–child interactions of long-term training integrated into practices through the provision of continuous support to practitioners. Furthermore, there is a research gap regarding the retention of the effects of training over the longer term.

**Shortage of suitable studies:** While the systematic review process included a search for studies in all 28 EU Member States and in all the official languages of the EU, articles with the adequate scope and methodological design and rigour were found in only 12 countries (Belgium, Croatia, Denmark, Germany, Ireland, Italy, the Netherlands, Portugal, Sweden, Slovenia, Spain and the UK).

**Lack of robust evaluations of practice:** Similarly, there are few robust evaluations (such as randomised controlled trials or quasi-experimental evaluations) of inclusive practices in ECEC, particularly when it comes to additional resources for children with learning difficulties. The views of children, who are the ultimate beneficiaries of these practices, are seldom part of the evaluations, which tend to focus on the views of practitioners and parents. Just under half the case studies were evaluated independently by external evaluators.

### Policy pointers

- In-service training is more effective when it is integrated in ECEC practice and includes some type of feedback element. Video feedback in training of less than six months' duration has proved effective in strengthening practitioners' care-giving and language stimulation skills. It also has a positive impact on children's language acquisition and cognitive development.
- More robust research evidence is needed on the impact of working conditions and inclusive practices.
- The added value of additional resources in inclusive practices can be increased by adapting existing training to different audiences (for instance, changing a course for parents to meet the needs of practitioners) or offering training resources online. In some cases, an incentive for ECEC centres to take part in the projects was the fact that they would have priority in getting extra funding in the future.
- Building partnerships between ECEC centres and institutions like non-governmental organisations or social services improves outreach to children in a vulnerable situation.
- Involving local authorities is perceived as essential in implementing the changes, as ECEC services cannot implement changes on their own (from a financial and from a policy leverage

perspective). It also allows for continuous feedback and interaction between policy and practice. To establish effective partnerships with other stakeholders it is important to have a common understanding of the goals and how to achieve them.

- Joint activities for children with special needs and other children remove the stigma that can be associated with particular additional resources.
- The gap between mainstream provision and additional support measures has to be narrowed to make practices transferable and sustainable. In particular, the lack of qualified staff in mainstream ECEC services constitutes a serious barrier to making services more inclusive.



# Introduction

This report presents the main findings of Eurofound's research project 'Assessing childcare services', which was carried out in 2013 and 2014. The project links two priorities of Eurofound's 2013–2016 work programme: improving working conditions, and improving standards of living and promoting social cohesion. Eurofound's work programme for this period also seeks to look at the accessibility, quality and sustainability of public services (the focus of this project). The aim of this research project is to make an evidence-based case about how to improve the accessibility and quality of early childhood education and care (ECEC), two issues that have been the main focus of recent policy and research initiatives carried out by the EU (European Commission, 2014a) and the OECD (2012). Quality and accessibility are intertwined: data from Eurofound's 2012 European Quality of Life Survey (EQLS) show that less difficulty in accessing childcare services results in a higher perceived quality of service (Eurofound, 2013). Conversely, poor quality of services constitutes a barrier to accessing services, with 27% of Europeans stating that the poor quality of services made it difficult to access them (Eurofound, 2012).

While there is consensus in the policy discourse that the working conditions and training opportunities of ECEC staff are crucial for the quality of services, the work of the OECD (2012) indicates that there is not enough research showing a clear link between these two elements and the outcomes for children. Furthermore, it is apparent that the working conditions and training opportunities of staff do not match the importance given to early childhood education and care at the policy level. A background paper drafted by Eurofound as preparatory work for this research project (Eurofound, 2014b) pointed out such issues as the lack of training opportunities and career progression, and the use of temporary contracts. It also found that guidelines regarding group size and staff–child ratio were not always followed. It is therefore important to make an evidence-based case for further investment in the workforce in this sector. In this context, a systematic review is a useful tool to show which forms of continuing professional development (CPD) and which types of interventions in working conditions are the most effective in improving the quality of services. Systematic reviews provide guidance to policymakers reforming services by pointing out 'what works'. Only six relevant literature reviews had been carried out at the time the background paper went to publication: two on ECEC quality and its relationship to child outcomes (Mitchell et al, 2008 and Vandell and Wolfe, 2000) and four on the impact of continuing professional development and staff working conditions (Huntsman, 2008; Munton et al, 2002; Zaslow et al, 2010; Fukkink and Lont, 2007). Only one of these reviews can be considered systematic in its methods (Fukkink and Lont, 2007). This report presents the main findings from a new systematic review that brings together for the first time research evidence from several EU Member States and covers languages other than English (Eurofound, 2015). This provides an overview of the state of research in Europe on this topic and indicates the main research gaps.

In addition to looking into the role of the workforce in increasing the quality of services, this report describes inclusive practices that make services more accessible. The main barriers to access to childcare services identified by the EQLS are cost (which makes it difficult to use these services for 59% of interviewees), availability (58%), physical access (41%) and quality (27%) (Eurofound, 2012). Tackling these barriers alone does not immediately make services more accessible. There are issues such as language barriers, knowledge of bureaucratic procedures, waiting lists, or priorities set by management that may pose a problem for poor families, or those from an ethnic minority background if they are not taken into consideration in ECEC access policies (Vandenbroeck and Lazzari, 2014). Staff may be unaccustomed to interacting with families from a disadvantaged or ethnic minority background. This is critical: research shows that quality ECEC services have a particularly beneficial

impact on children who are in a vulnerable situation because of their socioeconomic background, a disability, or behavioural problems. Children from these groups need equal access and for services to be made more inclusive through the provision of additional funding, staff and materials (OECD, 2007). It is also important to bear in mind that while inclusion requires additional resources, inclusive settings can be more cost-effective than having separate mainstream and special-education settings (OECD, 1999). Moreover, all children reap the benefits of more inclusive services, as providing such services forces teachers to devote more energy to the curriculum to ensure it is appropriate to the learning needs of all children; this in turn increases teachers' overall teaching skills (Peters, 2003).

This report describes the main features of 15 case studies on the use of additional resources for children who require greater support due to disability, learning difficulties or coming from a disadvantaged background. Despite the emphasis on investing in evidence-based practices, there are very few examples from Europe of successful inclusive practices in early childhood education and care that have been evaluated. These case studies therefore contribute towards identifying evidence-based practices in an area where there is a research gap.

# Early childhood education and care in context

## EU policy context

The importance, quality and accessibility of ECEC are increasingly being stressed at EU level. For a long period the emphasis at EU level was on the availability of ECEC places and on the relevance of ECEC for parents' work–life balance, but the importance of quality and the role of ECEC in assisting social inclusion have become more prominent in the past decade (European Commission, 2008a, 2011a and 2011b; European Council, 2009a and 2009b). In its 2011 Communication, the Commission points out the situation of children with disabilities, learning difficulties and disadvantages, reaffirming that high-quality ECEC is particularly beneficial for these groups and that ECEC provides an opportunity for early detection of and intervention in learning difficulties (European Commission, 2011a). Similarly, in its recommendation for investing in children, the European Commission (2013b) states that all relevant policies should focus on children who face an increased risk due to multiple disadvantage and points out that ECEC should be high-quality, inclusive and affordable, as well as adapted to the needs of families. Moreover, the importance of quality ECEC provision for social inclusion and the need to make greater efforts are mentioned in policy initiatives in relation to the Roma (European Commission, 2010), migrants (European Council, 2009a, 2009b) and the promotion of mental health (European Commission, 2008b).

During 2013 and 2014 a Thematic Working Group organised by the European Commission developed a proposal for principles of a Quality Framework for Early Childhood Education and Care (European Commission, 2014a), which contains several statements dealing with the themes of this report. It contains five areas and 10 statements that have been agreed by representatives from ministries responsible for ECEC from all 28 Member States.<sup>1</sup> Regarding accessibility (which is considered a component of quality), the quality statements set out that high-quality ECEC requires 'provision that encourages participation, strengthens social inclusion and embraces diversity'. Regarding the workforce, the emphasis is put on the fact that 'professional development has a huge impact on the quality of staff pedagogy and children's outcomes' and on the fact that good working conditions can make the ECEC sector a more attractive professional option, thus reducing staff turnover (European Commission, 2014a, p. 9). The Commission will follow up this work by identifying indicators and gathering data from Member States (that go beyond the data gathered by Eurydice in 2014) regarding what is being done in relation to the areas and statements included in the quality framework. This will be used as the basis for proposing a tool with indicators.

## ECEC policy context

In understanding the findings presented in this report it is useful to consider the ECEC policy context, and in particular the many different settings in which ECEC systems operate across Europe.

Much of the variety in ECEC settings stems from different ideological traditions across Europe with regard to the role of the welfare state, which influences the participation of women in the labour market and the development of ECEC (Esping-Andersen, 1990 and 1999; Korpi, 2000; Kamerman, 2003; Leitner, 2003; Bamba, 2007; Cho, 2014). To understand these different traditions in the context of social policy, there is a body of literature that provides typologies specifically focused on grouping different types of family policy regimes (Eurofound, 2014a).

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<sup>1</sup> The five areas are: access; workforce; the curriculum; evaluation and monitoring; and governance and funding.

Building on these typologies, Eurofound assessed a number of family policies and assigned each EU Member State to one of four groups on a spectrum, from the most flexible family policies to the most traditional. Countries that show comparatively favourable situations in terms of female employment, childcare participation rates, and parental leave policies are understood to be most flexible whereas the most traditional countries are at the other end of the spectrum. Eurofound's approach assesses countries according to the extent to which policies make it possible to move away from the traditional male breadwinner model towards more flexible patterns. To achieve this, Eurofound assessed differences in leave policies, family allowances and work–life balance priorities (including childcare availability). Macro-level statistics, including the proportion of children under the age of three enrolled in formal childcare, were also included in the assessment (Eurofound, 2014a).

This country grouping serves as a starting point to understanding the different ECEC policy settings. But a categorisation developed by the OECD of policy approaches to children under three and their parents (Starting Strong II) is also included. In this categorisation, countries are evaluated in terms of state support for provision of care for children under three, and state support for the provision of parental leave. This results in four approaches.

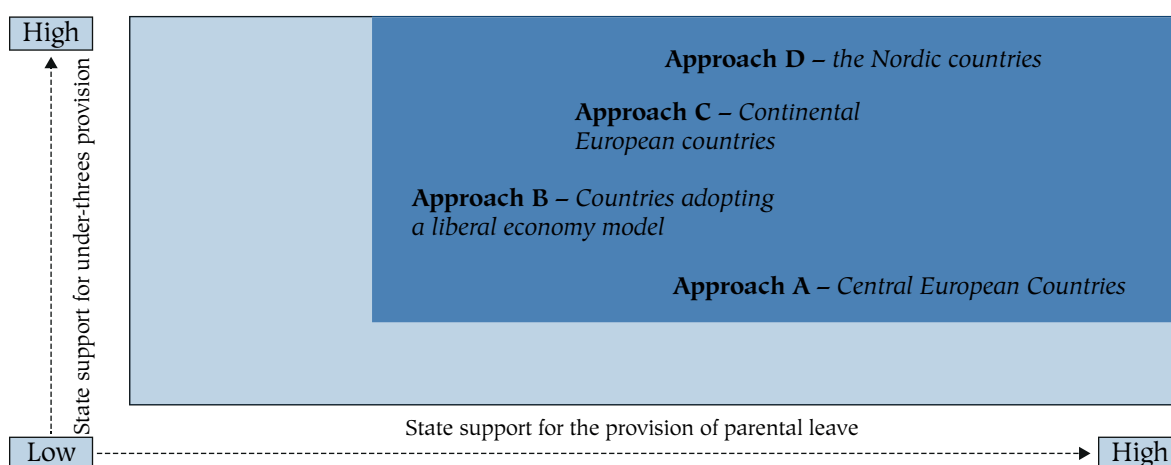
- Central European countries use approach A, which is characterised by strong state support for parental leave but weak support for services for children under three.
- ‘Approach B’ countries adopt a liberal economy model: this means weak support for parental leave with modest to moderate state support for childcare services. In the EU, only Ireland and the UK follow this approach. They are also among the very few Member States where there is no public ECEC provision. In Ireland this holds for children both younger and older than five years of age, whereas in the UK it applies only to children under three (Eurydice et al, 2014).<sup>2</sup>
- Continental European countries belong to approach C. In these countries there tends to be moderate state support for parental leave and moderate support for provision for children aged under three.
- Finally, approach D is used by the Nordic countries. This is characterised by strong state support for parents, with well-developed services for children aged under three. Figure 1, taken from the OECD Starting Strong II Report, presents the typology.

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<sup>2</sup> Public ECEC provision is also not available for the youngest age group in the French- and German-speaking communities of Belgium. In the Netherlands, provision of childcare for the youngest age group is mostly private.



Figure 1: Policy approaches to children aged under three and to their parents



Source: OECD (2006)

To look at what type of ECEC system is in place, a categorisation is used that distinguishes between the four different systems.

1. Firstly, countries are divided on a dichotomy of unitary versus split system. (In unitary systems, administrative and policy responsibility for ECEC rests with a single government department; in split systems, responsibility is split between two departments.)
2. In a second layer, unitary-system countries are subdivided into those whose ECEC systems are fully integrated along four key dimensions (access, regulation, funding and workforce), and those where one or more of these key dimensions is not fully integrated.
3. Split-system countries can be subdivided depending on whether provision is care-based or school-based. In school-based systems, ECEC services are provided to a majority of children, usually with most children from three years of age attending some form of ECEC provision for a three-year period. In the care-based systems, educational provision is limited to a period of two years or less, and childcare provision extends to children up to three years of age and, in some cases, for a substantial proportion of children aged over three years (Baxter and Hand, 2013).
4. Finally, the report includes a perspective on the Barcelona targets,<sup>3</sup> on the assumption that in countries that have not met the target and where the uptake of ECEC is low, the first priority would be to develop the ECEC profession and to increase the availability of ECEC.

<sup>3</sup> According to the Barcelona targets set by the European Council in 2002, Member States needed to provide – by 2010 – formal childcare for at least 90% of children aged between three years and the mandatory school age and for at least 33% of children aged under three years.

Table 1: ECEC policy typology

Member State	Policy approaches (OECD)	ECEC system*	2013 Barcelona targets for 0–3 year-olds met (in 2013)
<i>Most flexible</i>			
Belgium	Approach C	S-SB	Yes
Denmark	Approach D	U-FI	Yes
Finland	Approach D	U-FI	No
Netherlands	Approach C	S-CB	Yes
Sweden	Approach D	U-FI	Yes
UK	Approach B	U-NFI	Yes
<i>Mainly flexible</i>			
Austria	Approach A	U-NFI	No
Cyprus	<b>Approach C</b>	S-SB	No
Germany	Approach A	U-NFI	No
France	Approach C	S-SB	Yes
Ireland	Approach B	S-CB	No
Luxembourg	Approach C	S-SB	Yes
Portugal	Approach C	S-SB	Yes
Slovenia	<b>Approach A</b>	U-FI	Yes
<i>Mainly traditional</i>			
Czech Republic	Approach A	S-SB	No
Hungary	Approach A	S-SB	No
Latvia	Approach A	U-NFI	No
Malta	<b>Approach C</b>	S-SB	No
Poland	Approach A	S-SB	No
Romania	<b>Approach A</b>	S-SB	No
Slovakia	<b>Approach A</b>	S-SB	No
<i>Most traditional</i>			
Bulgaria	<b>Approach A</b>	S-SB	No
Croatia	<b>Approach A</b>	S-SB	No
Estonia	<b>Approach A</b>	U-NFI	No
Greece	Approach C	S-SB	No
Italy	Approach C	S-SB	No
Lithuania	Approach A	U-NFI	No
Spain	Approach C	U-NFI	Yes

Note: \* ECEC system abbreviations: UFI = Unitary, fully integrated; U-NFI = Unitary, not fully integrated; S-SB = Split, school-based; S-CB = Split, care-based.

Countries where the approach is shown in bold were not covered by the OECD and have been assigned by the authors of this report.

Assessing these three elements against the country groups identified in Eurofound's family policy typology produces a scattered picture, although several messages appear. It is evident that the unitary-fully integrated system is only present in the (more) flexible countries. In this group, Approach D prevails (strong support for parents and well-developed services for children under three). An important feature of these countries is the universal access available to children under the age of three. The competency levels of ECEC staff are generally higher in these countries (CoRe, 2011).

In Chapter 3 of this report, in the section 'Main findings on impact of CPD on outcomes for children and quality of ECEC', the country grouping will also be used to contextualise differences in the extent to which continuous professional development (CPD) is regulated and governed across Europe.

This report brings together the findings and conclusions of several research outputs. As a preliminary preparation for the systematic review, Eurofound drafted a working paper (Eurofound, 2014b), summarising the main findings of other literature reviews that analysed the link between the working conditions of and training opportunities for ECEC staff and the quality of services they deliver. It also describes the training opportunities and working conditions of ECEC workers in five Member States (Austria, Germany, Ireland, the Netherlands and Spain), showing that there is a lack of training and career progression opportunities, with guidelines regarding group size and staff–child ratio seldom being respected. This working paper contributed to orient and contextualise a systematic review that analyses the research evidence available in all EU Member States concerning the link between working conditions, continuing professional development, staff–child interactions and children’s outcomes (Eurofound, 2015). The reviews of studies included in the working paper show three key points:

- training that involves fixed-curriculum courses is more effective and large-scale training programmes are less effective;
- more research is needed about which specific elements of training are more important for achieving the desired outcomes;
- low staff–child ratios are associated with higher global quality scores for children aged three to five.

Finally, 15 case studies of successful inclusive practices for children in a vulnerable situation were contracted out. Both the case studies and the systematic review focused on centre-based services, therefore leaving out childminding services. The definitions used in this project regarding ECEC services, working conditions and in-service training are those used by the OECD (2012) and are detailed in the following box.

**Early childhood education and care (ECEC)** includes all arrangements providing care and education for children under compulsory school age, regardless of setting, funding, opening hours, or programme content (OECD, 2001, p. 7).

**Working conditions** in ECEC settings are often referred to as structural quality indicators (wages, staff–child ratio, maximum group size, working hours and so on) and other characteristics (such as non-financial benefits, teamwork, manager’s leadership or workload) that can influence the ability of professionals to do their work well and their satisfaction with the workplace, work tasks and nature of the job (OECD, 2012, p. 153).

**In-service education** comprises all planned programmes of learning opportunities for staff members of ECEC providers for the purpose of improving the performance of individuals in already assigned positions (Litjens and Taguma, 2010, p. 40).

## Systematic review

This report includes the main findings and conclusions of the first systematic review focusing on European studies analysing the link between training and working conditions on the one hand and the quality of ECEC services, staff–child interactions and children’s outcomes on the other. The systematic review was carried out by a team that brought together the Centre for Innovation in the Early Years in Ghent, the PPMI group in Lithuania and the Institute of Education of the University

of London. This consortium also included a team of 24 national experts, who were able to search and screen studies in all EU official languages.

A systematic review is a review of the research literature using systematic and explicit accountable methods (Gough et al, 2012). By following standardised procedures to search, appraise and report the findings of studies, it is possible to reduce the risk of drawing misleading conclusions from a reduced or inaccurate body of research. In this systematic review, the guidelines of the EPPI Centre (Gough et al, 2012) were followed. The team of national experts searched and screened studies in all EU28 Member States.

This systematic review gathers evidence to answer the following two questions:

- Which features of CPD affect children (their outcomes/well-being)? Which forms of CPD are the most effective?
- Which features of working conditions affect children (their outcomes/well-being)? Which forms of working conditions interventions are the most effective?

Systematic reviews have a list of selection criteria to frame the search of studies. The types of studies analysed in this systematic review are quantitative studies that measured impact (in other words, studies that examined which interventions were effective) or qualitative studies reporting the views and experiences of participants through interviews. Studies had to be published after 1991, when the landmark report *Quality in services for young children* (EC Childcare Network, 1991) was published. The subject of study was the ECEC workforce and children aged 0–7 years, with the focus on continuing professional development and/or working conditions in Europe. After an extensive search and screening of titles and abstracts of studies in relation to these selection criteria, 66 studies were found that met them (39 of these studies were in English and 27 were in other languages).

A further step in the selection of studies was the appraisal of their research design and their methodological rigour. The appraisal of each study was carried out by two reviewers independent of each other. In terms of research design, the quantitative impact studies included were controlled trials or before-and-after evaluations intended to capture impact over time. The qualitative studies gathered the views of ECEC practitioners, to provide a better understanding of what type of interventions are judged to be effective by whom, why and in which circumstances. Exploratory studies and qualitative surveys were not included in the synthesis.

As for the criteria used to appraise the quality of the studies, in the case of quantitative studies they were assessed for risk of selection bias, bias due to loss of follow-up and selective reporting bias. Studies that avoided all three types of bias were judged 'sound' and those avoiding at least one were assessed as 'sound despite discrepancy with quality criteria'. Studies that did not avoid any of the biases in full were excluded from quantitative synthesis as they were judged 'not sound' by the reviewers. For the qualitative views studies, the criteria used to assess them were the following:

- Were steps taken to increase rigour in the sampling?
- Were steps taken to increase rigour in the data collected?
- Were steps taken to increase the rigour in the analysis of the data?
- Were the findings of the study grounded in/ supported by the data?

- Please rate the findings of the study in terms of their breadth and depth.
- To what extent does the study privilege the perspectives and experiences of participants/ECEC professionals?

The views studies were rated according to these criteria in relation to their usefulness (on the basis of the last three criteria) and reliability (on the basis of all six criteria). Studies that were rated ‘low’ on both their reliability and usefulness were excluded from the synthesis. The different quantitative and qualitative sections of mixed-methods studies were appraised each according to the respective appraisal criteria.

During this extensive process a large number of studies were discarded. The core team conducting the search in English-language databases and academic journals also prepared a search guideline for the national experts, who translated the search terms into their language and carried out the search in their own countries. The original number of studies in English identified was fairly high, with over 19,000 studies found; the title and abstract were screened in 70% of them. This led to the exclusion of a very large number of studies that did not deal with the situation in EU countries or did not focus on the subject of this systematic review or did not study staff or children in ECEC. This left fewer than 300 studies for full-text screening, after which only 39 relevant studies were included in the mapping exercise. Ten studies were excluded after examination of their research design and methodology.

The initial number of studies in languages other than English was much smaller (1,551). This went down to 173 after the screening of their titles and abstract and then fell to 27 after the whole text had been screened. After the appraisal stage, the number went down to 15, which together with the 29 studies in English makes a total of 44 studies whose findings were synthesised. The studies analysed the situation in Belgium, Croatia, Denmark, Germany, Ireland, Italy, the Netherlands, Portugal, Sweden, Slovenia, Spain and the UK. Four quantitative impact studies and two qualitative views studies included in the in-depth review evaluated the impact of working conditions on ECEC quality, staff–child interactions and children’s outcomes. Eleven quantitative impact studies and 30 views studies deal with continuing professional development. The findings are discussed further in Chapter 3.

## Case studies

Fifteen case studies concerned the provision of staff, materials and/or financial resources aimed at making services more inclusive for children who require additional support. The aim was to gather examples of good practice targeting a wide range of children requiring these types of support. This support includes resources delivered for children from all three cross-national categories as defined by the OECD – children in the following situations:

- children with disabilities (impairments viewed in medical terms as organic disorders attributable to organic pathologies);
- children with difficulties (behavioural or emotional disorders, or specific difficulties in learning);
- children facing disadvantage (arising primarily from socioeconomic, cultural, and/or linguistic factors) (OECD, 2007).

Also included are case studies of additional resources that aim to make ECEC services more inclusive for all children. The 10 case studies about additional resources for children with disabilities and/or socioeconomic disadvantage were carried out by the PPMI Group and the Centre for Innovation in the Early Years. The five case studies of additional resources for all children and/or for children with difficulties or that made services more inclusive for all children were carried out by Ramboll Management Consulting. The case studies were carried out between June and November 2014 through desk research and interviews with staff and other relevant stakeholders.

The aim of these case studies is to provide examples of ‘what works’ to make services more inclusive. Therefore, a prerequisite for selecting case studies was that they should have been evaluated as being successful in terms of an increase in access to or inclusion in mainstream ECEC services and/or contributing towards positive outcomes such as increases in children’s well-being and learning. An attempt was also made to have case studies that were considered to be innovative and that were not widely over-studied or over-included in international databases (such as the European Platform for Investing in Children). To enable general messages and lessons to be drawn from the experiences described in the case studies, examples focused on a limited range of additional resources, namely those directly targeting children and practitioners with the aim of improving access to, and inclusion and enrolment in, centre-based programmes. These resources include teacher training, inclusive education plans, specialist support to teachers and effective funding schemes. The case studies did not include types of support such as parenting support, home visits, community programmes, awareness-raising campaigns, changes in ECEC governance, special schools and classes and detection and screening activities. The original intention was to select case studies from a wide range of Member States, but due to the paucity of evaluations of inclusive practices in ECEC the case studies are taken from seven Member States (see Table 2 below).

**Table 2: Case studies included in the research**

Name and country	Type of support	Children targeted
‘Tiny signers’, Austria	Teacher training	Deaf and hard-of-hearing children, mostly under two years old
‘Dr Jedlička Integrated Support Centre’, Czech Republic	Methodological support, funding schemes	Disabled children, five years old
‘Language and activity-based intervention programme’, Finland	Inclusive education plans	Children with specific language impairment aged three to five years
‘Small Steps Programme’, Netherlands	Inclusive education plans, funding schemes	Children with Down Syndrome
‘Disabled Children’s Access to Childcare Pilots’, UK	Teacher training, funding schemes	Disabled children
Early intensive behavioural intervention, Sweden/Norway	Intensive behavioural intervention, staff training and supervision	Children with autism (usually younger than four years)
‘Nuffield Early Language Intervention’, UK	Language intervention, staff training	Children with poor speech and language skills in nursery or reception (3–5 years)

Name and country	Type of support	Children targeted
Pilot inclusion in project, Finland	Additional training concerning how to create an inclusive environment; Diminishing group sizes; Inclusive education plans	All children aged 0–7 years, but changes try to make services more inclusive for children with special needs
'The Roskilde Project'– Inclusive daycare services (pedagogical learning plans in an inclusive perspective), Denmark	Pedagogical learning plans, staff training	Creating inclusive environments in ECEC for children aged 3–6 years; 11 kindergartens in Vejen Municipality
'A good childhood – a joint responsibility', Denmark	Qualification of the inclusive pedagogical practice in daycare centres for 0–5 year-olds; Consultancy by experts on inclusion	All children aged 0–18 years
'Improving access to childcare for disadvantaged groups', Belgium (Flanders)	Teacher training, inclusive education plans, specialist support to teachers, effective funding schemes	Children (aged 0–3 years) of migrant and refugee parents, single parents or parents living in poverty.
'Social and emotional development of preschoolers with sociocultural disadvantages', Czech Republic	Teacher training, Inclusive education plans	Children with disadvantages
'Action competences in social pedagogical work with socially endangered children and youth (ASP-programme)', Denmark	Teacher training, Inclusive education plans	Socially disadvantaged children aged 3–5 years, preschool educators and other staff involved in the programme
'A good start', Hungary	Teacher training, specialist support to teachers, effective funding schemes, other	Roma children
Childhood Development Initiative in Tallaght', Ireland	Teacher training, Specialist support to teachers, Inclusive education plans, Effective funding schemes	Children with disabilities, children with disadvantages, parents

The case study method allows the exploration of causal mechanisms in detail (George and Bennett, 2005). These case studies provide contextual information about the policy initiatives and legislation at the national level aiming to improve access to ECEC for the corresponding group of children. The case studies also provide information about the lessons learnt about factors for success and failure in the provision of these resources, as well as regarding their transferability and sustainability.





Table A1 in Annex 1 lists the studies included in the systematic review's synthesis of findings. The mapping stage of the systematic review comprised studies of 15 Member States, with three countries (Greece, Poland and Finland) being excluded from the synthesis of findings phase once the research design and the quality of the methodology had been appraised.

Only two of the 14 impact studies included were randomised controlled trials, the remaining 12 being before-and-after evaluations.<sup>4</sup> The impact studies focused on ECEC services in Germany (4 such studies from Germany being included), Sweden (3 studies), Ireland (2), the UK (1), Belgium (1), Denmark (1), the Netherlands (1) and Spain (1). A majority (11) of the impact studies analysed the impact of CPD.

As for the 32 qualitative views studies, 15 are action research studies, 14 are participatory evaluations and three are descriptive case studies.<sup>5</sup> The views studies focus on the situation in the UK (8 studies in all), Portugal (6), Ireland (5), Sweden (5), Belgium (2), Croatia (1), Germany (1), Italy (1), the Netherlands (1), Slovenia (1) and Spain (1). Most of these studies (30) focused on CPD, particularly in courses that lasted either up to one year (11 studies) or longer (13 studies).<sup>6</sup>

## Main findings on impact of working conditions on ECEC

### Introduction

As with other reviews looking at the impact of working conditions on the quality of services (Huntsman, 2008; Vandell and Wolfe, 2000), the studies included in this review focus mainly on staff–child ratio and group size. Table 3 overleaf shows the standards across Europe regarding staff–child ratio and group size. While most countries provide guidelines about both group size and staff–child ratio, in some countries only the former is stipulated (Bulgaria, Croatia, the Czech Republic and Spain). In Denmark, Latvia and Sweden, it is left up to ECEC centres to establish both criteria. In other countries, regulations are established at the regional level (in Austria and Germany for children aged 3–6 years, in Spain for children up to 3 years).

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<sup>4</sup> One of the before-and-after evaluations included in the mapping exercise was excluded from the synthesis. Because of the low number of studies on working conditions in the synthesis, the three studies without a control group that were more sound were included in the synthesis.

<sup>5</sup> Action research is research that starts a collective reflective process in order to solve a problem. Participatory evaluations are those seeking the active involvement of those with a stake in the programme evaluated.

<sup>6</sup> Details about the study designs, samples and data collection and analysis methods, as well as about the details of the settings and CPD programmes and/or working conditions analysed can be found in Annex 1 of the systematic review.

**Table 3: Maximum number of children per staff member and/or per group in centre-based ECEC settings, 2012–2013**

	Maximum number of children per staff member						Maximum number of children per group					
	Ages of children						Ages of children					
	Under 1	1	2	3	4	5	Under 1	1	2	3	4	5
<b>BE (French community)</b>	7			20			nr					
<b>BE (German community)</b>	6			19			nr					
<b>BE (Flemish community)</b>	6.5			nr			nr					
<b>BG</b>	nr						8	16	16	22		
<b>CZ</b>	nr						nr		24			
<b>DK</b>	nr											
<b>EE</b>	nr	8			12		5	16			24	
<b>IE</b>	3	5	8		na		nr					
<b>EL</b>	4		12.5		25		12			25		
<b>ES</b>	nr						8	14	20	25		
<b>FR</b>	5	8		nr				20		30		
<b>HR</b>	nr						5	8	12	14	18	23
<b>IT</b>	variable											26
<b>CY</b>	6		16	25		nr						
<b>LV</b>	nr											
<b>LT</b>	3	10	15	20			6	10	15	20		
<b>LU</b>	6		8		11		12		15			
<b>HU</b>	6		7	nr			12		14	25		
<b>MT</b>	3	5	6	15	20	na	nr			15	20	na
<b>NL</b>												
<b>AT</b>	5	7.5		12.5			10	15		25		
<b>PL</b>	8			nr						25		
<b>PT</b>	5	7	9	7.5	12.5		10	14	18	25		
<b>RO</b>	4	5	6	17			7		15	20		
<b>SI</b>	6			8.5	11		12			17	22	
<b>SK</b>	nr		10	20	21	22	nr		10	20	21	22
<b>FI</b>	4			7			nr					
<b>SE</b>	nr											
<b>UK (England)</b>	3	4		13		na	nr				30	na
<b>UK (Wales)</b>	3		4	8		na	12			26	30	na
<b>UK (Northern Ireland)</b>	3		4	8	na			26				na
<b>UK (Scotland)</b>	3		5	8		na	nr					na

Note: Staff-child ratio and the maximum number of children in a group are established by a calculation tool (<http://1ratio.nl/>). From January 2015, groups with two year-old and/or three-year old children must have a staff-child ratio of 1:8. 'nr' = 'no restriction'

Source: Eurydice/European Commission/EACEA/Eurostat (2014)

### Studies regarding working conditions included in the systematic review

Although the search criteria encompassed a wide range of working conditions elements, most of the studies found focused on two aspects (staff–child ratio and class size). The findings synthesised in the systematic review about working conditions stem from three impact studies and two mixed methods studies. One of the two studies from Sweden (Palmerus, 1996) examined fluctuations in actual staff–child ratio in a public daycare setting and found that it had an impact on communication patterns. Comparisons were made between periods with a high child–caregiver ratio (with more than four children present per caregiver) and a low child–caregiver ratio (fewer than two children present per caregiver); most of the children were 3–6 years old. The findings indicate that with a higher staff–child ratio, caregivers use verbal communication merely as a tool for control in the group. In such conditions, ECEC becomes more similar to a school-like situation with a more authoritarian atmosphere. On the other hand, the mixed-methods study from Ireland (Hayes et al, 2013) evaluated the effectiveness of a programme that allowed more non-contact time with children, that included on-site training and had a more favourable staff–child ratio (1:5) than the standard ratio (1:6) for two to three year-olds (the study comprised children aged from two and a half to four years). The study concluded that, while the environmental quality of ECEC settings improved as result of the intervention, it was not possible to disentangle the effects of in-service training from those of working conditions. Similarly, the other study from Sweden included in the synthesis (Sundell, 2000) found no evidence regarding the impact of the form of ownership (whether it was private or public ECEC) or the staff–child ratio (which ranged from 1:4.6 to 1:8.7) on the cognitive, verbal, and social outcomes for children (those participating in the study were three to five year-olds).

As for class size, two mixed-methods studies carried out in England (Blatchford et al, 2001 and 2002) focused on the relation between class size (which was reduced from 30 to 20) and children’s achievement in their first years of schooling. Results show that overall in smaller classes there is more individualised teacher support for learning, whereas large classes have a negative effect on basic skills learning such as letter formation. It was also found that in classes with 15 children or fewer, there is more flexibility in the teaching and the activities organised. Staff interviewed in these two studies explained that in large classes there is less monitoring of learning, and interactions mainly involve management activities and reducing noise levels.

Furthermore, a views study focusing on ECEC services in Spain (Sandstrom, 2012) explained that an excessive bureaucratic workload had a negative impact on practitioners’ practice, as it reduced the time available for reflection, meetings, planning or to take up CPD. The study also showed that the over-enrolment of children (more than 25 for one teacher) made teachers rely more on lesson books with worksheet activities as a way to control a class with many children.

## Main findings on impact of CPD on outcomes for children and quality of ECEC

### Introduction

Chapter 1 gave a brief overview of the different ECEC settings across Europe by grouping EU Member States on the basis of their policy orientation. The grouping below is linked to the regulatory status of CPD in the Member States. Eurydice et al (2014) provide information on whether CPD is a professional duty, a prerequisite for promotion for staff, or optional. Table 4 presents an overview from the Eurydice 2014 Key Data Report.

**Table 4: Regulation on CPD across Europe**

Country ordered by Eurofound typology	CPD regulation younger age group*	CPD regulation older age group
<b><i>Most flexible</i></b>		
Belgium	Varies across regions	Professional duty
Denmark	Optional	Optional
Finland	Professional duty	Professional duty
Netherlands	No data available	No data available
Sweden	Optional	Optional
UK	Varies across jurisdictions**	Varies across jurisdictions**
<b><i>Mainly flexible</i></b>		
Austria	Varies across regions: mix of professional duty and optional	Varies across regions: mix of professional duty and optional
Cyprus	Optional in private settings	Optional in private settings
Germany	Varies across regions	Varies across regions
France	Optional	Professional duty
Ireland	No data available	Optional
Luxembourg	Professional duty	Professional duty
Portugal	Professional duty/necessary for promotion	Professional duty/necessary for promotion
Slovenia	Professional duty/necessary for promotion	Professional duty/necessary for promotion
<b><i>Mainly traditional</i></b>		
Czech Republic	Optional	Professional duty
Hungary	Professional duty	Professional duty
Latvia	Professional duty	Professional duty
Malta	Optional	Professional duty
Poland	Optional	Necessary for promotion
Romania	Professional duty/necessary for promotion	Professional duty/necessary for promotion
Slovakia	No data available	Professional duty/necessary for promotion
<b><i>Most traditional</i></b>		
Bulgaria	Optional	Professional duty/necessary for promotion
Croatia	Professional duty/necessary for promotion	Professional duty/necessary for promotion
Estonia	Professional duty/necessary for promotion	Professional duty/necessary for promotion
Greece	Necessary for promotion/optional	Necessary for promotion/optional
Spain	Professional duty/necessary for promotion	Professional duty/necessary for promotion

Country ordered by Eurofound typology	CPD regulation younger age group*	CPD regulation older age group
Italy	Optional	Professional duty
Lithuania	Professional duty	Professional duty

Note: \* Age groups are generally under three years, and between three and six years. However, this varies between Member States.  
 \*\*In England, CPD is a professional duty and necessary for promotion; in Scotland it is only a professional duty; in Wales and Northern Ireland it is optional.

Comparing the regulatory status applying to the two age groups it can be seen that, overall, CPD tends to be more regulated for staff working with older children. In this setting CPD tends to be a professional requirement and in several cases also necessary for promotion. When it comes to the younger age group, CPD becomes optional in several of these countries – Bulgaria, the Czech Republic, France, Italy, Malta and the UK (only in Wales and Northern Ireland). Denmark, Cyprus, Ireland and Sweden are the only countries where CPD is optional for both age groups.

### CPD status in the most flexible countries

From the above analysis it appears that this group of countries does not outperform the other groups when it comes to the statutory regulation of CPD. In only one of the UK jurisdictions (England) is it both a professional requirement and a necessity for promotion. CPD is optional in Denmark and Sweden. In Finland, CPD is a professional duty but not a prerequisite for promotion. In the Flemish-speaking part of Belgium, CPD is not mandatory. However, other factors (such as funding) are also important and in that context it should be noted that Belgium, Finland and Sweden structurally finance the cost of continuing education for ECEC staff (OECD, 2012). The boxes below describe in more detail the situation in some of the countries in this category

#### Belgium

CPD is an integrated part of quality policy in all three parts of Belgium. The Flemish and German communities of Belgium have an established educational framework for older children and a pedagogical framework for 0–3 year-olds has just been published in Flanders. For all ECEC settings to become accredited they must outline their proposed sociopedagogic activities, the education and support for children and information on cooperation with parents. There is, however, considerable variation in the number of hours available for in-service training. In Flanders, for instance, this varies between four and 60 hours annually. It is expected that the decree on ECEC that came into force in 2014 will improve the situation. The law stipulates that by 2024 everyone working in ECEC must have some kind of qualification and that every ECEC worker has the right to pedagogical guidance from a pedagogical coach (Eurydice et al 2014).

Furthermore, ECEC providers now have to guarantee pedagogical guidance for all employed ECEC workers (Eurydice et al, 2014).

### Denmark

In-service training is not regulated at national level; where local regulations exist, they apply only to core practitioners (Pædagog). As a rule, the core practitioners attend a one-day course two or three times a year and every week they have a few hours of non-contact time to attend meetings and analyse documentation. The assistant (Pædagogmedhjælper) has little or no time for preparation and documentation as this is considered to be the responsibility of the core practitioners.

### The Netherlands

In-service training for employees of private-sector childcare centres is regulated by collective agreements. These require staff to follow the training activities required to carry out their job properly. Professional competency profiles, which apply to educators and assistants, specify the training budget, and training focuses on current and future functioning within and outside the organisation.

In theory, assistants have the same training opportunities as core practitioners but priority tends to be given to core practitioners when practical or budgetary issues arise (CoRe, 2011). Between 2009 and 2012, a programme, 'Working on Excellent Childcare', focused on developing a pedagogical framework, in-service training budgets, talent management to promote the further development of ECEC staff, and promoting collaboration between education and training. However, following significant reductions in government funding, there is now widespread concern about the ability of ECEC centres to invest in staff (Eurofound, 2013).

### CPD status in mainly flexible countries

The regulatory status of CPD in several countries in this group is well advanced (Portugal, Slovenia). Ireland stands out as being the only country where CPD is optional for both age groups. According to the Professional Practice Standard of Ireland's National Quality Framework for Early Childhood Education (Síolta), professional practice 'requires regular reflection upon practice and engagement in supported, ongoing professional development' (Early Years Education Policy Unit, 2014). In Cyprus, CPD is obligatory for staff working in public kindergartens but not for those working in the private sector (Oberhuemer, et al , 2010). In Austria and Germany, CPD is regulated at regional level, which means that the situation varies significantly between the different regions (Länder).

### Austria

In-service training of ECEC staff is organised at regional level. On average, workers can take up to five training days per year, but this varies from region to region and in some (Carinthia and Vienna) there is no requirement for CPD.

The system distinguishes between 'pedagogues' and 'assistants'; for the latter, no minimum standards apply with regard to training. Even when workshops and seminars are available, assistants face difficulties taking these opportunities due to long working hours and financial constraints (Eurofound, 2014; Eurydice et al, 2014).

### Portugal

Until 2010, Portugal had invested widely in expanding ECEC provisions and coverage increased to such a degree that rates are now above the Barcelona target.

CPD is a requirement for staff working with both age groups and consequently in-service training is also a requirement. Educators are required to follow a minimum of 50 training hours over a period of two years. There is a distinction between courses offered by training centres of the Schools' Association, which provide courses that are more oriented towards school issues, whereas courses that are specifically designed for ECEC staff tend to be offered by independent organisations (Oberhuemer and Schreyer, 2010).

### CPD status in mainly traditional countries

As can be seen in Table 4, CPD is regulated for older children in all countries in this group, with the exception of Slovakia. The situation is less promising for younger children, with CPD optional in the Czech Republic, Malta and Poland (no information is available for Slovakia).

### Czech Republic

As of 2014, the operation of crèches for children under three years of aged ceased, due to low take-up and availability. Instead, young children attend daily care. Whereas provision for 3–6 year-olds falls under the Education Act, childcare (called daily care) is governed by the Trade Act that stipulates conditions for the qualifications of the trader (or a responsible person in authority) and the caregiver(s). (Eurydice et al, 2014). In-service training is only required for kindergarten staff; those working in daily care have no training obligation or rights (Oberhuemer and Schreyer, 2010).

In its proposal for a quality framework, the European Commission notes that the quality of ECEC provision is monitored for 3–6 year-olds. There is no reference to monitoring provision for younger children (European Commission, 2014a).

### Slovakia

The availability of ECEC remains far below target and as part of the 2013 country-specific recommendations, the European Commission called for urgent emphasis on the provision of childcare facilities, particularly for children under three years (European Commission, 2013b). The challenge in achieving this is twofold: there is a lack of governmental regulation (no legislation being in place); in addition, progress is hampered by a dismissive attitude towards childcare. Most women prefer to stay at home (on parental leave) until their children reach kindergarten age.

Local authorities are only obliged to provide for kindergartens. There is no obligation by law to provide childcare services for children under three. However, improvement is under way as legislation is now being developed by the Ministry of Labour, Social Affairs and Family whereby concrete measures and mechanisms will be linked to new operational programmes.



### CPD status in the most traditional countries

Despite lagging behind in policy terms – with many of the countries in this group providing low levels of state support for ECEC as well as low coverage rates – CPD appears to be highly regulated. Bulgaria and Italy are the only two countries where CPD is optional for staff working with the younger age group. Moreover, in many of these countries CPD is both a professional requirement and a necessity for promotion for staff working with both age groups.

#### Bulgaria

ECEC for the youngest children falls outside of the state's responsibilities and is managed by local authorities. A number of issues curtail the delivery of quality ECEC provision, such as poor working conditions and difficulties in recruiting staff. Attendance rates are among the lowest in the European Union and as of 2010 no organised system of in-service training was in place (Eurydice et al, 2014; Oberhuemer and Schreyer, 2010).

CPD is carried out by various entities which are not comparable in scale to influence state funding, provision of highly qualified teams of experts, international cooperation and horizontal communication with other training units. Entities include universities, the Ministry of Education and Science (MES), private companies carrying out educational services, NGOs and temporary collective projects. Because of this diversity, and because of the frequent involvement of the same trainers on behalf of various organisers, teachers do not always accurately identify the entity which carries out a specific training programme.

### Effects of CPD initiatives on overall quality of ECEC services

Five impact studies focused on different types of long-term training (lasting between one and two years). Overall it was found that long-term training provided in groups of peers is effective in improving the quality of services. Three quantitative impact studies included in the systematic review report that long-term training with group workshops and ongoing support had positive outcomes on the environmental and pedagogical quality as measured in the ECERS scale (Sheridan, 2001).<sup>7</sup> The mixed-methods study by Hayes et al (2013) evaluating a two-year programme that included on-site training showed a positive effect on the planning and implementation of activities, on the literacy environment and in general on the planning and the quality of the curriculum. Furthermore, two quantitative studies from Belgium (Vandenbroeck et al, 2008; Vandenbroeck et al, 2013) analysed the effects of a programme for ECEC managers (which included coaching and monthly training sessions) on the availability, accessibility and enrolment of children from low-income, single-parent and ethnic minority families. The changes in the priority criteria of the directors as a consequence of the training led to significant increases in the enrolment of children from single-parent and ethnic minority families.

### Effects of CPD initiatives on practitioners' knowledge and understanding

Overall, the views studies included in the review showed that practitioners undertaking CPD courses felt an increased confidence in their skills (Ang, 2012; SQW, 2012; Hayes et al, 2013; Sheridan et

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<sup>7</sup> The Early Childhood Environment Rating Scale (ECERS) provides an overall measure of the environment by assessing personal care routines, furnishing and display, language reasoning, motor activities, creative activities, social development and adult needs.



al, 2013; Richter, 2012). In the case of the managers, CPD also had a positive impact on teamwork and on coordination with other agencies (Ang, 2012).

Another outcome of CPD reported by practitioners is increased awareness about the impact of their practices and in how they observe and reflect critically on them. One study from Germany showed that the impact of training of the practice of teachers persisted six months after the training programme ended (Richter, 2012). Training made practitioners rethink their role as educators and it also made them reconsider the role of children. Consequently, they listened more to children and took their opinions into account more often. It also led to practitioners being more interested in how parents were educating their children.

CPD helps improve outcomes by involving practitioners in processes to improve educational practice, which helps them challenge the assumptions they had taken for granted and to identify differences between theory and practice. Using written documentation of children's experiences and pedagogical references was also found to be useful in understanding learning interactions and to implement changes in practice (Sheridan et al, 2013; Picchio et al, 2012). The encouragement, advice and feedback provided by mentors was also mentioned by practitioners as a useful element in improving practices with children (Vonta et al, 2007). A UK study showed that training that uses repertory grids (a tool to make explicit how participants describe the experiences of children) encourages practitioners to challenge their own understandings and co-construct new professional knowledge (Menmuir and Christie, 1999). Training involving the institution as a whole was also found to be more effective (Sheridan, 2013; Cardoso, 2012). A study analysing the impact of preschools working systematically with quality issues showed that it made practitioners reflect more on their work (Sheridan et al, 2013). Similarly, Bleach (2013) found that action research (research oriented towards reflection and solving specific problems) helped practitioners to develop their methodological skills.

Another significant element in improving the knowledge and understanding of practitioners was their involvement in transformative processes while they were taking part in CPD. This allows participants in training to critically view differences between theory and the actual practice (Wood and Bennett, 2000; Johansson, 2007; Lino, 2005; Oliveira-Formosinho and Araújo, 2010). It also allows practitioners to be part of the changes in practice that may have been introduced, which also has an effect on knowledge and attitudes (Peeters and Vandebroek, 2011; Rönnerman, 2003 and 2008; Blenkin and Hutchin, 1998).

### **Effects of CPD initiatives on practitioners' practice**

Fifteen studies reported views about how CPD changed practices regarding the development, implementation and review of the curriculum. These studies reported that practitioners put in place more responsive educational strategies to enhance the learning of children: for instance, Peeters (1993) and SQW (2012) report that practitioners introduced changes such as new activities and equipment. Other studies showed that CPD led to an increase in practices based on listening to children and their needs – for instance, finding out what children knew before planning an activity (Bleach, 2013; Leal, 2011; Rönnerman, 2003 and 2008). Two other studies showed that there was an improvement in teaching strategies, with teachers having a more integrated pedagogical approach, such as a better balance between work- and play-based activities (Blenkin and Hutchin, 1998; McMillan et al, 2012).

Given that most of the CPD programmes studied were integrated into the ECEC practice, training led to better teamwork and cooperation with parents and professionals from other agencies. Thirteen studies reported that as a consequence of training, staff are more willing to share and discuss issues more openly. Training sessions for team groups are an opportunity for staff to share and discuss ideas and concerns, which helps improve teamwork and monitoring of how changes in practice are being implemented. Staff also tend to be more open to sharing their views after the training. Training also has a positive impact on working with parents: not only do staff have a more welcoming approach towards parents, but parents are also more engaged, helping with practical issues such as bringing materials or painting walls (Vujičić, 2008). Parents also trust staff more and are more confident when it comes to participating in activities or asking questions about their children's progress. Finally, three studies showed that networking with other professionals had improved, either because training made staff more aware of the need for interagency cooperation or because multidisciplinary training brought together different professionals (Ang, 2012; Bleach, 2013; SQW, 2012).

The views studies also identified the enabling factors that led to the results described above. These studies point out that when CPD is based in the context rather than just on theory, practitioners are able to put in practice more responsive learning initiatives and strategies that correspond better to the specific needs of children. Practitioners are also more likely to introduce pedagogical innovations. Allowing ample time for changes to take place is another condition for being effective: two studies identified the first year of an intervention as a period for the knowledge to 'sink in', the second year being the period when changes in the practitioners' practice can be appreciated (Hayes et al, 2013; Peeters, 1993). The use of tools on a systematic basis, such as observation, documentation, portfolios and action plans, supports the changes in practice described above. In addition to these tools, pedagogical guidance, coaching on the job and collective reflection in reference groups or by pairing up workers who give critical feedback to each other also contribute towards the outcomes discussed above. Overall, practice-based research helps improve ECEC services and the skills of staff.

### **Effects of CPD initiatives on staff–child interactions**

There is evidence from four impact studies that short-term training that included video supervision proved to be an effective way of improving practitioners' caregiving and language stimulation and children's initiative in verbal interaction, language acquisition and cognitive development. Only one study provided evidence of retention of training effects (three months after the intervention took place), with no studies measuring the retention in the long term (Fukkink and Tavecchio, 2010). One impact study showed that a short-term programme including video interaction, language modelling techniques, corrective feedback and time allocation for children's verbal expression made practitioners change their behaviour so that children could take the initiative in interactions (Simon and Sachse, 2011).

Another impact study in Ireland analysed the effects of a 120-hour preschool CPD programme in Ireland called 'Foundation Course in Playgroup Practice' (Rhodes and Hennessy, 2001). This programme involved children's observation and project work but did not have a feedback component. The training had a positive impact on the performance of practitioners in terms of increased positive relationships and a decrease in the level of detachment (the extent to which caregivers are emotionally and behaviourally remote from the children).

As for the views studies, five show that when staff can reflect on their practice, training has a positive impact on staff–child interactions (Blenkin and Hutchin, 1998; Jopling et al, 2013; Potter

and Hodgson, 2007; Sheridan et al, 2013; SQW, 2012). For example, the training ‘Adult Child Interaction (ACI) Course’ included the use of video clips and work-based support visits, which led staff to initiate fewer interactions with children, thus giving children the opportunity to take a more proactive leading role (Potter and Hodgson, 2007). Changes in the interactions were also due to the fact that practitioners changed their views about children and about their interactions with them. Sheridan et al (2013) reported that teachers participating in the HighScope training in Ireland saw children as partners in the learning process and consequently were more open to their participation in the documentation processes.

### Effects of CPD initiatives on children’s learning and socialising experiences

Two impact studies reported improvements in cognitive development (Beller, Merkens and Preissing, 2007; Beller and Beller, 2009) and in vocabulary and language development outcomes (Buschmann and Joos, 2011) after practitioners undertook a short-term training course including video feedback.

Another two studies described the effects of long-term training programmes that included ongoing staff support, such as pedagogical guidance and coaching in reflection groups. Evanschitzky et al (2008) analysed the effectiveness of a two-year-long mathematics, science and technology training programme in Germany for kindergarten teachers. The results of the study show that children in the intervention group had an increased interest and a better grasp of mathematical concepts than children in the control group. The other study (Jensen et al, 2013) evaluated the effectiveness of a Danish early year preschool programme, which included workshops in large groups, education and training in reflection groups and conferences with pedagogical consultants. This study found that children in the intervention group had fewer conduct problems and emotional symptoms, and were more attentive and less hyperactive after the intervention.

The Irish study looking into the impact of short training without supervision or coaching found that children in the services where this training had been delivered experienced gains in the level of complex social and cognitive play (Rhodes and Hennessy, 2001).

The effects of a short CPD programme that was not integrated into ECEC practices (an off-site training programme without follow-up activities in ECEC settings) was analysed in one study from Spain (Franco Justo, 2008). This programme focused on relaxation and the improvement of self-esteem of practitioners as well as on children’s graphical creativity. The programme had a significant positive impact in the former, but a limited impact on the latter.

Only three views studies provided evidence on this topic. The evaluation of the 3,4,5 service in Ireland showed that children were able to act more independently – for example, they made better choices and were more communicative (SQW, 2012). A study from Croatia showed that training helped practitioners overcome their anxiety and introduce changes in the learning environment, which led children to cry and fight less; it also made the separation from their parents less problematic (Vujičić, 2008). The evaluation of the three-year ‘Let’s Think’ programme in the UK showed that children thought more independently and in a more critical manner. Other areas that improved were social cooperation, confidence and independence (Aubrey et al, 2012).

## Conclusions

The studies included in the systematic review dealing with working conditions show that staff–child ratio and class size have an influence on staff–child interactions and the practitioners’ practice. As for training, this is more effective when it is integrated in the practice of ECEC centres. In the case

of short-term training programmes, including a video feedback component has a positive impact on the outcomes for children and the competencies of practitioners. Long-term pedagogical support to staff, provided by specialised coaches or pedagogical counsellors in reflection groups, was found to be effective in enhancing the quality of ECEC services and in sustaining it over a long period of time. There is also evidence of the impact of such support on children's cognitive and social outcomes.

### Research gaps

It must be noted that most of the studies included in the review deal with CPD, only five studies focusing on working conditions. Twenty quantitative studies that had been included in the mapping phase were left out of the synthesis because they had a study design other than controlled trial or before-and-after studies. This affected mostly the quantitative studies dealing with working conditions, which were reduced to four in the synthesis. Working conditions is therefore an area where more impact studies in the form of controlled trials are needed to produce more solid evidence.

Regarding the effectiveness of CPD interventions, none of the impact studies provided any information about the long-term effects of training. Nor was any evidence found in the impact studies regarding the effect of short-term training interventions integrated into ECEC practices without a video feedback component. For each of the subjects listed below, only one study was found that provided evidence about:

- the impact of long-term interventions integrated into practices through the provision of ongoing staff support on staff–child interactions;
- the impact of integrated short-term intensive training interventions without feedback component;
- the overall impact of long-term and short-term training interventions that are not integrated into practice.

### Research evidence across Europe

The countries with most studies included in this review were the UK (with eight studies), Sweden (eight studies), Ireland (six), Portugal (six) and Germany (five). Denmark, Italy, Slovenia, Croatia were represented by one study each. Studies from several countries were not included, with studies from Greece, Poland and Finland included in the mapping but then left out of the synthesis once their research design and methodological rigour had been appraised.

The lack of studies from countries with comprehensive ECEC systems (such as Austria, Finland and France) could be due to the fact that providing 'hard' scientific evidence is less important in some countries in relation to this topic, perhaps because it is assumed that good working conditions and training opportunities have a positive impact on ECEC and the children receiving it. It could also be the case that in some countries (France, Italy) the focus is not on evaluating the success of training opportunities in relation to children's outcomes, but rather on changes implemented as a consequence of CPD. It must also be noted that in many EU Member States there are no databases about research on ECEC, which made the search for studies more complex.

### Analysing complex interventions

Several of the studies point out that it is not possible to assess in isolation the impact of different aspects of working conditions and CPD courses. For example, studies are not always able to disentangle the effects of staff–child ratio from group size or initial qualifications from in-service training. In some studies it was not possible to separate the effects of working conditions and CPD from other elements of ECEC services such as the curriculum or the wider context in which ECEC

services are delivered. This interaction between different components is also behind the fact that studies have very different results and this may make it difficult to generalise results of studies analysing a limited set of contexts. It may therefore be useful in future studies to follow guidelines to evaluate complex interventions. The Medical Research Council has published a set of guidelines that recommend the following:

- a comprehensive theoretical framework that can help identify causality issues;
- larger sample sizes to control for variability in individual-level outcomes;
- checking for implementation problems through a process evaluation;
- multiple measurements that encompass unintended consequences and overall favour experimental high quality non-experimental approach to the evaluation of complex interventions (Craig et al, 2008).

### Evidence from other sources

An advantage of looking for research evidence using systematic reviews is the fact that such reviews allow the most robust evidence available to be gathered to inform policy recommendations. The Eurofound systematic review (Eurofound, 2015) includes quantitative studies in the form of controlled trials, leaving out other types of studies from which the conclusions gathered may have been more tentative, as they are not considered to provide the same level of evidence when assessing effectiveness due to a higher risk of bias. In this study the design threshold is in line with the recommendations of the Campbell Collaboration, indicating which studies should be included when establishing the effectiveness of an intervention (Campbell Collaboration, 2004). However, as a consequence of this, few studies dealing with working conditions have been included in the review. Moreover, research from several countries has been left out as a result of adopting this threshold. To complement the evidence on working conditions included in the systematic review, listed below are the studies dealing with working conditions that were included in the mapping exercise but were excluded from the synthesis.<sup>8</sup> It must be noted that the evidence provided by these studies is more tentative than that provided by the studies included in the systematic review synthesis because their methodology leaves more room for bias.

**Almeida et al** (2012) analysed staff–child interactions in toddler ECEC classrooms in Portugal, looking at the impact of structural quality. The study found that the behaviour of teachers is more adequate (from a cognitive point of view is better adapted to the interests and capabilities of children) when they earn higher wages and can avail of more non-contact time. The study pointed out that higher wages go together with other variables linked to career progression (such as years of professional experience and initial qualifications). The negative correlation found between the adequacy of interactions and the number of hours of direct work with children can be explained by the high demands that such work places on ECEC practitioners.

The study carried out by **Andrzejewska** (2011) examined the link between the cognitive skills of children and staff–child ratio, type of preschool centre and teachers' career progression. The relation between teachers' career progression and the cognitive competencies of children was in general found to be statistically significant. For other elements, the results are not stated in the report;

<sup>8</sup> Details about the aims and objectives of the studies, the sample and settings that were studied and the details of the CPD or programme and/or working condition studied can be found in the systematic review (Eurofound 2015).



however, the author states that a lower staff–child ratio contributes to better reasoning skills because children are given more time and attention.

**Cryer et al** (1999) analysed the relation between structural and process quality in preschool classrooms in Germany, Portugal, Spain and the United States. Overall, no strong predictor of process quality was found, which means that to improve process quality, many structural characteristics need to be taken into account simultaneously. Furthermore, structural characteristics account for only a certain degree of change in process quality, and therefore regulation needs to focus on the different elements of process quality.

**Lera** (1996) analysed the quality of preschool classes in Seville by focusing on three structural variables (ratio, group size, training of teachers) and two process variables (classroom quality and educational practices). No relation was found between structural and process variables, probably because all the settings analysed were fairly similar.

The study by **Montie et al** (2006) analysing longitudinal data from 10 countries aims to identify how process and structural characteristics of the settings children attended at age four are related to their cognitive and language performance at age seven.<sup>9</sup> The analysis showed that as the level of teacher education increased, the language performance of children aged seven improved. Group size was not found to be related to the language or cognitive scores of children, with other studies showing that relationships between group size and adult–child ratios and process characteristics are country-specific.

**Pugnaghi** (2014) evaluated educational interactions in 20 preschools in an Italian province examining the teacher, institutional and classroom characteristics. In each preschool, the entire school day was recorded and subsequently analysed. Information was also gathered through questionnaires. The quality of interactions was measured in terms of emotional support, organisation of classroom environment and instructional support. The statistical analysis of the responses shows that in the settings with a higher quality of educational interaction, staff have a higher number of hours of co-presence compared to other settings, lower levels of staff turnover and a higher number of hours of CPD provided by institutions that staff are required to attend.

In a study that looked at relations between the quality of interactions and structural characteristics **Rentzou and Sakellariou** (2011) found limited correlations between both dimensions. More concretely, age and years of experience have been found to correlate with the permissiveness subscale, whereas group size and staff–child ratio correlate with the detachment subscale. The authors argue that this lack of correlation could be due to the fact that Greek preschool pays little attention to educational activities, in which according to previous research group size and staff–child ratio are more important.

**Ruíz de Miguel and García García** (2004) studied the interactions between different elements of quality in 19 preschool classrooms in Spain, using different surveys for teachers, families and for a third party that collected information about children. The study found that group size had a direct effect on the relationships between staff and children, with groups of up to 17 children ideal in order to have positive relations. The study could not confirm whether the staff–child ratio is the element that creates the conditions for positive interactions, as has been suggested in other studies. Positive

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<sup>9</sup> The ten countries are Finland, Greece, Hong Kong, Indonesia, Ireland, Italy, Poland, Spain, Thailand and the United States.

staff–child interactions influence the interactions between children, which indirectly benefits their development (in terms of their verbal, social and cognitive skills).

**Tietze et al** (2013) carried out a cross-sectional national survey as part of a nationwide German study on ECEC (NUBBEK – the National Survey for education, care and education in early childhood). The study examines how personal and structural quality indicators as well as pedagogical orientations impact on process quality. It also analyses the effects of the quality experienced by children in ECEC on children’s outcomes. Structural quality conditions explain between 11.2% and 32% of the variation in process quality. Staff–child ratios or group size have a significant effect only partly, with group size having some effect on the communicative and social behaviour of two-year olds. A higher qualification level and more time for preparation and planning correlate with better process quality in ECEC settings.





# Services for children in a vulnerable situation

## Introduction

This chapter focuses on the current situation in Europe of children who require additional resources. The conceptual framework used is the one established by the OECD, whereby 'those with special educational needs are defined by the additional public and/or private resources provided to support their education' (OECD, 2007). These resources are provided over and above the resources available to students who do not have difficulties in accessing the regular curriculum. The resulting cross-national categories are defined as follows.

- Students with disabilities or impairments viewed in medical terms as organic disorders attributable to organic pathologies (for instance, in relation to sensory, motor or neurological defects). The educational need is considered to arise primarily from problems attributable to these disabilities (cross-national category 'A/Disabilities').
- Students with behavioural or emotional disorders, or specific difficulties in learning. The educational need is considered to arise primarily from problems in the interaction between the student and the educational context (cross-national category 'B/Difficulties').<sup>10</sup>
- Students with disadvantages arising primarily from socioeconomic, cultural, and/or linguistic factors. The educational need is to compensate for the disadvantages attributable to these factors (cross-national category 'C/Disadvantages').

The aim of these resources is to promote the inclusion of children in mainstream educational institutions, spending most of their time with the rest of the children. Whereas the concept of integration entailed accommodating children to the education environment, inclusion encourages the full participation of students and requires the education institution to adapt its practices to facilitate this.

**Table 5: Differences between integration and inclusion**

Integrative practice	Inclusive practice
Insertion of children with special needs in the mainstream school	Living and learning together (all children at the mainstream school)
Differentiating system depending on the type of disability	Inclusive system for everybody
Two-group-theory (disabled–not disabled; with or without special needs)	Theory of a heterogeneous group (different minorities and majorities)
Reception of disabled children	Changing of the schooling idea
Theoretical approach centred on the individual	Consideration of all levels (emotional, social, educational)
Resources for labelled children	Resources for the entire school
Special support for disabled children	Common and individual learning
One individual curriculum for one child	One individualised curriculum for every child
Individual projects for disabled children	Common reflection and planning of all participants
Special teacher supporting children with special needs	Special teacher supporting teachers, classes and schools
Special education influencing mainstream school methods	Changing all educational practices (mainstream and special practices)
Controlled by experts	Teamwork

Source: Hinz (2002), p. 359

<sup>10</sup> It must be noted that there are significant variations between countries as to whether specific issues such as autism, attention deficit hyperactivity disorder (ADHD) or speech and language difficulties are classified in category A and/or B, depending on the severity (see OECD, 2005).

The work of UNESCO has been one of the main catalysts for the promotion of inclusive education in Europe and elsewhere. The organisation defines inclusion as ‘a dynamic approach of responding positively to pupil diversity and of seeing individual differences not as problems, but as opportunities for enriching learning’ (UNESCO, 2005, p. 12). The UNESCO Salamanca Statement and Framework for action has promoted inclusion at all levels of education, including ECEC; the document explains that

*the fundamental principle of the inclusive school is that all children should learn together, wherever possible, regardless of any difficulties or differences they may have. Inclusive schools must recognize and respond to the diverse needs of their students, accommodating both different styles and rates of learning and ensuring quality education to all through appropriate curricula, organizational arrangements, teaching strategies, resource use and partnerships with their communities (UNESCO, 1994, pp. 11–12).*

While in the past it was common practice to provide education for children requiring additional resources in special schools or special classes, the increasing trend is to provide the resources necessary to integrate these groups in mainstream classes (Rand Europe, 2013). The first OECD Starting Strong report (OECD, 2001) noted that most countries had chosen to include children with special educational needs within mainstream ECEC settings where this was determined to be in the child’s best interests.

This trend goes hand-in-hand with the development of early childhood intervention, which is defined by the European Agency for Development in Special Needs Education as

*a composite of services/provision for very young children and their families, provided at their request at a certain time in a child’s life, covering any action undertaken when a child needs special support to a) Ensure and enhance her/his personal development; b) Strengthen the family’s own competences, and c) Promote the social inclusion of the family and the child (EADSNE, 2010, p. 7).*

In those countries where it is possible to avail of health and developmental screening to children in ECEC settings, the practice of segregating children in specialised education institutions has been stopped (OECD, 2005).

The trend towards more inclusive education can partly be explained by policy developments at the international level. In the Netherlands, for example, in 2014, in preparation for the ratification of the UN Convention on the rights of persons with Disabilities, the Government established a new framework for education (*Wet op passend onderwijs*). Within this new framework, schools and early childhood education centres have to become more inclusive (as outlined in the Dutch case study).

Regarding the current situation of education systems, Ebersold (2011) considers that there is a trend towards more inclusive education services in 15 European countries, with another four (Austria, the Czech Republic, Hungary and Luxembourg) in transition towards more inclusive education services. Within this common trend towards further inclusion, EU Member States differ in the extent to which they set out in legislation how inclusion should be achieved in practice. For example, in France, Germany, Hungary, Portugal and Sweden, inclusion is part of ECEC guidelines and curricula. Cultural diversity as a value is included in the curriculum, whereas disability is not explicitly mentioned. An exception to this is Hungary, where it is specified how children need to be

supported and that this should include avoiding overwhelming demands and establishing therapy and rehabilitation as an essential part of the pedagogic concept (Kron, 2008).

As for the relation between special schools/classes and mainstream ECEC, in Finland the 2007 Special Education Strategy included a level of so-called intensified support between general and special support. Thus, there is a continuum in the levels of support, with a first level of general support for all children. If it is deemed that this support is not sufficient for some children, the early childhood special teacher assesses the strengths and weaknesses of the child and establishes an intensified support plan in cooperation with the parents and other professionals that can include special education sessions with the ECEC special teacher or referrals to other specialists (such as speech and language therapists). The child's behaviour is used as the basis for drafting an individualised education plan with input from a team of different professionals. Finally, special support is very intense and its specific nature is decided by a team of specialists after neurological and psychiatric evaluation.

Parents of children with special educational needs still tend to opt for a combination of inclusive and special early years' settings, perhaps because they are not convinced of the level of additional resources in place (Flewitt and Nind, 2007). For example, in the UK, despite moves towards inclusive early years' education, many parents of young children identified as having special educational needs opt for a combination of both inclusive and special early years' settings. A survey sent to early years' providers, voluntary groups and parents in three local education authorities in southern England revealed that the practice of combining different types of placements was widespread (Nutbrown and Clough, 2004).

Regarding the categories of children requiring additional support, the OECD provides the following categorisation of national approaches to special educational needs (OECD, 2007):

- based on disability categories, where the term 'disability', however, often has different meanings across countries;
- based on disabilities and disadvantage;
- based on disabilities, disadvantage and gift/talent;
- a case-by-case approach rather than defining students through a categorical approach.

The following sections describe in more detail the situation of specific groups of children who face potential disadvantage and the policies and legislation in place to promote their inclusion in mainstream ECEC.

## **Children with disabilities and ECEC services**

In the case of children with disabilities, their inclusion in mainstream ECEC comes from a change in the approach to disability from a medical model to a more social model. In the medical model, the focus is on compensating for deficiencies arising from impairing disabilities, whereas the social model puts the emphasis on strengthening capabilities and having an environment without barriers that acknowledges diversity.

The more significant the additional support needs of their child, the more likely parents are to experience issues such as a lack of appropriate childcare provision in their area and higher-than-average childcare costs. In the UK, according to the Childcare and Early Years Survey of Parents

(2012–2013), some 91% of children with an illness or disability that did not disrupt their daily life at all used ECEC facilities, compared to just 75% of children whose disability affected their daily life to a small extent and only 62% of children who had an illness or disability that disrupted their daily life to a great extent. In Belgium, additional resources in regular classes are available for disabled children who are able to attend a mainstream nursery, but not for children with moderate or severe intellectual disability (or who are hospitalised). In Denmark, the legal obligation to provide educational support does not cover all children. Unlike with children of school age, the obligation to offer special educational assistance to infants applies only to children with speech and/or language difficulties.

Lack of resources can hinder the implementation of policy frameworks promoting inclusion in mainstream ECEC services. Some problems identified in an OECD survey (OECD, 2009) included inadequate training of teaching staff for working with children with special educational needs, excessive rigidity of assistants regarding who they worked with in inclusive settings, and a lack of appropriate teaching and learning resources. According to the UK Childcare Costs Survey 2014, only 28% of local authorities in England, 18% in Scotland and 6% in Wales reported having sufficient childcare facilities for disabled children. In Hungary, segregated programmes for children with disabilities have a long tradition, with only one-third of nursery schools ensuring places for children with disabilities. More than half of all children with disabilities do not use ECEC services (Hidasi, 2010). In the Czech Republic, it is up to the ECEC managers whether to admit a child with a disability into the kindergarten. Integration is often impossible and children with disabilities stay in home care or attend special kindergartens, of which there are not enough to meet demand (Czech case study). In Croatia, the legislation encourages the participation of disabled children in preschool and there is the possibility of having a personal assistant in class. However, this often does not happen due to the lack of staff with the adequate skills.

Attitudes can also constitute a barrier towards further inclusion. Parents of other children and staff in ECEC services may agree in principle to inclusion, but want it to be applied elsewhere (this is mentioned in the Austrian case study). Disabled children may be perceived as being aggressive towards other children even if that happens only in isolated cases (Austrian case study). Moreover, persistent discriminatory attitudes often limit the curricular options and favour the retention of separate institutions for children with special needs. Some countries have started initiatives to tackle the stigma and prejudices. In the UK, a coalition called the Early Childhood Forum brings together national organisations and professional associations with a view to promoting inclusion. In Croatia in 2009, the UNICEF country office launched the campaign ‘The First Three Years are the Most Important!’, which aimed to raise awareness about the needs of children with disabilities in their first three years and their families, and which advocated for their inclusion.

It must be noted that in some cases segregation may prevail even if children with disabilities are enrolled in mainstream services. In Scotland and Finland, a rise in the number of special units in mainstream pre-primary education may indicate that special placements are increasing, with children being enrolled in mainstream education institutions; in practice, however, they spend very little time with the rest of the children (NESSE, 2012). There are other countries where segregation prevails. This is the case for instance in Austria, where there is no specific policy framework to promote the inclusion of disabled children and where these children are often placed in special kindergartens. Children with disabilities are excluded from the compulsory free year of kindergarten (OEAR, 2013). As indicated above, segregated programmes for children with disabilities have a long history in Hungary; these seem to be particularly difficult to overcome despite the expressed aims of

public policy. For instance, the 1998 Act on Disabled People's Rights and Equal Opportunity states that if it is beneficial for disabled children, they may attend the same classes as the rest of the children. At the same time, allowances for parents to stay at home taking care of disabled children create an incentive to keep children at home without access to specialised support (Kron, 2008).

It must be noted that there can also be large variations between local administrations in the implementation of policies and regulations within the same country. In Sweden, due to the large degree of independence of the municipalities, special educational needs can be addressed by the education system in different ways: teachers of a child can be supported by a resource centre at the local level; a specialist teacher may work with the child within the framework of the activities of the larger group (on a permanent basis or temporary basis); or the child may leave the larger group for limited periods to work with the specialist teacher.

In Austria, education policy has as a goal the inclusion of children with disabilities. However, there is no legal entitlement and class arrangements for disabled children vary across the different regions. According to the educational act in the Czech Republic, children with disabilities have a right to education that accommodates their needs. This does not, however, entail a legal entitlement, as it is up to the ECEC centres to admit children or not.

### Data

Existing estimates of childhood disability vary considerably because of the differences in definitions and the wide range of methodologies and measurement instruments adopted (WHO/UNICEF, 2012). It must also be noted that sometimes it is difficult to identify some of these children before they start compulsory education, and this could be the reason for some of the differences between countries.

Across the OECD in 2001, the median number of children receiving additional resources for disabilities was – as a percentage of all children in pre-primary education (from three years to school age) – 0.86% (OECD, 2005). The percentage of children receiving additional resources for disabilities as a percentage of all children in pre-primary education is typically smaller than the corresponding percentages in compulsory education (see Table 6).

**Table 6: Children with disabilities receiving additional resources in pre-primary and compulsory education (%)**

Country	Pre-primary	Compulsory
Turkey	0.16	0.58
Bulgaria	0.84	1.06
Finland	0.94	5.04
Italy	1.06	2.51
Slovenia	1.11	2.78
Belgium (Flanders)	1.15	4.01
United Kingdom	1.34	2.90
Spain	1.74	2.85
Slovak Republic	1.77	4.43
Malta	1.89	2.53
Croatia	3.63	3.51
Lithuania	3.75	4.31
Czech Republic	3.82	4.26

*Note: The figures indicate the numbers of children with disabilities receiving additional resources in pre-primary and compulsory education as a percentage of all children in pre-primary education, 2005*

*Source: Deluca (2012)*

These findings are in line with the data gathered by the OECD in 2003 for Belgium (Flanders) (0.99%/3.84%), the Czech Republic (4.27%/4.62%), Finland (0.97%/4.01%), Hungary (0.50%/2.00%), Slovakia (1.17%/4.14%), Spain (1.67%/3.61%), and the United Kingdom (England) (1.67%/2.43%) (OECD, 2007). Data from a further survey from the OECD in 2005 in the Baltic States, southeastern Europe and Malta put Lithuania (3.75%) at the top (OECD, 2009).

In the **Czech Republic** for the 2013–2014 school year, 10,063 children with disabilities were identified in preschool education. The statistical data available suggest that in this school year, 2.76% of children in preschool education (aged 3–6 years) were disabled (9,767 children).

In **Lithuania** there were 52 institutions with special classes for preschool education and 1,555 children were educated there in 2012. Many more children with special educational needs were integrated into mainstream ECEC groups – 13,362 in 2012–2013. Children with special needs constitute 13% of all children enrolled in ECEC. It should be noted in the case of Lithuania that the level of disability of these children is not severe.

## Children with difficulties and ECEC services

Obtaining data about this group of children is particularly challenging, as there are wide differences across Europe in terms of diagnosis.

There is very little information available about this specific group of children. It is also important to bear in mind that there are wide differences across Europe in the extent to which children are



diagnosed. For instance, while the number of diagnoses of children with ADHD has increased in some countries, especially in northern Europe, the same cannot be said for other Member States, such as France or Italy where the number of children diagnosed with the disorder and treated for it is relatively low (Clark, 2012). In Sweden, about 10% of children are officially diagnosed as being affected by the condition (European Commission, 2013a). In France, the equivalent number is only 3.5% (Lecendreux, 2013). Moreover, the Italian Registry of ADHD estimates a prevalence amounting to only 1% of Italian children between 6 and 18 years of age.

Similarly, autism (or autism spectrum disorder – ASD) has received greater recognition only recently, registering a growth in the number of cases diagnosed and treated (Matson and Kozlowski, 2011). Up to the early 1990s, autism was estimated to affect between four and five children in every 10,000. Bearing in mind the above-mentioned rates, the number of children diagnosed with autism has increased more than 10 times in the past 20 years. This is the result of a number of concurrent factors, such as increased research into these disorders worldwide, adoption of broader concepts and diagnostic criteria, adoption of different methodological approaches and development of better services aimed at diagnosis and intervention (European Commission, 2005). Even in the cases where developmental problems are observed at an early age, either by parents or by an education professional, a time lag commonly exists between the first observation and the correct diagnosis of the child. It must be noted, however, that these types of disorders are still likely to be underdiagnosed due to symptoms only manifesting at a later age and the fact that there are issues regarding the sensitivity and specificity of screening instruments (European Commission, 2013a).

There are still wide differences across Europe regarding the diagnosis and treatment of disorders such as ADHD, these differences arising from varying definitions, diagnosis, political focus, and cultural factors. This is also the case within countries, with poor and rural areas not having the services to provide such diagnosis. It is also important to bear in mind that in many cases the symptoms of these types of disorders may go unnoticed and are only identified when children are at school. This is the case in ASD, where young children without language delays may be able to interact normally in certain contexts. Another reason is the delay between first observation of symptoms and diagnosis; for ADHD this was 2.8 years in France in 2007 (Purper-Ouakil, 2007) and 3.1 years in Italy in 2004 (WFMH, 2004).

### **Children from a disadvantaged background and ECEC services**

Despite efforts in preschools to include immigrant children and parents, enrolment rates for children from a migrant or ethnic minority background are substantially lower than for other children (Bennett, 2012; OECD, 2001). Some reasons for this are lower rates of maternal employment, different traditions in childrearing, language barriers, or curricula that do not take diversity into account. Furthermore, costs of and criteria for enrolment that favour children with parents who are working and the attitude of staff towards migrants can also be an issue. Being far away from ECEC services is also a problem, particularly in rural areas, with the divide between rural and urban provision particularly critical in Belgium, Germany, Lithuania, Hungary, Poland, Portugal and Romania (Eurydice, 2009). Further reasons mentioned in the interviews conducted as part of the Belgian case study were that: these groups do not always perceive childcare as a service they can turn to; some people have had negative experience with care services; lack of awareness that the costs can often be reduced to reflect the family's lower income. Waiting lists, lack of familiarity with the administration and admittance policies, not feeling welcome, lack of flexibility on the part of the centre with regard to the parents' working schedule are other issues mentioned.

There are two main approaches to identifying these children: targeting specific groups that meet certain criteria (applied in most European countries); or an individual approach may be taken, where specific needs are assessed and determined on a case-by-case basis (applied in Austria, Iceland, Italy, Luxembourg, Malta and the UK) (Eurydice et al, 2014). The group approach is usually applied in terms of the following (Eurydice et al, 2014):

- linguistic and cultural criteria, when children receive additional support in learning the language of instruction or their mother tongue;
- socioeconomic criteria, which are often income-related;
- geographical criteria, when specific zones or areas receive additional support – usually rural areas or the most disadvantaged areas.

### Provision

The number of disadvantaged children receiving additional resources varies from country to country. This is partly because these resources are in many cases language courses and there are great differences between countries in terms of whether migrant children require language support, depending on the type of migration existing in the country (Deluca, 2012). According to data from Eurydice et al (2014), there are three main strategies when it comes to providing additional support for disadvantaged children:

- specific measures to support children’s development, learning and attainment;
- provision of additional or specialist staff;
- the establishment of special organisational/funding arrangements.

In terms of additional resources for children with disadvantages, most European countries have initiatives in place to support language learning. This includes support for the language of instruction or the mother tongue of minorities and migrants (as in Finland, Poland and Slovenia) (Eurydice et al 2014). In addition, 17 Member States (mostly countries in central and eastern Europe and the UK) have learning and attainment measures or programmes for children in disadvantaged areas. In terms of additional staff, this includes hiring extra staff and specialist staff, and offering CPD opportunities. In some countries this includes hiring staff with an ethnic or minority background. In relation to organisational settings, this includes reduced child–staff ratios, smaller groups or additional equipment. Lastly, funding is usually in the form of subsidies or lump sums for ECEC centres if they meet specific conditions or provide specific programmes.

### Data

Data about the participation of disadvantaged children in ECEC are scarce due to the different definitions of disadvantage use and the lack of disaggregated data, with data normally referring to Roma children and children with a migrant background (Bennett, 2012; Deluca, 2012). Measurements are done mainly on the basis of income, often leaving out other socioeconomic indicators (Bennett, 2012).



**Table 7: Children with disadvantages receiving additional resources in pre-primary and compulsory education (%)**

Country	Pre-primary	Compulsory
Turkey	0.02	0.04
Serbia	0.09	3.99
Bulgaria	0.14	0.09
Croatia	0.24	0.52
Montenegro	0.52	0.84
Lithuania	0.61	1.01
Czech Republic	0.62	0.10
Slovakia	1.31	0.34
Spain	1.86	3.70
Italy	5.08	5.46
Belgium (Flanders)	6.03	26.46
Hungary	17.38	16.19

*Note: Numbers of children with disadvantages receiving additional resources in pre-primary and compulsory education as a percentage of all children in that phase of education, 2005*

*Source: Deluca, 2012*

### Roma children and ECEC

Existing data sources suggest that there are big gaps between the attendance of preschool and kindergarten of Roma and non-Roma children, particularly in Greece and the Czech Republic (Fundamental Rights Agency, 2012). Preschool coverage for Roma children in southeastern Europe is 13.5% among Roma children aged 3–5 years (PCS, 2012). The lack of accurate figures regarding Roma families and children is an obstacle to realistic planning, monitoring and evaluation and can be sometimes used as an excuse for not providing sufficient funds for inclusive policies.

In addition to low participation rates, segregation remains an issue. One form of segregation of the Roma community is related to the fact that Roma families tend to concentrate in disadvantaged areas, where ECEC services become de facto Roma services (in some cases due to the withdrawal of other families from the use of these services). Low funding and low expectations from teachers can lead to poor educational outcomes in these centres (Klaus and Marsh, 2014). Interestingly, Roma parents rarely report the segregation of their children in special classes with poor quality of staff and learning environment. The reason for this is usually the incentives offered to Roma parents (such as free meals or textbooks) in those settings (Bennett, 2012). The most common barriers that Roma children face while accessing mainstream ECEC are the following (Bennett, 2012):

- extreme poverty and poor living conditions;
- teachers' low expectations regarding Roma children;
- limited opportunities for teacher training on diversity;

- the attitudes of other parents;
- the attitudes of Roma parents.

Several measures have been put in place to increase the access and inclusion of Roma children to ECEC. The UNESCO and Council of Europe (2014) *Guidelines on inclusive early childhood care and education for Roma children* highlight the need to maintain a positive image of the Roma child, showing respect for their background and cultural identity, organising the environment to reflect diversity, creating a warm, accepting and inclusive environment and developing majority language and pre-literacy for dual-language children.

Countries such as Croatia, the Czech Republic and Slovenia have introduced targets to increase the participation of Roma children. Roma children might be also supported in maintaining their ethnic and linguistic identity, as is the case in Finland, Poland and Slovenia (Eurydice et al, 2014). The need to increase attendance has also been highlighted in the European Framework Roma Integration Strategy. In its assessment of the National Integration Strategies, the Commission sees a positive trend in this regard. In Hungary, where the enrolment rate of Roma children in pre-primary school is fairly high, obligatory preschool will be introduced from the age of three. Two years of compulsory preschool for two-year olds been introduced in Bulgaria. Meanwhile, Croatia and Slovenia have programmes to train assistants. However, measures undertaken in Greece and Slovakia were not considered satisfactory (European Commission, 2014c).

### **Migrant children and ECEC**

Most EU countries extend the right to education to all children of compulsory school age irrespective of their immigration status. Children with immigrant backgrounds are usually enrolled in mainstream early education, but proportionally more of these children may be placed in ECEC centres or schools of lower quality (Bennett, 2012; Lazzari and Vandembroeck 2012). In most countries for which data are available, native and migrant children enrol equally in early education systems where participation is nearly universal – Belgium, France, the Netherlands, Spain, Sweden and the United Kingdom. In some countries (the Czech Republic, Estonia and Portugal) children with parents born abroad appear to enrol in ECEC slightly more than native children. The reason for this may be a different tradition of education of children in the country, non-availability of grandparental care or simply because the parents have to work more hours. However, in some countries (such as Austria, Cyprus and Italy), the participation of children with migrant parents in formal ECEC is much lower (Bennett, 2012).

This chapter describes the main features of the 15 case studies of additional resources to promote inclusion in mainstream ECEC.<sup>11</sup> While the initial aim was to have five case studies per category of children requiring additional resources, only two formally evaluated initiatives were found that focused specifically on children with difficulties. The other three case studies relating to additional resources for children with difficulties were replaced with case studies that aimed at making ECEC services more inclusive for all types of children.

## Children with disabilities or difficulties

### Tiny Signers, Austria

The EU-funded Tiny Signers programme promotes the use of baby sign language in Austria, Lithuania, Slovenia and the UK. This programme targets children who are either deaf or hard of hearing, focusing on children under the age of two. It also targets students, teachers, parents and also hearing babies and children. The overall objective of the project is to implement an innovative approach with both hearing and deaf babies through the development and use of baby sign language and thus improve the quality of early communication and language learning in the participating countries and further develop the community of signing babies. The baby sign language courses are developed on the basis of national sign languages in close cooperation with deaf communities and childcare. The programme provides training in sign language for families, as well as sign language training for students in the secondary training college for nursery school teachers. The initiative lasted from 2010 until 2012, with some of the activities still ongoing despite the end of the EU-funded programme.

The evaluation is based on a long-term study. Some 102 participants were divided into three groups: the first group was the training group in which the children were offered 'Baby Sign'. The second group was a control group, in which the parents offered the children more spoken language. The third group was also a control group in which the participants did not receive any special instructions on how to communicate with their children. The result was that the children of the training group showed advantages in several linguistic areas. As for teacher training, the only evaluation available is based on the answers of the students who took the training. A questionnaire with 10 questions was distributed amongst practitioners and 34 interviews were held with students in the secondary professional school for childcare. The students' answers show that the module enhances their awareness of the characteristics of the deaf community, and of the importance and possibilities of communication with the deaf.

### Dr Jedlička Integrated Support Centre, Czech Republic

The goal of the Dr Jedlička Centre for Integrated Support was to create a suitable system of education support to increase quality of education care for children with disabilities. The services comprised mainly counselling and expert consultations for educational staff and diagnoses of children with disabilities. Employees of the centre identified the difficulties experienced by the children with disabilities and provided counselling for teachers and parents. The centre cooperated with kindergartens in terms of a joint search for alternative ways of communication (such as sign language). Family therapy and counselling for children with disabilities were also offered to teachers in kindergartens. These support activities were mainly undertaken by special pedagogues and psychologists working for the centre. This support was provided from 2009 to 2012.

<sup>11</sup> The types of additional resources provided are also described in more detail in Annex 2. While the intention was to have case studies showcasing a wide range of additional resources, most case studies include staff training, followed by individualised education plans and specialist support to staff.

Data were collected using focus groups and individual semi-structured interviews supplemented with a questionnaire survey (233 respondents). The respondents included teachers, pupils, teaching assistants, project implementers and pupils' parents. Staff reported that the assistance they received contributed towards the socialisation of children with the rest of their peers and a better understanding among staff and parents of the limits and possibilities in the care and education of these children. It also encouraged the general acceptance of disabilities. The most beneficial activities were those in which the whole family was involved, and learning and attention deficits were dealt with. The greatest benefit was described as being the identification of the target children before their learning deficits or disabilities could become worse. Where this early diagnosis is missing, children are transferred to special kindergartens and schools unnecessarily. Cooperation with teachers supported communication between family and school, the search for new ways to deal with difficulties, strengthening of resources and defining competencies of all cooperating parties. Group work within the project helped children understand and respect one another; the group activities also had a relaxation effect. Work with children with severe combined disabilities strengthened the positive attitude of carers to these children.

### **Language and activity-based intervention programme, Finland**

This programme focused on verbal and non-verbal performance and play behaviour in children diagnosed as having specific language impairment. The purpose of the intervention was to improve language skills, perceptual skills and play behaviour in children with a diagnosis of specific language impairment who are enrolled in early education centres. This included two-hourly sessions of activities a week. One of the activities was called the Kili programme and it integrated language with physical exercise, as well as playing with rhymes and sounds. The other activity was called the Kuttu programme and it consisted of play activities coordinated through pictures with play themes. Thus the objective was to develop language skills and the functions that support their development (attention, motor behaviour, perception and play). This intervention was provided within the framework of a study (Sajaniemi et al, 2010) to 42 children in daycare centres in Helsinki.

The intervention was evaluated comparing 42 children split into a control group (20 children) and an intervention group (22 children). The pre-test measurement of verbal and non-verbal abilities was done using several language and performance scales and children's play was measured using an adaptation of the Symbolic Play Test. Post-test measurements were carried out two to three weeks after the intervention period using the same scales. Children were allocated into intervention and control groups, without the examiner knowing which child went to which group.

No short-term effect on language development was found in the case of the language intervention in Helsinki. Non-verbal abilities and play behaviour (skills which precede language learning according to research) did improve in comparison to the control group. However, the skills of those children with more severe speech and language impairments did not improve after the intervention. This made the evaluators raise questions regarding the suitability of this format of intervention for these group of children, whose individualised education programme (IEP) should be reassessed and who should receive other type of intervention.

### **Small Steps programme, Netherlands**

In 1989 the Dutch Down Syndrome Association decided to implement the Australian Small Steps programme, which focuses on the age group 0–5 years. This programme is based on the idea that parents are the best educators for their disabled children. The goals of this programme are based on cognitive theories and are focused on the empowerment of the child and their family. There is a

programme book and an instruction video. The instruction methods are linked to techniques that give support to the acquisition of language. Children are offered a controlled set of stimuli.

The strengths and weaknesses of the programme were identified by analysing interviews with the parents of five children. Parents and professionals were also interviewed about their perspective on the impact of the programme. Children were tested to measure the impact of the programme on their direct observable development. In a pre- and post-test scheme, no significant impact on the direct observable development of children could be observed. Parents were very positive about the programme: 85% of the families reported a positive effect on the development of their child (88% of the professionals reported a positive impact). Some 90% of the parents reported a positive effect on their parenting itself (93% of professionals reported this positive impact).

### **Disabled children's access to childcare (DCATCH) pilots, UK**

This initiative ran between March 2008 and March 2011 and involved funding 10 local authorities to pilot ways of improving the range and quality of childcare for families of disabled children, and involving families in shaping childcare services. The 10 DCATCH pilot activities were designed by the local authorities in consultation with families, with the aim of identifying local needs and priorities. The idea was to deliver childcare for disabled children as part of a holistic package of care adapted to local and family needs. This package included measures on the following topics: information and outreach work; brokerage of childcare for disabled children and young people; improved integration of services; funding additional childcare provision; improving the data on disabled children; parent and child participation in service design and delivery and workforce development.

The evaluation included the following components:

- a qualitative scoping study to select programmes and interventions for further analysis and to carry out detailed preparatory work to inform the design of the impact survey;
- a quantitative impact survey of parents in DCATCH pilot authority areas to measure the impact of DCATCH;
- a qualitative acceptability and impact study to explore the acceptability and impact of DCATCH support/interventions to families;
- a qualitative process evaluation to explore key interventions being developed by pilots, and provide information for other local authorities to share successful practice.

The methods used included a survey of parents, focus groups with families and the direct observation of training activities and events.

The main finding of impact evaluation of DCATCH was that, overall, there is evidence that perceived accessibility of childcare had improved as a result of DCATCH activities in pilot areas but there had been no significant impact on the take-up of childcare or the satisfaction of parents with the quality of care provided. Furthermore, no impact of DCATCH was found on the capacity to obtain information about childcare information in the local area. However, parents in DCATCH areas were slightly more likely to have used the Family Information Service to obtain childcare information than in those areas where DCATCH was not implemented. Therefore, it concluded that DCATCH had a small but significant impact on changing the perceived barriers to finding suitable childcare.

### **Early intensive behavioural intervention (EIBI), Sweden/Norway**

Early intensive behavioural intervention (EIBI) is a structured treatment for children diagnosed with ASD, which is based on the principles of behavioural analysis. EIBI is based on applied behaviour analysis (ABA) and training starts before diagnosed children enter primary school. The intervention requires at least 30 hours a week and lasts for two years or more. During the intervention, children receive skills training in areas such as communication, play, language and motor skills. This intervention started in 2007 and lasted until 2014. The prolongation of funding will allow the activities to be continued until 2020.

The effectiveness study made use of a quasi-experimental group design, in which an experiment group was compared to a control group receiving treatment as usual. Treatment groups were not randomly allocated. Some 35 autistic children receiving EIBI were compared to 24 children in a control group who received the usual treatment. The children receiving EIBI scored higher in adaptive behaviour, and showed an improvement in symptoms of autism.

### **Nuffield Early Language Intervention, UK**

The Nuffield Early Language Intervention is an evidence-based oral language intervention for children in nursery and reception class (the first year of primary school). It targets children who show weakness in their oral language skills and are therefore at risk of having later difficulties with reading. The overall goal of the programme is to help children with language difficulties improve their oral language skills to provide a better foundation for literacy and learning when they enter primary school. The intervention is implemented over 30 weeks and it targets three key skills areas: vocabulary knowledge, narrative skills and listening skills. Nursery school staff and teaching assistants receive training to deliver the programme. This language intervention took place between January 2009 and December 2010.

The Nuffield Early Language Intervention was implemented as a randomised control trial (RCT). The first RCT included 180 children in nurseries (90 children were included in the intervention group and the other 90 in the control group). The intervention group received a 30-week intervention and was tested throughout using standard language assessment tools for the age group. A second RCT involved 34 schools. In addition to the formal evaluation, the teaching assistants were invited to give feedback to the research team throughout the process. They also received questionnaires before and after the intervention so that their insight could be taken into consideration by the research team.

The results of the assessment tests immediately after the intervention and six months after completion of the intervention show that the children in the intervention group performed significantly better on measures of oral language and narrative skills as compared to the control group. They also showed clear improvements on measures of phonological awareness. However, improvement in word-level literacy skills was somewhat weaker. Regarding the overall goal of the intervention to ensure a smoother transition between nursery and primary school for the target group, the evaluation also produced positive results. The assessment six months after the intervention showed that the intervention group was performing at a similar level in reading comprehension as their peers who were not selected for the trial.

## **Children with disadvantages**

### **Improving access to childcare for disadvantaged groups, Belgium**

The Belgian case study focuses specifically on the Flemish community in the Brussels region. Although the number of ECEC places has increased in recent years, availability remains scarce



and disadvantaged children have much less access to services than their more affluent peers (MAS, 2007). This project aims to increase the accessibility of childcare for vulnerable groups, focusing on foreign nationals coming to live in Brussels. This meant getting more disadvantaged children into daycare, but also making families feel welcomed, supported and comfortable enough that they wish to stay in childcare. This programme took place from 2003 to 2012.

The project was evaluated through a survey on access policies in 89 daycare centres, a survey of 150 mothers regarding their search process, and two focus groups composed of centre directors. The results were compared with a similar study from 2005.

Working on accessibility, diversity and more parental involvement improved the overall quality of childcare. The percentage of children from low-income families and from single parents more than doubled in five years. The number of children from ethnic minority families also increased significantly. The project expanded from a pilot of three childcare centres in 2003 to 89 by 2012, covering nearly all Flemish subsidised centres in the Brussels region, extending the focus from newcomers to all types of vulnerable families. Childcare centres that participated in the project were more likely to have implemented the 20% norm (see section on additional funding in Annex 2) than other childcare centres in the Brussels region. Training on diversity and social policy became integrated into the standard programme of the Flemish Community Commission (VGC), the Flemish representation in the Brussels region. The professional competences of preschool teachers were enhanced by important aspects such as greater respect for children and parents from socially disadvantaged environments and the development of communication strategies with parents.

### **Social, emotional development of preschoolers with sociocultural disadvantages, Czech Republic**

Using funds from the Ministry of Education, an NGO based in Prague developed a methodology of work with children from socially disadvantaged or culturally different environments. The project was undertaken in 2011–2012. The project objectives included the transfer of empirically proven practices and methods in Czech kindergartens. The specific objectives included increasing the professional competencies of kindergarten teachers in working with children from socially disadvantaged families and in building cooperation with parents. In the initial stage of the project, the selected kindergartens were approached and asked to identify children's needs and their own institutional needs. To address the difficulties mentioned by ECEC staff, specific activities were designed as a part of the methodological material.

The evaluation included visits to kindergartens, semi-structured questionnaires to be filled in by the teachers who implemented the activities and open-ended interviews with teachers at the beginning and the end of activities. Staff provided specific information relating to the outcomes of activities as well as difficulties faced when implementing them. Thirteen teachers from each of 13 kindergartens participating in the project leading the implementation filled in questionnaires before and after completion of 27 activities.

According to the evaluation, the activities aimed at cooperation between children with special educational needs (SEN) and other children, and integration had the worst outcomes in comparison with the rest of the activities. The most successful activities were those aimed at increasing the involvement and participation of children, and their cooperation with teachers.

### **ASP programme for socially vulnerable children, Denmark**

The ASP Project was a research project targeting children and adolescents in Danish daycare and residential institutions. The project ran from 2005 to 2009 and its objective was to analyse how

daycare and residential institutions could contribute to combating a childhood marked by a negative social heritage through social mobility. The core of ASP is to educate and train preschool teachers to reflect on their daily practice and so enable them to improve children's learning with a focus on socially disadvantaged children. Preschool staff construct their understanding of children, learning, social disadvantage and health based on their participation in the practices of the preschool. In the ASP programme, staff actively integrate new knowledge and reflections from education and training courses with their previous practice-based knowledge and experience.

Twenty-nine preschools were randomly allocated to an intervention group and 29 to a control group. The preschool staff assessed each child with the Strengths and Difficulties Questionnaire. Data were collected from 2,369 children on three occasions, at the start of the project in September 2006, in May 2007 and at the end of May 2008. Two statistical methods were used to analyse the data, firstly a non-parametric growth curve model that takes into account the hierarchical nature of the data, and secondly a difference-in-difference method that uses only within-child differences between the intervention group and the control group.

ASP improves the quality of ECEC services in a setting where preschool is already more or less universal. The evaluation shows a correlation between the implementation of the ASP Project's intervention and effect in relation to children's skills. The daycare institutions in which the ASP Project was successfully implemented show that the children do better. Staff no longer perceive socially vulnerable children as incompetent children. Pedagogical efforts are organised to promote children's skills. Several of the daycare institutions are involved in continuation work with the ASP Project, particularly in developing systematic methods and documentation of the pedagogical work.

### **'A good start', Hungary**

The practice 'A good start: Scaling-up access to quality services for young Roma children' took place from June 2010 to June 2012. The part of the programme taking place in Hungary included training Roma community members as mediators to establish a link between institutions and the community. It also included activities raising the awareness of parents about the importance of ECEC and making preschools more inclusive by providing assistance to Roma families during the enrolment process.

The evaluation of the whole initiative (not just the additional resources in ECEC) was carried out through a household survey, interviews and focus groups. An online database was also used to monitor children's attendance and the participation of parents in activities. According to the evaluation results, enrolment among the cohort of 3–5-year olds seems to have increased substantially over the project period, although it is not clear how much of this is due to natural increase as children get older. The all-Romani kindergarten in Nyíregyháza received support to develop the educational environment and equipment for 210 children. The relations between ECEC staff and parents improved, partly due to the Home Preschool Community Liaison programme, which strengthened the presence and understanding of Roma culture in the institution and changed the attitudes of both parents and staff members. These shifting perceptions were among the factors cited as having an effect upon attendance. All learning outcomes that were measured among the 3–5 age cohort improved. Furthermore, there were modest increases in reading books to children, drawing with children, and teaching the alphabet or counting. In the localities where reading clubs were introduced, there was an increase in book reading from 78% to 91%.

### **Childhood Development Initiative, Tallaght, Ireland**

The aim of the Childhood Development Initiative was to improve the outcomes for children in disadvantaged areas. The initiative was supported and evaluated from 2007 to 2013. Its early years'



programme was delivered through existing local early years' services and structures. The entire intervention group staff was trained in the HighScope programme and in Siolta – the National Quality Framework for Early Childhood Education. All children attended the basic service and children with speech or language needs received additional speech/language therapy. Staff were also trained by therapists to deliver special speech/language programmes where necessary. The intervention sites also provided a home visiting scheme and a parenting programme.

The project was evaluated with a cluster randomised trial. Early years' services were used as units. The sources of information used were: standardised child assessments taken over time; child social/behavioural profiles completed by early years' service/primary staff and parents; and interviews with parents. Positive outcomes were achieved in areas such as improved behaviour and social skills, child attendance, and better speech and language prognosis on entry to school. Moreover, the discovery of an 'indirect' effect on parenting – with the quality of the home learning environment positively associated with the number of parent sessions attended – is an indication that the intervention children and their siblings will likely benefit in the long term from a more positive home learning environment. The practice in the settings improved and was maintained over the lifetime of the programme. In particular there was greater awareness among staff of their role in improving the life chances of the children by working with them in a language-rich environment, paying close attention to their behaviour and working in partnership with parents.

### **Making services more inclusive**

These interventions are aimed directly at ECEC personnel as an 'upgrade' of their skills, while the ultimate target remains the inclusion of children in ECEC. What these projects also have in common is that the interventions to a large extent take a developmental and inclusive approach in involving ECEC staff in the development of the interventions (training, tools, evaluations and so on).

#### **Pilot inclusion project, Pirkkala, Finland**

Since 2004 the municipality of Pirkkala in Finland has been gradually transforming its daycare services to become more inclusive. The process was supported in particular by providing inclusion training to ECEC staff. Following positive results of the pilot project in one ECEC centre, an inclusive approach to daycare centres has been implemented in the entire municipality, with staff in all daycare groups given the opportunity to undergo a three-day training course in inclusion by the end of 2014. Simultaneously, the number of ECEC special needs teachers in the municipality has been increased from one to four.

The evaluation included desk research, observation of four kindergarten groups, interviews with staff at four kindergartens individually and in groups, as well as a group interview with four ECEC special education teachers.

The evaluation concluded that all the daycare groups had incorporated the new tools and principles for inclusive ECEC in their daily work. This included using signs to support communication and images to support and guide activities, play or behaviour; structuring time, environment and activities; and observing children by using observation forms and discussing the findings.

During the follow-up phone interviews, the interviewees stated that staff in general felt better equipped to work with special needs children after having gone through the training sessions. Staff felt that training had helped improve communication and cooperation skills.

### **Inclusive daycare services, Roskilde, Denmark**

This was a pilot project implemented in the Roskilde municipality from 2006 to 2009. The project targeted all children in five selected daycare institutions (nurseries and kindergartens; children 0–6 years of age). The aim of the project was to develop strategies and interventions to improve the environment and group dynamics in such a way that all children would feel part of the group instead of being singled out, ultimately leading to the inclusion of children in vulnerable positions into the mainstream environment. Specific measures of the project included training staff of five selected daycare institutions, establishing ad hoc counsellors to the staff and training caregivers on the care of premature babies.

In this case study, there was a mid-term evaluation and a final evaluation. These were carried out using focus group interviews and a questionnaire-based survey among those involved in the project implementation. Participating institutions documented their efforts and results in ‘turning point narratives’, and the municipality drafted reports to the responsible ministry to document results of funding.

The desired institutional change was achieved, which became obvious in responses from the daycare staff who stated that they felt empowered and had achieved a better understanding of the concept and implementation of inclusion.

### **‘A good childhood – a joint responsibility’, Ballerup, Denmark**

This programme covered all children and young people from 0–18 years in the Ballerup municipality. It ran from 2004 until 2009 and its objective was to support daycare facilities, leisure centres and schools in efforts to ensure that children and young people with special needs can stay as long as possible in a mainstream setting. One of the projects entitled ‘Continuity and coherence in children’s life – transition between home, institution and school’ focused on the transitions in a child’s or young person’s life throughout their whole childhood and adolescence. Another other project entitled ‘Qualification of inclusive pedagogical practice in daycare facilities 0–5 years’ focused specifically on training of kindergarten teachers in the field of inclusion. The concept underlying the programme was to modify ‘mainstream’ settings in such a way that children with special needs can thrive and develop in them.

Three evaluations were carried out at different phases of the project:

- an initial evaluation of the existing practices and structures in the ECEC institutions of the municipality in relation to children with special needs, with the purpose of identifying strengths and weaknesses and providing recommendations for change (based on observations and focus-group interviews among 16 randomly selected institutions);
- two mid-term evaluations assessing whether adjustments to the implementation of the programme were necessary: the first consisted of a description and analysis of the implementation of the programme in the various institutions; the second was based on a questionnaire distributed to managers and employees in all involved institutions, to get their view on the progress made and the preliminary outcomes.

The staff involved in implementing the programme and projects were willing to commit to the programme, but several structural factors hindered its success, specifically existing routines, lack of staff and the general approach of focusing on single children rather than on their environments and the ECEC settings. Both managers and employees surveyed for the evaluation expressed a better understanding of the term ‘inclusion’ and of why it is important to work actively towards inclusion.

One of the goals achieved in this programme was to retain more children with special needs within mainstream education. From the 2008–2009 to the 2009–2010 school year, the number of children in ‘special education classes’ was reduced from 160 to 154, and the number of children removed from home and placed in an institution was reduced from 87 to 76. This was achieved by special needs assistants and teachers advising teachers on how to keep children in the mainstream environment (rather than taking children out of class to provide special education).



# Lessons learnt from case studies

# 6

## Case studies on additional resources for children with disabilities or difficulties

### Success factors

**Use of digital technology:** Digitising the Small Steps programme in the Netherlands allowed practitioners and parents with mild intellectual disabilities to gain easier access to the programme. This programme will be accompanied by digital ‘frequently asked questions’ and exchanges of experiences by parents and professionals. This digitisation does not mean that early intervention experts will no longer be available.

**Translation into other languages:** The Dutch Down Syndrome Association is also building an e-learning trajectory for professionals hoping to bring the quality of support to a higher level; the programme has been translated into Russian, Cantonese, Turkish and Vietnamese. This could help families from other ethnic cultural backgrounds living in the Netherlands who have a family member with a cognitive impairment.

**Adapting training courses to new audiences:** Another way of scaling up is adapting training courses to different audiences. In the Tiny Signers programme, the initial sign language course for children and their parents was used as the basis for the training for future teachers.

**Running international projects:** The fact that Tiny Signers was an international project where some partners (such as those from the UK) had more experience in the area allowed the Austrian partners to gain from the exchange.

**Mixing groups of children:** Parents participating in the DCATCH project felt that the mix of children with and without disabilities brought positive impacts for both groups. As social interaction and stimulation was considered to be in short supply outside of school, this was regarded as a key benefit of the activities that the disabled children were accessing. The uptake of workforce development initiatives as part of the DCATCH project was encouraged by incentives such as providing accreditation or grants to buy specialised equipment. Rather than one-off courses, there was ongoing training support.

**Appointing a project contact:** In the case of the Nuffield Early Language Intervention in the UK, it was useful that there was a project contact appointed at each centre, which made communication between the research team and the education teams easier.

**Expertise and resources of NGOs:** Working in partnership with NGOs was mentioned as one of the success factors in the Austrian, Dutch and UK (DCATCH) case studies as it helps them bring in specific expertise and facilitates contacts with service users. This is the case – for instance – with the Dutch Down Syndrome Association, which reaches about 80% of families with a newborn baby with Down Syndrome, with 150 families a year introduced to the Small Steps programme. While in many cases activities are stopped once the funding runs out, in the Austrian and Czech case studies some activities were continued by NGOs that found funding elsewhere.

**Political support:** The importance of political support was highlighted in two case studies. In the case of Austria, it was not possible to incorporate sign language in the curriculum for ECEC teachers due to a lack of support at ministerial level. In contrast, the Dutch case study found that as a consequence of the new law on inclusive education there is considerable interest from schools in using the Small Steps programme.

### Obstacles to success

The need to identify a subcontractor ('Kinderhände') to offer the relevant courses and training in Austria created difficulties in the Tiny Signers initiative. This included physical distance, a lack of experience in project implementation, contact persons not being consistently available and little feedback in regard to work progress.

**Requirement for ECEC centres to provide support:** In the EIBI intervention in Sweden it was pointed out that parents can feel overwhelmed when trying to provide support/therapy to their autistic children. In future the expert centre coordinating the intervention will therefore ask ECEC centres to provide more support. As staff or centres do not receive any type of remuneration for providing these services, the feasibility of this will depend on the intrinsic motivation of each centre.

**Administrative burden:** The Czech initiative pointed out as weaknesses the considerable administrative burden and issues concerning timely funding of all activities in the early stage of project implementation.

**Lack of capacity to meet demand:** Another negative aspect from the point of view of the Czech project implementers, was the impossibility of catering for the needs of all people interested, whose number grew during the project and some of whom had to be turned down.

**Use of reader-friendly material:** It is important that the materials allow the programme to be used easily: the large number of pages in the Small Steps handbook was mentioned as a barrier to making the use of the programme more widespread.

**Bringing all staff on board:** Reaching all staff to encourage them to take part in workplace development initiatives proved to be a challenge in the DCATCH project, particularly in the case of childminders.

### Case studies on providing additional resources for children with disadvantages

The importance of co-ownership does not refer only to experts and practitioners. All case studies show that one of the strongest components of good practice was the involvement of parents. There are benefits on both sides, and sometimes positive effects on families are even more pronounced than positive effects on the individual child's progress. This cooperation with families, as illustrated in Irish and Hungarian case studies, is especially important when there are large differences between the mainstream population and the community that the child's family belongs to (Roma or Irish Travellers), as these communities may not be involved in the life of institutions to the same extent. Intervention measures which foster healthy development or help with some developmental difficulties, can be successful only in partnership with families. As suggested in the Hungarian case study, the use of community mediators is a strong tool in bridging differences and bringing institutions and families together.

### Success factors in case studies

The **Belgian** project highlights the importance of connecting both bottom-up and top-down levels, so that policy and practice influence each other positively. A feedback mechanism is one of the factors that characterises a good developmental programme.

The **Czech** project interconnected theoretical knowledge with practical experience, which culminated in formulating the methodological guidelines. The evidence shows that the strongest factors contributing to the educational improvement of disadvantaged children were activities focused on

the development of social skills (learning to make contacts, learning to express ideas and solve conflicts) and emotional skills (recognising emotions and feelings, ability to describe them and explain reasons for anger). Special activities, materials distributed to children and common events for children and parents organised by the teachers had an important impact on these improvements.

The 'A Good Start' project in **Hungary** highlights that well-designed ECEC interventions can play a pivotal role in reinforcing social relations and capital by reducing segregation and prejudice, while helping young children of disadvantaged communities to grow.

The management's professionalism and ability to gain the support of employees involved in the project proved to be the most significant factor deciding whether the ASP Programme in **Denmark** was implemented in the individual daycare institution. The ASP Programme helped to develop a method with practice cases focusing on the socially vulnerable child's skills, the organisation of activities to support the child's skills, and subsequent discussion in the staff group. This method is still used in this daycare institution.

The CDI project in **Ireland** offered a two-year programme that was affordable to parents. Factors that were found to have a positive impact included the parental supports built into the project including the Parent/Carer facilitator, the Parent Plus programme and the home visiting scheme. In addition the presence, on site, of the speech and language therapy (SLT) service was positive. The ongoing training of staff and the investment in planning and reflection time as part of their contract was innovative and helped improve the quality of the learning environment over time. Furthermore, the provision of an SLT role in the CDI programme allowed increased, quicker and easier access for children and parents to SLT services on the site of the children's early years' services. This indicates that if a service such as SLT is offered in a child- and family-centred way at an early stage, children and families will use the service. By training early years' practitioners and offering an SLT service to children at an early age, children can be identified and treated earlier than would be the case if they had to wait to visit a clinic-based therapist. In turn, this will help them get ready to learn once in school and will have positive implications for their general social development and later life outcomes.

### Obstacles

Continuing to shape the social function of childcare in the **Belgian** initiative requires resources for professional and pedagogical support, as well as political attention. The implementation of the new childcare decree will be one of the deciding factors here. Investment in decent data collection is needed to better measure results.

To ensure sustainability of the **Czech** initiative, there is a need for political support, continued funding and additional training.

Financial contributions from local budgets are essential to promote sustainability and enhance the quality of ECEC services. Without investment from the state, long-term ECEC strategies cannot succeed. Continued cooperation with all stakeholders is also required. More specifically, in the case of **Roma children**, it is important that the competency building of Roma mothers is continued.

In the **Danish** case study it was pointed out that if staff perceive too much work pressure, the implementation of the project into everyday practice can be difficult. The most vulnerable children are also the children who are hardest to reach.



Mechanisms to share the learning of the project need to be put in place so that the new initiatives are supported in their design and functioning by the experiences of parenting early intervention programmes (PEIPs) such as the Childhood Development Initiative in **Ireland**. The PEI network could have a role here. For a true move towards inclusion, there is a need to really engage the statutory system as a whole, both locally and nationally. There is a risk of reverting to previous practice if additional funding is removed. The initiative was expensive and for the learning to be sustained beyond the project site smart, creative and sustained investment strategies will need to be developed which will allow services to meet the level of practice quality and parental engagement that this project has shown can be effective.

### Case studies on making services more inclusive for all children

In the two case studies from Denmark: ‘The Roskilde project’ and ‘A good childhood’, the more general approaches of inclusive ECEC focus on establishing an educational setting that allows for all children to be educated and taken care of together. The following main learning points can be identified.

If a facility decides to implement inclusive early childhood education and care, **all educators need to commit to the idea**. Thus, the management of a nursery or kindergarten has to make sure that their staff are willing to work with special needs children and work with inclusive approaches. Ownership and commitment among the ECEC personnel have been highlighted, across the cases, as important factors for the success and, particularly, the sustainability of the interventions.

The **involvement of the ECEC staff in developing the intervention** and the fact that the projects have taken their point of departure from **concrete issues or dilemmas** in ECEC practice have been an important element in these approaches. This point about basing the intervention in the context and respecting this context is important to have in mind when considering transfer of the learning points of these cases to other settings.

To guarantee the success of qualitative inclusive approaches, the **facility’s staff need to be trained in inclusive education**. If a facility decides to open up its services to children with special needs (or to work towards maintaining such children in the mainstream services), every educator must be given training in advance – as well as further education during the process. Newly employed educators should also be given training in the field of inclusive education to ensure sustainability beyond the actual intervention.

**Tools that encourage dialogue and reflection** among the staff have been particularly important in upgrading the skills of the ECEC personnel with regard to inclusive teaching approaches, and also in inducing change.

In addition to the training of regular staff, some facilities have **expanded their educational team with special needs teachers**. These teachers can provide training and guidelines to the regular staff on how to interact with children who need increased support, and to function as counsellors to the regular staff.

The environment of the kindergarten, nursery or preschool also **needs to be adapted to the needs of an inclusive education approach**. For example, a common room should be offered to enable all children to play together and form friendships – in that way children can develop their awareness of being social actors.



### Success factors

To establish effective partnerships with other stakeholders, it is important to have a **common understanding of the goals of the project** and how to achieve them. This has been pivotal for the development of the municipality strategy on inclusion in the Danish ‘Good childhood’ initiative and for the internalisation in the organisational culture that is to ensure continued work after the programme ends.

More concretely, the change of perspective from focusing on the individual to **focusing on social relations and settings** was considered an important step in working towards more inclusive ECEC services. In the Roskilde project, rather than singling children out by referring them for diagnosis and treatment, the approach aimed at keeping them in the mainstream services and not labelling them as ‘sick’ or ‘vulnerable’. The idea behind this approach was that putting labels on children who are considered problematic (by adults) can actually counteract the objective of inclusion, as the child risks stigmatisation by being singled out as different from the group.

Also in Denmark, the evaluation of the Roskilde project shows that having all ECEC staff taking part in inclusion training (as opposed to other institutions where selected staff members were to act as change agents), meant that **all staff had a common understanding** of and language for speaking about this new approach in their work.

**Using video observations** was perceived by those who were involved in the Roskilde project as very important to implement changes and increase reflection.

The Roskilde project involved not only ECEC staff, but also stakeholders in the municipality, with the aim of creating a shared vision of inclusion at all levels. **Involving the local authority was perceived to be essential** in order to be able to introduce the changes, as otherwise ECEC services cannot manage to implement these changes on their own (from a financial perspective and from a policy leverage perspective). Similarly, the ‘Good Childhood’ project, also in Denmark, funded most of its activities (including their evaluation) with redirected municipal funds.

**Support from the ECEC special needs teacher** and the director of the daycare centre in Pirkkala (Finland) helped to prioritise the initiatives that needed to be tested at the daycare centre. On-the-job training for the ECEC special needs teachers can also supplement or replace some of the training provided by external trainers.

### Obstacles

In the Danish ‘Good childhood’ project the role of the special needs assistants was considered to constitute a barrier to mainstreaming inclusive practices. This is because they focused their work on specific children rather than developing a more inclusive pedagogy or a more inclusive environment. This was compounded by the lack of specific training of the rest of the ECEC staff, which made it difficult to establish interdisciplinary cooperation. This led the evaluators of the programme to recommend the reorganisation of the function of the PPR and special needs assistants to establish closer ties and cooperation with the ECEC personnel in the institutions.<sup>12</sup> The organisation of their work and the conditions under which they provided consultancy to the daycare staff were very

<sup>12</sup> In Denmark, parents or ECEC staff – in cooperation with the parents – can turn to the municipalities for a educational-psychological advisory service (PPR), which provides services such as psychological care, guidance for parents and training for children with linguistic impairments following the official guidelines of the Ministry of Education. These activities can be carried out both outside and in the context of daycare institutions.

standardised and needed to be made more adaptable to the individual situation and needs. The PPR function was also considered to be very detached from the day-to-day running of the institutions.

Another obstacle identified in one of the evaluations of the 'Good childhood' programme was the fact that due to the lack of resources (especially time), involvement and communication, the implementation of the programme added significantly to the daily workload. The evaluators found that this led to resistance and frustration among those involved. One of the issues that affected communication was the fact that there were different interpretations of the concept 'inclusion', which was not a problem in the Roskilde project as it was discussed in meetings and in consultations with experts.

## Transferability

Relying on staff working regularly in early childhood education and care (ECEC) can increase the transferability of an intervention, because it can then be implemented in any setting that has the capacity to have its staff trained, as in the Nuffield Early Language Intervention or the early intensive behavioural intervention (EIBI) in Norway and Sweden, where publicly funded special needs assistants were able to act as EIBI therapists. This also permits better quality control of the services provided. An intervention that takes place in a mainstream setting also has the advantage that the target group can receive support in a familiar setting with familiar staff. Children are therefore less likely to develop barriers against the intervention. While relying on the specialist expertise of external partners can be very valuable, it may be difficult to find an institution that can deliver the additional resources. This was the case in the Tiny Signers project in Austria, where it was challenging to find a subcontractor with specific skills (a high level of competence in Austrian Sign Language together with a pedagogical background) and that already had contacts with the deaf community.

When implementing a new inclusive practice within ECEC settings it is important to ensure that there are enough resources to introduce it – particularly time, one of the main constraints identified in the implementation of the Danish ‘A good childhood – a joint responsibility’ project. To involve ECEC staff effectively, it is also important to promote a sense of ownership of inclusive practices. In some of the case studies (such as the Belgian project on improving access to childcare for disadvantaged groups, and the Czech project on social and emotional development of preschoolers with sociocultural disadvantages), staff were given the opportunity to reflect on their practice and to develop materials and procedures themselves. It is also particularly important that management understand the importance of inclusive practices. This can be encouraged by, for example, involving them in training and working groups, as happened in the Belgian project.

The overall quality of ECEC services has an impact on the extent to which inclusive practices can be transferred. For example, in the Dr Jedlička Integrated Support Centre case study (Czech Republic), overcrowding in groups was pointed out as a barrier to transferability. The importance of high quality is also mentioned in the Finnish language and activity-based intervention programme; this highlights the importance of having a well-organised and structured classroom and schedule of activities, giving children the opportunity to communicate.

Finally, published training materials, such as a training manual, can promote the transferability of an intervention as they enable the intervention methods to be passed on in an efficient and standardised manner. However, these materials need to be adapted to the particular ECEC environment. This applies to international standardised programmes as well. In the case of the EIBI programme, which was developed in the US, the intervention was shortened to two years when implemented in the UK because children start school at an earlier age. As ECEC services in the UK focus more on education, EIBI is oriented towards learning skills, whereas in Sweden and Norway the emphasis of the programme is on social skills.

## Sustainability

Funding is obviously a key element to ensure the sustainability of inclusive practices. In both the Czech and Austrian cases of services for children with disabilities, some of the activities that were part of a subsidised project were continued through other means once the funding ended (for example, in the Czech case through other funding channels available to NGOs and payments from parents), but this is not always the case. As stated in the previous section, it is important to bear in

mind that ECEC staff may need to be replaced while undertaking training or implementing inclusive practices. This needs to be taken into account when budgeting the implementation of new practices. In cases where inclusive practices can be embedded in the activities of the ECEC centre, the cost can be lowered. In the case of EIBI in the UK and the US, given that attendance at ECEC is lower than in Sweden, more parents have to deliver the intervention in their own homes and assume the costs of the intervention themselves.

European funds have been crucial to putting some of the projects in place. In the project for disabled children in the Czech Republic, the Operational Programme Education for Competitiveness (part of the European Social Fund) allowed the services offered to be improved overall, extended to disabled children (for example by providing psychological help) and provided free of charge. EU funds also helped towards funding the cross-national Tiny Signers project, including the mutual learning activities.

There is currently the possibility to make use of further European funding. In the current European Social Fund period (2014–2020), some 20% of the funding has been earmarked for social inclusion activities, including those taking place within ECEC settings. Similarly, the new Erasmus+ programme also provides for the funding of workforce mobility schemes and cooperation projects, among other projects. Finally, it may be possible to fund the construction of ECEC centres and other infrastructure through the €315 billion European Fund for Strategic Investments announced by President of the European Commission Jean-Claude Juncker in late 2014.

### Evaluation

Evaluating inclusive practices properly is also important for their sustainability, as it is easier to ensure funding when an initiative is undoubtedly beneficial and effective. As a prerequisite for case studies to be selected, it was stipulated that they should have undergone some type of evaluation. Overall, it proved difficult to find case studies of good practice that had been evaluated. This is particularly true in cases dealing with additional resources for children with learning difficulties, probably due to the fact that learning difficulties are frequently detected at a later age than that covered by the study. Moreover, many of the initiatives are small pilot projects implemented at the municipal level, and therefore unsuitable for randomised control trials (RCT) due to the sample size and the lack of funding.

Since there is now more emphasis at the political level on encouraging evidence-based evaluation of programme outcomes, including in the long term (European Commission 2013b, p. 10), it is useful to analyse some of the existing evaluations of inclusive practices to assess their strengths and weaknesses.

As shown in Chapter 5 of this report, a wide range of evaluations was used in the 15 case studies included. Regarding the robustness of the evaluation methodology, most of the case studies evaluated (12) included a pre- and post-intervention measurement, with some also including a measurement of progress at an interim stage. Only two case studies included some type of long-term follow-up measurement (after six months) to capture the long-term effect of interventions. Many evaluations made it possible to capture the unintended consequences of interventions, particularly those using open-ended or semi-structured questionnaires. On the other hand, those case studies using standardised academic tests or quantitative methods did not cover unintended consequences to the same extent. It follows that monitoring processes and the follow-up of long-term impacts are two areas of potential improvement. One possible way of doing this is by using validated tools for

testing children's development and well-being as a method for establishing valid effect data. This approach is currently being worked into more robust evaluations – for example in the current Danish project on the future of daycare (Fremtidens Dagtilbud), where validated international test tools have been further developed and will be used for assessing children's socioemotional and linguistic development.

In relation to the independence of the evaluations, it must be noted that just over half were carried out by an independent contractor. This was the case in four out of five evaluations of additional resources for children with disadvantages, while most of the evaluation of resources for children with learning difficulties or making services inclusive for all children were done by staff linked to the project. In some of the cases that were not assessed by an independent evaluator, this was mitigated by using standardised development assessments or involving an academic in the evaluation process.

One issue of particular concern is the extent to which evaluations include the voice of the service recipients. Overall, the evaluations of case studies were better at gathering the views of stakeholders such as parents or ECEC practitioners than those of children. One case (Tiny Signers) gathered feedback from children, but only from hearing children – hence capturing only a limited insight into the effectiveness of the programme.



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# Annex 1

**Table A1: Overview of studies included in the synthesis (n = 44)**

Country	Study ID	Intervention studied	Study design	Soundness/usefulness and reliability of the study
Portugal	Cardoso (2012)	CPD	Qualitative	High/High
	Craveiro (2007)	CPD	Mixed-method	High/High
	Leal (2011)	CPD	Qualitative	High/Medium
	Lino (2005)	CPD	Mixed-method	High/Medium
	Peixoto (2007)	CPD	Qualitative	High/High
	Oliveira-Formosinho and Araújo (2011)	CPD	Qualitative	Medium/Low
United Kingdom	Ang (2012)	CPD	Qualitative	High/Medium
	Aubrey et al (2012)	CPD	Qualitative	Medium/Low
	Blatchford et al (2001/2002)	WC	Mixed-method	Sound, despite discrepancy with quality criteria. High/High
	Blenkin and Hutchin (1998)	CPD	Qualitative	Medium/Medium
	Jopling et al (2013)	CPD	Qualitative	High/High
	Menmuir and Christie (1999)	CPD	Qualitative	Medium/Medium
	Potter and Hodgson (2007)	CPD	Qualitative	Medium/Low
	Wood and Bennett (2000)	CPD	Qualitative	High/High
Ireland	Bleach (2013)	CPD	Qualitative	Medium/Low
	Hayes et al (2013)	CPD and WC	Mixed-method	Sound Medium/Medium
	McMillan et al (2012)	CPD	Qualitative	Medium/Medium
	Rhodes and Hennessy (2001)	CPD	Quantitative	Sound, despite discrepancy with quality criteria
	Share et al (2011)	CPD	Qualitative	High/High
	SQW (2012)	CPD	Qualitative	Medium/Low
Sweden	Asplund Carlsson et al (2008)	CPD	Qualitative	Medium/Medium
	Johansson et al (2007)	CPD	Qualitative	High/Medium
	Palmerus (1996)	WC	Quantitative	Sound, despite discrepancy with quality criteria.
	Rönnerman (2003)	CPD	Qualitative	Medium/Low
	Rönnerman (2008)	CPD	Qualitative	Medium/Medium
	Sheridan (2001)	CPD	Quantitative	Sound, despite discrepancy with quality criteria.
	Sheridan et al (2013)	CPD	Qualitative	High/High
	Sundell (2000)	WC	Quantitative	Sound

Country	Study ID	Intervention studied	Study design	Soundness/usefulness and reliability of the study
Germany	Beller et al (2007/2009)	CPD	Quantitative	Sound
	Buschmann and Joos (2011)	CPD	Quantitative	Sound, despite discrepancy with quality criteria.
	Evanschitzky et al (2008)	CPD	Quantitative	Sound
	Richter (2012)	CPD	Mixed-method	High/High
	Simon and Sächse (2011)	CPD	Quantitative	Sound
Spain	Franco Justo (2008)	CPD	Quantitative	Sound
	Sandstrom (2012)	WC	Mixed-method	High/Medium
Netherlands	Fukkink and Tavecchio (2010)	CPD	Quantitative	Sound
	Van Keulen (2010)	CPD	Qualitative	Medium/Low
Belgium	Peeters (1993)	CPD	Qualitative	Medium/Low
	Peeters and Vandenbroeck (2011)	CPD	Qualitative	High/Medium
	Vandenbroeck et al (2008/2013)	CPD	Quantitative	Sound, despite discrepancy with quality criteria.
Italy	Picchio et al (2012)	CPD	Qualitative	High/Medium
	Vonta et al (2007)	CPD	Qualitative	High/Medium
Croatia	Vujičić (2008)	CPD	Qualitative	Medium/Low
Denmark	Jensen et al (2013)	CPD	Quantitative	Sound

Note: Quantitative studies included in the systematic review synthesis have been judged as sound or sound despite discrepancy with certain criteria. Views studies are appraised according to their usefulness and reliability.

# Annex 2:

## Additional resources provided

### Teacher training

#### **Tiny Signers, Austria**

In the European Tiny Signers programme, baby sign language training is provided for college students who want to become nursery school teachers. The course was developed on the basis of a previous course for parents and children. Participation in this four-unit training course was voluntary. In 2012, some 40 students took part in the course in Vienna. Most of the training was given to the students in the secondary professional school for childcare, and there was some in-service training for childcare professional staff and for the teachers in secondary professional schools for childcare. The training included modules on: language development in connection with signs, linguistic and cognitive aspects, use of visual languages, basic Austrian sign language and deaf culture, games and songs, team teaching (deaf and hearing teachers). In total the course covers 30–50 hours of instruction.

#### **Disabled children's access to childcare (DCATCH) pilots, UK**

In the DCATCH initiative, training was not restricted to childcare providers but in many authorities was also targeted towards Family Information Service officers. Most authorities provided targeted training and support based on providers' and children's needs, such as training focused on specific forms of disability. Some authorities delivered basic disability awareness training to all childcare providers; other authorities developed inclusion toolkits. Training sessions were delivered by DCATCH staff, parents and social care and health professionals. Some local authorities, such as Barking and Dagenham, offered financial incentives (of between GBP 15 and GBP 30, or €21–€27 as at 17 April 2015) for those attending training sessions, whereas other authorities, such as Bedford Borough Council had a GBP 10 (€13) participation fee. Participation in training sessions was voluntary and in some authorities attendance at all of them resulted in attendance certificates. Bedford Borough Council offered the following training sessions: 1) Cerebral Palsy in Depth; 2) Behaviour and the Brain and Introduction to Epilepsy; 3) Equality and Diversity with Children's Rights; 4) Parents as Partners; 5) Play for All; and Communication for All.

#### **Early intensive behavioural intervention (EIBI), Sweden and Norway**

The staff and parent training was conducted by experts from the Banyan Center, which focuses on children with an autism spectrum diagnosis. Stakeholders attended workshops to gain a theoretical insight into EIBI. Along with lectures on theory, practice-oriented role plays prepared them for their tasks. During the intervention, hands-on supervision was provided to the therapists and parents as well as nursery staff.

#### **Nuffield Early Language Intervention, UK**

Training is provided by a charity (I CAN) that has developed a licensing programme through which speech and language therapists, specialist teachers, educational advisors, special education needs coordinators (SENCOs) and language unit teachers or educational psychologists and specialist early years practitioners become I CAN licensed tutors. I CAN licensed tutors receive training on how to implement the Nuffield Early Language Intervention, so that they can support schools or other ECEC settings that wish to implement it. Schools and other settings that employ an I CAN licensed tutor can gain I CAN accreditation, a nationally recognised quality assurance scheme confirming that a school or other setting meets the communication needs of the enrolled children. Licensees are required to attend a continuing professional development (CPD) event once every two years, for

which there is a cover fee of GBP 50 (€70). I CAN licences are given for three years for an annual fee of GBP 60 (€83). The material resources for the intervention, including the intervention manuals, can also be purchased through I CAN.

### **Improving access to childcare for disadvantaged groups, Belgium**

Various training programmes were included in this study. One course focused on a range of factors related to improving the understanding and interaction skills of childcare staff with children from disadvantaged backgrounds. These include diversity, reflective practices, use of language, development of more welcoming attitudes, becoming aware of prejudice and how to deal with it, working together with parents as partners in the education of the child and understanding culturally different elements in child rearing. To get everyone involved in a diversity stream of thinking, four or five team members, both child carers and managers, of each childcare centre were involved. The sessions were at the centres during working hours (during lunch).

A second course consisted of a two-day specific introductory training to introduce new managers of the childcare centres concerned to the context of working on diversity, social policy, roles and importance of childcare, parental involvement, and so on. By offering the training for free, all new managers were encouraged to take part. Even though the training did not provide any formal qualifications and rather served to raise awareness and knowledge, all new managers participated.

Throughout the project, staff received pedagogical coaching. Participants had homework to do, which stimulated them to stop and think about their own practice, to be more explicit on how they work, to elaborate on or make changes in their vision and mission. The intense coaching process was developed using a standardised model; it included a discussion of materials, and reflection went back and forth between the meetings of the coordinators and the coach and the team sessions in the centres. All participants were expected to regularly report on progress, on changes in their practice, on how they dealt with certain problems.

### **Social and emotional development of preschoolers with socio-cultural disadvantages, Czech Republic**

Kindergarten teachers were trained to increase their professional skills in working with children from socially disadvantaged families and to increase cooperation with these families. The teachers learned new educational strategies: organising group activities, talking with children about their feelings and opinions and also to approach them with much more understanding.

### **ASP programme for socially vulnerable children, Denmark**

The focus of this programme is on developing the pedagogical staff's skills and practice in working with socially vulnerable children. The intervention includes three activities: workshops, education and training in reflection groups, and conferences with pedagogical consultants. As part of the project, each year two workshops were organised in each municipality. On average there were 100 participants at each workshop with an average duration of six hours. As part of the education and training in reflection groups, each preschool decided how much time should be dedicated to working with knowledge and reflection. On average the preschools dedicated 17 hours to this, with three hours per session. Considerably less time was earmarked for reflection than was originally recommended. A consultant from a university college supported each preschool. Most of these consultants hold an MA in early childhood education or another relevant field. On average, each preschool was paid a visit by a consultant from a university college six times during the entire programme period. The university consultants supported the staff at the meetings in the reflection groups. The preschools were also supported by consultants from the municipality who assisted

preschool staff in using the knowledge base, developing practices in the reflection sessions, and implementing the improvements the staff had decided to implement. Finally, three conferences were held: one at the start of the programme in 2006, one mid-term in 2007, and one in 2008. At these conferences, preschool staff participated together with consultants from the university colleges, consultants from the municipalities and the researchers who were involved in the study. One seminar for all preschool staff was also arranged by each municipality at mid-term.

### **'A good start', Hungary**

There were two elements related to teacher training in the 'good start' model in Hungary: 1) involvement of student teachers as part of their practice training and 2) professional development training for kindergarten pedagogues ('preschool teachers'). The training introduced ECEC staff to a child-centred and holistic approach to child development and care. This included raising awareness of topics such as Roma culture and language, child-centred learning, monitoring child progress and creating links between preschool and primary school. The project also trained and supported community mediators and developed the home preschool community liaison (HSCL). The main rationale of HSCL was to support the cooperation and positive interaction between pedagogues in the ECEC centre and Roma parents by allowing the parents to be involved in the educational process through leading some of the preschool sessions. Altogether 17 HSCL sessions were held in Nyíregyháza and 47 in the Mátészalka region. Half-day training sessions were organised to support the preparations, where parents (mostly mothers) and kindergarten teachers jointly participated. Parents received counselling in preparation for their sessions and ECEC staff received training in running the programme. Capacity building included training on mentoring skills and fighting against biases and training on HSCL with ECEC staff. Altogether 57 ECEC teachers and 10 community mediators were trained. A third strand of teaching was financed by the LEGO Foundation and covered not just the LEGO charity boxes, but also training on developing fine motor skills and perception of forms and colours through construction. Altogether 32 ECEC teachers participated in this training.

### **Childhood Development Initiative (CDI), Ireland**

As part of the Irish project, the entire intervention group staff was trained in the HighScope programme and in Síolta – the national quality framework for early years services. Senior practitioners were required to hold a degree in early childhood care or equivalent. All other childcare staff were required to have at least certificate-level training.

The programme followed the HighScope curriculum, which is a flexible and broad-based curriculum that encourages children's holistic development and learning across a range of competencies (social, emotional, cognitive and language). It was implemented in all Early Years services delivering the CDI Early Years programme. In the first year of programme implementation, all Early Years practitioners received training in the HighScope curriculum concurrent to its delivery; therefore, they had only completely covered the entire curriculum by the end of the first year of programme implementation. In the second year, practitioners were no longer being trained in HighScope and were therefore fully trained while implementing the programme. Early years' practitioners identified HighScope training as the single most significant aspect of the CDI programme and many reported that it had revolutionised their practice. There was practically unanimous agreement that they could not 'go back' to any other approach once educated in the HighScope approach. Practitioners identified the freedom that the curriculum accorded to children and the inclusion of child interests as some of its main advantages.



In addition to training in the HighScope programme early years practitioners also participated in training on the implementation of the Síolta quality framework. While Síolta is a national framework there has been limited funding for training staff in implementing the standards in settings. Within CDI, practitioners were supported to implement Síolta in their settings by a Síolta coordinator. From 2009, 10 of the programme services worked with the Síolta coordinator to implement some or all of the Síolta standards. Three of these services were control services, while seven were intervention services. Intervention early years practitioners were less enthusiastic about the Síolta framework than they were about the HighScope curriculum. Engagement with Síolta involved a considerable amount of portfolio creation and documentation of evidence, and the process was time-consuming and administratively heavy. Notwithstanding this, many practitioners felt that training in the Síolta standards was worthwhile. They commented that the framework had offered added insights and learning opportunities for them, which would aid their practice in the long term.

### **Pilot inclusion project, Pirkkala municipality, Finland**

Training was provided to the ECEC personnel participating in this pilot on several occasions, always during working hours. The first set of inclusion training was provided in 2006–2007 within the context of a project co-funded through a national programme for improving working conditions throughout Finland (Potpuri). In 2008–2010, a structured set of training initiatives were carried out within the framework of the pilot project on inclusion at the daycare centre where this initiative was piloted. These training initiatives included both tailored training to employees of different groups at the daycare centre based on their concrete needs, and more general training directed at all personnel.

More specifically, the general inclusion training included a day of general instruction on what inclusion is and how it can be understood, based in part on the Index for Inclusion developed by Booth et al (2006), which looks at values and practices at the workplace. The following days concentrated more specifically on inclusion in the specific daycare group, and the changes in the working environment that inclusion can bring about. With respect to the tailored training, this could for example consist of training in the use of sign language for groups dealing with children who have different types of communication difficulties. The general inclusion training was provided by a member of staff of the ECEC centre who evaluated the initiative as part of her PhD.

### **The Roskilde project – Inclusive daycare services, Denmark**

To have the greatest effect, training was delivered to all staff rather than just team leaders or specific staff, so that a cultural change could take place within the whole organisation. The municipality project manager said this was based on previous experience indicating that to establish a proper cultural change in the organisations and have the new knowledge implemented in practice, it is necessary that everyone be, and feel, involved. In practice however, the participating institutions chose different strategies for the involvement of the personnel. In some cases this meant that all the staff in one kindergarten underwent training directly with the researchers, whereas in other ECEC centres only some staff attended training and then transferred the knowledge to other colleagues, also working with them to implement changes.

On the basis of a three-day training course, eight individual homework assignments were developed for and with the participating ECEC institutions, depending on the individual focus points chosen for their ‘subprojects’. The common denominator was that they were all to use video observations and narratives in their documentation of different types of communities and social relations in their institutions. The teachers used video footage to identify and observe situations where a child would end up in a vulnerable position and risk exclusion. They then formulated so-called ‘turning-point

narratives' to visualise to themselves when (and how) they had been successful in establishing change in the situation of a child they had previously perceived as vulnerable or problematic. To follow up on the training and the homework assignments, the researchers acted as consultants visiting the different institutions to collect their documentation material and to engage in reflections on the observations made and the changes achieved and how they might work to further implement the new understanding and methods.

### **'A good childhood – a joint responsibility', Denmark**

In this initiative, all employees in the various institutions involved were invited to take part in the different training activities offered. Besides training activities, a conference was planned for each year of the programme implementation, to get all project owners and participants together to take stock and reflect on the development. At the start of the programme four workshops were also organised for different target groups. For ECEC personnel, two workshops were organised on the topics: 'How can we support relations between children and parents?' and 'How can we support relations between children?'. In terms of the training offered, seven different courses were offered, across the programme activities, and there was an opportunity for selected members of staff (appointed as 'resource persons' in a school or at district level) to complete a diploma course in inclusive practices in schools and daycare. For ECEC personnel specifically, a training course was offered with the title 'Coherence and continuity in the child's life', which was directly linked to one of the central subprojects ('Continuity and coherence in children's life – transition between home, institution and school'). An inclusion game was also developed. The game creates space for reflection and dialogue, and it is designed so that different methods, such as role play, miming and debating, are brought into play. The game contains no concrete solutions on how to establish inclusive practice, but it helps participants share knowledge and experiences, and develop new ideas and actions that can subsequently be tested and adjusted in the daily educational practice.

### **Specialised interventions/Individualised education plans**

#### **Language and activity-based intervention programme, Finland**

The language and activity-based intervention programme on verbal and non-verbal performance and play behaviour in children diagnosed as having specific language impairment (SLI) in Helsinki was organised twice a week in groups of two to four children. It included teacher-guided joint physical activities with intentional use of language, sounds and rhythms (called KILI intervention) and instructed pair-play with toy characters (KUTTU intervention). They were based on two kinds of activities: 1) Teacher-guided joint physical activities with intentional use of language, sounds and rhythms; turn taking and intent participation are encouraged (KILI) and 2) Instructed pair-play with toy characters. Play pictures are used when needed as prompts to find proper expressions and to understand the meanings. The instructors took part in the play indirectly by helping children to play together, by solving emerging problems with comments or by using pictures (KUTTU). All the sessions ended with calming relaxation.

#### **The Nuffield Early Language Intervention, UK**

The Nuffield Early Language Intervention targets three key skills areas: vocabulary knowledge, narrative skills and listening skills. These skills are targeted in order to create a solid foundation for the development of literacy. To improve these skills, the children receive training in spoken language skills as well as in letter-sound knowledge and phoneme awareness. The intervention takes place over 30 weeks and is given to groups of 2–4 children. The first 10 weeks take place in the final term of

nursery school, while the final 20 weeks take place in the reception class of primary school. During the first 10 weeks of the programme, the children receive three 15-minute sessions per week. In the remaining 20 weeks, the children take part in 30-minute group sessions, three times a week, as well as two 15-minute individual sessions per week. The first 20 weeks of the programme focus on spoken language skills, while the final 10 weeks also include work on letter-sound knowledge and phoneme awareness. The intervention was delivered by teaching assistants who were selected by the involved nurseries and schools. Before each 10-week intervention phase, the teaching assistants received two days of training, conducted by the research team. These training days focused on the delivery methods of the intervention as well as background information on oral language development. The teaching assistants also received a manual covering the intervention methods as part of this training. In addition to this training, the teaching assistants participated in fortnightly tutorials during the implementation in order to discuss any specific issues or questions regarding the implementation with the research team. The research team also regularly observed the teaching assistants while they delivered the intervention in order to monitor the quality of the implementation.

### **Early intensive behavioural intervention (EIBI), Sweden and Norway**

In Stockholm autistic children aged around four receive early intensive behavioral intervention (EIBI) in regular ECEC settings. The treatment is delivered by special needs teachers who have received the training from a centre specialised in this type of intervention. Staff from the centre also visit the ECEC services to oversee the treatment of children. Parents could also receive the training if they were interested in continuing the interventions at home. This treatment lasts for at least two years (with 20–40 hours of individualised instruction per week) and is based on applied behaviour analysis. It trains autistic children on areas such as communication and language, play and motor skills. The aim of this intervention is to teach autistic children skills that other children learn naturally.

### **Improving access to childcare for disadvantaged groups, Belgium**

The Brussels project uses a tailored plan during a child's introductory period. The plan consists of communicating with the parents on the habits of the young children so that the child can quickly begin to feel at home in the daycare. This also promotes the relationship of trust between the centre and the parents and instils a shared sense of responsibility towards the education of the child.

### **Social emotional development of preschoolers with socio-cultural disadvantages, Czech Republic**

The inclusive education plans focus on the social and emotional development of the children and are designed to teach children set up and obey rules – rules of games as well as rules of communication and being together. Children are also taught to identify feelings and emotions such as what specifically has made them angry, to look for solutions, to learn to know their friends, to find out about friendship and how to cooperate.

### **ASP programme for socially vulnerable children, Denmark**

In this programme, teachers base their understanding of children, learning, social disadvantage and health on their participation in the practices of the preschool. They actively integrate new knowledge and reflections from education and training courses with their previous practice-based knowledge and experience.

### **The Childhood Development Initiative, Ireland**

In Ireland all children at the intervention sites attended the basic service and children with speech or language needs received additional speech/language therapy. Staff were also trained by speech and language therapists to deliver special speech/language programmes where necessary.

### **Specialist support to ECEC staff**

#### **Dr Jedlička Integrated Support Centre, Czech Republic**

The methodological support for kindergartens focused especially on re-education, alternative and augmentative communication, and psychological care. The services included mainly counselling and expert consultations for educational staff (teachers) and diagnostics of children with disabilities. As a part of the diagnostics, employees of the centre identified the difficulties experienced by the children with disabilities and provided counselling for teachers and parents and advice on training and practising at home and at school. The centre cooperated with kindergartens in terms of a joint search for alternative ways of communication (such as sign language). Family therapy and counselling for children with handicaps were also offered to teachers in kindergartens. These support activities were mainly performed by special pedagogues and psychologists working for the centre.

#### **Improving access to childcare for disadvantaged groups, Belgium**

In the Belgian project, specialist support was provided in the form of learning communities, colleague groups discussing common issues and learning from each other, reflecting on their practices and supervision and pedagogical support in regional groups.

#### **'A good start', Hungary**

In Hungary, specialist support to teachers included the work of mediators, the Home Preschool Community Liaison activities, the provision of educational (LEGO and DUPLO) bricks; Roma teaching assistants were also employed in the region of Nyíregyháza.

### **The Childhood Development Initiative, Ireland**

All teachers in the intervention settings were paid for an extra two hours per week in addition to their standard contract to allow for in-service training, planning and reflection. These services focused on increasing accessibility for all children and in particular for children from vulnerable groups.

### **Additional staff**

#### **Improving access to childcare for disadvantaged groups, Belgium**

For the Belgian project, a think tank was established on the social function of childcare. This provided the link between practice and policy and served as input on new policy measures and support system.

#### **'A good start', Hungary**

Additional resources in the form of staff to improve access to and attendance in ECEC services for Roma children consisted of using trained Roma community members as mediators to establish the link between the community and the institutions. They visited all families with young children in the locality and informed them about the benefits of ECEC and helped to form links between the families and the institutions. Altogether 1,398 visits were made to 139 families in the Nyíregyháza locality, and 5,151 visits were made to 408 families in the Mátészalka region. The regular visits throughout the duration of the project supported the communication and cooperation between parents and

ECEC centre staff, which in turn contributed to reducing attendance problems. In the Guszev ECEC centre, a Roma teaching assistant was employed for a year.

The Hungarian project also used a number of other additional resources such as support for home parenting, information campaigns to increase awareness of childcare among Roma children and enrolment assistance for children and their parents.

### **Pilot project for inclusion in the Pirkkala municipality, Finland**

The decision to mainstream inclusive ECEC throughout the municipality was backed by employing additional ECEC special needs teachers. The municipality now employs four ECEC special needs teachers, in comparison to only one in 2004. The special needs teachers are all permanently employed and paid for by the municipality of Pirkkala. They are each associated with a geographical area of the municipality, covering a number of different daycare centres and circulating between them. This decision was based on the results of the pilot project carried out at Kurikankulma daycare centre, where it was assessed that more expertise in special needs education was needed throughout the municipality. This could be achieved by training staff and employing additional special needs teachers.

### **'A good childhood', Denmark**

In this initiative inclusion facilitators were appointed and trained. They were granted 80 working hours to contribute, in close cooperation with institution management, to developing the inclusion efforts in practice and to be 'on call' for institutions that felt they needed support.

## **Additional funding**

### **Improving access to childcare for disadvantaged groups, Belgium**

The introduction in Flanders of the so-called 20% rule in 2008 has improved the accessibility for children from disadvantaged children, particularly in the Brussels Region. The rule requires all subsidised centres to reserve 20% of their places for several kinds of vulnerable groups, mainly low income families (including newcomers, refugees and migrant families) and one-parent families.

### **'A good start', Hungary**

Financing for ECEC centres in Hungary comes partly as contribution from the state budget and partly from municipalities. Attendance is free, and parents pay only for the meals. Since 2009 legislation ensures a special social subsidy for children with multiple disadvantages who are enrolled in ECEC centres, which is available to cover the costs of clothing, education supplies and travel. Therefore, need-based material support (in other words, additional financial support) was not provided within the project in Hungary. However, with external resources from the Bernard van Leer Foundation, the scope of the project was widened in Nagyecséd in the second year of implementation. On the first occasion 166 families (254 children) received personalised support packages and on the second occasion 182 families (280 children) were supported.

### **The Childhood Development Initiative, Ireland**

In Ireland, the Intervention sites were funded to allow for training, additional hours of work per week, the provision of on-site speech and language therapy services and the appointment of a parent/carer facilitator (PCF). Children were also offered a summer programme during the month of July.

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*Access to early childhood education and care (ECEC) services and the quality of such services are important issues that are gaining greater prominence in the EU. This study presents evidence on the elements of working conditions and in-service training that increase the quality of ECEC. Concerning the accessibility of ECEC services, the report describes good practices gathered in the form of case studies that have been evaluated and that describe additional resources for the inclusion in mainstream ECEC services of children with disabilities or learning difficulties, those in a vulnerable social situation and those who belong to disadvantaged groups.*

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