A Cross-Cultural Study:
Parental Attitudes and Experiences of the Inclusion of Special Educational Needs in Preschools

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Abstract

Inclusive education has been increasingly incorporated into educational systems throughout the world. While the practice of inclusion has had opportunities to be sharpened over several years in England, the notion and implementation of inclusion in Singapore is still relatively new, particularly in the early years. This cross-cultural research draws upon the two contexts to elucidate parental attitudes and experiences of the inclusion of their child with Special Educational Needs (SEN) in preschools. The study adopts a mixed methods approach to examine the findings, in order to identify key supporting factors and practices that may be of value to either region.

In the first part of the study, fourteen parents from each context completed the Parent Attitudes to Inclusion (PATI) questionnaire. This constituted the quantitative data, which was analysed using descriptive statistics. Participants from the UK responded with relatively more positive scores on the attitude scale as compared to the participants from Singapore consistently across all dimensions of the scale. Semi-structured interviews were conducted with three parents in each context, purposefully selected based on their responses on the PATI questionnaire. The interviews were analysed using Interpretative Phenomenological Analysis (IPA). The quantitative and qualitative findings are corroborated and elaborated on in the discussion section.

Common themes that emerged from the experiences of parents include ‘parental support and concerns’, ‘within-school support’, ‘input from external agencies’, ‘government policies and systems’, and ‘community awareness and acceptance’. The lived experiences of parents reflected the complexities of the construction of inclusion. Across the two countries, parental accounts carried subtle differences where themes overlapped partially or fully (e.g. ‘preference for mainstream’, ‘opportunity for mainstream’; and ‘advocating for child’). Several themes were present exclusively in one setting, primarily due to inherent differences in the educational systems and governing policies. The potential implications and future directions for research are considered.

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Chapter 1: Introduction

The notion of inclusive education has been increasingly incorporated into educational systems around the world, particularly in the last twenty years. The complexities relating to the notion of inclusion has resulted in varied interpretations and agreement of what it means to include every child into the mainstream school and classroom. Differing practices of inclusion in education are therefore inherently evident across borders due to social, cultural and political influences, despite a collective foundation from which inclusion has originated, to achieve education for all. These differences are contextually dependent, and are apparent across different countries, or even within the same country when schools or regions develop specific individual policies. As Burrell and Morgan (1979) accurately point out, the concept of inclusion is largely contingent on socially constructed meanings within different communities.

Apart from government initiatives and the prevailing educational climate within which children become a part, parental involvement has a significant impact on children’s educational experiences and outcomes. It has been established for a while that parents play an important role in their child’s educational success (Epstein, 1991; Hoover-Dempsey & Sandler, 1995). At the same time, legislations have mandated parental responsibilities in choosing and providing for their child’s education in countries such as the United Kingdom (UK) and United States of America (USA) (U.S. Department of Education, 2002). Under the Special Educational Needs and Disability (SEND) Code of Practice 2014 guided by the principles of the Children and Families Act 2014, it is stated that children with special educational needs

(SEN) should be supported through provisions in mainstream schools, and the preferences of the parent or young person should be met wherever possible. Thus, parental experiences and attitudes towards inclusion of their child in the mainstream setting will consequently impact on their decisions of what is deemed best for their child. Moreover, parental attitudes set the foundation for children's concept of school performance and are key determinants of children's experiences in the early years (Taylor, Clayton & Rowley, 2004).

The purpose of this research is to seek out parental attitudes and experiences of the inclusion of their child with SEN in preschool settings, and identify the factors that have an impact on their experiences and decisions around their child's educational placement. While the practice of inclusion has had opportunities to be sharpened over some years in England, inclusion in the Asia Pacific region continues to be confronted with barriers in its advancement in education. Some of the contributing factors for this are the absence of legal protection that promotes equal educational opportunities for all, large class sizes and difficulties in recruiting trained teachers (Forlin & Lian, 2008).

In particular, for a country like Singapore, which has had rapid economic growth and development in the last 50 years with a relatively successful education system, inclusion was initially referenced only in 2004 during the Prime Minister's inauguration speech with a vision for an inclusive society (Poon, Musti-Ra & Wettasinghe, 2013). Although Singapore has begun its endeavour to be inclusive in education, policies and their implementation are still in their infancy in contrast to the UK. This thesis aims to present a cross-cultural comparison between the UK and Singapore on parental experiences of the inclusion of their child with SEN, to shed light on similarities and differences in practice that may be of value to either country or region.

Chapter 2: Literature Review

2.1 Introduction

This chapter aims to provide a review of the literature around the notion of inclusion and its implications on practices in education. This will begin by looking into the history and development of special education, followed by an introduction to inclusive education. The philosophy of inclusion and evidence of its effectiveness in practice will then be presented. Next, the attitudes and experiences of inclusion by key stakeholders will be discussed, in setting the scope of parental perspectives of inclusion within the early years settings. There will be particular consideration for the UK and Singapore contexts as they are relevant to the scope of this study, and key differences between educational systems will be highlighted to provide the foundations for this cross-cultural study.

2.2 The History and Development of Special Education

An inquiry into the history of special education serves to provide an insight into the philosophies that have guided us to current practices and outcomes. Pioneering efforts for special education in the mid-eighteenth century began with novel interventions, in promoting education for the deaf population. This trend spread across nations, including Britain, and support for other groups shortly ensued (Winzer, 2006). Institutional models were formed in the nineteenth century based on a humanitarian and philanthropic ideology to cater to people with special needs (Winzer, 2006). The formation of institutions to provide for special education was double-edged – it set out to safeguard vulnerable children and young people from the world, but bounded the children away from experiences and in effect served to further marginalise the group.

Towards the end of the nineteenth century, compulsory education became a reality, and schools had to acknowledge having to provide to a greater diversity of educational need. During that time, the medical model took precedence in the understanding of mental abnormalities and there was a reliance on medical practice and leadership such that children were classified and labelled within this paradigm (The Education and Skills Committee, 2006). The language used to describe SEN at that time consisted of terms such as “uneducable”, “handicap” and “educationally sub-normal”. A system of segregated classrooms and schools became common practice, so that ‘difficult children’ would not interrupt or delay the learning of others. The rationale offered by Fernald (1912) for separating difficult children from the mainstream classroom was so that educators could establish a diagnosis and begin treatment at an earlier stage. This dual education system prevailed unchallenged as the preferred means for special needs education at least until the 1960s.

The arrival of the Warnock Report in 1978 and the 1981 Education Act provided a basis for challenging the conceptualisation of SEN and introduced a framework for the provision of SEN. The Warnock Report (1978) specified,

> We wish to see a more positive approach, and we have adopted the concept of SPECIAL EDUCATIONAL NEED, seen not in terms of a particular disability which a child might be judged to have, but in relation to everything about him, his abilities as well as his disabilities… (pp. 37)

In the UK, a “Statement of Special Educational Need” produced by educational authorities following a statutory assessment would define the nature of the needs of the child, with a proposed guideline for how their needs should be met (Barton & Armstrong, 2007). The statement ensures that children with SEN will attend a mainstream school if it is in line with parents’ preferences and as long as their needs can be met within that setting, and other children will continue to receive efficient education (Kenworthy & Whittaker, 2000). This was possibly one of the earlier examples of a pragmatic policy put into place in support for inclusive schooling as inclusion gained influence as a dominant ideology. More recently, changes to the Children and Families Act (2014) as reflected in the SEND Code of Practice 2014 revised the statement to an Education, Health and Care (EHC) plan. EHC plans are a co-ordinated effort between education, health and social care, to meet the needs of children and young people aiming to bring about the best possible outcomes for them.

The history and development of ‘special educational needs’ since the 1800s has highlighted the challenges and complexities relating to the evolution of discourses surrounding SEN (Barton & Armstrong, 2007). For example, the shift in language used to describe children who experienced difficulties, while regarded positive, continues to imply difference or difficulty. Some contend that the use of SEN reflects a deficit model and consider it discriminatory (Corbett, 1995; Thomas & Loxley, 2001). However, the progression of special education has been shaped by historical conventions, more contemporary ideologies, cultural and societal values, and continues to transform through a complex nexus of influences.

2.3 Introduction to Inclusive Education

With the development of special education, the propagation of inclusive education began from the notion that every child should have equal rights to access education without discrimination, as advocated by the United Nations Convention on the Rights of the Child (UNCRC) (1989), one of the earliest frameworks formally addressing children's rights. The UK and Singapore acceded to the UNCRC in 1991 and 1995 respectively. In 1990, the Education for All movement was established pledging a global commitment to make quality basic education available to all children and make primary education compulsory. Subsequently, a landmark event held by UNESCO in 1994 brought about a paradigm shift towards integration and away from segregation. The conference produced The Salamanca Statement (UNESCO, 1994), which went beyond supporting education as a basic right for all children and explicitly promoted the idea of inclusion by evaluating policy shifts in order for schools to be able to support all children. This concept included children with special educational needs (SEN), the gifted and talented, disadvantaged, marginalised and minority groups. The Statement has been endorsed worldwide, with the fundamental principle guiding mainstream inclusion being that "all children should learn together, wherever possible, regardless of any difficulties or differences they may have." (UNESCO, 1994, p.11).

Building on the foundation of basic children's rights, inclusion can be understood more widely as a paradigm shift towards embracing diversity amongst individuals in the educational environment from an international perspective (UNESCO, 2001). The Salamanca Statement (1994) suggests that by so doing, inclusion in the mainstream is “the most effective means of combating discriminatory attitudes, building an inclusive society and achieving education for all” (p. iv). Indeed, inclusive practices in schools may lead to the wider aims of achieving a more inclusive society that embraces differences in race, socio-economic status, culture, religion and ability without discrimination. It is perhaps through this definition that many countries have subscribed to the shift towards inclusion and have developed national policies and systems in support for inclusion and an Education for All.

As a result, many countries have put considerable efforts into moving educational policies towards a more inclusive direction (Mittler, 2000). However, the challenge within this field is that there remains no consensus on what actions should be taken in order to achieve inclusion (Ainscow & Cesar, 2006), as evidenced by a range of inclusion practices in different countries and educational systems. The concept of inclusion is largely contingent on socially constructed meanings within different communities (Burrell & Morgan, 1979). It is also closely led by government policies and definitions. In England, critics have asked for the government to clarify its stand because of its loose definition of inclusion (Education and Skills Committee, 2006), deeming it unhelpful to the construction of good inclusive practices and policies.

Several definitions of inclusion have been suggested in the literature. Bailey (1998) describes a more conservative account of inclusion, where a child attends an ordinary school with other pupils, covers the same class materials as everyone else, and there is an acceptance of all individuals. Mittler (2000) argues that inclusion does not merely refer to placing children in mainstream schools, but rather, that schools are able to respond to the needs of children who are not accessing or benefiting from schooling. Moreover, some schools may classify themselves as ‘inclusive’ although they are characterised by pull-out support or resourced units (Norwich & Kelly, 2004), where children spend only part of their time within the mainstream classroom. These inconsistent characteristics demonstrate the complexities of achieving a ‘fully inclusive’ education system.

Many contextual issues, contradictory values, and variations in policies and processes have resulted in differences in the understanding and implementation of inclusion. To derive that inclusion is tenable in some settings and therefore conclude universality would be risky in that the notion of inclusion can be misconstrued in a different context. Nevertheless, inclusion continues to be increasingly referenced and espoused within educational systems as it propagates through eclectic practices in a range of contexts.

2.3.1 Evidence for Inclusive Education

It has been suggested that developments in inclusive practices are usually attributable to political and social pressures that may not always be supported by research (Thomas & Glenny, 2005). A look into the literature on the evidence for inclusion will contribute to the understanding of the basis for inclusion.

2.3.1.1 The Philosophy of Inclusion

Evidence in the literature suggests that inclusion has the potential to regress towards a system that mirrors segregation rather than that of an innovative proposition, if it were to be handled reactively through ‘forced integration’ instead of applying good practice and principles that create adaptive systems (Jordon, 2008). The danger of this is not only a deviation away from achieving inclusion, but in failing to meet the needs of the very populations it first set out to provide.

Indeed, one of the major criticisms of inclusive education is that it is based on an idealistic philosophy, which cannot work in isolation without a reconciliation of systems. Wilson (2000) believes that the subscription to inclusive practices stems from the desire to be kind and fair, and that this is insufficient for such a significant change in educational policies. Similarly, Thomas and Glenny (2005) recognise that it is important to address the case that the support for inclusion is largely due to altruistic ideologies rather than being evidence-based. The authors suggest that it is not actually possible to partition apolitical from ideological, rational from irrational, and the evidence-based from the subjective in the educational realm. With this in mind, this research aims to recognise and acknowledge that the language of ‘inclusion’ cannot be assumed universal and distinctly defined, as these inherent differences will always prevail. Instead, inclusion will be understood from a wider perspective and considered from the *experience* of it based on these socially constructed definitions, whilst considering political, social and ideological influences on inclusion.

2.3.1.2 Does Inclusion Work?

Although inclusion is largely advocated based on the rights of the child and on the premise that inclusive education is more effective, many advocates for inclusion tend to come from a rights perspective and may show little regard for research evidence (Booth, 1996; Rustemier, 2002). Studies have tried to establish a link between inclusive practices in mainstream schools and the attainment of children, both with and without SEN. Interestingly, several have found little or no evidence of a relationship between inclusivity and the attainments of children within the setting (for example, Farrell et al., 2007; Lindsay, 2007).

Lindsay (2007) conducted a review of the literature on the effectiveness of inclusion and found insufficient evidence for the positive effects of inclusion. Political standpoints may also not consider poor outcomes as reason enough to eliminate ideologies of basic rights (Lindsay, 2007), but rather, continue to correct policies such that it ‘works’.

Academic achievements

The Department for Education and Skills (2006) released a research report finding little or no evidence that the level of inclusivity of a school has an impact on attainments at the level of the local authority or school (Dyson et al., 2004). Instead, other demographic factors such as ethnicity, socioeconomic status and gender have a more significant effect on attainment than how inclusive the school is. A report by the Office for Standards in Education, Children’s Services and Skills (Ofsted) revealed that the quality of provision and outcomes for pupils with SEN attending special schools is comparable to mainstream schools, while mainstream schools that had resource provisions had an increase in the overall achievements of their pupils (Ofsted, 2006). In addition, there was also no evidence of negative impact on children's achievements for both SEN and non-SEN groups. Similarly, Farrell et al.'s (2007) research serves to dispel the misconception that schools have, that inclusive education will negatively impact the academic achievement of its student population.

On the other hand, positive support for inclusion around academic achievements has also been found. Students placed in general education had a higher chance of obtaining an increased vocational or academic competence (Myklebust, 2006). A study conducted in the USA found that students with mild disabilities made more progress in reading abilities from being taught in the mainstream classroom as compared to their peers in resourced units (Waldron & McLeskey, 1998). However, children with severe learning disabilities performed equally well in both settings. This suggests that the type or severity of learning disability has an impact on academic outcomes.

Social Achievements

Apart from academic achievements, studies have sought to determine the impact of inclusion on the social abilities of children with SEN. There were positive findings in this area demonstrating that children with SEN have wider friendship groups in mainstream classrooms than in special education classrooms (Fryxell & Kennedy, 1995). Within the general student population, there were positive effects on children's social skills in inclusive settings

(Dyson et al., 2004). Children with severe learning difficulties also made significant progress in their social competence when they were included into the general classroom than in a segregated setting (Fisher & Meyer, 2002).

Behaviour and self-esteem

While inclusion may have either neutral or positive effects on academic achievements and social competencies, it is not without consequence. Daniel & King (1997) showed that there were more instances of behavioural problems in the inclusive classroom. Pupils with SEN also provided a lower self-reported score on self-esteem as compared to students who were routinely withdrawn from the regular classroom to access special education services. On the other hand, another qualitative study demonstrated a higher sense of self in children when included in the mainstream classroom as compared to segregated settings (Fitch, 2003).

The literature on inclusive education yields a very mixed picture. There are a multitude of factors that could influence these findings that should not be ignored. Government policies and initiatives have an impact on the social construction of inclusion as earlier established. School initiatives, teacher's perceptions and parental attitudes also play a part in influencing the success and effectiveness of inclusion practices in the mainstream. The next section will present the literature on the attitudes and experiences of inclusion from the perspectives of the various stakeholders.

2.3.2 Attitudes and Experiences of Inclusion

There is a wide variation of inclusion practices throughout the world as countries understand and implement practices differently. Curcic (2009) conducted a meta-analysis investigating inclusive practices in 18 countries and found that while there are some commonalities in the advancement of inclusion in some respects, there are still signs of discrimination in education characteristic of socio-economic status, culture and educational climate. The views and attitudes of various groups on inclusion affect the processes and outcomes of the implementation of inclusion. The campaign for inclusion is largely guided by a shared belief between stakeholders that it is a worthy investment for all children. Thus, the perspectives of schools, parents and children play important roles in altering the experiences of inclusive practice. Studies have sought to elucidate the attitudes of these groups within different populations of SEN, and in different countries and contexts.

2.3.2.1 Teacher Perspectives

A study reviewed the literature around teacher attitudes towards inclusion, and found generally positive attitudes towards the idea of inclusion (Avramidis & Norwich, 2002). Further, an international study by Sharma, Forlin, Loreman and Earle (2006) surveyed pre-service teachers on their attitudes towards inclusion and found that teachers from Western countries such as Canada and Australia were more positive about including children with disabilities than teachers in Asian countries such as Hong Kong and Singapore. Avramidis and Norwich (2002) also found that certain variables such as the type and severity of the students' condition, and the availability of resources played a large role in teachers' attitudes towards inclusion.

Congruent to the findings around the attitudes of teachers in Asian countries, some studies conducted in Singapore demonstrated more negative than positive themes (Thaver & Lim, 2014; Yeo, Chong, Neihart & Huan, 2014). Teachers in Singapore have also expressed concerns about integrating children with SEN into their classrooms (Nonis, 2006; Tam, Seevers, Gardner & Heng, 2006), citing factors such as knowledge about SEN, management strategies, structure and demands of the educational system, and the support from the school and external parties. The findings were indicative not of a lack of willingness but recognition of a need to obtain appropriate support in order to effectively cater to a group of students with diverse needs.

Earlier evidence provided in the UK addresses some of the concerns raised by the Singapore teachers. A survey conducted with teachers showed that those who had experience of carrying out inclusive practices and programmes were more positive in their attitudes towards inclusion (Avramidis, Bayliss & Burden, 2000). Importantly, teachers who received professional development were more positive in their attitudes providing for students with SEN in the mainstream classroom. With opportunities for teachers to be equipped with relevant knowledge and skills around SEN, teachers may gather experience in the implementation of inclusive practices that may in turn develop more positive attitudes towards inclusion.

2.3.2.3 Children Perspectives

Research on children’s perspectives on their experiences of SEN is less extensive, possibly due to the challenges in obtaining the views of children with SEN. Cooney, Jahoda, Gumley and Knott (2006) found that young people with mild to moderate intellectual difficulties felt stigmatised and reported negative treatment in both mainstream and special schools. However, they still felt optimistic about their future and compared themselves positively to their peers. In another qualitative study conducted in Bangladesh, children with and without SEN expressed experiencing positive aspects of inclusion such as feelings of belongingness and high aspirations for learning, but they also reflected a need for greater respect between peers and individual support (Mahbub, 2008).

2.3.2.3 Parent Perspectives

There is a range of findings within the literature on parental perspectives around inclusion. Grove and Fisher (1999) found that some parents preferred for their child to be included in mainstream settings, while others were more for alternative specialist placements. A few studies have identified factors that have an influence on parental perspectives of inclusion.

Leyser & Kirk (2004) found that parents in the USA showed positive support towards inclusion from a legal and philosophical point of view. Parents believed that their child would benefit socially and emotionally from being in an inclusive setting, and that their peers would become more sensitive to and aware of individual needs. On the other hand, their concerns about placing their child in mainstream classrooms included the potential isolation of their child, access to specialist services and the equipment of teachers in teaching students with SEN.

Parents' attitudes towards inclusion seem to be contingent on the severity and type of their child's learning needs. For example, parents of children with severe disabilities tended to oppose inclusion if the severity prevented them from accessing programs in the mainstream (Palmer, Fuller, Arora & Nelson, 2001). Parents of children with Down's syndrome were more inclined to choose inclusion than parents of children with autism (Kasari, Freeman, Bauminger & Alkin, 1999). The authors also found that the age of the child had an impact on parents' perceptions of inclusion, where parents showed more positive attitudes if they had younger children enrolled in a mainstream setting.

These demonstrate the complexity of factors influencing parents' attitudes towards inclusion that have to be considered at an individual level.

2.3.2.4 Parental Experiences of Inclusion in Early Years Settings

This research seeks to capitalise on the experience of England in being inclusive in its approach towards educating children. In particular, this will be considered from the parents' perspective of including their young child with SEN during the early years. It has been established in the literature that parents play an important role in their child's educational experience and outcomes (Epstein, 1991; Hoover-Dempsey & Sandler, 1995). In the early years, parental attitudes have a strong influence on children's school performance and their experience of school (Taylor, Clayton & Rowley, 2004). As such, it is of interest in this research to explore parental experiences and attitudes towards the inclusion of their child in mainstream settings in the early years, as this will consequently have a direct influence on their decisions on future educational placements for their child.

2.4 Development of Special Education and Inclusive Practices in Singapore

The literature on the development of special education has addressed an international movement towards inclusion, and is largely representative of Western notions and applicable to the UK context. In this section, the educational landscape in Singapore and the development of special education will be presented to provide a clearer context to this cross-cultural study.

2.4.1 Singapore’s Education System

Based on the existing literature on special education and inclusion, an extensive amount of evidence is contextually based in Westernised and developed countries. An introduction to Singapore’s education system will set the landscape for understanding its provision of special education and the movement towards inclusion.

Singapore, a city-state in Southeast Asia, highly recognises the value of education. Government expenditure on primary education based on 2011 statistics obtained from The World Bank was 20.6% in Singapore and 12.7% in the UK (World Bank Group, 2016). The national literacy rate in 2013 was 96.5% (Singapore Department of Statistics, 2013).

The rigorous education system has generated outcomes of international competitiveness in mathematics and science, and students' performance has been consistently reported to be good (Gonzales, et al., 2008). Singapore students were reportedly one of the top performers in Mathematics, Reading and Science, and scored higher in problem-solving than the other countries (Organisation for Economic Co-operation and Development, 2014). Consequently, the education system is known to be examination-driven and is marketised (Lim & Tan, 1999), which has encouraged an ethos of being results oriented. School leaders have therefore been intuitively inclined to attract a population of students who demonstrate better performance and academic strengths, rather than to shoulder the responsibilities of providing additional resources to children with SEN. The academic emphasis in Singapore schools tended to overshadow the priorities of developing social skills, cohesiveness and the recognition of equal rights among all children (Lim & Tan, 1999).

2.4.2 Scene of Special Education in Singapore

Nevertheless, Singapore faces similar pressures within the school system that other industrialized nations do. One of these pressures is to provide efficient education for children with SEN. The number of children with SEN who attend mainstream education in Singapore has increased over the years (Tam, Seevers, Gardner & Heng, 2006), with the latest statistical data reporting an SEN incidence rate of 2.5% (Ministry of Social and Family Development, 2014). In the UK, the percentage of children with a statement of SEN or an EHC plan maintained at 2.8% since 2007 (Department for Education (DfE), 2015). It is only in the last decade or so that special education has been given greater recognition in Singapore, with the production of national policies working towards advancements in the field of SEN.

As was common practice of many other countries before inclusion found its place in educational systems, the special education scene in Singapore evolved to provide support for children with SEN via a dual education system, otherwise known as segregation. Children with intellectual disabilities started to receive support in education in the 1970s (Lim & Sang, 2000). Special schools were set up to offer education to children with mainly physical, sensory and intellectual disabilities. In the 1990s, a few more specialist schools were set up for students with more specific diagnoses such as autism spectrum disorders (ASD) or multiple disabilities. The education for children with SEN commenced in the form of special schools, and the formation of a dual education system was led by the growth in the number of special schools over the years (Poon et al., 2013). Data from the Ministry of Education, Singapore (MOE) indicate that there are 20 special schools in Singapore run by VWOs, or voluntary welfare organisations as of 2010 (MOE, 2016). These special schools run different programmes from the mainstream schools to provide education to groups of children with various disabilities whom are “unable to benefit from mainstream education” (MOE, 2015). The approach of the government towards educating children with SEN has regarded specialist settings to be able to customise educational programmes to meet the needs of the child. This may be contentious in light of inclusive beliefs, as well as the literature that suggests children with SEN perform comparatively well in both mainstream and special school settings.

Various services have made attempts to support children with SEN within mainstream school settings, but they tended to focus on students of higher intellectual abilities and not encompass children with moderate to severe learning needs. For example, some programs were set up by VWOs in the late 1990s to support children with physical disabilities and autism in the mainstream classroom. While there is evidence of a move towards inclusion, these provisions were limited in its jurisdiction and served only a small group of children with SEN (Lim & Sang, 2000). There is also an emphasis that students included into mainstream schools should have a level of intellectual functioning in order for them to access the academic curriculum.

2.4.3 Inclusive Education in Singapore

Following the Singapore Prime Minister’s inauguration speech in 2004 that set out a vision for a more inclusive society (Poon, Musti-Ra & Wettasinghe, 2013), changes to policies and service delivery were made to cater to the provision of education for children with SEN both in the mainstream and specialist settings. Inclusion is therefore still in its infancy and there is preliminary evidence of policies that are being implemented in education in an effort to be more inclusive.

The government increased the funding for professional development and to improve special education provision in both mainstream and special schools settings (Tam et al., 2006). The MOE aims to train 10% of teachers in every school in special educational needs (MOE, 2011). A new position called Allied Educators (AEDs) was introduced in mainstream schools since 2004 to provide support to students who need additional help (Poon et al., 2013).

Each primary school is now equipped with one AED who is professionally trained to support the learning and behavioural needs of students with SEN. The role of the AED may be likened to that of the Special Educational Needs Co-ordinator in the UK. Besides the support provided for children in the mainstream setting, some additional support from specialized services typically run by VWOs is available. For example, pupils with dyslexia may access remediation services at an external centre run by the Dyslexia Association of Singapore (Poon et al., 2013) to support their learning.

On a more positive note, the Enabling Masterplan (EM) 2007-2011 was a document that initiated change to the special education scene in Singapore. The EM Steering Committee was first set up in 2006, consisting of members from the public, private and people sectors. The EM became a framework for integrating persons with disabilities (PWD) in Singapore and to increase their capacities to live a more independent life. The updated EM 2012-2016 formally considers the need to explore approaches employed by overseas institutions in developing ways to promote integration of children with SEN in mainstream educational settings (Steering Committee on the EM, 2012). This fits nicely into the purposes of this research, which hopes to highlight any practices in the UK or in Singapore that may be of value to either context.

The practice of inclusion is currently receiving governmental support and is increasingly being incorporated into the education system. However, as suggested within the literature from other countries, the implementation of inclusive practice is far from complete. The EM captured parents’ feedback on the inclusion of their child in early years settings, providing some preliminary insight into the difficulties they face, such as having their applications rejected by childcare centres and preschools when trying to enrol their child with SEN into schools. The EM has recognized that inclusion opportunities for young children with SEN remains to be minimal and on an ad-hoc basis. In response, the Steering Committee made recommendations to avail an intervention programme for children with SEN, known as the Early Intervention Programme for Infants and Children (EIPIC). This is but one of several other recommendations and strategies indicated in the EM still underway.

2.5 Key Differences Between the UK and Singapore

It is important to highlight some of the fundamental differences between the educational systems of England and Singapore. This section will serve to highlight some organic differences that will contribute to the experiences of inclusion as perceived by different stakeholders. It is these differences in the experience of inclusion that I hope to engage with in greater detail, to shed light on how parents as key stakeholders view inclusion, and the factors that support them in the inclusion of their child.

2.5.1 Legislation

Over the years, many countries have implemented legislations for inclusion, including USA, Italy, Hong Kong and the Philippines (Barton & Armstrong, 2007; CSIE, 1997). Singapore, however, does not have legislation for inclusion to date, despite a move towards inclusive practices in primary schools since 2005 (Yeo, Chong, Neihart & Huan, 2014). It is thus not a mandatory practice and can be subject to the individual’s interpretation and choice to make.

In the UK, the SEN Code of Practice 2014 provides statutory guidance for the support of children or young people with SEN. The guidance is associated with legislations, including the Children and Families Act 2014 and the Special Educational Needs and Disability Regulations 2014. Previously referred to as a 'statement of SEN', an 'EHC plan' is a statutory assessment process that addresses education, health and social care needs, indicating the child or young person's needs and the provisions required to meet those needs. When an EHC plan is issued, the parent or young person has the right to indicate their preference for an educational placement to which the local authority has to comply, unless deemed unsuitable for the child (DfE & Department of Health, 2014). Institutions will have to acknowledge children's needs and make arrangements to meet them, and formally review the EHC plan annually.

These legislations and guidance documents promote the inclusion of children into their educational placements and provide a system and structure for catering to the needs of the child. There are currently no similar legislations in Singapore and thus, practices are not regulated.

2.5.2 Preschool Age and Class Size

Children in Singapore attend preschool usually between the ages of three to six, and enter primary school in January during the year they turn seven. On the other hand, children in England attend nursery when they are three to four years old, and reception between four to five years old, before they enrol into Year One in September the year they turn six. As such, the age criterion for inclusion in this study extends from three years (3:0) to six years and eleven months (6:11).

In a typical Singapore mainstream classroom, the average class size in primary and secondary schools is 40 or fewer (Singapore Parliamentary Reply, 2012), while in the UK, it has been legally capped at 30 pupils per teacher following the introduction of the School Standards and Framework Act in 1998 (DfE, 2011). Also, while it is not uncommon to have Teaching Assistants in UK primary and secondary classrooms, teachers in Singapore often teach unassisted.

Within the early years classroom in Singapore, the guideline for staff:child ratio between the ages of three and seven range from 1:15 to 1:25 (Early Childhood Development Agency, 2013). The staffing ratio in the UK for early years' settings is 1:13 with a maximum of 26 pupils in a class (DfE, 2014), making both contexts relatively comparable in this respect.

2.5.3 Provision of Services

In Singapore, there are increasing numbers of children with SEN enrolling into subsidised EIPIC to receive early intervention services. Intervention services may include therapy sessions, such as speech and language therapy, physiotherapy and occupational therapy. Either concurrently or alternatively, parents may also decide to put their child into a mainstream preschool.

Where parents decide not to place their child into EIPIC, they may access therapy services at the Singapore public hospitals. If they decide to place their child into an EIPIC centre, they no longer retain access to therapy services at the hospital. Thus, although this dual placement system seems to reflect segregation, it is not vastly dissimilar to children in the UK accessing therapy services in hospitals.

This provides a context for the study of parental experiences of inclusion across the two countries. Phillips (2000) has pointed out the value of comparative educational research; the value of this piece of cross-cultural research would be to elucidate inclusive practices that have been implemented in the UK and Singapore that parents have found to be helpful, as well as to demonstrate possible alternatives to policies in both countries.

2.6 My Positionality

My own background to education is set within Singapore, where I attended school from nursery through University. My immersion in the UK context as a trainee Educational Psychologist (EP) has granted me an insight into inclusion in mainstream schools. When I first started my placements in schools, I often found myself reflecting on the topic of inclusion. Conversations with my supervisors and other EPs within the service provided me with an avenue for further reflection on inclusion taken from a ‘rights’ perspective, and thoughts on the regard for research evidence in this area. Considering my minimal experience with inclusion of SEN within the mainstream classroom from where I have been educated, my beliefs were challenged, as I did not have the opportunity to construct an understanding of inclusion before. I started to take an interest in the topic, particularly because there was evidence that Singapore was becoming inclined towards inclusion.

I was interested in looking into the factors that enable inclusion, and which parents found supportive, so that the campaign towards becoming a more inclusive society may perhaps be more grounded.

Singapore presents a context to explore the initiation of inclusion and the potential areas to focus on in providing support. This research aims to contrast the findings of parental attitudes and experiences of including their child with SEN in the early years, between a context where inclusion has been engrained for a few decades and one where policies are starting to build in its move towards inclusive education. Based on this, I seek to consider the aspects that parents have found to be useful in being supported with the inclusion of their child with SEN in mainstream preschool settings.

This research aims to:

- Explore parental attitudes and experiences of inclusion in the early years and identify the factors that influence their experience, and
- Examine and compare the findings of parental experiences on including their child with SEN from the UK and Singapore cross-culturally, in order to identify key practices that may be of value to either country.

This thesis will be examined through research questions in the quantitative and qualitative sections that follow.

The quantitative data will explore the following aspects of the research:

a) What are parents’ general attitudes towards inclusion in the UK and Singapore?

b) What are parents’ perceptions of inclusion on the dimensions of quality of educational services, mutual benefits of inclusion, and child acceptance and treatment?

The qualitative data will explore the following aspects of the research:

a) What are parents’ experiences of inclusion of their child with SEN in the early years setting?

b) What factors do parents find supportive in the inclusion of their child with SEN in the early years setting?

The findings will be brought together in the discussion section to address the overarching research questions:

1) What are parents’ attitudes and experiences of inclusion of their child with SEN in the early years settings in the UK and Singapore?

2) What factors do parents find supportive in the inclusion of their child with SEN in the early years?

Chapter 3: Methodology

3.1 Introduction

In this chapter, I will elaborate on my philosophical standpoint that will guide and frame this piece of cross-cultural research. The rationale for the chosen methodology will be explained, along with my ontological and epistemological positions. The next part of the section will describe the method and tools that were used in collecting and analysing the data. Finally, I will discuss the research in terms of its validity, reliability, transferability and generalizability in the research process.

3.2 Aims of this Research

The purpose of this research is to explore parental experiences and attitudes towards the inclusion of their child in the mainstream setting in the early years, with the aim to shed light on how parents as key stakeholders to a child's education perceive inclusion. An integral component of this research is to conduct a cross-cultural comparison between the findings from the UK and Singapore to examine inclusive practices that parents have found to be supportive, so as to consider factors that may further develop inclusivity in both countries.

3.3 Philosophical Standpoint

3.3.1 Cross-cultural Research

In approaching this piece of research, I engaged in questioning my philosophical standpoint following the establishment of my research questions. Given an interest in researching a phenomenon in two different countries and context, I approached this research from a cross-cultural perspective to inform my philosophical stance.

Several researchers in the field suggest the need to embrace mixed methods research in cross-cultural psychology due to the nature of the discipline (Bartholomew & Brown, 2012; Karasz & Singelis, 2009). Karasz and Singelis (2009) discuss the difficulties faced in cross-cultural psychology that requires the adoption of creative research approaches to overcome. Firstly, the study of culture in traditional research designs conceptualises culture as a category, where more intricate details such as content, process and structure are lost. Consequently, comparing differences in findings are limited in its focus on concrete and specific cultural processes that shape psychological outcomes. The authors purport that qualitative research can address this by generating descriptive data to provide more specific information on how culture influences psychological variables (Karasz & Singelis, 2009). Next, using quantitative methods exclusively in cross-cultural psychology is faced with the problem of transferability. Theoretical constructs may not be equivalent across cultures, and can mean different things to various groups and contexts. On the other hand, qualitative methods serve to provide an in-depth understanding of the experiences and views of participants. Finally, achieving conceptual and metric equivalence of measures in cross-cultural psychology is of increasing concern amongst researchers. Standard qualitative methods used together with survey approaches can increase the equivalence of measures where it is inadequate (Karasz & Singelis, 2009). Recognising that my study will face the same difficulties and limitations when a single approach is adopted, I was keen on employing a mixed methods design as the authors have recommended.

3.3.2 Research Paradigm

Guba and Lincoln (2000) propose three sets of philosophical assumptions in relation to determining one's 'worldview', or paradigm, in research. These include a set of ontological, epistemological and methodological assumptions that are interrelated to one another. The considerations specified in the previous section provide the rationale for adopting a mixed methods approach for this study.

Mixed methods research has largely been associated with the pragmatic paradigm (Johnson & Onwuegbuzie, 2004; Morgan, 2007). Pragmatism is based on the idea that the truth is closely related to "what works", and this has been suggested to be doing what is the most effective in order to achieve the goal (Hall, 2013). As a trainee EP who has come from a different country and cultural background, I am continuously learning about the UK culture and practice. Initially, I found myself comparing the educational practices of the UK and Singapore over many wide-ranging issues. Although this has gradually reduced, partly as a result of a conscious effort to prevent any interference with my ability to fully immerse into the culture, it is still a natural occurrence. An example of a notably different construct would be corporal punishment and the degree to which it is accepted in the cultures. As a result, I may have inherently gravitated towards a pragmatic approach at the beginning of my training due to my position of being in a different culture, conscious that practices cannot be directly transferred without due consideration for the context. Pragmatism afforded me with a legitimate reason to do “what works” within a particular context.

However, within the mixed methods research domain, pragmatism has been associated with an a-paradigmatic, or paradigm free, approach (Hall, 2012). Several researchers have sought to explain the emergence of this view, highlighting the shortfalls of pragmatism. Bryman (2007) found that researchers using mixed methods approaches often described themselves as pragmatists, placing aside concerns around epistemology and ontology to focus on and achieve their research agenda. Others have argued that some combinations of ontological and epistemological positions in pragmatism are contradictory, such as ontological realism and epistemological relativism. Therefore, suggestions to merge ontological and epistemological positions came about, rather than to treat them as distinguished assumptions (Lincoln & Guba, 2000; Smith & Hodkinson, 2005). Upon further reflection and exploration over time, pragmatism did not allow me to explain my system of beliefs and construction of the world sufficiently, such that I would risk understating these important concepts underpinning my research. Rather than being a-paradigmatic, I felt that my philosophical approach situated between the positivist and relativist viewpoints. Thus, I continued to ponder about alternative paradigms that might best represent my philosophical stance in relation to this research.

The literature suggests that variations in paradigms in mixed methods research is indeed possible, and that this should in fact be regarded as a valuable aspect of mixed methods research that provides an avenue for the field to be self-reflexive and to continue to develop the philosophical discussion (Greene, 2006; Johnson, Onwuegbuzie & Turner, 2007). Researchers have claimed that epistemology and ontology have independent contributions beyond that of setting the foundations to research, and may be used as “resources” when doing mixed methods research (Maxwell & Mittapalli, 2010; Maxwell 2012). The authors suggest that by stating from the outset the philosophical stances, or lenses through which the world is viewed, they can serve as important heuristic tools that aid in the understanding of the knowledge generated of the phenomena in question.

Following further exploration, critical realism seemed to offer itself as an alternative paradigm that frames my philosophical approach in this research. Critical realism is often viewed as middle ground between positivism and interpretivism (McEvoy & Richards, 2003). It provides a set of assumptions that describe my beliefs about knowledge and enquiry, and is compatible with a variation of research methods (Sayer, 2000), such as the one I have adopted in this study. The following sections will elaborate on critical realism and address the ontological, epistemological and methodological assumptions that I have taken in this research.

3.3.3 Ontology

Ontology is concerned about the nature of reality and the world. It addresses the question “What is there to know?” (Willig, 2008), and considers what constitutes reality. There is an understanding in ontology that it is impossible not to have an assumption about the nature of the world. Therefore, the ontological position is what one would consider as reality when looking at a piece of evidence and decide to accept as real (Mertens, 2007).

In seeking to understand parents' perspectives and their experience in both the UK and Singapore, my ontological position falls between the positivist and constructivist viewpoints, in what Bhaskar (2013) described as 'critical realism' in philosophical language. In critical realism, our knowledge of the world is influenced by the theoretical resources we possess and the discourses known to us (Sayer, 2000). Thus, acquiring empirical feedback from the world that is accessible is to get closer to reality. Reality can be understood on three levels – the 'empirical domain' is phenomena that are experienced, the 'actual domain' is phenomena that occur but are not necessarily experienced, and the 'real domain' refers to the structures that generate phenomena (Bhaskar, 1978; Delorme, 1999).

For a study involving two contexts, acknowledging the role of social structures, networks and agency as potential impacts on experience and on the interpretation of perspectives on reality are inherently crucial in relation to the three ontological domains. Although these exact mechanisms are not directly observable, critical realists seek to develop deeper levels of understanding through empirical inquiry from the accessible aspects of the world (McEvoy & Richards, 2006). In addition, the context and meaning of events are most appropriately explained by description, such as descriptive statistics in quantitative data, and by considering the tendencies of certain contextual elements that are a result of underlying causal mechanisms instead of making empirical generalisations (Fleetwood & Ackroyd, 2004; Lawson, 2003). This will be further addressed in the section on methodology.

Further, while the debate between realists and relativists pivot on whether a world exists independent of human consciousness, Danermark, Ekstrom, Jakobsen and Karlsson’s (2002) suggestion sets the foundation for this research:

> The answer which critical realism provides us with is that there exists both an external world independently of human consciousness, and at the same time a dimension which includes our socially determined knowledge about reality. (p. 5)

3.3.4 Epistemology

Epistemology considers the nature of knowledge, and the relationship between the participant and the inquirer (Guba & Lincoln, 1994). Critical realists view the real world as a “multi-dimensional open system” (McEvoy & Richards, 2006, pp. 70), where the interrelationship between social structures, networks and agency is non-linear. Critical realism purports that the perspectives held by participants and the researcher are part of the world that we are seeking to learn about, and our comprehension of these perspectives can be approximately true (Maxwell, 2012). Within different contexts, there are different valid perspectives of reality based on the way individuals and societies socially construct their knowledge of the world (Maxwell, 2012).

The core epistemological assumption of critical realism is that participants’ accounts are valid data that may provide positive social transformation upon appropriate interpretation (Egbo, 2005). Bhaskar (1989) clarifies the importance of an interactional relationship between the researcher and participants, and for the researcher to analyse the account with critical consciousness. Through this research, I seek to understand the accounts of parents through their lenses, and interpret the data through co-participation and co-production. Given my positionality in this research within the UK and Singapore, the approach I have undertaken acknowledges my subjectivities and the role I play in the interaction and interpretation of phenomena (Mayoh & Onwuegbuzie, 2015), as an attempt to ‘bracket’ or put aside “the taken-for-granted world in order to concentrate on our perception of that world” using IPA (Smith, Flowers & Larkin, 2009, pp. 13). I will next continue to discuss the methodological implications of this philosophical framework.

3.3.5 Methodology

The methodological assumption considers the process of gaining the desired knowledge about the world. It seeks to resolve the question “How can we know?” (Willig, 2008).

Critical realism has been increasingly recognised to offer a methodological option for both quantitative and qualitative researchers. Critical realists argue that the most effective and productive method of obtaining reliable and accurate data, guided by the nature of the research question, would be most appropriate and acceptable (Egbo, 2005; McEvoy & Richards, 2006). Within the scope of this research, I justify the adoption of the methodological assumptions underlying critical realism based on the nature of the phenomenon under study, in particular the contextual necessities that warrants a hybridisation of methods.

Mayoh and Onwuegbuzie (2015) offer a conceptualisation of mixed methods phenomenological research, and argue against the incompatibility theory as exemplified in pragmatism earlier. The authors take the stand that there are methodological parallels between phenomenological and quantitative methods that qualifies the use of both in combination within a unitary paradigm. In order to explore parental experiences of inclusion of their child with SEN, interpretative methods that look for meaning by making explicit the behaviours or experiences in order to understand them are well suited for this research. A strong justification for a preliminary quantitative phase in this research is to orientate and identify the most pertinent experiences to be explored further using interpretative phenomenological methods (Mayoh & Onwuegbuzie, 2015).

Greene, Caracelli and Graham (1989) identify five primary motivations for mixing methods in research. Firstly, triangulation involves the use of more than one method or measure in the study of social science (Biggerstaff, 2012) and aims to increase validity and minimise bias of the data through the corroboration of results. Consistent with my epistemological and ontological standpoint, triangulation serves the purposes of confirmation and completeness of the data obtained. Next, complementarity allows the researcher to link different methods such that one enhances the other, in order to counteract the biases and weaknesses of single-method studies (Denzin, 1989). Thirdly, development uses the set of results from one method to inform the other. Fourthly, initiation allows the analysis to occur from different perspectives (Mayoh & Onwuegbuzie, 2015) and finally, expansion that serves to extend the scope of research by using different methods of inquiry. This also allows for more depth and breadth in understanding a phenomenon (McEvoy & Richards, 2006).

This conceptualisation provides a rationale for the mixed methods approach adopted in this study, and in line with my ontological and epistemological standpoints, substantiates the use of quantitative descriptive statistics in combination with interpretative phenomenology.

3.4 Mixed Methods Design

According to Tashakkori and Teddlie (1998), some researchers exploit mixed methods to use all possible ways to answer a research question, but in this case, it is employed more as a means to study a phenomenon from different perspectives. The mixing of methods involves the delicate synthesis on many levels of research, from the paradigmatic worldview, understanding of knowledge, to the choice of methods and analysis. Until recently, researchers have started to develop typologies or standards for mixed methods research, providing classifications for mixed methods, such as concurrent (simultaneously collecting qualitative and quantitative data), sequential (one method occurs before the other) and embedded designs (one method of data collection supports the other, such as intervention studies measuring change) (Creswell & Clark, 2007), with Bartholomew and Brown (2012) more specifically reviewing the literature on mixed methods in studies involving culture.

The method that is most suitable for addressing the research questions in this study is a ‘sequential explanatory design’ (Bartholomew & Brown, 2012). In this design, the quantitative results will be used to inform potential participants for the qualitative part of the study, more specifically to provide data through in-depth experiential accounts (Mayoh & Onwuegbuzie, 2015). I adopt this position based on my understanding of existing literature on the research topic and an awareness of quantitative tools that could be used in such a way, to inform and shape the qualitative component. On the other hand, the concurrent or embedded designs are less fitting of the aims of this study.

Several studies have adopted mixed methods approaches with similar designs to date (see Dean, Hudson, Hay-Smith & Milosavljevic, 2011; Mayoh, Bond & Todres, 2012; Tuicomepee & Romano, 2008). In this study, the sequential explanatory design will be used to strengthen the quantitative data using the qualitative data, where the quantitative findings can be explained by taking into account contextual influences (Bartholomew & Brown, 2012), mirroring the idea of triangulation, development and expansion. The results and analysis sections will be organised such that the quantitative and qualitative data are presented in the sequence that they have occurred, as other studies have done (see Allotey & Reidpath, 2007).

3.4.1 Descriptive Statistics

It has been established that in critical realism the context and meaning of events can be understood through description, including descriptive statistics. With a small group of participants representing each group (UK and Singapore), the aim of the quantitative data is not to generalise the findings, but rather, to provide some descriptive information of the phenomenon in question that may provide orientation as well as to identify a purposive sample for the subsequent phase. Thus, the data obtained at the quantitative stage will be analysed and presented using descriptive statistics.

3.4.2 Interpretative Phenomenological Analysis (IPA)

While a mixed methods design corresponded with the aims of this study, I was faced with the question of which qualitative approach would be most appropriate. Guided by my research questions, I was keen on detailing parents’ experiences of inclusion and exploring their personal perspectives within the two contexts. This fit the aims of IPA – to find out about “people’s understandings, experiences and sense-making activities” (Smith et al., 2009). However, I was uncertain if IPA would be compatible for use across the two contexts in this study. It was helpful to note that Smith et al. (2009) highlighted the use of IPA to study a phenomenon from multiple perspectives, which supports triangulation and to develop a multifaceted account. In addition, Larkin suggested that the samples in this study could be considered to provide two perspectives on an underlying phenomenon (personal communication, 22 July 2015). Multi-perspectival designs continue to retain the phenomenological and hermeneutic theories of IPA, while also building on conceptualisation at the systemic level, uncovering views at the contextual and individual levels (Larkin, Shaw & Flowers, 2015).

IPA offers a study of meanings, experiences and subjectivity by engaging with participants in their experience, examining in detail participant accounts. Three key aspects of philosophy contribute to IPA – phenomenology, hermeneutics and idiography.

3.4.2.1 Phenomenology

One of the major philosophers in phenomenology was Husserl, the founder of the phenomenological approach. Phenomenology is the study of human experience, and Husserl was interested in developing a method where individuals could make sense of their own experience of a phenomenon, or the content that is consciously experienced. Thus, the aim of phenomenological philosophy is to develop a better understanding of the individual's experiences (Giorgi, 2009), based on their subjective and conscious awareness (Smith et al., 2009) that can be used to form qualitative data in the study of a particular phenomenon. Husserl also introduced the idea of 'bracketing', which is to contain or separate the objects in the every day world so as to focus on the perception of the world in consciousness (Husserl, 1927). Husserl talks about a series of phenomenological 'reductions', to hold off one's own assumptions about the world, in order to reach back into the 'essence' of the subjective experience.

Heidegger started his career as a student of Husserl, and had influence on phenomenology and hermeneutics. Heidegger used the term 'Dasein' to describe the distinctive position of 'human being' and believed that this 'being' is inherently subjected to the pre-existing world, including people, culture and objects that cannot be meaningfully separated (Heidegger, 1962). His view is particularly pertinent within this piece of research, in that participants in the two contexts will have subjective experiences within different pre-existing worlds. Also relevant is the phenomenological concept of 'intersubjectivity', the view that the person is always a 'person-in-context', and which refers to the relational disposition that the person has with the world. It accounts for our ability to relate with and make sense of each other (Smith et al., 2009).

3.4.2.2 Hermeneutics

The next aspect of philosophy underpinning IPA is hermeneutics. Hermeneutics is the theory of interpretation. Heidegger (1962) highlighted that Dasein is accessed through the use of interpretation, using ‘logos’ to describe analytical thinking in surfacing the phenomenon as well as the supplemental activities that are involved from the discourses. The hermeneutic circle is an important concept, which describes the dynamic process of interpretation occurring at different levels, from the part and the whole and vice versa. Within IPA, there is also the use of ‘double hermeneutics’ (Smith & Osborn, 2003). This refers to the researcher’s interpretation of the participant’s account, where the participant is making sense of his or her experience of a particular phenomenon.

3.4.2.3 Idiography

The third philosophical foundation for IPA is that it is idiographic, which is the investigation of individuals in detail and depth. In IPA, this analysis occurs in a systematic and thorough manner (Smith et al., 2009). Further, IPA is interested in the particular, of the experiential phenomena from particular people in certain contexts. Thus, small sample sizes are often chosen to examine particular cases in greater depth.

To summarise, IPA is a method to get closer to a person’s lived experience, which can be understood by making sense of the meanings that individuals bring to consciousness. By employing IPA in this study, I endeavour to provide an account for common themes between participants as well as to draw out the unique contributions from individual participants (Smith et al., 2009).

3.5 Procedure

3.5.1 Ethical Considerations

Ethical approval for this study was obtained from the University ethics board (see Appendix A for letter of approval). Ethical considerations such as informed consent, minimising potential harm, ensuring well-being of participants and data confidentiality and storage were addressed before the commencement of the study.

Participants were provided with a copy of the Invitation Letter (Appendix B) Participant Information Sheet (Appendix C) and Participant Consent Form (Appendix D), and could contact the researcher directly via email or telephone before consenting to participating in the study. In the event of any unresolved issues, the Supervisor's and Head of Department's email addresses were indicated in the Participant Information Sheet as a precautionary measure.

The research could potentially involve discussion around topics that may be sensitive to participants. Appropriate care, researcher reflexivity and consciousness were steps taken to safeguard participants' well-being and minimise any psychological distress. Participants were reminded of confidentiality, anonymity and data access and storage at the start of both parts of the study. Interviewees were given the opportunity to discuss any distress they had at the end of the session so that it could be addressed.

However, no particularly distressing issues were raised after the interviews. The contact information of the researcher was once again furnished in the event of issues arising as a result of the study.

The next section details the procedures taken in the quantitative phase followed by the qualitative phase in the order they have taken place.

3.5.2 Part One: Quantitative Phase

Measure

The Parent Attitudes to Inclusion (PATI) scale is a self-administered questionnaire developed by Palmer, Borthwick-Duffy and Widaman (1998) to gather parent perceptions towards inclusion of their children with significant cognitive difficulties. The 11-item scale takes into consideration the multidimensional nature of parental attitudes towards inclusion practices and can be grouped on three dimensions, namely the quality of educational services, mutual benefits for the included child and other peers, and socio-emotional aspects of peer acceptance and self-feelings (Palmer et al., 1998).

It would be important to highlight that although the parents responding to this study will have a range in the type and severity of SEN that may not be analogous to population of ‘significant cognitive difficulties’ for whom the PATI was designed for, the rationale for selecting the tool is to generate a general indication of parental attitudes towards inclusive education. Moreover, it is not an intention of this study to compare the findings to the statistical norms found in the USA.

The PATI was established to be one of the more reliable attitudes scales of inclusion, administered to a large sample in the USA, found to be sensitive to school, family and child elements (Palmer et al., 1998). In addition, the PATI has been used in different countries and contexts, with adaptations made using similar methods of content validation. It has been used in Australia with parents of children with autism (Stanley, Grimbeek, Bryer & Beamish, 2003), and translated into Malayalam and used in India (Ahuja & Sunish, 2013). Based on the premises that the PATI has been adapted for use in different countries and contexts to elicit parents' attitudes towards inclusion, it was identified as an appropriate tool to be used in this study. Other surveys considered were either longer than the PATI, part of a larger study such as teacher attitudes, or measured aspects such as policies and practices beyond the scope of this research (Booth & Ainscow, 2002; Bennett, Deluca & Bruns, 1997).

Pilot Study

The literature within cross-cultural studies has shown that there is no uniform consensus about how an instrument can be best adapted to a different culture (Borsa, Damasio & Bandeira, 2012). The aim of the pilot study in this phase was to determine whether the PATI is appropriate for use across both cultures and to check that it may be properly adapted for the purposes of this study, minimising threats to its validity. As the scale has been established and used by other researchers, it will be beyond the scope of this research to construct a new scale. The goal of this pilot study was to make reasonable modifications to the existing scale, resulting in one questionnaire that could be used in both settings.

The pilot study involved an examination of the constructs in the PATI, to be informed whether the questions and language used are relevant and meaningful to participants from both contexts. At this stage, the piloting of the PATI was to check the appropriateness and accessibility of this tool, as a whole and at the item level, for use in the UK and Singapore. Qualitative feedback was taken from an Educational Psychologist (EP) and a parent in each context. Participant inputs were taken into consideration to rephrase items or change key words that were thought to be irrelevant or problematic.

Feedback from Educational Psychologists

The scale was given to one EP in the UK and one EP in Singapore. Their valued judgements of the scale were sought because EPs have a good understanding of the educational field and are well informed about the narratives and language around SEN that are currently employed and deemed acceptable. The main suggestions raised by the two EPs were:

- Standardise the language used, for example to consistently use ‘regular’ instead of ‘mainstream’ education
- Clarify certain terminologies in an introduction, such as what constitutes ‘regular’ or ‘mainstream’ students and students with ‘special needs’

In response to the standardisation of language, I chose to consistently use ‘regular education students’ instead of ‘nondisabled students’. The original scale used the term ‘regular classroom’, which I had considered changing to ‘mainstream classroom’. However, I was keen for parents to incorporate their personal understanding of the types of education and classrooms that were available and how they distinguished them, and was concerned that ‘mainstream’ may be over-prescriptive or suggestive for parents in both contexts. It was also reason to conserve the original terminology used in the scale without deviating unnecessarily. One EP also raised the fact that the terms used were subject to individual interpretation and may need some clarification around what the researcher is actually referring to. Drawing back to my epistemological stance, I was interested in the definitions that parents have independently constructed and thus would not be co-constructing their interpretations of inclusion at this stage.

Feedback from Parents

Upon incorporating the suggestions from the EPs, the next piloting stage involved seeking inputs from parents who met the inclusion criteria, one from UK and one from Singapore. Some additional details were asked before the scale was presented, including:

- Parent’s name and contact number (to be able to contact participant if they agree to an interview)
- Child’s date of birth and year group
- The type of additional support that their child accesses

The questionnaire was administered in the same way it would have been to participants of the study. Once the pilot participants completed the questionnaire, they were asked for feedback. Parents expressed the following:

- They were clear about what they were asked to do and found the questionnaire accessible and understandable.

- A parent felt that her responses were dependent on the type and level of support that the child was receiving, and this could change in a different setting.
- A parent was concerned about what was meant by ‘severe disabilities’, which is referenced twice on the scale.

Overall, it was possible to make reasonable adjustments to the PATI that resulted in one questionnaire that could be applicable to participants responding in both settings based on the outcomes of the pilot study. The additional concerns raised by parents were similar to the EPs’ in that there was some looseness in the terms presented on the scale, but it was the intention to leave room for the respondent’s interpretation.

Procedure

The inclusion criteria for parents to participate in this study was:

1) Parent of a child who accesses additional educational support
2) Child is between the ages of 3 years to 6 years 11 months, and
3) Child is attending a formal educational setting

Participants in the UK were recruited from schools with the assistance of a member of staff familiar with students on the SEN register, mainly SENCOs but included Head Teachers and one inclusion manager. An invitation letter, Participant Information Sheet, Participant Consent Form, and the attitudes questionnaire (Appendix E) were distributed to eight primary schools with an early years unit, the target group for this study. Participants in Singapore were recruited through various platforms of social media, such as parent forums and online support groups, and a centre providing EIPIC services.

Sixteen parents from the UK and 16 parents from Singapore responded to the questionnaire. Two responses from the UK and two from Singapore were omitted from the analysis because their children's ages were below the age of three (*n* = 1), above the age of seven (*n* = 2), or could not be derived (*n* = 1).

The number of participants who were recruited was adjusted from the original proposed thirty in each context, based on the number of responses that were received from schools in the UK during the period of data collection. Similar numbers of participants responded in the Singapore context through the help of an EIPIC centre. Although the number of participants obtained was fewer than planned, it was deliberated that the quantitative data would serve the purpose of providing a sample for Part Two of the study, and the fact that it was not an intention of this study to generalise the results that the recruited numbers were retained.

The final UK sample consisted of 11 mothers, one father, one grandmother and one foster carer who responded to the study. The Singapore sample consisted of 11 mothers and three fathers.

Preliminary analyses of parental responses on the scale were conducted to identify potential participants to take part in a semi-structured interview for the qualitative phase of the study as part of the sequential explanatory mixed methods design.

3.5.3 Part Two: Qualitative Phase

Participants

Three respondents from the UK and three respondents from Singapore participated in the second part of the study in a face-to-face semi-structured interview. Participants were identified based on their responses on the scale, and parents with most positive responses and attitudes towards inclusion were contacted if they had indicated their interest for a follow-up interview. In IPA, homogeneous sampling is advocated, defined by the purposes of the study and given allowance for practical considerations (Smith et al., 2009). The rationale for obtaining a group of participants with attitudes that were relatively ‘most positive’ within the sample was to achieve an aspect of homogeneity. It also served the purposes of answering the research questions, to draw out the factors that these participants find to be supportive in their experience of the inclusion of their child with SEN in preschools.

Due to the time limitations of this study as well as my locality moving back to Singapore from the UK in August 2015, participants were selected based on the ‘best fit’ for the study. Participants’ scores on the PATI were ranked from the highest to lowest (most positive to least positive). The selection criteria also included whether they have opted to be contacted for an interview, and their eventual agreement and availability to meet with the researcher.

Part Two: UK

Having a limited number of participants to choose from and trying to conduct interviews within a period of time were key considerations for Part Two of the data collection. I was conscious that over my training as a trainee EP in the

UK, I have had regular opportunities to practice having conversations with parents as part of my role and tried to incorporate the skills into my interviews. Although it would have been ideal to have practiced the interview schedule with one of the respondents of the study, I was aware that I could not afford to lose participants' interview data, especially those who ranked more positive in attitudes, unless further justified. As a result, the first interview was conducted in the UK with a parent who was ranked third most positive without a pilot interview (Interview 'UK1'). The outcome of the interview turned out well, with the parent's in-depth sharing of experiences that the data did not have to be discarded on the grounds of the researcher's lack of rehearsal of the interview schedule.

I continued to be reflexive during the research process, particularly after each interview. Immediate notes were made after each interview as a reflective exercise as well as to document any initial thoughts. This was looked back upon during the analyses. The next participant (UK2) ranked fourth most positive in attitudes. The third interviewee was a mother who moved from another country to live in England about six years ago. English was her second language and although she was able to converse in English, there were times during the interview when she requested for clarification around the terminologies. This would have prematurely introduced the researcher's influence on her conceptualisation of terms. In addition, much of the language had to be reduced and simplified, such as changing 'regular school' to 'normal school', to the extent that it would have been difficult for the parent to express her perceptions of the inclusion phenomenon independently. Thus, this data set will not be included in the study. A fourth interview was conducted to be included in the study. The participant was a second-generation Pakistani father, ninth in rank on the PATI (UK3).

All interviews were conducted within the participants' homes in a conducive space.

Part Two: Singapore

Table A1 provides a summary of the data collection process in the UK and Singapore.

The interview process in Singapore began in October 2015 after the data collection of Part One was complete. One of the concerns for conducting the interviews in Singapore was whether there would be differences in the way participants would respond in an interview, for example, requiring more prompts, as this would raise important issues to reflect on as a researcher. Thus, a pilot interview was conducted with the participant who responded with the least positive attitudes, who would not meet criteria for inclusion in Part Two of the study. The aim of this pilot interview was to practice the interview schedule and technique with a participant within a context that the researcher was familiar with, yet uncertain of the potential difficulties and differences that may arise from the interaction. The initial concerns were unwarranted; the participant contributed her views and experiences like the UK parents without the need for additional prompts using the same interview schedule.

There were relatively more Singaporean parents (n = 5) who disagreed to being contacted for a follow-up interview in comparison to the UK sample (n = 1). There were similar constraints in selecting participants as in the UK in relation to the small sample size and the limitations of time. Although it was a concern that participants may not be matched on every measure to achieve complete homogeneity between and within the samples, measures were taken to review recruitment during the data collection process (Smith et al., 2009) to maximise the possibility of similar samples. Consideration for participants to take part in an interview was prioritised according to their 1) agreement to be contacted for Part Two of the study, 2) overall score on the PATI, and 3) availability and agreement to schedule an interview.

The first participant to be interviewed and included in the qualitative study was ranked eighth on the attitudes scale (Interview ‘SG1’). The next participant was ranked sixth, but there were issues that arose during the interview that was problematic for inclusion into the final data. In ways similar to the UK participant, English was a second language for the parent and whilst she was able to converse, she was trying very hard to express herself in English and needed further simplification and elaboration on the questions before she responded. Moreover, she was very keen for me to interview her sister-in-law, the child’s aunt, whom she was confident knew and understood her very well. In an attempt to gain a fuller understanding of the child and the family’s experience, the child’s aunt was also interviewed. It was apparent that the aunt was able to articulate much of their experiences of inclusion over and above that of the parent. However, due to the complexities of this interview involving the interpretations of two individuals, this set of data will not be included in the sample.

Another interview was conducted with a participant ranked seventh on the scale (SG2). The final interviewee scored most positive on the scale within the Singapore responses (SG3). The participant was initially unable to agree to an interview due to her busy schedule, but was able to participate towards the later part of this study, upon reviewing recruitment during the data collection process.

Similar to the UK participants, participants in Singapore were invited to meet at a location convenient to them and conducive for an interview. Of the final sample, one interview was conducted in the participant's home (SG1) while two (SG2 and SG3) were conducted in an outdoor location where the participants preferred to meet.

The final sample of interviewees and their characteristics are presented in Table A2.

Interview Questions

An interview schedule was developed based on the research questions, using open-ended questions and moving through more descriptive questions towards more evaluative ones (Smith et al., 2009). Reference was also made to the participant's responses on the items on the scale, for the purposes of triangulation (corroboration of results), development (enhancing the results from one method to the other) and initiation (allowing analysis from different perspectives) in mixed methods. The set of interview questions are presented in Appendix F.

Procedure

At the start of the interview, I introduced myself as an EP in training and explained that I was interested in the inclusion of children in preschools, in the UK and Singapore. Issues around the maintenance of anonymity and data protection were addressed and reiterated, although participants had signed the consent form in Part One of the study. Permission was sought from participants to voice record the interview for the purposes of transcription and only the researcher would have access to the recording. At the end of the interview, participants were asked how they felt about the interview, and if they had any questions or issues arising from the interview that required addressing. The researcher's contact information was also provided so that they had a point of contact in the event they required any support as a result of this study.

After each interview was conducted, the researcher's thoughts and reflections were recorded to facilitate reflexivity in the research process. The interviews were transcribed shortly after each interview occurred to be able to reflect on the questions and phrasing that the researcher used and think about how it might be improved for the next interview, as well as to recall the manner in which things were said.

Analysis

The analysis adopts the general structure and strategies recommended by Smith et al. (2009), moving from an individual level to a broader shared understanding, and from the descriptive to the interpretative. Importantly, the stages are iterative and have been used dynamically and multi-directionally as reflective of the hermeneutic circle in IPA. Table A3 describes the steps taken in the data analysis process (Smith et al., 2009).

As Smith et al. (2009) highlighted, the analysis extended into the writing phase as the interpretation developed and the subtleties could be further extracted by re-engaging in step 6 of the analysis. This provided the opportunity to reconfigure the themes that could better encapsulate the individual uniqueness and shared concepts of the accounts. The sample compilation of transcripts in Appendix H illustrates part of the analysis of the Singapore participants' accounts (step 6), and shows how some of the themes have been relabelled when presented in the Results and Discussion sections during the writing up.

3.6 Issues of validity and reliability

In this section, I will address the issues around validity and reliability and the steps that have been taken to strengthen the research throughout the research process. One of the challenges in cross-cultural research is that of transferability and generalisability. The results found in one culture may not apply in exactly the same way when studied in another culture. However, the issues around cultural validity has also been addressed alongside threats to validity in mixed methods research (Cohen, Manion & Morrison, 2011) as next described.

Cohen et al. (2011) suggest some steps that may be taken to minimise the threats to validity. During the process of selecting an appropriate attitudes scale, consideration was given to content validity and whether the scale addressed the research question. The tool has been established by the authors to be a reliable measure of parental attitudes, as well as validated in other countries. The validity of the survey instrument was examined through a pilot study for its use in both contexts, a method recognised to establish the validity of tools in comparative designs (Hines, 1993).

During the pilot study, steps were taken to check the validity of the constructs within both settings with professionals and pilot participants. A single questionnaire resulted for the collection of data from both the UK and Singapore. Other issues of validity within this study include response bias, where participants from different cultures provide responses that are systematically different, and problems of equivalence, where the same meaning is given to constructs and language between both cultures. In recognition of these issues, caution is taken not to generalise claims based on the findings.

Issues of reliability are applicable to both quantitative and qualitative research. Reliability refers to the consistency of findings from instruments and participants if the study was replicated. Although the concept of reliability is largely associated with positivism, there are also ways in which qualitative research is concerned with issues of dependability and trustworthiness

(Cohen et al., 2011). Due to the small sample size of this study, descriptive statistics will be used for the quantitative aspect where issues of reliability including stability, equivalence and internal consistency are less applicable in this study, but may be more relevant if the study were to be extended to measure consistencies in the PATI. Reliability and validity were managed during the interviews by using a semi-structured interview schedule, maintaining rapport with the participant, and consistent recording of transcripts (Oppenheim, 1992). The limitations due to issues of validity and reliability will be discussed in Chapter 6.

Chapter 4: Results and Analysis

In this section, the results from the analysis of quantitative and qualitative data will be presented. The results will be aimed at answering the research questions. Following a sequential explanatory mixed methods design, where preliminary quantitative data is used to provide an orientation to the phenomenological phase (Mayoh & Onwuegbuzie, 2015), descriptive statistics derived from the quantitative phase will first be presented, followed by the analysis of the interviews using Interpretative Phenomenological Analysis (IPA).

4.1 Quantitative Results

The quantitative data is intended to address the following aspects of the research:

a) What are parents' general attitudes towards inclusion in the UK and Singapore?

b) What are parents' perceptions of inclusion on the dimensions of quality of educational services, mutual benefits of inclusion, and child acceptance and treatment?

4.1.1 Descriptive Information of Participants' Children

Responses from fourteen parents in the UK and 14 parents in Singapore on the PATI were included in the final sample for the quantitative data. This section will provide the descriptive statistics of the profile of children included in Part One of the study.

Table 4

Gender distribution of children included in the study

		UK	Singapore
Gender	Male	9	12
	Female	5	2

The data in Table 4 shows that there were comparatively more boys whose parents responded to the PATI in both contexts. In particular, there were only two girls who formed part of the Singapore data. This will be further explored in the discussion section.

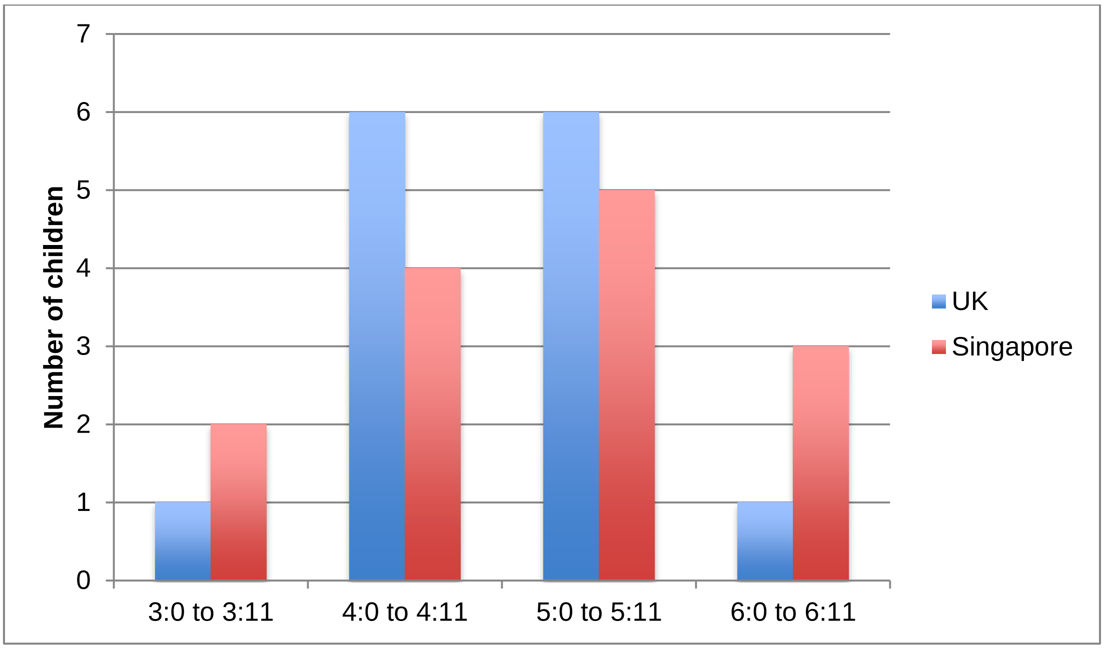

Figure 1. Age distribution of children included in the study.

The ages of participants' children from the UK ranged from 3 years 9 months (3:9) to 6 years 5 months (6:5), while responses from Singapore consisted of a wider range from 3:3 to 6:6. The range of ages of children included in the study showed a similar pattern in both countries, where the majority of participants' children, 86% and 64% from the UK and Singapore respectively, fell between the ages of 4:0 to 5:11. There were a higher number of responses from Singapore within the 6:0 to 6:11 age range. One possible account for this is the difference in ages that children are in preschool, with children in Singapore attending preschool until the age of 6, which is the age of entry into Year One in the UK.

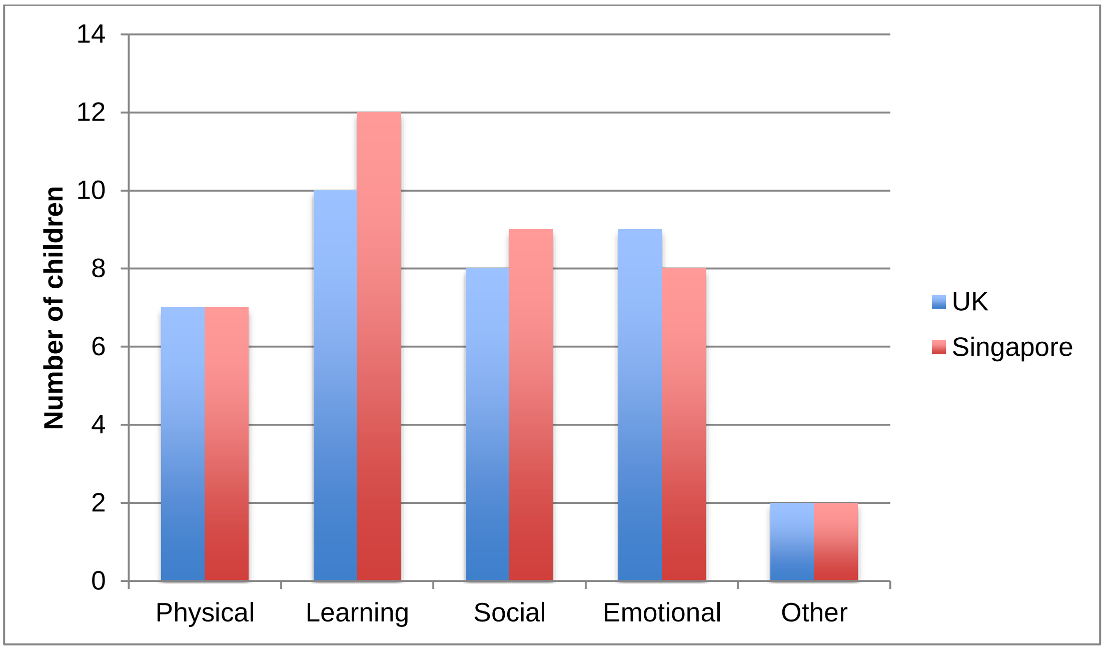

Figure 2. Types of additional support that child accesses.

The type of additional support that parents indicated their child accesses showed similar trends in the UK and Singapore within this sample. This information was a useful indication that the children represented in Part One of the study did not have disparate types of need across contexts, and were accessing additional support that could be categorised into the types provided. For both contexts, the most frequently indicated type of additional support was in 'Learning'. This is followed by approximately equal numbers of children accessing social and emotional support, and finally, the same numbers of children receiving physical support. Two respondents in the UK ticked the ‘other’ category, one for a speech and language delay and the second for speech dyspraxia and mild ataxia. Two parents from Singapore indicated a diagnosis of autism under the ‘other’ category.

4.1.2 Parents’ Attitudes to Inclusion

This section will focus on parents’ responses on the PATI that will describe their attitudes towards inclusion.

In the original PATI questionnaire (Palmer et al., 1998), participants responded on a 6-point Likert scale, ranging from 1 (strongly agree) to 6 (strongly disagree). The same Likert scale was adhered to in this study. For the ease of making sense of the data when comparing across contexts, the scores in this study will be reversed such that a higher score will reflect a more positive attitude as the authors of the original PATI have done (Palmer, et al., 1998). This was done by reversing the scores on items 1, 3, 7, 8, 10 and 11. The median (Mdn) score indicating the middle score among the 14 responses, and the interquartile range (IQR) which is the difference between quartile three (Q3) and quartile one (Q1) where the middle 50% of data falls, are reported. The top and bottom whiskers represent the maximum and minimum ratings provided by participants on an item respectively.

The authors of the PATI established three dimensions of the scale – quality of educational services, mutual benefits of inclusion, and child acceptance and treatment. In order to derive scores that were representative of participants’ overall attitudes towards inclusion that could be ranked for the selection of participants for Part Two of the study, scores were combined across all three dimensions to obtain an ‘overall attitude score’. As such, with 11 items on a 6-point scale, attitude scores can range from 11 (least positive) to 66 (most positive).

Participants were ranked based on their scores from the most positive attitude to the least positive attitude, by country. This is reported in Table A5. U05 and U12 were excluded from the UK data due to the child’s age being above (7:3) the criteria and below (2:10) the criteria respectively. Participant S05 was excluded from the Singapore data due to the child’s age being above the criteria (7:5) and S14 because the child’s date of birth was not reported and age could not be computed.

Participants who formed the final group of interviewees are indicated in bold (U11, U02, U06, S10, S09 and S04), to show their attitude ranking and scores within the group. Interviewees were re-labelled with identification codes according to their country and interview number, as indicated in parentheses, for ease of reference in Part Two of the study.

Based on the summary of scores in Table A5, the attitude scores of respondents from the UK ranged from 37 to 66, and respondents from Singapore ranged from 34 to 52. The overall attitude scores of participants in the UK and Singapore are illustrated in Figure 3.

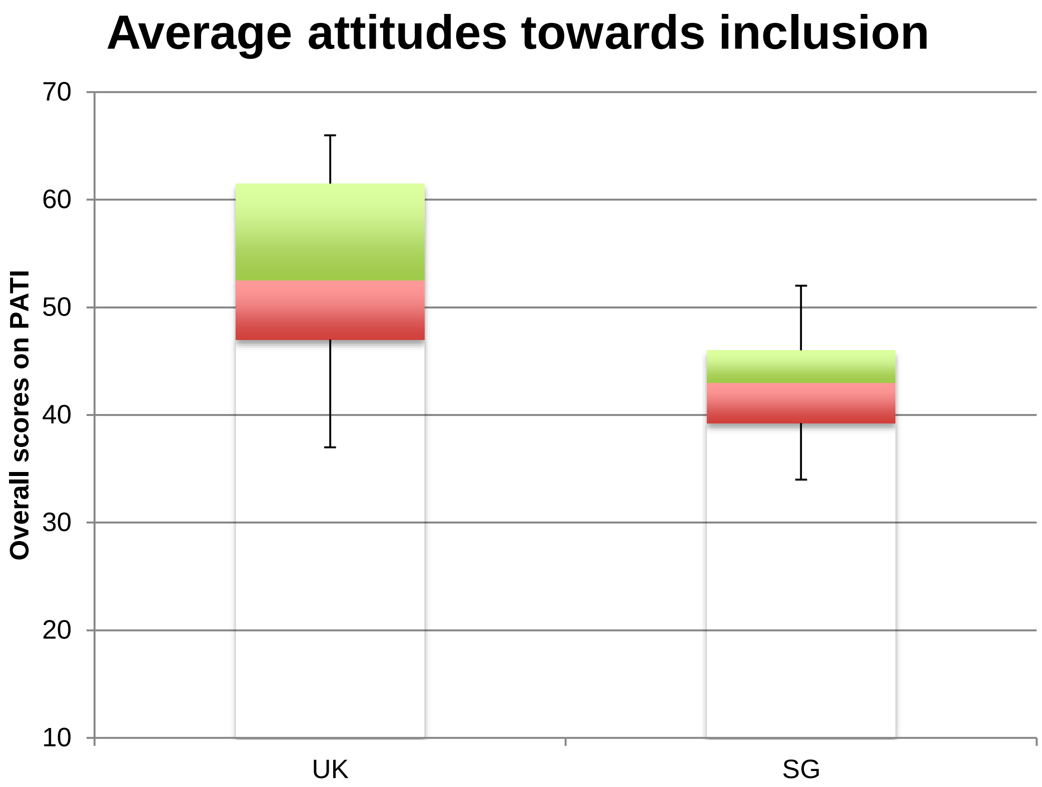

Figure 3. Box and whisker plot of overall scores of respondents from the UK and Singapore.

On the whole, participants in the UK had higher scores on the PATI (*median* = 52.5, *IQR* = 14.5) than participants in Singapore (*median* = 43, *IQR* = 6.75), reflecting more positive attitudes towards inclusion than the participants from Singapore. However, the higher IQR for the UK responses shows a larger spread of scores within the UK group than the Singapore group.

The next few sections will elaborate on the quantitative findings when items are grouped to form the three dimensions on the PATI, comparing the responses between countries. For ease of comparing the attitude scores between countries, the data reported in the box and whisker charts reflect attitudes on the rating scale (reverse scoring has been applied), where a higher value represents more positive responses to the item. More specifically, attitude rating scores are semantically referenced where a score of 6 represents ‘Highly Positive’, 5 ‘Positive’, 4 ‘Somewhat Positive’, 3 ‘Somewhat Negative’, 2 ‘Negative’ and 1 ‘Highly Negative’. Thus, a score below 4 (i.e. 3.5 and below) is considered to fall in the negative range. When comparing rating scores between countries, a difference of more than one point between medians (i.e. 1.5 and above) is considered notable.

On all of the 11 items on the PATI, UK respondents consistently gave scores that demonstrated more positive attitudes as compared to Singapore respondents, and none of the items showed an inversed pattern. This is consistent with the hypotheses in Palmer et al.’s (1998) study where participants with more positive scores on one dimension were also expected to score more positively on the other dimensions.

4.1.3 Quality of Educational Services

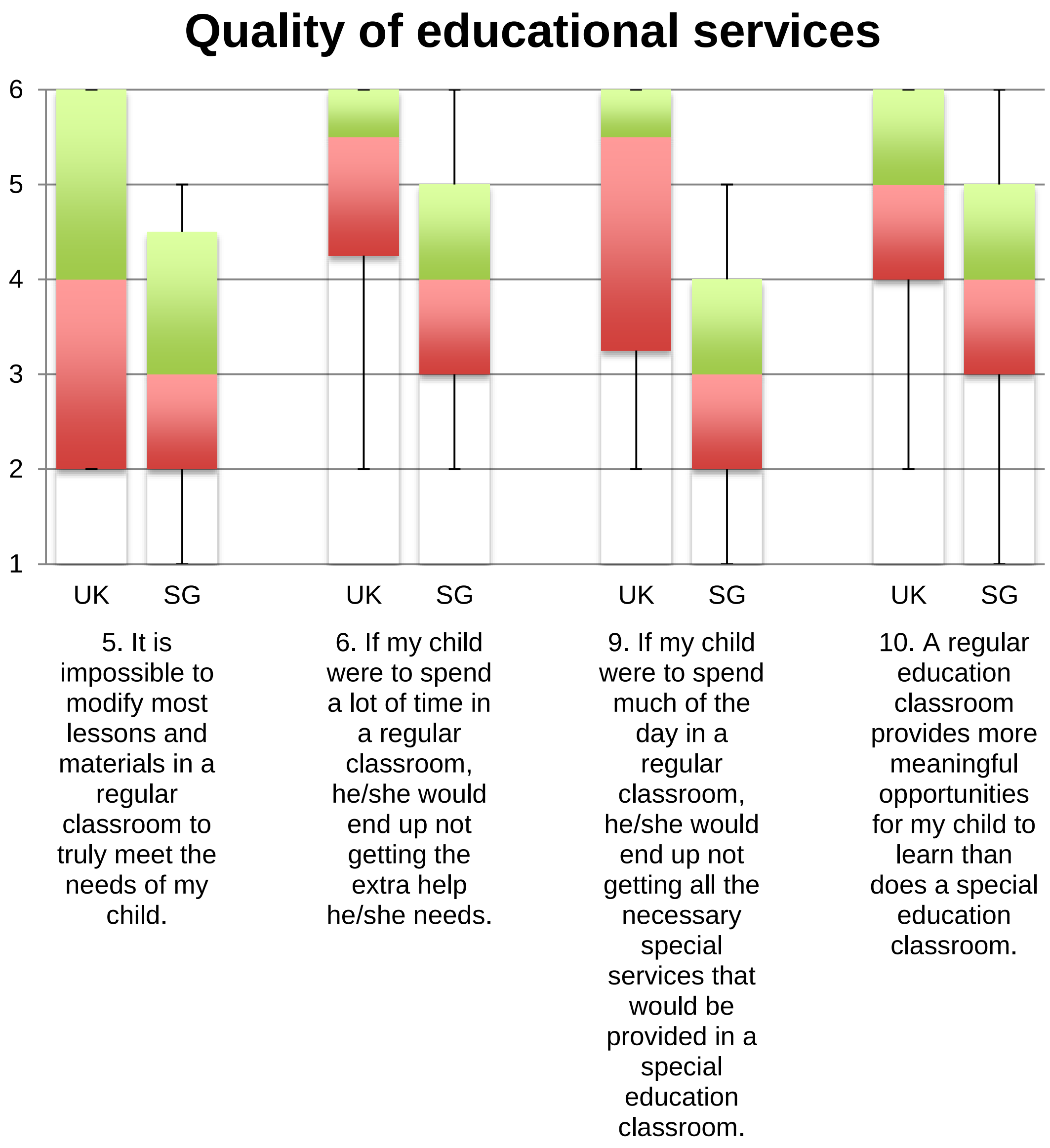

Figure 4. Attitude ratings on the quality of educational services.

A summary of raw scores for ‘quality of educational services’ is provided in Table A6 and illustrated in Figure 4. Within the quality of educational services dimension, parents in the UK held positive attitudes that their child would be able to access extra help (*Mdn* = 5.5, *IQR* = 1.75), special services (*Mdn* = 5.5, *IQR* = 2.75) and have meaningful opportunities in the regular classroom (*Mdn* = 5, *IQR* = 2) (items 6, 9 and 10). They responded somewhat positively to the possibility that lessons may be modified to meet the needs of their child (*Mdn* = 4, *IQR* = 4) (item 5). In fact, this item obtained the lowest rating from parents in the UK.

Parents in Singapore had somewhat positive attitudes to their child receiving extra help (*Mdn* = 4, *IQR* = 2) (item 6) and getting more meaningful opportunities (*Mdn* = 4, *IQR* = 2) (item 10) in the regular classroom. They held somewhat negative attitudes towards the possibility of modifying lessons in the classroom for their child (*Mdn* = 3, *IQR* = 3.5) (item 5) and that their child would be able to access the necessary special services available in the special education classroom (*Mdn* = 3, *IQR* = 2) (item 9). These two items obtained the lowest ratings from parents in Singapore.

It is also interesting to note that parents from the two contexts showed the largest difference in median scores on item 9 (2.5 points), around the access to the necessary special services in the regular classroom that would otherwise be provided in a special education setting. This difference is contributed both by a highly positive rating from UK parents and somewhat negative rating from Singaporean parents about their child’s access to special services within the regular classroom. Another item with notable differences (1.5 points) between parents from both contexts is that of their child getting the extra help required from spending a lot of time in the regular classroom.

4.1.4 Mutual Benefits of Inclusion

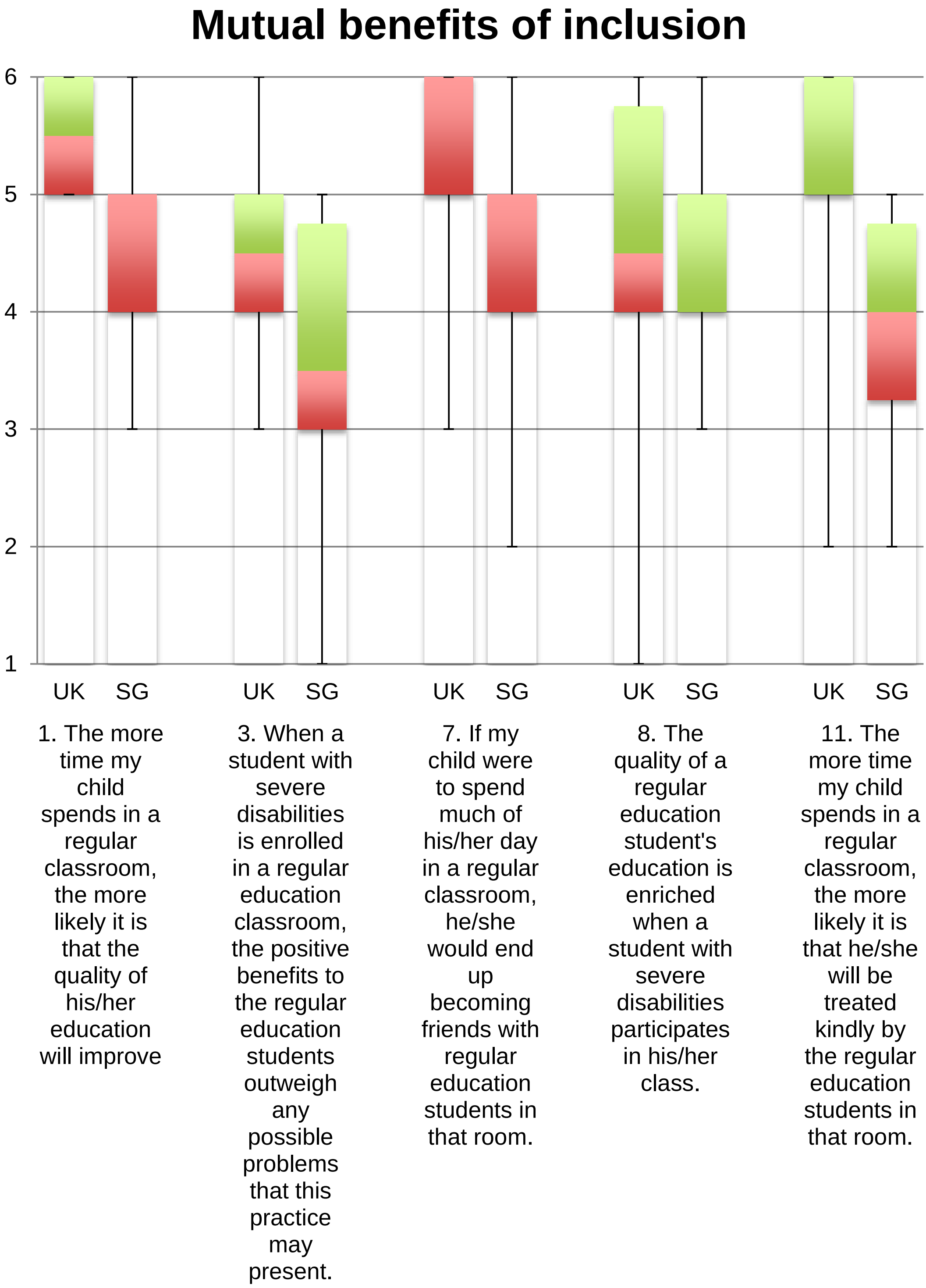

Figure 5. Attitude ratings on the mutual benefits to inclusion.

A summary of raw scores for ‘mutual benefits of inclusion’ is provided in Table A7 and illustrated in Figure 5. The most positive scores provided by parents from the UK and Singapore on the PATI fell under the mutual benefits to inclusion dimension. Both groups of parents held the most positive attitudes on items 1 and 7. Parents felt highly positive that their child’s quality of education would improve in the regular classroom (UK: *Mdn* = 5.5, *IQR* = 1 and Singapore: *Mdn* = 5, *IQR* = 1) (item 1) and that he/she would become friends with other regular education students (UK: *Mdn* = 6, *IQR* = 1 and Singapore: *Mdn* = 5, *IQR* = 1) (item 7).

Out of the 11 items on the PATI, parents provided similar somewhat positive scores around the better quality of education for regular education students when a student with severe disabilities participates in their class, as demonstrated by the UK (*Mdn* = 4.5, *IQR* = 1.75) and Singapore (*Mdn* = 4, *SD* = 1) (item 8). While parents in the UK were somewhat positive about larger benefits to the regular education students than problems (*Mdn* = 4.5, *IQR* = 1), Singapore parents held somewhat negative attitudes towards this item (*Mdn* = 3.5, *IQR* = 1.75) (item 3).

4.1.5 Child Acceptance and Treatment

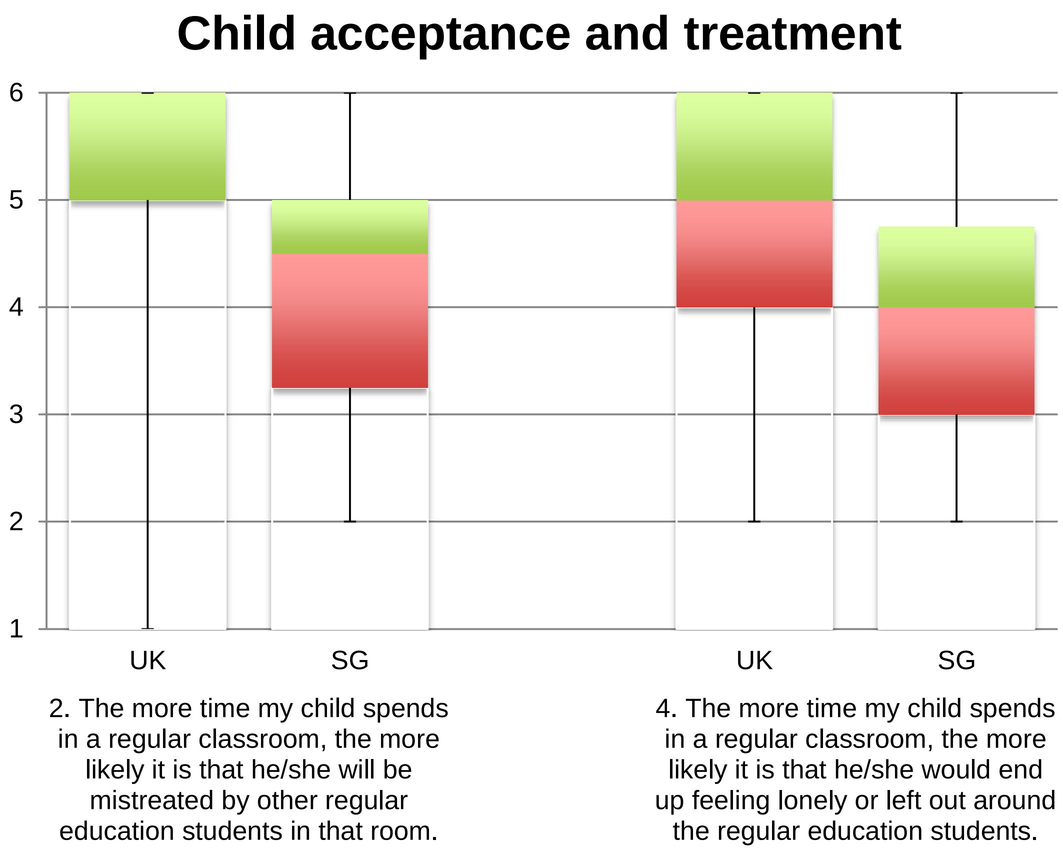

Figure 6. Attitude ratings on child acceptance and treatment.

A summary of raw scores for ‘child acceptance and treatment’ is provided in Table A8 and illustrated in Figure 6. Parents who took part in the study held positive attitudes towards the acceptance and treatment of their child in the regular education classroom. The UK participants (*Mdn* = 5, *IQR* = 1) felt that other regular education students in the classroom would not mistreat their child, as did participants from Singapore (*Mdn* = 4.5, *IQR* = 1.75) (item 2). Parents from the UK (*Mdn* = 5, *IQR* = 2) had positive attitudes that their child would not feel lonely or left out by other regular education students, while respondents from Singapore trended towards somewhat positive (*Mdn* = 4, *IQR* = 1.75) (item 4) on this item.

4.1.6 Summary

Overall, the UK respondents demonstrated more positive attitudes than the Singapore group consistently on all 11 items on the PATI. In addition, participants showed some similarities in their perceptions of inclusion, as they provided the highest scores on the same items (1 and 7) and approximately the lowest scores on item 5. This could indicate similar patterns of attitudes towards inclusion in both contexts, with the UK group having a higher median and a wider spread of data as compared to the Singapore group.

4.2 Qualitative Results

This section aims to present the findings from the participant accounts as analysed using an interpretative and phenomenological approach in a narrative format. The qualitative data is intended to address the following aspects of the research questions:

a) What are parents' experiences of inclusion of their child with SEN in the early years setting?

b) What factors do parents find supportive in the inclusion of their child with SEN in the early years setting?

It would also be appropriate to state that all identifiable information have been changed, including participants and children names, names of schools and organisations, to ensure anonymity.

4.2.1 Super-ordinate Themes

The UK and Singapore data sets were analysed separately and will be presented in succession in this chapter. The super-ordinate themes that emerged from both sets of data overlap, based on the way the findings have been systematically organised. However, there was variation in the sub-ordinate themes that emerged from each context.

Based on both sets of analyses, the way that parents made sense of their experience of the inclusion of their child in preschools could be represented by five super-ordinate themes, namely 'parental support and concerns', 'within-school support', 'input from external agencies', 'government policies and systems' and 'community acceptance and awareness'. The themes have been arranged in the order that they will be elaborated on in the text, starting from a personal perspective and moving towards factors within the wider society, as illustrated in Figure 7.

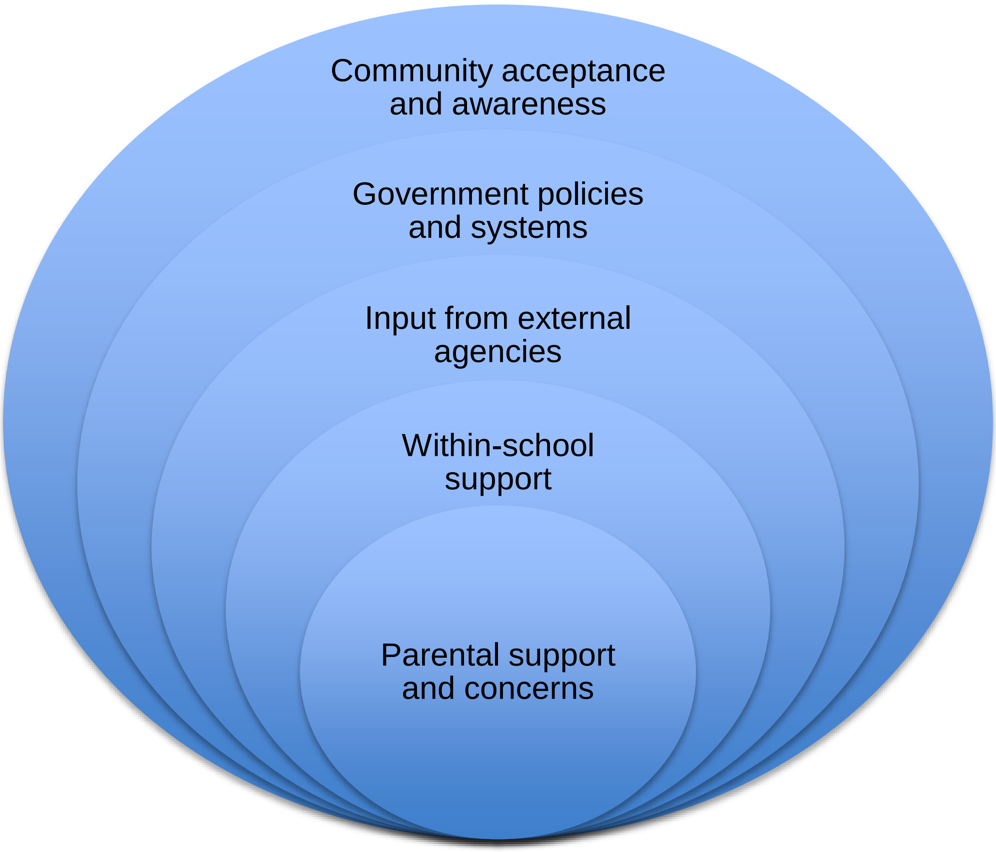

Figure 7. Representation of super-ordinate themes from the UK data.

However, the themes should not be taken to be mutually exclusive as they are closely related to each other in parents' experience of the inclusion of their child. The themes have not been ranked to indicate any form of hierarchy or order of importance, but rather is a representation of how they have been constructed in this study to offer some clarity. Thus, it would be important to consider the themes in association to other themes and not in isolation as is reflective of the hermeneutic circle (Smith et al., 2009), in order to build a multi-dimensional, holistic understanding of the lived experiences with depth and breadth. The sub-ordinate themes that have been included adhere to the recommendation by Smith et al. (2009) where they are substantiated by at least half (two out of three) of the participants to support the claims.

The findings from both contexts will be brought together in the discussion section.

4.2.2 UK Findings

Table 9

Summary of super-ordinate and sub-ordinate themes from the UK data

Parental support and concerns	• Mixture of feelings and emotions • Advocating for child • Meaning of inclusion • Preference for mainstream • Uncertainty about the future
Within-school support	• Communication and relationship with school • Differentiation • Teacher:student ratio • Transition support • Acceptance and treatment in school
Input from external agencies	• Getting a diagnosis • Multi-agency support
Government policies and systems	• Statutory processes • Financial support and resource allocation
Community awareness and acceptance	• Judgement by others • Influence from school and home

Table 9 provides a summary of the sub-ordinate themes that fall under each super-ordinate heading that will be expounded on next.

4.2.2.1 Parental Support and Concerns

This super-ordinate theme captures parents' personal experiences and insights, as well as how they have made sense of their child's SEN and inclusion in education.

Mixture of feelings and emotions

Parents inevitably talked about a series of feelings and emotions that they have undergone in coming to terms with their child's SEN and on their journey towards seeking a meaningful education for their child. Participants revealed different emotions in their accounts. On receiving the diagnosis, two participants had contrasting feelings, “it were really bad” (UK1, 494) and “I'm happy now with that she's got a diagnosis” (UK2, 77-78). One participant (UK3) was more “concerned” (117), remains “patient” (257) and “optimistic… things are gonna get better” (260).

There were instances of self-doubt, and questioning whether they were making the right choices and decisions for their child. There was almost a sense that parents had to prove something to others, on whether they were doing the right things for their child:

> I'm happy I'm happier now, it wasn't just all in my head if you know what I mean (UK2, 80-81)

> …the feedback from Westbrooke, were just like what, and it made you sort of think… I must be doing it wrong to be honest with you (UK1, 315-316)

One parent's experience of rejection from a school was that of shock or disbelief, saying "you can't really believe it until you actually go through it really" (UK1, 134-135).

The commonality between the participant accounts was that they all found themselves having to deal with a diagnosis of their child. The variation of feelings and emotions described in the accounts evidenced how parents as individuals experience and manage their child's SEN in their unique ways.

Advocating for child

It was apparent across all three accounts that parents act as advocates for their children. In two of the narratives, parents analogised their experience of advocating for their children to that of being at war:

> We went through a big like... You know, battle with them, and then they says, we'll fund that extra three hours a week? (UK1, 156-157)

> I've always been like well there's something there's something and then it's just having to fight with the doctors and everything like that (UK2, 67-70)

> Erm, and then fight and fight and fight, erm, I'm happy now with that she's got a diagnosis and it's like yeah, told you so (UK2, 77-78)

Another participant took on the role of being a spokesperson for the child, in requesting for the support that he required:

> … we've we've expressed our concerns to them, asking you know… if extra help can be provided (UK3, 140-141)

Through this, parents act on behalf of their child in order to access the support that they require. However, it would seem that this campaign was a challenge, a "fight" and a "battle". On the other side, there was an opposing force that they had to confront and contend with in order to provide for their child.

Meaning of inclusion

During the interviews, parents' understanding of what 'inclusion' means was elicited. It was apparent that all participants had an idea of what they felt inclusion was, in particular for their child, sharing similar definitions:

> Erm… Just for them to treat her like a normal child, basically. For them to include her in it… Work, assemblies… Eating, playtimes (UK1, 222-225)

> Erm, to me… is… School inclusion to me is like if they've got a special need are they gonna be able to go to school. (UK2, 216-217)

> … Er… I think it probably means er… you know Harvey being more mixed in to, mixed in the class and, included er… Included as in in the classroom, him being able to participate (UK3, 212-214)

Taken together, the parents defined inclusion to be their child’s participation in activities in school with other children. In addition, although parents appeared to have their own constructions of the meaning of inclusion, they took some time to think and respond about it through pauses and hesitation (“Erm…” “Er…”). It was apparent that this was not something much thought about or explicitly discussed, and this posed an opportunity for them to bring ‘inclusion’ to mind.

Preference for mainstream

All participants indicated a preference for their child to attend a mainstream school. One parent highlighted that “if it’s right for that child, then I’d just mainstream all the way” (UK1, 784-785), showing that from her perspective, there are some children for whom mainstream would not be ‘right’ for. Parents cited different reasons for this inclination:

> Erm… inclusion in mainstream school… Just prepares her for actual normal life… If that makes sense (UK1, 282-284)

> Yeah. I wouldn’t want her in a special educational classroom. I guess it’s more one-to-one with the special educational classroom, but I think she needs to be around… children. (UK2, 475-477)

> … because in the mainstream… er…. With his development it’s not like I said being able to interact, or communicate more… so… that’s why (UK3, 582-584)

The different rationales proposed suggest that parents perceive that in a special education school, their child will not have the same opportunities to be around and interact with other mainstream education children, which is highly important to them.

On top of that, two participants referenced their children’s SEN in comparison to ‘other needs’. For example, UK1 shared that special needs schools would not accept her child “Because she’s too high f- you know too high functional…” (288-289), and that “She is delayed… er, in most areas, but she’s not delayed enough…” (291-293). This makes the suggestion that special needs schools are a provision for children who meet the criteria of being ‘more delayed’ and ‘lower functioning’, while her child’s needs would be better met in a mainstream setting. UK2 resonated with this, referencing autism as another type of need that may require special education, while her child’s physical needs could be met in a mainstream setting:

> It’s not like erm, autism, it’s not… it’s not erm… it’s not educational. It’s more to do physical… (UK2, 286-287)

Uncertainty about the future

As parents talked about their experiences of the inclusion of their child, and while they have now placed their child in a mainstream setting, a common theme that arose was an uncertainty about what would happen in the future, “we don’t really know what it’s going to be like…” (UK2, 343-344) and “I still think that like you know, everything can’t be foreseen” (UK3, 713-714). While things appear to be more settled with their children attending school, they acknowledge that there is a need for continual reviewing and making of decisions as they go along:

> I don’t, as they go older, I don’t know whether… they’d er, depending on how she is, I don't know whether they’d accept her. (UK1, 548-549)
>
> Erm, I think it depends how she goes… Erm, if she gets worse, I would want it to change… (UK2, 872-873)
>
> Er, I think that you know er… you know, we’re going to see how things are going to get on. (UK3, 715-717)

The parents have thought about what lies ahead for their child, but at the same time recognise that they will need to review their child’s needs and make decisions, that may require “change” (UK2, 873), along the way.

4.2.2.2 Within-School Support

The support that schools provide to children with SEN has a direct impact on the child’s as well as the parent’s experience of inclusion. This super-ordinate theme serves to elucidate the support within schools that parents have found to be helpful in the inclusion of their child in UK preschools.

Communication and relationship with school

One of the factors that UK participants unanimously expressed to be of value to them in the support of their child was the communication and relationship that they had with the school. There were many occurrences of “meetings” with the school provided by all the participants. It was useful to parents to have the meetings regularly, mentioning frequencies from their experiences of “Every 3 months” (UK1, 251), “every two or three months” (UK3, 129-130) and at any time “They’ve said to me oh we’ll set a meeting up if you’ve got any concerns…” (UK2, 373-374).

These have provided parents with opportunities to be included, "…that's included us that's included us in more as the parents…" (UK3, 356-357) in the setting of targets and Individual Education Plan (IEP):

> That's been helpful for us… then we can have have a look at what targets can be more helpful you know for him (UK3, 355-361)

> We have more meetings, so targets and things that actually set to her. We have IE, we have IEP meetings… (UK1, 240-242)

In this respect, parents have benefited from having meetings with the school to communicate and set targets. Parents also illustrated the advantage of meetings that supports the flow of communication both ways. One parent felt that "we've been more able to understand his behaviour" (UK3, 368-369), while another felt listened to "They've listened to my concerns" (UK2, 164).

Participants evidenced that with appropriate two-way conversations with the school, they are able to build a better relationship with the school and therefore provide the support that their child needs within the school. Two participants in particular clearly showed a positive relationship with the school, placing trust and confidence in the transparency of information that has been forthcoming between both parties:

> They just make it easy to be honest with you. It's hard to… to explain it really. (UK1, 261-262)

> … so I spoke to Mrs Maria the Head Teacher. She said no, we're gonna put things in place for her, so she's not gonna be you know, struggle… (UK2, 241-243)

There was a sense of co-working and co-constructing of experiences around the inclusion of the child that has developed that relationship between parent and the school. Indeed, as UK2 puts it, “they were willing to work with me, which is… to me is absolutely fantastic” (382-383).

On the other hand, although UK3 also had scheduled meetings with the school every few months, it is unclear the depth of communication that took place beyond that of target setting. It would seem that the parent was merely accepting what the school was stating, and perhaps did not feel in a position to seek further clarification:

> …because they’re saying that we are trying our best we are helping him… but we don’t really know because, we’re not there to see, we don’t know because there’s that many children there (UK3, 144-145).

The quotation above indicates that a lack of communication could be the reason for a weakened relationship instead of a trusting and reliable one. The use of “they’re saying” seems to imply a disconnection from ‘them’, and that it was just words, that the parent cannot verify as actions that have taken place.

As such, the accounts substantiate that having open two-way communication channels between parent and school helps to develop a positive relationship that facilitates providing the necessary support for the child in school.

Differentiation

Differentiation was described in two accounts, provided in different ways in order for the child to achieve their targets.

> She were still doing the work that other kids do, but instead of going from A to D, she has A B C D to go through… (UK1, 56-57)

> ... with the writing and stuff they said that if she can take time out… they've said that they'll they'll they won't let her do as much… pencil grips as well, so… they're going to use those… so instead of using the whiteboard she can use the cards… (UK2, 442-453)

The manner in which the work is differentiated is tailored to the needs of the child. One child requires the breaking down of her academic work, while another child's needs are accommodated through the use of equipment or alternative modes of writing.

Another parent understood the concept of differentiation "you know you had a target 1-10, and he's not saying 1-10, it's better for him to do 1, 2, 3 first" (UK3, 518-519), but was not certain that the differentiation was carried out in the classroom. Nevertheless, parents shared the consensus that differentiation for their child was supportive of including them into the mainstream classroom.

Teacher:student ratio

This sub-ordinate theme was developed as parents made reference to the numbers of teachers or students in the classroom, as well as the individual support that two participants experienced. In one account, the participant said "… there are about four or five teachers there… the assistants they sit within and they try to you know help him" (UK3, 159-164).

> … the one-to-one supporter, helps her do that so it’s broken up into stages (UK1, 58-59)

> she’s got a one-to-one at dinner time… So she’s got a one-to-one there, there’s gonna be extra support… outside. (UK2, 149-152)

These two cases showed that their child was receiving “one-to-one” support during the times in school that they might need a bit of help.

Transition support

Two parents shared their experiences of having transition support as their children moved classes or school.

> Portage… actually put it all in place so they go to school, and it’s that transition over… like from nursery. ‘Cause she used to go to Westbrooke? (UK1, 106-110)

> … We’ve had like three meetings before she even started school, to address what is going to happen in school (UK2, 183-184)

UK1 received support from an external agency, or “Portage”, that she felt was helpful in transitioning her child over from nursery at another school. In another account, the parent and school had conversations to address any concerns about the child before transitioning into Reception. Discussions held in advance of the actual transition were supportive to parents.

Acceptance and treatment in school

All the parents have mentioned how their child has been accepted within the school community, and how they are treated just like other children.

> And, no one's treated her any different… Even though these problems, no one has turned around and said oh no you can't play with so and so because… (UK2, 484-488)

> I think he's er… doing quite well I think, he has been accepted in the school right, and he's fitted in quite well (UK3, 591-592)

UK1 also made reference to her experience of the acceptance of SEN within the school community as a whole, and not just her child:

> And, the children… T- to walk around and to look at them interact with the others… They don't know, they're different if you know what I mean (UK1, 272-275)

The physical structures within the school, with wider corridors and stair lifts make it an inclusive environment that all children would not know their peers to be any different.

4.2.2.3 Input from External Agencies

In the course of supporting their child both at home and in school, parents' encounters with external agencies were salient. 'External agencies' has been termed to include staff and teams in the hospitals, therapists, as well as local authority set-ups and services.

Getting a diagnosis

The experiences of parents in getting a diagnosis, or evaluation, for their child were varied. One parent received a diagnosis when she was still pregnant with her child:

> I found out she were gonna have Downs when I were pregnant with her. Erm, and I were only 18 then… They do talk to me to have a termination basically. Which I said no… so I just says I'm not bothered. … It is what it is really. (UK1, 4-10)

The narrative reflects her reactions to the diagnosis then, as she was only young at 18 and made a decision to keep her baby. She also comes to terms with the diagnosis and accepts 'what it is'.

Another parent's experience was not as straightforward, and she recounted her experience of having to "keep going back, and back" (UK2, 89). It was a lengthy process from the time she sought a doctor's opinion to the time she received a diagnosis for her child:

> To get a referral to the NHS (snigger), it first took 18 week, 22 er 22 week (UK2, 93-94)

Even so, a consultant told her that "it were flat feet" (UK2, 95-96), but she "wasn't happy" (98). The parent was then prompted by the health visitor to get another appointment, suggesting it could be hypermobility. When her child was finally diagnosed with hypermobility, the whole process had taken "about a year and a half" (139). There were a series of referrals and it took the parent a lot of time and effort to get a diagnosis.

The third parent's experience began by taking the child to see a speech therapist:

> And what they did was they evaluated wha- what er how he's getting on really. And er, how we should as the parents try to help him. (UK3, 54-56)

The child was diagnosed with speech delay following the assessment, and parents were provided with some strategies to develop his speech and communication skills from the speech and language therapist.

Multi-agency support

As earlier mentioned, there were several external agencies that were mentioned across participants. The most common group of people that was mentioned across all three interviews were the therapists – "physiotherapist" (UK1, 841), "occupational therapist" (UK2, 19), and "speech therapist" (UK3, 56). Therapists provide additional support in the areas that the child needs to develop, giving recommendations for strategies, exercises and accommodations. The frequency of therapy support was varied:

> She's been seeing her for about the past six week every week… for core stability program, like physio (UK2, 40-42)

> We've got speech, which is just starting on the 18th of August. Erm, she's seen someone before, about 3 month ago. (UK2, 55-57)

These therapy sessions were held at the hospital. However, there were also occasions when therapists would go into the school to provide support:

> Erm and OT is going back in the second week of September to… assess her to see if there's anything more she needs (UK2, 152-154)

As well as from other external agencies:

> … she works under ENT at Greenacres… Deaf and Impairment team… She actually goes in once every 3 months I think it is and just observes her in the classroom (UK1, 886-890)

Participant UK2 also had input from the “health visitor” (90) when she continued to have concerns around her child’s movement and joints.

Portage was an important external agency that provided UK1 with support in the decision of her child’s placement into school.

> … we had a discussion with Portage… Erm, and obviously they go down all the routes with you… for going into nursery and schools and things like that. (UK1, 310-312)

UK1 also had the opportunity to experience and benefited from multi-agency collaboration and working:

> It’s like we used to have meetings with Paediatrician as well, erm but it were paediatrician, speech and language, portage, physiotherapist, orthotics, everybody that were involved… Once every six month, we all got into a room, and the Paediatrician, we all went round and *every*body would update where everybody else were really (UK1, 839-844)

The parent highlighted that she had “that many hospital appointments” (UK1, 850-851), that it was hard for her to keep track of everything. Having the multi-agency meetings was an avenue for her to be updated on where things were, as well as for every other agency involved to communicate with each other and the parent.

4.2.2.4 Government Policies and Systems

It is to be expected that government policies and systems that have been put in place will determine the amount of resources and support that is available to support different groups of people within a context talked about in the literature review. Within the realm of SEN, there are several themes that have emerged as factors impacting on parents' experiences of including their child in the mainstream.

Statutory processes

Two participants discussed the statutory process as they had an awareness and knowledge about it, while one was not aware of these processes. One participant had a clear understanding about the statement, and the changes that have been made to move towards funding:

> She was, she's statemented and she's got… A support in the morning and then one in the afternoon… (UK1, 25-26)

> And now it's gone over to funding so. This… Er, the special educational needs panel 'll say… Sh- that child's entitled to that much money, and it's the school that has to go… We'll put that into like, if they've got a physical disability, so we'll put a ramp in for instance, or whatever… (UK1, 34-38)

Another parent was aware of the EHC plan, although her child does not have one. According to the parent, the school would be putting measures in place first, before considering the statutory process:

> Erm… if she starts struggling with the writing and the learning and stuff then I will be addressing it, I'll be saying look, I think they might need to put a care plan in place, or maybe go down the statement route, so we can get extra support for her. Erm because at at this time, they're working within the teachers (UK2, 668-673)

When asked about the statement of educational need, one participant was unaware of statutory processes, "No I haven't heard about that, what does that involve then" (UK3, 765), and also proceeded to ask about the funding, "The school would have to use the money, or the council?" (UK3, 775).

Financial support and resource allocation

The next sub-ordinate theme is related to the statutory process and the current EHC plan. The issue around funding and resource allocation came up several times in conversation with participants.

As one participant had an EHC plan for her child, the money pays for the support that she receives from additional staff:

> Yeah. So, Meg's money pays for her supporters, basically. (UK1, 40)

For one participant without an EHC plan, there were still ways in which financial support was accessed:

> C: Right okay and… is this part of erm the services that NHS provides?
>
> T: Yes, yes it is. (UK2, 47-49)

This quote was in reference to the occupational and speech therapy that UK2's child was receiving at the hospital. There was some attribution of a lack of support from the school because “maybe their hands are tied as well” (UK3, 196), as a result of a “lack of funding from council” (UK3, 198), although the participant admitted that he was speculating:

> I don't know the council has so many cuts to get through to. Er… Er, you know hit their budget kind of thing. So… but that’s something I don’t know about you know… (UK3, 202-204)

At one point during the interview, UK3 also reflected on whether there was variation in the provision of services between schools:

> Are there other schools out there that provide the extra special you know help. But... my view is that I think they don’t. Because if one school isn’t getting it then the other school is getting it, then… Everybody has to have, if one school is getting it (UK3, 699-705).

As the participant questioned the provision of ‘extra services’ that he hoped to receive from the school for his child, the participant felt that it would only be fair that services between schools were equal.

Finally, one participant’s experience of receiving support in this area was that the key workers working with her child were sent on relevant training to equip them with the right skills and knowledge:

> Our Meg has two and she has two so all four of them went on training? … And, a few other teachers, ‘cause they provide it free for them (UK1, 97-100).

The school was able to group the teachers to go on training together, which was also an opportunity for teachers' professional development through a cost-free training.

4.2.2.5 Community Awareness and Acceptance

The inclusion of participants' children with SEN is also affected by the acceptance from the larger community which parents revealed through their experiences.

Judgement by others

Two participants discussed instances where they felt that others might have passed judgements on them. UK1 had an experience at the hospital that left her feeling "bad" at that time, as though she had made a bad choice:

> … it were really, it were really bad, it were… 'cause they were all like, well it shouldn't be happening, and do you know what I mean, having a child who's got Downs and stuff… it's uncommon it's unknown (UK1, 494-498)

She however, overcame the judgements and accepts her child wholly for who she is:

> But I just it is what it is she could have two heads for me, I'm not bothered (laughs)… (UK1, 502-503)

Another parent seems to sense that the school has formed an opinion about her, but qualifies that she is merely being a mother, in the way that she is:

> … And I get that impression they think, oh she’s worrying again… Erm… to me I’m just being a mum (UK2, 786-789)

There have also been instances when she feels that others have had their opinions, on what she should be doing, but then expressed the challenges that she has to face to deal with that problem that they might not understand:

> … they’ve basically said about the pram, saying oh she needs to get out of her pram more, which… I can fully understand but it’s like… I need to do this, you know… It might be okay for you to say that to me, but to me I’m the one dealing with it, I’ve got to do it (UK2, 550-555)

Influence from school and home

Linking this theme with the previous sub-ordinate theme, two parents cited influences from school that supports the awareness and acceptance of others with special needs.

> I mean there’s disabled toilets all about, I’m sure you’d have seen it all. Erm, and the kids genuinely don’t know any different. Oh they’ve got a set of wheels, do you know what I mean and… They’re not bothered (UK1, 765-768)

> Yeah and it takes them through life really. And it’s not, it’s that don’t judge something when you first look at ‘em, because I know some kids in that school that have got disabilities, and they’re like geniuses (laughs) (UK1, 774-777)

> If you have a happy child inside the classroom then… you know it's it's nice to have because every child is not the same you know what I mean (UK3, 461-462)

There was a common strand running through these quotes, that other children within the school community will come to be aware of and accept their peers with differences, in inclusive settings.

One parent felt that parents play a large role in influencing their child's perception and response to other children's SEN:

> … it's all about parents I think… how the kids respond, to children (UK1, 538-539)

4.2.3 Singapore Findings

Table 10 provides a summary of the sub-ordinate themes that fall under each super-ordinate heading based on the Singapore data. It would be relevant to point out that all three participants' children attend a mainstream preschool, and on top of that receive input from another intervention service – two participants at the EIPIC centres and one receiving private Applied Behaviour Analysis (ABA) therapy at home. The names of preschools and EIPIC centres have been changed to ensure anonymity. *The Binjai* (TBJ) will be used as the reference term for EIPIC centres. Parents consider and make reference to both the mainstream preschool and The Binjai as schools.

Table 10

Summary of super-ordinate and sub-ordinate themes from the Singapore data

Parental support and concerns	• Difficult feelings and emotions • Advocating for child • Meaning of inclusion • Opportunity for mainstream • Uncertainty about the future
Within-school support	• Communication between parent and school • Complementary support from school and intervention services • Accommodations and target setting • Teacher:student ratio • Acceptance and treatment in school
Input from external agencies	• Support from public and private agencies • Public talks and seminars
Government policies and systems	• Financial costs and subsidies • Availability of facilities and resources
Community awareness and acceptance	• Invisible condition • Judgement by others • Influence on awareness and acceptance through education from parents, school and the community

4.2.3.1 Parental Support and Concerns

Difficult feelings and emotions

Participants talked about the emotions that they experienced as they dealt with their child’s SEN. A large proportion of emotions were focused on the difficult ones, as observed from all three accounts. Parents used words such as “sad” (SG2, 366) (SG3, 140), “challenging” (SG2, 229), “hard” (SG1, 148), “frustrating” (SG1, 247) and “blame” (SG1, 758) as some of the emotions they felt in their journey of parenting and providing an education for their child with SEN.

Only one participant talked about the progress in how she felt, “good experience, at the beginning no, but now now it’s good” (SG1, 688). On dealing with the diagnosis of her child, the parent’s narrative appeared to be that of shock, or a sense of lost, reacting with “oh, okay”:

> … the doctor er… said the word like autism… he gave him like some test or something like play play skill and whatever, and then er, then he said autism and then I was like oh, okay. (SG1, 26-30)

Another participant shared a similar sense of feeling lost, around a different issue, where she seemed to have felt on her own, making important decisions on her own and just keeping her husband informed:

> … last time when Bobby diagnose this kind of problem that time only myself only. My husband, he doesn’t… Er, never say he doesn’t care anything lah. Ya. So everything will leave it to me (SG2, 1011-1013).

Advocating for child

Parents advocated for their children in different ways. One parent sought to gather information on her own about therapies, while another parent requested for more early intervention sessions at the EIPIC centre:

> I looked through websites on my own, to see what was the best kind of therapy or most effective one. Er and it seemed like a lot of people said

> ABA was the most effective one, so I searched for ABA and then I went er called two or three places… (SG1, 231-235)
>
> So I did a lot of my own research. It was mostly, my own research (SG1, 256-257)
>
> One week three times. Ah next year will be four time lah, ah because these four times I request from the school lah. I request (SG2, 131-133)

Without possessing any prior knowledge of autism, the parent (SG1) found herself having to find out more about available and effective therapies on her own, so that she could provide the appropriate support to her child upon receiving the diagnosis. On the other hand, SG2 was accessing sessions at the EIPIC centre but requested for additional input and support so that her child would benefit more.

Meaning of inclusion

Participants provided definitions of what they considered to be inclusion. One participant went into the technicalities of language, and provided how she made sense of inclusion:

> I mean the if you find the root word it’s include, so er maybe… we have… special needs kids, erm being accepted in the nor- erm in the community with people who have no special needs (SG3, 287-290).
>
> It’s just learning like all the other kids lah (SG1, 125).

SG1 provided a simple explanation of what inclusion of her child meant. SG3 seemed to be cautious and selective about her word choices, pausing at the use of “nor-”(mal) and talked instead about “people who have no special needs”. It is noteworthy that two parents highlighted that they did not wish for their child to receive any “special attention”, as that would seem to be not inclusive to them:

> He’s not receiving like special attention (SG1, 129)

> … but I wouldn’t say that he needs any special attention. Because I don’t want him to feel like he needs it you know… (SG1, 507-509)

> I hope that the teachers… Will not give her special attention, but just be er more attentive to her steps lah (SG3, 406-407)

One parent cited that a “good teacher they will waste the PE (Physical Education) lesson… They will take out his PE lesson and then bring him away and then just study one period” (SG2, 657-659), on remediation as support for her child towards inclusive education. To her, pull-out sessions are considered to be good practice, an additional effort put in by the teacher.

Opportunity for mainstream

All the participants demonstrated a preference for enrolling their child into mainstream education. Parents expressed their “hopes” (SG1, 393) (SG3, 404) for mainstream education when their child goes to primary school:

> Er… we are hoping that he will be mainstream? … I know that he has to go for another psychology assessment when he’s five or six, … and, we want him to be as mainstream as possible. (SG1, 393-397)

> Of course if can of course is the main school lah… Er… I don't feel he he really need to go special school. This is one thing. He just a normal children (SG2, 194-197)
>
> I just hope that er, my daughter lah, when she goes to the Primary school, I just hope that er her classmate will not make fun of her lah (SG3, 404-406)

One parent's reason for the preference for mainstream is to give the child an opportunity to learn in a mainstream setting with other children:

> … he needs to have that chance. You know, everyone needs to have that chance. (SG1, 337-338)

Parents will also have to bring their child for an IQ assessment prior to their registration for Primary One. Participants also seem to suggest that their child's placement (into mainstream or special school) is contingent on their performance on the IQ assessment as earlier quoted (SG1, 393-397), and further substantiated by another account:

> … they still need to do another assessment for the six years old for the what IQ or EQ… Whether go special school or main school. (SG2, 179-182)

In relation to a preference for mainstream education, all three participants gave examples of 'other' needs, as a means to show their child's relative or "high(er) functioning" abilities (SG1, 43):

> I have seen other kids in er, going to therapy er the ones that couldn’t walk, er that those that were, the severely autistic ones that would just be in a daze, and wouldn’t look at you (SG1, 342-344)
>
> Er… don’t have eye contact, don’t even have control he pee and wee ya just can, ya this is the the why I think Bobby. If compare la if two compare I feel Bobby is doesn’t need to go to Everton la for special school… (SG2, 212-215)
>
> I’ve seen it with my own eyes, and they use big ball and those really like vegetable, ah… ya, so there’s no specific lesson ah for my girl know (SG3, 207-209)

Participants referenced “severely autistic”, “don’t even have control he pee and wee” and “vegetable” to show that their child is not that ‘severe’ to have to attend a special education school.

Uncertainty about the future

Participants shared some of their concerns about their child’s future and educational life. There were aspects of not knowing what will happen in the future:

> Even though he’s still young but I I- that’s the thing, they’re still young, you don’t know what they would what he would grow up to be, I don't know if he will improve from here, I don’t know if he will become worse, because I have heard that he sometimes they get worse (SG1, 356-359)

Participant SG1 moved from using a singular term “he’s” to plural “they’re”, and moved back to singular terms, and finally “they” again. It seems as though she might have been representing a group of children, then shifted back to focus on her child, and talked about ‘getting worse’ by externalising it.

Parents shared a sense of having to review and make decisions as an on-going process to support their child’s needs:

> … maybe I might request for my daughter to have a Level 1 classroom, I don’t know, I’m just thinking about it lah (SG3, 153-154)

> … er, I guess… er from I don't want to have ABA forever (laughs), you know that’s why I wanna know er, how much does he have to improve… er… and maybe, you know, I can do erm practices with him (SG1, 450-453)

The parent’s understanding of therapy is that it is only temporary and not a long-term solution, and thus is considering carrying out home support through practices. These decisions will have to be made gradually as reviews of her child’s progress will help her in making these choices.

4.2.3.2 Within-School Support

Communication between parent and school

It was apparent in the narratives that parents maintained some form of communication with the school (and intervention centres). The communication channel was two-ways. Firstly, teachers would give parents ‘feedback’:

> … even though Oscar doesn’t wanna play with them, they still I’ve heard the teacher say that they do try to play with him (SG1, 617-618)

> And I always get feedback that oh you know when your daughter fall during PE lesson during preschool, she’s very er, she persevere (SG3, 72-73)

In one case, there was more communication from the EIPIC centre teachers compared to the mainstream preschool:

> The outcome only teacher Lynn told me only leh, preschool never told me anything leh. (SG2, 838-839)

Secondly, all the participants expressed a willingness to share information about their child to the school. In two accounts, parents found it useful to share what their child was doing outside of school, and seemed to help them feel supported by the mainstream preschool in providing for their child (SG1 and SG3):

> I would just let them be aware of his, of his condition… (SG1, 489-490)

> I- I got inform the teacher say I doing now this kind of thing lah (SG2, 89-90)

> … explain to the preschool teacher that my girl is prone to fall… Ya they are… aware of her condition, and the teacher did feedback to me like er sometimes she fall during PE lesson… she said eh your daughter just stand up and I’m fine, then she continue running… (SG3, 170-180)

However, one parent felt that although she has kept the school informed of her child’s condition and attendance at EIPIC, she did not feel that any type of support was provided at the preschool:

> I I will let them know he are attending the EIPIC here, so I don’t think they do anything… (SG2, 700-701)

This seems to reflect some mutual exclusivity of services or schools, where the ‘additional support’ is provided for in EIPIC, thus the school does not need to provide support for the child within the mainstream preschool. This element will be further illuminated in the ‘Accommodations and target setting’ theme.

Complementary support from school and intervention services

All the participants converged on the fact that the support that their child was receiving from both settings (mainstream preschool and intervention services) provided complementary support and learning:

> So therapy is like he learns the things that he’s supposed to learn… and then we have to follow through from therapy at school and then at home... So, she’ll tell me and then I will tell the teacher what to do… (SG1, 103-107)

> … actually at first I didn’t know want to have both school leh… main school is still main school lor. Ya. Maybe er The Binjai is just give him the support. Just like we do the therapy at hospital, we don’t need to go so far (SG2, 522-525)

> … I thought she she get support from physiotherapy in (hospital), then EIPIC then the academic one, er I'll I'll just put her in preschool (SG3, 729-731)

The participant also explained that at the mainstream preschool, her child would have opportunities to develop social skills and have Mother Tongue lessons – complementing the support that she receives at EIPIC:

> So she has more chances to interact with other children, and er of course er at this level at K1 she's taught Mother Tongue also there's Mother Tongue lesson, which EIPIC doesn't have (SG3, 661-663)

However, one of the challenges two parents revealed that they felt was particularly awkward was the lack of communication between the two settings. Parents found themselves being the middleperson conveying information that could otherwise be better communicated directly:

> More useful is often you need to communicate both schools. Ya. Because to to mother hor, I hear you say already I still need to feedback. Sometimes I feedback already hor don't know still correct or not. (SG2, 895-898)

> I think everything that er preschool know is always from me… so, I don't know how er can EIPIC and other like you know these special needs organisation can actually… do a link-up with the preschool or other chi- what you call that the child care centres… (SG3, 769-774)

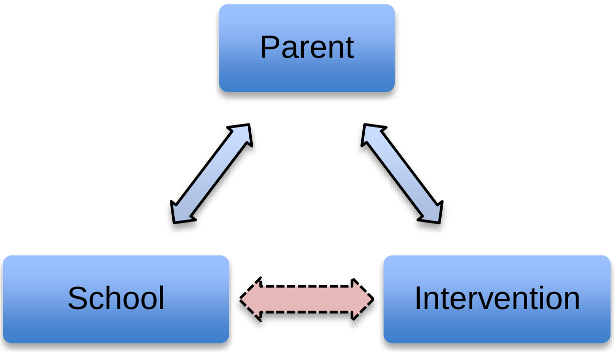

Figure 8. Pictorial representation of the communication system between parent, school and intervention services

The parents experienced passing on information from one setting to another, but highlighted that it would be more useful and supportive to them if the settings communicated more directly, to ensure that the “correct” (SG2, 897) details are conveyed.

Accommodations and target setting

In general, parents shared that accommodations have not been made to meet the needs of their child in the mainstream classroom:

> He’s not receiving like special attention (SG1, 129)
>
> Ah I don’t think main school got give him support lah… Ya as the normal. They only will just know ah ya Bobby is this kind of children will disturb people maybe they will bring him outside. Bring him in front sit with the teacher lah. (SG2, 281-285)

SG2 described her child labelled as “this kind of children”, and that the type of accommodations that might be granted is to withdraw him from the classroom, or to be sat near the teacher, in order to be kept a closer eye on.

One parent suggested that there was less opportunity for accommodations to be made in the mainstream preschool for her child with physical needs:

> … because in preschool they are more indoor right… (SG3, 186-187)

Thus, apart from informing the school about her child’s condition and providing a doctor’s note to “excuse her from excessive er PE lesson” (SG3, 173), no additional accommodations have been discussed or put in place.

Two parents raised setting targets for their child, but this only occurred within the EIPIC setting:

> EIPIC gives me a like a checklist lah… Every six months right. … we only ne- we can only tick five boxes… And then they have the they have the academic, one page, then they have, so I will zoom into the physiotherapy (SG3, 793-801)

> … normally is social worker talk to me… just yesterday, just call me what you want Bobby the goal for next year… Actually I already already written the form for them, then she say you wrote a lot (laughs) (SG2, 462-465)

Parents were given a checklist to prioritise the areas of need and targets that they would like to focus on for their child. The purpose that EIPIC does this is to “Pass on for all the teacher… they got music therapy…” (SG2, 475). The checklist could be a way of facilitating teacher’s prioritisation of children’s needs, incorporating parent’s views, and in allocating suitable therapy sessions that the child would benefit from, such as music therapy.

Teacher:student ratio

One of the common themes shared between participants was that of class size and the teacher is to student ratio. One parent's narrative contrasted the difference in class sizes between the mainstream preschool and EIPIC centres that she had experienced, respectively quoted:

> … some times it's one teacher, match 22 or 20 ah. Two teacher or one teacher lah (SG2, 396-397)
>
> A few only, 7 or 8 only… Ya of course smaller (will be helpful), because it's not easy… (SG2, 511-513)

Another parent was aware that the class size in nursery would be smaller than in a mainstream primary school setting, and although he is benefiting from a smaller class now, she had concerns that he would fall behind within a larger group in the future:

> … now he's in nursery class it's small but I would imagine that if he were in primary school in a class of 40 kids, I know that he would be behind (SG1, 569-571)

One participant recognised the difficulties that teachers face when teaching a group of children with SEN:

> At least when one teacher is teaching 30 pupils and now is teaching 3 pupils you're more clearly … you teach one Bobby and 20 Bobby is different what… (SG2, 663-666)

SG2 highlighted that the difference in teacher:student ratio will make a difference on teachers' ability to cater to the child's needs, as they can 'see' "more clearly" what those needs are.

Acceptance and treatment in school

The theme on acceptance and treatment will be discussed on two levels – by peer groups and by the school/teachers.

Two participants provided insight on their experience of how their child has been treated by their peers in school. One illustrated a more positive experience, where other children have tried to include her child into their play and observed some progress made, while another shared a sense of rejection by peers:

> I always used to see him sitting on the table and chair playing on his own… Then, erm and then er, er… but now I've seen him on the floor er with the other kids (SG1, 622-625)

> … he feel like er not many pupil like to with him… So, he sometimes will say er… my my friend don't like me… Ya… I I I definitely know the children won't be know Bobby the condition lah (SG2, 585-591)

In recognising that the other children may not understand her child's condition, it seemed that SG2 felt that it was more reasonable for other children to not want to play with her child.

Parents' experiences on the acceptance of their child in schools were varied. Only one parent considered the inclusion of her child in the mainstream preschool:

> We’re very lucky to have a school that, erm even though they’re a mainstream school, they they didn’t feel like oh he’s not suitable for this place (SG1, 315-317)

The other two parents cited inclusion in the EIPIC centres, with one participant talking about her predicament at the mainstream preschool should her child be recommended to stay on for another year:

> If really want to stay one more year for K2 ah, … TBJ here is no problem lah. But the problem will be at the preschool… one is the place lah, the s- the vacancy place… the second point is once the child stay one more year they need to submit a report… (SG2, 146-150)

> I mean er of course in EIPIC everyone there goes there or referred to there have special needs (laughs) so they are already in the inclusion. But in preschool… I think of course I think 90% are all okay lah. (SG3, 417-420)

Parents did not have any difficulties including their child within the EIPIC settings. However, SG2 was concerned about her child’s inclusion should he be advised to stay on in kindergarten for another year, with an understanding that her child will not be given a place at his mainstream preschool, and the paperwork that would be involved in reporting the reasons for his delay of entry into primary school. In addition, another participant considered her child to be ‘included’ and accepted in the EIPIC centres, yet her use of “but in preschool”, seemed to take another meaning of inclusion to her.

4.2.3.3 Input from External Agencies

Support from public and private agencies

Within this sub-ordinate theme, the term ‘agencies’ is used to represent hospitals, therapists, and programmes (EIPIC) in both the private and public sectors. Out of the three participants, one parent accessed services from private agencies, while the other two parents mainly sought services from the public services.

The support accessed from the public agencies were described to take a long time due to waitlists, also evidenced by the parent who chose to go to private settings in part for this reason:

> I know that, you can go to (hospital) I think, I haven’t been to the (hospital) one but, I know it takes a long time to get an appointment (SG1, 198-200)

> once I started TBJ, … they automatically stop (therapy). Because ah the waiting list is ooh, super long… (SG3, 130-131)

SG1 goes on to explain her decision to go to private specialists:

> Because we wanted the fast way (laughs)… and we thought you know, if we can afford it, just do it… Get it over with… (SG1, 223-228)

On the other hand, participants who accessed support from public agencies had a different experience. One participant talked about the process of getting a referral to getting a diagnosis of her child and being put on the waiting list for six months:

> … so from there we start to arrange, see (hospital) from polyclinic refer to (hospital), so (hospital) still need to wait somemore, about about 6 month ah… (SG2, 20-22)

One parent referred to the frequency of therapy sessions at the hospital, before her daughter was put on the EIPIC programme:

> Ya, every three months, and then if you decide to postpone, wah you're gonna wait another maybe two months, or worse, three months (SG3, 133-135)

The processes described by parents also revealed the concept that cases are taken on by one agency at a time:

> … very soon already they pass the case to EIPIC already. Ah… so Bobby totally at (hospital) is doesn't do any therapy at all. (SG2, 83-85)

Once the child is enrolled in The Binjai, it becomes a 'substitute' for accessing therapy at the public hospitals. Thus, in order for the child to receive therapy at the hospital, he or she will have to stop attending sessions at The Binjai, but the frequency of therapy sessions would be another consideration.

Public talks and seminars

Two participants talked about their experience attending public talks and seminars that were made available to parents. Both parents however, reported that they did not feel that it was very useful:

> Because it was as if I had to be a doctor to attend the seminar to understand… you know big words and everything. (SG1, 274-279)
>
> To help you to manage this kind of children… Ah how you going to take care the children, times out or what… Eh, I don't think it's work… (SG2, 239-245)

In one case, the parent felt that the language used was not suitable for the audience, and the content of the autism seminar did not meet her expectations and was not the targeted age for it to be relevant to her and her child at this point in time. Another participant did not find the strategies shared during the parent talks effective when used with her child.

4.2.3.4 Government Policies and Systems

Financial costs and subsidies

The issue of financial costs and subsidies arose consistently across all three interviews. The participant who opted for private services communicated the costs involved to be "expensive" (SG1, 186, 254), for the "therapy, and the check ups and everything" (SG1, 189). All three participants conveyed the need for more financial subsidies:

> … I feel like there there needs to be more more… er… subsidy, I think, for for parents (SG1, 197-198)
>
> Ah Singaporean is got subsidies lah… so er $100 $200 plus like that lah… per month (SG2, 569-572)

> … I consider myself as er middle income, … lately I just got a set letter a letter to say that oh you don't get 50% of the transport subsidy anymore, you going to get only a quarter of the subsidy… but but to spend $500 on her per month, is… quite a bit lah I felt. (SG3, 834-842)

As seen from the quotes, there is a range in expenditure as parents strive to provide for their child's education and access to services. Financial subsidies are allocated by "mean testing" (SG3, 827), such that it "help the er low income earners… the one who benefit most lah from the government policy" (SG3, 828-830). Being a "middle income" earner, the parent still feels the financial constraints:

> I also quite I mean I'm struggling four children is no joke you know seriously in Singapore (laughs) (SG3, 950-951)

Another parent also experienced financial limitations. It meant that the parent had to plan and budget her finances, and "cannot extra more already lah" (SG2, 1018), referring to her consideration for signing her child up for extra programmes and classes.

Availability of resources and facilities

The theme around resources revolved around manpower and available facilities. Two parents talked about manpower, where one referred to the shortage of manpower in preschool in relation to being able to provide accommodations and support for children with SEN:

> One thing is manpower lah. They always say… Really manpower, every day say manpower not enough. (SG2, 680-682)

While another spoke about teachers' workload, and it could be inferred that it would be tough for them to support and include students with SEN.

> … maybe of course the teachers are also very busy. (SG3, 810-811)

A parent was keen on sending her child to a "physiotherapy centre" (SG3, 923) where she may attend more frequently "maybe every week… or maybe… every fortnight" (SG3, 924-925), and likened it to the facilities that are made available to the elderly population.

4.2.3.5 Community Awareness and Acceptance

Parental experiences of the awareness and acceptance of their children with SEN within the community emerged as a considerable theme, with similar threads through the parents' accounts.

Invisible condition

All three parents shared their experiences of their child's SEN to be an "invisible condition" (SG1, 169). This meant that others might not be able to tell that they have some SEN and may require additional help or support in some areas.

> … I still have to explain to a lot of people what autism is, and I and I know that you can't see it, like Down's syndrome you can see it (SG1, 727-729)

> … if let's say I don't say he got problem usually people don't know he got problem (SG2, 554-555)

> I think it was not obvious lah, among her classmate she has this issue (SG3, 278-279)

The difficulties faced by parents around the “invisible condition” are described in the next theme, of being ‘judged by others’.

Judgement by others

Parents narrated their experiences of bringing their children out in public and having a difficult moment, and in these situations feel like others were judging them as parents:

> … sometimes he has er meltdowns and he has his temper and frustrations, and there is no way that you can actually control him. And then er… you know of course people will give you looks thinking that oh so spoilt, so spoilt and things like that. But erm, they don't know, it’s an invisible condition so we can’t see er what he is or think he’s autistic but I'm, you know I’m getting used to it (SG1, 165-171)

This account brings to light that the parent’s feelings of helplessness when her child is having a meltdown and has “no way” to control him, yet others who do not know of his condition because it cannot be seen would judge her by ‘giving looks’ and her child for being ‘so spoilt’. However, she is trying to accept that others judge and is “getting used to it”, although this also indicates that this has yet to be fully achieved.

Another parent reports similar experiences when her child has a meltdown “crying crying, then all the strangers will look at you” (SG2, 260). However, on managing her child’s SEN in relation to others, she does not feel the need to explain her child’s needs to them “because I explain already you also don’t know… You don’t fully understand” (SG3, 563-565).

The third participant shared personal experiences with her family around her child’s SEN. She narrated two different encounters with her auntie and her brother-in-law, who made some comments about her child’s walking and ability to climb. It was only then when she shared with them about her child’s SEN and therapy support. However, her personal take on the comments passed was not taken to heart:

> I mean er I don’t blame him lah, because he doesn’t know the root of the problem (SG3, 391-392)

Influence on awareness and acceptance through education from parents, school and the community

Participants all provided some input on their perceptions of the inclusion of their child within the larger community. Parents gave different viewpoints on how to create more awareness and acceptance in the wider community, including influences from parents, schools, and campaigns.

A participant’s experience of the inclusion of her child within the community is put in a nutshell:

> Erm I think in Singapore in general everyone needs to be more aware of it (autism) (SG1, 368-369)

The manner in which this can be achieved was made sense of differently by participants. Two participants held the view that awareness and acceptance can begin through education in schools:

> I guess er… education… feeling of er empathy, caring, … values in action … we bring students to er the home for the aged… the exposure of ya with erm, interacting and communicating with elderly (SG3, 323-335)

> … maybe they can educate the kids, in secondary school (SG1, 733)

Besides providing the exposure and education within schools, parents also showed in their accounts how parents and teachers have an influence on children's awareness and acceptance of others. One parent felt that when children react negatively towards a child with SEN, it is up to the parents to educate their child to be more aware and "not be quick to judge" (SG1, 554):

> Actually kids wise, usually not the kids, usually the parents. (SG1, 545-546)

Another participant showed how teachers have an influence on children's perspective and acceptance of their peers who have SEN:

> … maybe sometimes the teacher will say in front of the children, Bobby naughty ah, … maybe some children will hear oh teacher said Bobby naughty, I don't want friend with you… (SG2, 600-603)

Her experience reveals that teachers' input has a strong impact on children's understanding of SEN and how they can learn to accept and include a child with SEN. This further illuminates the need to spread awareness of differences and SEN in order to include children within schools, as well as in the wider community.

4.2.4 Summary

The overarching super-ordinate themes were congruent between both contexts. However, the sub-ordinate themes within them did not always overlap, and where it did, the lived-experiences of participants would be varied. In the following chapter, the findings from the UK and Singapore quantitative and qualitative data will be brought together and discussed, in making a cross-cultural comparison of parents’ experiences of the inclusion of their child with SEN in preschools.

Chapter 5: Discussion

5.1 Introduction

In this chapter, the research findings from both contexts and methods used will be drawn together in order to address the research questions. This will be discussed in relation to the earlier presented literature, as well as substantiated with additional relevant psychological research that aims to provide a better understanding of the research findings. As Karasz and Singelis (2009) have established, the value of qualitative research in cross-cultural research is in providing an in-depth understanding of psychological variables that could be influenced by culture. In addition, the data analysed using IPA provided opportunity for further exploration around concepts not otherwise identifiable from the items on the PATI alone. For example, it would be difficult to determine if parents had sufficient knowledge of interventions carried out in the classrooms based on their responses on the PATI, but the qualitative interviews provided an insight into these possibilities, substantiating the data.

The overarching integrative research questions that this paper seeks to answer are:

1) What are parents' attitudes and experiences of inclusion of their child with SEN in the early years settings in the UK and Singapore?

2) What factors do parents find supportive in the inclusion of their child with SEN in the early years?

Taking a broad look into the results from the UK and Singapore, the super-ordinate themes that have emerged from the organisation of sub-ordinate themes overlap. Interestingly, the super-ordinate themes ‘parental support and concerns’, ‘within-school support’ and ‘government policies and systems’ reflects the literature around the factors that influence the construction of the meaning of ‘inclusion’. These factors also lead to variation in practices that make the definition of ‘inclusion’ complex. In addition, participants from the UK and Singapore contributed to the themes ‘input from external agencies’ and ‘community awareness and acceptance’ – areas that also have an influence on their experiences of the inclusion of their child in mainstream preschools.

Within these super-ordinate themes, there are some sub-ordinate themes that also coincide between the two countries and some identified themes that are unique to one context. In spite of this, participants’ lived experiences and meaning making carry subtle differences as well as similarities in their experiences of inclusion and practices that they find supportive. The next few sections are aimed at highlighting and examining these findings particularly in relation to the two main research questions.

5.2 Demographics of SEN

The demographics of SEN obtained in this study will first be discussed. Based on the data provided by participants in Part One of the study, there were a higher number of participants’ children who were boys than girls included in both sets of data. Statistics obtained from the DfE (2015) in the UK indicates that the prevalence of SEN is higher in boys, where 4% have a statement of SEN in comparison to 1.6% of girls in the UK. Currently, the only available statistical information in Singapore around SEN is the incidence rate of SEN within the preschool ages (0-6 years old) of 3.2%, and school-going students of 2.5% (7-18 years old) (Steering Committee on the EM, 2012). However, there is currently no evidence that may suggest that the prevalence of boys with SEN in Singapore is higher or different to that of the UK or other countries. In fact, in the EM 2012-2016, the setting up of a research institute to conduct research on the prevalence rates and disabilities in Singapore was raised, with an intention of using the information for the planning of policies.

It would be hoped that this would also provide information around the types of SEN in Singapore so as to contribute to the discussion around similar or different groups of need when compared to the UK, for the purposes of this study. According to the DfE (2015), ‘moderate learning difficulty’ was stated to be the most common type of SEN, followed by ‘speech, language and communication needs’ and ‘social, emotional and mental health’. In this study, only the type of additional support accessed by participants’ children was collected via the parent questionnaire. The types of additional support that parents indicated their child accesses matches the statistics from the DfE, where ‘learning’ was most frequently indicated within the group of UK participants, followed by almost equal numbers of children who access ‘social’ and ‘emotional’ support. The Singapore participants indicated a similar pattern of additional support accessed by their children, showing that the categorisation of need was not dissimilar between the two contexts.

5.3 Research Question 1: Attitudes and Experiences of Inclusion

1) What are parents’ attitudes and experiences of inclusion of their child with SEN in the early years settings in the UK and Singapore?

5.3.1 Feelings and Emotions

The ‘homogeneity’ (Smith et al., 2009) that exists between all six participants lies in their experiences of receiving their child’s diagnosis of SEN and having to journey through it as supporters of their child’s development and education. A study conducted by Mansell and Morris (2004) described a range of emotions, both positive and negative, that parents experienced when they received their child’s diagnosis of an ASD and gave evidence that parental attitudes towards the diagnosis changed over time. Similarly, in this study, participants revealed positive and negative feelings, although there were evidently more difficult emotions expressed by the parents in Singapore. There was also evidence that parents’ feelings altered over time, such as “good experience, at the beginning no, but now now it’s good” (SG1, 688).

Closely related to this, parents in both settings naturally harboured thoughts and voiced concerns about the future. Studies have demonstrated that parents of children with SEN have expressed stress and uncertainty about the future (Baxter, Cummins & Polak, 1995; Elkins, Van Kraayenoord & Jobling, 2003). There was a common thread in the narratives of parents in this study of not knowing what would happen in the future. In addition, parents recognised and talked about the need to continuously review their child’s needs and progress, and make updated, informed decisions along the way.

5.3.2 Parental Constructions of Inclusion and Mainstream Education

In Part One of the study, parents were not explicitly told what ‘inclusion’ was or how it was defined. The terminologies used in the study such as ‘regular classroom’ and ‘severe disabilities’ were also intentionally not explained, so as to elicit parents’ own construction and interpretation of those terms. Parents’ definitions of inclusion were relatively similar within the UK group. When taken together, it meant to parents that their child would be able to participate in activities in the mainstream school with other children.

A Singaporean parent’s definition of inclusion was referred to in the wider context, to be accepted within the “community” (SG3, 289) rather than just in school. It also became apparent that it was important to parents in Singapore that their child does not receive “special attention” within the mainstream setting. This seemed to be closely related to their perceptions about ‘inclusion’, and the sense that any “special attention” granted to the child would imply that he or she was not being treated the same as other children, which was not what they considered to be ‘inclusion’. In addition, a participant from Singapore felt that her child would be better included into mainstream schools where remediation is offered as support for her child through pull-out sessions. This resonates with the type of inclusion described by Norwich and Kelly (2006) where schools regard themselves ‘inclusive’ through the function of pull-out support and resourced units. Interestingly, the Singapore EM 2012-2016 made reference to promoting “meaningful integration of children” (Steering Committee on the EM, 2012, pp. iv) with SEN into mainstream education settings, and within the document used the terms ‘inclusion’ and ‘integration’ loosely and interchangeably. Without a clear definition of ‘inclusion’, it is difficult to determine the policy’s stance of what it means to include, although it is said to promote it. This is especially important in light of a “confused message” around inclusion reported in the UK (Education and Skills Committee, 2006) that prompted an appeal for the Government to clarify its position on the inclusion of SEN, in order to provide direction on its national policies. As such, it would be advantageous for the Singapore Steering Committee of the EM to communicate a consistent message and definition of inclusion at this stage, for the purposes of shaping and strengthening the national policies in line with its approach, such that those involved in SEN can envision and collaboratively work towards.

A common theme that ran through all six interviews was parental preferences for a mainstream education for their child. A key difference between the UK and Singapore as indicated by the themes is that while the UK parents had a clear preference for mainstream education, the participants from Singapore primarily wanted to be given an opportunity for their child to attend a mainstream school. One possibility for this could be due to some fundamental differences in the preschool education systems. In the UK, there are preschools that are attached to primary or junior schools, where children attend full-time school in Reception when they are four to five years old before going on to Year One. Therefore, being in a mainstream preschool setting would seem to be a precursor to mainstream primary education that parents would ‘prefer’ to stay in. In Singapore, preschool settings are generally independent of the primary schools, thus the parents may treat formal schooling as the time their child goes into Primary One (equivalent to Year One in the UK). As a result, the idea of mainstream may be associated to enrolment in Primary One for the Singapore parents, while the UK parents considered mainstreaming from the early years.

Another notable process that parents in Singapore highlighted was the need for their child to undertake an IQ assessment before they could register into school. Parents’ accounts seem to suggest that their child’s placement into mainstream or special school is dependent on their performance during the assessment. The MOE (Singapore) Professional Practice Guidelines recognises parental choice on educational placement options and that parents should be advised and guided to make informed decisions (MOE, 2011). However, it is unclear to what extent participants in this study understand that they are able to make that choice, as the IQ assessment was cited in reference to making that decision. Parents’ hopes for their child to be given a “chance” to attend mainstream education suggests that they do not feel that they can express a choice, but depend on whether they are ‘permitted’ to based on the assessment criterion.

5.3.3 Class sizes

Although the guidelines to class sizes in the early years both in the UK and Singapore are relatively similar, the experiences related by parents showed some discrepancies in the teacher:student ratio. More staffing was reported by the UK parents. While one child was receiving one-to-one support, another shared that there were “four or five” (UK3, 160) members of staff within the classroom providing support. In contrast, one Singaporean parent evidenced that there were “two teacher or one teacher” (SG2, 397) within a class of “22 or 20” (SG2, 396) students. A smaller class size was mentioned in the EIPIC setting of about five to eight pupils. Evidently, the size of the class or teacher:student ratio is an aspect that both groups of parents have raised to be part of within-school support, and felt that their child may benefit from being in a smaller group.

5.3.4 Acceptance and Treatment in School

Within both groups of parents, the acceptance and treatment of their child in school emerged as a common theme. However, the UK participants consistently reported more positive experiences on the acceptance and treatment within school, while there was a mixture of narratives in this aspect from the Singapore participants. This theme closely relates to the “child acceptance and treatment” (items 2 and 4) dimension on the PATI, and some items (7 and 11) on the “mutual benefits of inclusion”, which considers the treatment from other children, feelings of being left out by them, and becoming friends with them. As earlier reported, parents from the UK had more positive attitudes on these items relative to the Singapore respondents, which also seems to be reflected in the experiences from the interviews. This could be due to systematic differences in the way UK and Singapore parents responded on the attitude scale, such that Singapore participants provided lower ratings on the scale. Indeed, evidence in the literature revealed that East Asian students tended to choose mid-point ratings, while American students were more likely to choose extreme values on a rating scale (Chen, Lee & Stevenson, 1995). The authors interpreted this in relation to collectivist and individualistic cultures, where individualism was associated with more frequent use of extreme values, as similarly observed in the responses from

UK parents. However, more importantly, these differences in response styles did not have an impact on cross-cultural comparisons when response biases were controlled for (Chen et al., 1995) and can therefore still be meaningfully deliberated.

The UK interviewees felt that their child was accepted by their peers and in the school community as a whole, and there was an overall acceptance of every child in an inclusive environment. Within a small sample of three interviewees, there was variation in the Singapore parents' experience of acceptance and treatment of their child. One parent felt that there was progress in the way her child was being accepted as he started to play with other children who made an effort to include him, while another's experience was that her child was sometimes rejected by his peers in preschool. Another participant related 'more' acceptance in the EIPIC centre, because the other children who attend also have SEN. Research suggests that parents of children with significant cognitive disabilities have more positive attitudes of inclusion when they rate the school's role in developing social outcomes highly (Palmer et al., 1998), and interviewees stressed that mainstream settings are an avenue for social interaction. This theme shows that the social acceptance and treatment of children with SEN plays a significant factor in the parental experience and attitudes of including their child in mainstream education.

5.3.5 Judgement by Others

A standalone theme that emerged from the Singapore participants was around their child's condition being "invisible". Parents' narratives revealed some of their experiences where others might not be able to tell that their child has SEN that might require additional help or support, because it is not an obvious or visible condition such as “Down’s syndrome” (SG1, 728), not just within school settings but also in the community. In the same way, Barnard, Prior and Potter (2000) described autism and Asperger syndrome as a “hidden” disability and a complex condition, making the notion for inclusion harder to achieve especially when the community has a low awareness and understanding of the conditions. Thus, perhaps by raising awareness of “invisible” conditions within the community, society might become more understanding and accepting of individuals with differences and progress towards ‘inclusion’.

Particularly when others do not fully understand or recognise their child’s conditions, parents in Singapore discussed their experiences of being judged when they are out in public with their child. Similarly, two parents from the UK shared instances when they felt that others were judging them. It was apparent that participants from Singapore felt uncomfortable when their child had a meltdown in public, and due to the fact that others cannot ‘see’ their child’s condition, would pass judgements on their behaviour and perhaps, the participants’ parenting skills.

Although parents in the UK also felt that judgements were being passed on them, it was less related to their child’s behaviour in public settings. One parent was made to feel that she had made a wrong decision for keeping her child with Down’s syndrome when she delivered in the hospital, while another related an incident about people telling her that her child needs to be out of the pram, but not recognising that she has to deal with the difficulties of making her daughter walk when her joints hurt. The experiences of parents from both settings may contain subtle differences, but nonetheless disclosed feelings of being judged by others. Parents also gave their opinions on how this could be turned into a supporting factor, as elaborated in section 5.4.7.

5.4 Research Question 2: Supporting Factors

2) What factors do parents find supportive in the inclusion of their child with SEN in the early years?

5.4.1 Parents as Advocates

Although parents had to deal with their personal feelings, they continued to be advocates for their children, a role that they took upon themselves in several ways. Firstly, two UK participants expressed their experience of having to “fight” (UK2, 77) a “battle” (UK1, 156) for the support that their child needed, and another UK participant and a Singapore parent were actively asking and requesting for help from the school. This seems to be a very critical role that parents play in order to ensure that their child receives the support that they require. These findings are in line with Stoner and Angell’s (2006) study of parents of children with ASD, where parents reported that they took on the roles of being a supporter, an advocate, a negotiator and a monitor as they interact with school personnel. An interesting proposition put forward by Bennett et al. (1997) was that when parents become strong advocates for their children, it becomes a possibility that they will find themselves as an opposing party rather than construing themselves to be part of a team working towards providing for their child. However, as children depend on their closest people for support, parents may find themselves naturally being the active force to speak up and act on behalf of their child who would otherwise be ‘defenceless’.

5.4.2 Communication

Studies have identified supportive communication between teachers and parents as a key element for successful inclusion (Bennett et al., 1997; Frederickson, Dunsmuir, Lang & Monsen, 2004). The parents included in this study have also clearly indicated that they value the communication they have with the school. The manner in which communication is facilitated between parents and schools in the UK is through regular meetings, where discussions are held and targets are set for the child. Through this, parents conveyed having a positive relationship with the school. Indeed, there is evidence that good communication skills lay the foundation for respectful and reciprocal relationships between teachers and parents (Lake & Billingsley, 2000).

The communication that participants from Singapore had with their child’s schools appears more limited and ad-hoc, which could be the reason that the theme of developing a relationship with the school did not surface as prominently as compared to the UK participants. Participants from Singapore spoke about a willingness to share with the school their child’s needs and communicate information from therapy or intervention services to keep the preschool aware. They also reported that the school would update them about their child, although these were not at formalised or scheduled meetings. In addition, one participant felt that she received more updates from the EIPIC teacher than she did from the mainstream preschool. It would be ideal to have more frequent two-way communication channels, as experienced by the UK parents, so that stronger relationships may be built between parents and teachers which can facilitate problem-solving and negotiation should the need arise (Lake & Billingsley, 2000).

Participants from Singapore felt that preschools and EIPIC or therapy services provided complementary support for their child, and that collaboration between settings would be helpful to provide consistency and to bridge the gaps between the child’s learning in two environments. This might inform the findings on the PATI, where participants from Singapore scored the lowest in attitude on item 9 (whether their child would be able to access the necessary special services available a special education classroom, whilst attending regular school). With the complementary support that they receive from their child’s preschool and intervention services, it is plausible that parents perceive them as discrete services.

The Singapore participants’ accounts revealed that they often found themselves being the middleperson, communicating information between the preschool and intervention services, which they felt would be better if settings could work more directly with one another. In fact, multi-agency working brings about more effective services by bridging gaps and result in smoother implementation of programmes and interventions (Atkinsons, Jones & Lamont, 2007). In this case, strategies from therapy and interventions as well as academic learning and targets from school could be communicated and shared for more effective support. Nevertheless, parents from both groups shared that they appreciated having opportunities for two-way conversations with the school to support their child.

5.4.3 Differentiation, Accommodations and Target Setting

One of the most contrasting findings between the UK and Singapore is that of differentiation or accommodations catered to the child’s needs. Participants in the UK described how their child was supported in the mainstream classroom through differentiated work or accommodations made through the use of equipment, and felt that it was supportive towards the inclusion of their child. This reflects the positive attitudes that were reported on the PATI around accessing extra help and special services (items 6 and 9) in the regular classroom, although the statement on the modification of lessons was not as positive (item 5). A study with teachers indicated the importance of having to differentiate tasks in order to meet the needs of children with SEN (Avramidis, Bayliss & Burden, 2000), and it has been shown that pupils with SEN can make progress in mainstream settings when differentiated work and teaching strategies are used (Manset & Semmel, 1997).

On the other hand, however, participants from Singapore noted that their child was not receiving additional support in their preschool, although there was also a sense that it was not something they had expected to be provided if their child were to be included in a mainstream classroom. Responses on the PATI were less positive about their child receiving extra help in comparison to the UK attitude scores (item 6). More specifically, parents’ definition of inclusion that encompassed not receiving “special attention” emerged again, which could be the reason for an acceptance of a lack of differentiation. ‘Othering’ is a concept that describes a process of defining and identifying those who are different from the self, creating marginalisation or exclusion of ‘the other’ (Johnson et al., 2004). The definitions that parents provided could be conceptualised by ‘othering’, as they construct their own identities in relation to others, with a sense that they hope (their child) to be distanced from being ‘the other’ and want them to be treated the same.

Target setting also occurred differently between both contexts. Goal setting and progress monitoring are critical elements for developing the academic outcomes of students, including those with SEN (Shapiro, 2008). In alignment to this, parents in the UK reported that the discussion of IEPs and target setting usually occur during the organised parent meetings every two or three months.

Drawing this theme to the Singapore context, the EM has looked towards the “experiences from countries more progressive in SPED” (Steering Committee on the EM, 2012, pp.3-23), presenting case studies from models adopted by other countries. Unsurprisingly, it was highlighted that schools in the UK use IEPs to keep parents notified of the provisions in place for their child, as the parents in this study have discussed. This practice is also commonplace in the USA, Canada and Hong Kong. In contrast, there was no mention of IEPs or target setting in the mainstream preschools by participants from Singapore. Rather than being an individualised plan that documents a child’s needs and targets, a parent implied that the function of the EIPIC checklist process was to organise and allocate appropriate therapy sessions for the child over the next term. Although acknowledged in the EM 2012-2016, it would seem that the implementation of IEPs, target monitoring and setting processes still has some headway to make in Singapore.

5.4.4 Transition Support

One of the sub-ordinate themes present exclusively in the UK data was transition support. Participants found it very supportive to have transition support from the school as well as external agencies such as Portage, particularly discussions held in advance of the actual transition. Transition support is considered to be good practice in enabling the child to have a successful placement (Council for Disabled Children, 2010). The idea of the transition support process is for parents, practitioners and those involved in the child's education to share knowledge about the child to plan and provide arrangements for the child's settling in to the setting (Council for Disabled Children, 2010). The theme on receiving transition support was not mentioned by participants from Singapore, as it was not something that they had experience of.

5.4.5 Multi-Agency/External Agency Support

The reference to 'external agencies' was based on parents' reference to a range of agencies that have supported them in their journey towards an inclusive education for their child. Coincidentally, the references between both countries were not vastly different, although the exact services may be individual to the practices in the local context. 'External agencies' generally included the hospitals, therapists, local authority set-ups and services (UK) and external programmes (Singapore). In Singapore, the agencies were distinguished between public and private sectors.

Parents in the UK received multi-agency support for their child, such as from therapists, deaf and impairment team, and Portage. One parent's account substantiated evidence in the literature as she benefited from multi-agency collaboration and working (Atkinsons et al., 2007). The experience of parents in Singapore on the involvement of external agencies was that their child would access therapy from either the hospital or from the intervention centres. Once parents accept a place in EIPIC, their child would be discharged from the hospital and receive therapy from EIPIC. It is hypothesised that in so doing, the approximate three-month waiting list for therapy services in the hospitals will be relieved, and children may receive more regular support from the EIPIC centres. However, one parent expressed her reservations about her child receiving the support that she wishes for her to have in EIPIC, and felt that her child may benefit more from therapy sessions that purely concentrate on the area of her child's needs.

In addition, participants in Singapore provided examples of some of the public talks and seminars that they were able to attend. However, both parents shared a consensus that the sessions were not as useful as they had hoped. Some reasons cited for this was the use of unsuitable language for the target audience, content not directly relevant to child's age, and strategies that were found to be ineffective. This feedback serves to inform agencies when organising future talks and events for parents, to be more aware of the use of language, content and application.

5.4.6 Statutory Processes and Resources

Government policies and systems have a large influence on the national direction towards inclusion. As introduced in the history to special education, government legislations in the UK have worked towards including children with SEN (Frederickson & Cline, 2002). In the context of Singapore, inclusion has also started to make headway into government policies for around a decade now. Central to this theme is the subject of financial support that influences the sort of support and provisions available across all the other sub-ordinate themes.

A significant area of difference between the two contexts impacting on the difference in parental experiences is the existence of the statutory process in the UK for the assessment and provision of SEN. As described in the SEN Code of Practice 2014, all mainstream schools are resourced to provide for all pupils including those with SEN, through a local funding formula. Where the cost of special educational provision exceeds the nationally allocated amount, the local authority should provide the additional top-up funding to cater to the provision (DfE & Department of Health, 2014). For students with an EHC plan, the local authority has to make provisions for meeting the child’s educational, health and care needs to secure the best outcomes for them.

In terms of parents’ understanding of the statutory or EHC plan process, two UK parents were aware of the process while one parent did not have any knowledge of it. Of the two, one participant’s child had an EHC plan that ensured that her child was provided with the one-to-one support that she required in school. White, Macleod, Jeffes and Atkinson (2010) conducted interviews with heads of SEN services across 26 local authorities. It was found that parents are usually reliant on the information and advice provided by schools, and that schools vary in the quality of advice offered. This could be the reason for the varied experiences of the parents being aware of the statutory processes. In addition, the study also found that parents were not adequately informed of the extent to which funding is commissioned to schools, and as a result have a lack of understanding of the local authorities' responsibilities towards provision as well (White et al., 2010). It would be superfluous to have a system of provision in place but have its 'consumers' unaware of its utilisation. The authors suggest that this may be resolved through having regular open meetings with parents, communicating the roles played by various people within and outside of school, actively engaging them in the process to avoid parental dissatisfaction and loss of confidence in the system. This resonates with an earlier theme around communication and building a relationship between parents and the school and reinforces the importance of open communication.

In fact, the observations reported in White et al.'s (2010) study seems quite relevant to one UK participants' narrative. The participant made reference to a "lack of funding from council" (UK3, 198) as a reason for a lack of provision from the school. It is also notable that the participant did not demonstrate as strong and trusting a relationship with the school that the other participants had shown, reinforcing the significance of having an open, two-way communication channel on the provision of support for children.

Another difference in provision available in the UK is the National Health Service (NHS), where anyone who is a UK resident can access free healthcare, with the exception of prescriptions and some services. Participants in the UK had access to therapy services, such as occupational therapy and speech therapy at the hospitals, a service that is covered by the NHS.

In contrast, with neither the statutory process nor the NHS in Singapore, parents consistently raised the financial costs that had to be borne by them to support their child's SEN. One participant opted for private services, including check-ups, assessments, and therapy, more so as a solution to a long waiting time at the public hospitals, which meant that the costs encountered would have been higher than the cost of services provided in the public sector. In addition, subsidised rates are available for the services within the public hospitals, therapy and intervention centres, which are not available when parents choose to access services in the private sector. The amount of subsidy that children with SEN in Singapore may receive is subjected to means testing, and is dependent on the household income. For example, a child who is enrolled in EIPIC will receive a basic subsidy of about £250 a month, and on top of that receive additional subsidy based on the per capita income (Ministry of Social and Family Development, 2014). Nevertheless, participants cited financial limitations and having to think twice about further expenditure on programmes, especially when they have more than one child to provide for.

A common theme for participants in Singapore was the availability of resources, particularly in terms of manpower and staff, and in suitable facilities that can serve to support their child. Similar needs have been reported in the EM 2012-2016, with a need to develop more trained teachers and therapists to deliver quality services in the EIPIC and early years sectors. Frameworks have been put in place to address the shortage of personnel, including efforts to attract and retain quality professionals with competitive remuneration, and collaborating with institutes of higher education to develop quality degree and post-graduate programmes (Steering Committee on the EM, 2012). Even so, the sentiments on the ground as reflected by interviewees show that parents have yet to experience the gains from measures to expand and retain personnel in the special education sector.

5.4.7 Developing Awareness and Acceptance

Parents across both groups shared a sense that one practical way around developing awareness and acceptance from others is through parental influence and education in school. One parent’s experience was the inclusive physical environment that was present in her child’s school, such that children do not “know any different” (UK1, 767). As such, other children come to be aware of and accept their peers with differences, and this perception can last throughout their lives. Apart from inculcating acceptance from peers, teachers have a key role to play when it comes to influencing children’s inclusion perspectives. A parent from Singapore illustrated this through her example. Her child’s teacher had said to the class that he had been “naughty” (SG2, 601), and his peers picked up on that and did not want to be friends with him. The literature reinforces that children with SEN can become marginalised and excluded when their teachers and peers hold negative attitudes of inclusion, feeling bullied or develop low self-esteem (Weng, Walker & Rosenblatt, 2015). When teachers hold positive views about SEN, inclusive practices and beliefs can be promoted among young children to encourage the acceptance their peers in mainstream schools (Hobbs & Westing, 1998). Two respondents from Singapore also felt that it would be beneficial to provide education in schools promoting an awareness and acceptance of individual differences, which pupils could then take into the wider community in the future. A UK participant validates this idea, that children take in influences from school that “takes them through life really” (UK1, 774).

Finally, two parents out of six agree and believe that children learn from their parents how to respond to others who may be different from them. Social learning theory purports that children learn behaviours and develop ideologies based on the behaviour of people significant to them (Bandura, 1997). Besides teachers, parents are key players in the development of children’s beliefs around the inclusion of peers with, and even without, SEN.

5.5 Summary

This study recognises the inherent structural differences between the UK and Singapore in its educational systems, yet there are several interesting findings derived from the study. There were similar themes that emerged from the UK and Singapore findings around the experiences of the inclusion of participants’ children in preschools, but the actual lived experiences carried subtle differences that were expressed in the details shared in the interviews. On the other hand, there were themes that have been termed differently to bring out the distinctive features that were drawn from the interviews, which had a broader overlapping topic between the two contexts. Lastly, several themes were present exclusively in one setting, primarily the products of differing educational systems and governing policies at the present time.

Chapter 6: Conclusions, Limitations and Implications for Practice

6.1 Conclusions

The aim of this research is to explore parental attitudes and experiences of inclusion in the early years and to identify the factors that influence their experience. The study capitalises on the experience that the UK possesses around the practice of inclusion with opportunities to be enhanced over the years, and the fact that policies and the implementation of inclusive practices are still in their infancy in Singapore relative to the UK. Another objective of this paper is to examine and compare the findings of parental experiences on including their child with SEN from the UK and Singapore cross-culturally, to identify practices that parents find supportive to inform future practice in either country.

The quantitative findings from the PATI questionnaire revealed some overall differences between the attitudes of parents in the UK and Singapore on inclusion. On average, the responses of participants from the UK were higher than that of participants from Singapore, showing that they held more positive attitudes towards inclusion. Semi-structured interviews were conducted with a group of three participants from each context, and analysed separately using IPA. Through this piece of mixed methods research, the qualitative and quantitative findings were triangulated, serving to complement, develop and expand the scope of the research. Taken together, the findings substantiate some of the available literature on inclusion as well as supplement current knowledge around the influences on parental experiences of inclusion.

One of the most salient things that parents' narratives have illuminated in this study is the complexity involved in this notion of 'inclusion'. Parents have developed their own interpretations of what it means to include their child in preschool, clearly making sense of their experiences in relation to the context within which they live. Although both countries are at different stages of thinking about inclusive education, parents' accounts engage along several systemic levels that have highlighted the value of support from schools, external agencies, the government and the wider community. More importantly, these levels are inextricable from each other within each context, and are closely interrelated as parents' lived experiences have shown. The parental experience of inclusion demonstrates that that it is indeed socially constructed within different communities (Burrell & Morgan, 1979).

Drawing back to the philosophical underpinnings of the inclusion, there remains some vagueness in both contexts on what inclusion truly implies. There seems to be a critical need for clarity around the government's definition and stance towards inclusion, given the relationship between educational policies and inclusive practices. Interestingly, after several years contending for inclusion, Mary Warnock called for the need to re-think inclusion sharing her immense concern that statements were instead barriers to 'good' inclusion, urging the need for specialist provisions (Warnock, 2005). However, she continued to advocate inclusion where the child's well-being and sense of belonging can be addressed to enable productive learning. Thus, politically motivated or not, it remains a key issue to develop a well-grounded system that applies good practice and principles for inclusion to be implemented, as it is insufficient to rely on an idealistic philosophy.

A theme that parents in the UK and Singapore shared was their support and concern for their child, as they begin and embark on a journey through educational life with their child beginning at preschool. Recognising a range of emotions that they experience around their child's SEN, they continue to be strong advocates for their children in ensuring that their child receives the support that they require. With some variation in their definitions of 'inclusion', parents were consistently in favour of a mainstream education for their child, even if it was just to be given that opportunity or 'permission' to. It should be recognised, however, that this could be an implication of selecting interviewees based on their ranking of scores on the PATI from the most positive in attitudes. The UK parents grasped parental choice in educational placement, but the Singapore interviewees seemed to rely on the outcome of a pre-entry assessment by the psychologist at the hospitals.

Parents in both settings valued an open two-way communication with the school. The UK interviewees exemplified how communication can develop positive and stronger relationships between parents and the school. This in turn, makes a difference in how parents perceived other forms of support, such as their child's acceptance in school, provision of differentiated and targeted work, and sharing of information around statutory and/or local authority processes. While parents in the UK experienced differentiation to cater to their child's needs, parents in Singapore cope with a different system of provision when their child has an SEN. On top of attending a mainstream preschool, children with SEN in Singapore receive additional support from external intervention services and programmes that complements their education in a mainstream setting. In addition, there was little evidence for accommodations or target setting experienced by Singapore parents, but this could be in fact related to their constructions of inclusion, not wanting their child to receive “special attention”. Both groups of parents contended that more available manpower in school would be useful to cater to their child’s SEN. As parents from both contexts view mainstream settings as a social environment for children, the acceptance and treatment from peers and teachers in school was another noteworthy theme arising from this study.

Conceivably a product of the different healthcare and education systems, parents in Singapore reported higher financial costs incurred in their experiences of supporting their child with SEN, although they also mentioned receiving subsidies. Statutory processes in the UK seek to ensure that children’s education, health and social care needs are being provided for and met, and can be seen as a facilitation of resource allocation. However, schools have to play an active role in communicating the various responsibilities of the school and local authority to parents.

Finally, participants from both contexts recognised the importance of parental and educators’ influence in children’s awareness and acceptance of individual differences. By beginning with education within schools, children and young people can take their understanding and attitudes towards inclusion into the community. In turn, parents’ experiences and feelings of judgement from others will become less of a strain, and their child may experience quality inclusion within schools and in society.

6.2 Limitations

There are several limitations to this study that this section aims to highlight. Issues of generalizability, limitations of the research tools will be presented along with an opportunity for reflexivity in this research process.

6.2.1 Issues of generalizability

One of the key limitations of this study is the generalizability of the data. Firstly, due to the small sample size of 14 respondents from both contexts in Part One of the study, inferential statistics could not be generated to indicate significant findings that may be generalizable to populations. As such, the descriptive statistics are only appropriate in providing information about the group of respondents, rather than to be generalised to a wider group of people. Similarly, the study included only three interviewees from each setting to participate in Part Two of the research, selected by means of their responses on the PATI. In IPA, homogeneous sampling is purported for the in-depth study of a particular group of people, by minimizing the variability of the group (Smith et al., 2009). Although purposive sampling was endeavoured in this study, it is noted that there was a spread of participants in attitude ranking who took part in the interviews, instead of the top three ranking participants. As a result, it should be acknowledged that there is a possibility that this may have introduced a larger variability of experiences and parent accounts during the interviews, instead of having a more focused and homogeneous group of ‘highly positive’ narratives. Particularly for a comparative study, Smith et al. (2009) recommend involving more participants (of about five) in one group, while only three participants were included in each group, in part due to the small sample size and time limitations.

Given that inferential statistics were not appropriate in this study, issues of reliability and validity as tools related to a positivist epistemology (Golafshani, 2003) were not applicable. Instead, it was possible to triangulate the data to address issues of reliability and validity within this study (Cohen et al., 2011).

6.2.2 Limitations of research tools

There are some limitations of the research tools that were selected for use in this study. The PATI was developed for use with parents of children with severe cognitive disabilities in the US. It was adopted for use in this study with measures taken in the pilot study to ensure that it was suitable to be used in both contexts. However, it posed a limitation in that the questionnaire has not been tested for validity in both the UK and Singapore, and therefore may be measuring different theoretical constructs.

Another limitation of this study was the lack of a pilot study for the interview schedule that was used, due to the difficulty of carrying out an interview with a parent in Singapore when the research was initiated, and confined by the number of participants available to choose from while taking into account the need for homogeneity within the sample.

While mixed methods phenomenological research is increasingly gaining recognition for its contributions to research (Mayoh & Onwuegbuzie, 2015), many combinations of mixed methods are considered innovative since there are wide ranging possibilities that studies can undertake. This study employs the use of quantitative data to provide orientation and identification of participants for the phenomenological research analysed using IPA, with other researchers using similar methods (e.g. Dima & Skehill, 2008), but may be considered a novel approach within the field of education that will benefit from further justification.

It was a challenging process throughout the research journey to ‘bracket’ (Husserl, 1927) and put aside the taken-for-granted knowledge that I have of both contexts, especially during the conducting of interviews and analysis. During those processes, I often thought about the extent to which I was able to bracket my unique positionality in this research, as a trainee EP in the UK for two years and with a year returning to the Singapore system where I have grown up. However, more importantly, I have learnt the value of reflexivity in developing myself as a researcher to become aware of my experience with the participant, where the data is co-constructed. For example, during the transcription process I was able to pick out the use of my language, expressions, and instances of jumping in too quickly that has formed part of the weaknesses of this research. It has thus become of great importance to me if I were to embark on future research, to be conscious of my pre-existing concerns and knowledge and how this may influence my interpretation in this kind of research.

6.3 Future Directions

While the findings of this study sheds light on the attitudes and experiences of parents on the inclusion of their child in preschools within the UK and

Singapore, there are areas that can be further explored to extend the findings of this study.

Some suggestions for future research include incorporating larger sample sizes from both contexts and for both quantitative and qualitative samples, so as to increase validity and minimise bias. Given that the sample was taken from one region within the UK, more responses from a wider area will be more representative of the nation. This would enable greater generalizability of data, and aid in the selection of participants to ensure greater homogeneity of the groups under study. It would also be interesting to shift the focus for homogeneity to the respondents who ranked the least positive on the PATI to be interviewed. In addition, further studies to validate the PATI questionnaire in other contexts for use with different populations would be beneficial for research as well as practical use with parents.

Within the field, it would be useful to explore the use of mixed methods phenomenological research so as to provide a philosophical foundation and justification of its contributions so that it may be employed in other research designs. Other cross-cultural comparative studies may be conducted in this area between countries that are roughly at the same pace of inclusive practices as well as educational systems, to provide a better comparison of good supportive practices.

With the broad base of findings gathered from this research around factors that parents find supportive in the inclusion of their child, it would be interesting to further explore the individual factors in greater depth so as to draw out more focused practices that can be promoted and inform good practice. Further, the experiences of teachers and other key players of inclusion, such as school leaders and other practitioners from external agencies may be investigated to bridge any gaps in the inclusion of children with SEN in preschools.

6.4 Implications for Practice

The value of this piece of research is in its potential to promote positive social transformation (Egbo, 2005) through the findings. While it may take time to influence government policies and initiatives on the larger scale, there are some tangible actions that can be taken by practitioners to support parents in inclusive education in the early years. The reason for the focus on parents in this study hinges on the critical role that they play in their child's life and on making key decisions that will subsequently impact on their child. When parents feel supported in including their child with SEN into mainstream preschools, it sets the foundations for the remaining educational journey that they will be making with their child. This section makes suggestions for professional practice that are applicable to both contexts as they were found to be general good practices and supportive to parents.

Firstly, recognising that parents experience a mixture of feelings and emotions from the time they learn about their child's SEN, and that it changes over time would be a helpful first step to supporting parents with their child's SEN. Parents shared their experiences of difficult moments at times, but they continue to be their child's advocate so as to ensure that they receive the right support for their learning and development. Moreover, it can certainly be disconcerting for parents to have a lot of uncertainties about the future, and being provided with various forms of support has the potential to offer comfort and reassurance.

When working with parents, communication is one of the key factors that parents expressed to be supportive as they strive to include their child in school. Efforts to facilitate communication between parent, school and external services or agencies, such as multi-agency meetings can serve to develop communication that is supportive for the parent and the child. Importantly, having open and shared conversations focused around the child may strengthen relationships between parents and the school or other services. This may also be assisted through direct information sharing between schools and agencies. For practitioners, this may translate into organising regular meetings for the purposes of setting targets for the child (plan), carrying out differentiation or accommodations (do), and evaluating progress over periods of time (review).

Participants in this study have also shown recognition for the role that teachers play in supporting their child with SEN in school. Consideration for the availability and provision of manpower and resources within the preschool context is not only valuable to parents, but to teachers in meeting children’s needs. Where resources are more readily available, such as having lower teacher:student ratio, the effectiveness and efficiency of resource allocation will be useful to be looked at.

Finally, positive attitudes towards inclusion of SEN within the school and the community should be developed and encouraged, perhaps beginning within schools. By creating and maintaining awareness and conversations around

SEN, practitioners and educators can promote schools as a platform for students to learn about various types of SEN and play an active role in including and supporting their peers. With greater understanding, awareness and acceptance of individuals with differences, the campaign towards ‘inclusion’ may be realised within a multi-dimensional system.

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Tables

Table A1 Timeline of the Data Collection Process

Table A1

Timeline of the data collection process

Month	UK	Singapore
May 2015	Pilot study	Pilot study
June 2015	Data collection (Part One)	
July 2015	Preliminary analysis Interviews (Part Two)	Data collection (Part One)
August 2015	Transcription	
September 2015		Preliminary Analysis
October 2015		Interviews (Part Two)
November 2015		Transcription

Table A2 Final Sample of Interviewees

Table A2

Final sample of participants in the qualitative phase and their characteristics

Interview number	UK		Singapore	
	Rank on scale	Participant characteristics	Rank on scale	Participant characteristics
1.	3rd	Mother Child accesses support for physical, learning, social and emotional areas. Diagnosis of Downs' syndrome.	8th	Mother Child accesses support for learning, social and emotional areas. Diagnosed with 'level 2' autism ("requiring substantial support" based on DSM-5) and speech delay.
2.	4th	Mother Child accesses support for physical areas. Diagnosis of hypermobility and femoral anteversion (hips turn inwards).	7th	Mother Child accesses support for physical, learning and social areas. Speech delay.
3.	9th	Father Child accesses support for learning areas. Speech and language delay.	1st	Mother Child accesses support for physical and learning areas. Diagnosis of mild hypotonia.

Table A3 Description of the Data Analysis Process

Table A3

Steps and description of the data analysis process

Steps	Description of analytic process
1. Reading and re-reading	The audio recording was replayed alongside the transcript to recall and become more familiar with the manner in which things were said. Immersion into the data through reading and re-reading, so that the participant's narrative becomes the focus of analysis.
2. Initial noting	Initial noting around content and language was conducted at an exploratory level, through free textual analysis of things that come to mind when reading the narrative. The aim of this stage was to closely analyse the text and generate a detailed set of notes on the data, from descriptive to conceptual, interpretative noting.
3. Developing emergent themes	Working with the exploratory notes to identify emergent themes on segments of transcript. Themes are concise phrases capturing the crux of the piece of transcript, reflecting both the participant's original words and the analyst's interpretation. Consideration for the hermeneutic circle is given, with interpretation of the part in relation to the whole text and vice versa. Appendix G illustrates an example transcript (UK1) with exploratory comments and emergent themes.
4. Searching for connections across emergent themes	Exploring ways of drawing emergent themes together, providing organisation and structure to the analysis highlighting the most important and interesting aspects of the narrative. Some ways of making connections between themes included:

	Abstraction – grouping similar themes together and developing a super-ordinate (overarching) theme Subsumption – emergent theme becomes a super-ordinate theme Contextualisation – identifying contextual, cultural and narrative themes Numeration – frequency of emergent themes occurring Function – function of the language used by the participant
5. Moving to the next case	The next participant’s transcript was analysed using the same iterative process from steps 1 to 4. Each account was analysed on its own, giving scope to its individuality by bracketing ideas from earlier narratives as much as possible.
6. Looking for patterns across cases	Searching for patterns across cases, reconfiguring and rewording of sub-ordinate and super-ordinate themes to represent the idiosyncratic qualities as well as the shared higher order concepts. Themes that were present in only one out of three interviews (within each context) were excluded. Transcript abstracts for each emergent theme were compiled in soft copy at this stage (see Appendix H for a sample).

Table A5 Participant Ranking of Scores on the PATI

Table A5

Ranking of scores from the most positive attitudes

	UK		Singapore	
Attitude rank	Participant number	Score	Participant number	Score
1	U14	66	**S10 (SG3)**	**52**
2	U10	66	S11	47
3	**U11 (UK1)**	**65**	S02	46
4	**U02 (UK2)**	**63**	S03	46
5	U01	57	S06	46
6	U07	54	S13	45
7	U03	53	**S09 (SG2)**	**44**
8	U16	52	**S04 (SG1)**	**42**
9	**U06 (UK3)**	**51**	S16	41
10	U13	50	S07	40
11	U09	46	S15	39
12	U04	43	S12	36
13	U08	39	S08	34
14	U15	37	S01	34

Table A6 Raw scores for ‘Quality of Educational Services’

Table A6

Raw scores for ‘quality of educational services’ (items 5, 6, 9 & 10).

		5. It is impossible to modify most lessons and materials in a regular classroom to truly meet the needs of my child.		6. If my child were to spend a lot of time in a regular classroom, he/she would end up not getting the extra help he/she needs.		9. If my child were to spend much of the day in a regular classroom, he/she would end up not getting all the necessary special services that would be provided in a special education classroom.		10. A regular education classroom provides more meaningful opportunities for my child to learn than does a special education classroom.	
Reference	No.	UK	SG	UK	SG	UK	SG	UK	SG
Maximum	1	6	5	6	6	6	5	6	6
	2	6	5	6	5	6	4	6	5
	3	6	5	6	5	6	4	6	5
	4	6	5	6	5	6	4	6	5

	5	6	3	6	5	6	4	6	5
	6	5	3	6	4	6	4	6	5
Median	7	5	3	6	4	6	3	5	4
	8	3	3	5	4	5	3	5	4
	9	2	2	5	3	5	2	5	4
	10	2	2	5	3	4	2	4	3
	11	2	2	4	3	3	2	4	3
	12	2	2	2	2	3	2	4	1
	13	2	2	2	2	2	1	3	1
Minimum	14	2	1	2	2	2	1	2	1

Table A7 Raw scores for ‘Mutual Benefits of Inclusion’

Table A7

Raw scores for ‘mutual benefits of inclusion’ (items 1, 3, 7, 8 & 11).

		1. The more time my child spends in a regular classroom, the more likely it is that the quality of his/her education will improve.		3. When a student with severe disabilities is enrolled in a regular education classroom, the positive benefits to the regular education students outweigh any possible problems that this practice may present.		7. If my child were to spend much of his/her day in a regular classroom, he/she would end up becoming friends with regular education students in that room.		8. The quality of a regular education student's education is enriched when a student with severe disabilities participates in his/her class.		11. The more time my child spends in a regular classroom, the more likely it is that he/she will be treated kindly by the regular education students in that room.	
Reference	No.	UK	SG	UK	SG	UK	SG	UK	SG	UK	SG
Maximum	1	6	5	6	5	6	6	6	6	6	5
	2	6	5	6	5	6	5	6	6	6	5
	3	6	5	5	5	6	5	6	5	6	5

	4	6	5	5	5	6	5	6	5	6	5
	5	6	3	5	4	6	5	5	5	6	4
	6	5	3	5	4	6	5	5	4	5	4
Median	7	5	3	5	4	6	5	5	4	5	4
	8	3	3	4	3	6	5	4	4	5	4
	9	2	2	4	3	6	4	4	4	5	4
	10	2	2	4	3	5	4	4	4	5	4
	11	2	2	4	3	5	4	4	4	5	3
	12	2	2	4	3	5	4	4	4	5	2
	13	2	2	4	2	4	4	4	3	4	2
Minimum	14	2	1	3	1	3	2	1	3	2	2

Table A8 Raw scores for ‘Child Acceptance and Treatment’

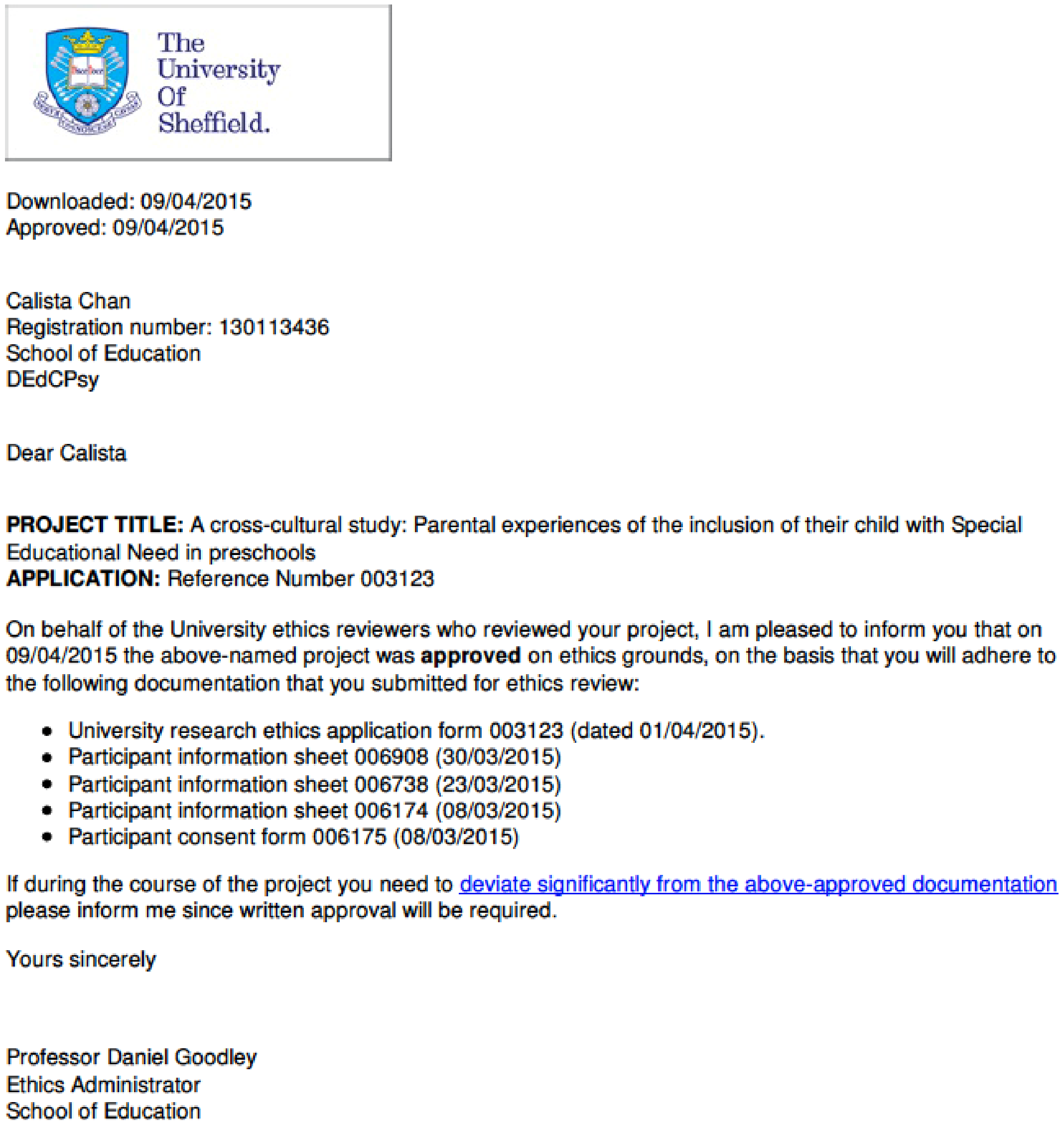
Table A8

Raw scores for ‘child acceptance and treatment’ (items 2 & 4).

		2. The more time my child spends in a regular classroom, the more likely it is that he/she will be mistreated by other regular education students in that room.		4. The more time my child spends in a regular classroom, the more likely it is that he/she would end up feeling lonely or left out around the regular education students.	
Reference	No.	UK	SG	UK	SG
Maximum	1	6	6	6	6
	2	6	6	6	6
	3	6	5	6	6
	4	6	5	6	5
	5	6	5	6	4
	6	6	5	5	4
Median	7	5	5	5	4
	8	5	4	5	4
	9	5	4	5	3
	10	5	4	4	3
	11	5	3	4	3
	12	3	3	4	2
	13	3	2	2	2
Minimum	14	1	2	2	2

Appendices

Appendix A Ethics Approval



The University Of Sheffield.

Downloaded: 09/04/2015
Approved: 09/04/2015

Calista Chan
Registration number: 130113436
School of Education
DEdCPsy

Dear Calista

PROJECT TITLE: A cross-cultural study: Parental experiences of the inclusion of their child with Special Educational Need in preschools
APPLICATION: Reference Number 003123

On behalf of the University ethics reviewers who reviewed your project, I am pleased to inform you that on 09/04/2015 the above-named project was **approved** on ethics grounds, on the basis that you will adhere to the following documentation that you submitted for ethics review:

- University research ethics application form 003123 (dated 01/04/2015).
- Participant information sheet 006908 (30/03/2015)
- Participant information sheet 006738 (23/03/2015)
- Participant information sheet 006174 (08/03/2015)
- Participant consent form 006175 (08/03/2015)

If during the course of the project you need to deviate significantly from the above-approved documentation please inform me since written approval will be required.

Yours sincerely

Professor Daniel Goodley
Ethics Administrator
School of Education

Appendix B Invitation Letter to Parents

The
University
Of
Sheffield.

Dear Parent

Invitation to participate in a cross-cultural study on inclusion

I am currently in my second year of my Doctorate in Educational and Child Psychology course at the University of Sheffield. I am conducting my thesis on parental experiences of the inclusion of their child in preschools, in England and Singapore.

I would like to invite you to participate in this study if:
1) You are a parent of a child who accesses additional educational support
2) Your child is between the ages of 3 years to 6 years 11 months, and
3) Your child is attending a formal educational setting.

Part 1: This study involves responding to a questionnaire that will take you around 10 to 15 minutes to complete. You will be asked to provide ratings on your views of the statements.

Part 2: Four participants may be contacted to participate in a second part of the study if they indicate their interest in the questionnaire. This will be a semi-structured interview to discuss further their views and experiences of inclusion, expected to last around one hour. This will be scheduled to occur some time between July 2015 and September 2015, and will take place at a location that is conducive and accessible to you.

If you would like to participate in this study, or would like more information, please do not hesitate to contact me, Calista Chan, at cjchan1@sheffield.ac.uk.

To participate in this study, please

- Read the **Participant Information Sheet** (you may keep a copy of this)
- Sign the **Consent Form**
- Respond to the **Questionnaire**
- Return the **Consent Form and the Questionnaire** to by

Thank you for your time and I look forward to hearing from you.

Best regards
Calista

Calista Chan
Year 2 Trainee Educational Psychologist
University of Sheffield

Appendix C Participant Information Sheet

Participant Information Sheet

1. Research Project Title:

A cross-cultural study: Parental experiences of the inclusion of their child with Special Educational Need in preschools

2. Invitation paragraph

You are being invited to take part in a research project. Before you decide to consent to participating in this research project, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. Should you have any questions or require additional information about the project after reading this information sheet, do ask the researcher. Take time to decide whether or not you wish to participate in this research project. Thank you for reading this.

3. What is the project's purpose?

The aim of this project is to examine parental attitudes towards inclusion and explore the experiences of parents in the inclusion of their child with Special Educational Need (SEN), with a particular focus on inclusion in the Early Years. Inclusive practices differ across countries due to political and cultural influences, and this study aims to contrast the findings of parental attitudes and experiences between the United Kingdom (UK) and Singapore. The objective of this cross-cultural piece of research would be to identify inclusive practices that UK and Singapore parents have found to be helpful, and demonstrate possible alternatives to policies in both countries.

Recruitment of participants for this study will (tentatively) begin in May 2015, until the targeted sample size of 60 participants have been obtained, or until (tentatively) November 2015, whichever is earlier.

4. Why have I been chosen?

30 participants from the UK and 30 participants from Singapore will be recruited for this study. To be included in this study, you would meet the following criteria: 1) A parent of a child with Special Educational Needs (SEN). SEN refers to a learning difficulty or disability that makes it harder for your child to learn than most children of the same age. 2) Your child is between the ages of 3 years 0 months and 6 years 11 months. 3) Your child is attending a formal educational setting.

Participants in the UK would receive an invitation to participate following a contact with the Pre-5 and/or Portage team and/or Educational Psychology Service within the [deleted] Local Authority.
Participants in Singapore would receive an invitation following an indication of interest to participate through parent groups and online forums.

5. Do I have to take part?

Participation in this research is voluntary. If you decide to take part you will be given this information sheet to keep, and asked to sign a consent form.

You can still withdraw from this study at any time by informing the researcher, without giving any reasons and your data will be discarded.

6. What will happen to me if I take part?
All participants will fill out a questionnaire that will take around 10 to 15 minutes to complete. This will involve responding to some questions and you will be asked to provide ratings on your views on the statements.

You may be contacted to participate in a second part of the study. This will be scheduled to occur some time between July 2015 and September 2015. Two participants from UK and two participants from Singapore will be asked to participate in an interview to explore further their attitudes and experiences of inclusion. The interview will take place in person with the researcher at a location that is conducive and accessible to the participant, which will be agreed upon at a later time. The interview will be semi-structured so that participants may discuss their views and experiences in greater depth. The interview is expected to last around one hour.

7. What do I have to do?
You will respond to a questionnaire that will take around 10 to 15 minutes of your time. A small number of participants will be asked to participate in a semi-structured interview.

8. What are the possible disadvantages and risks of taking part?
There are no discomforts or risks expected from your participation in this study.

9. What are the possible benefits of taking part?
There is no immediate or direct benefit to you or your child for participating in this study. You will have the opportunity to contribute to this work, in which the knowledge gained may potentially benefit the public in future.

10. What happens if the research study stops earlier than expected?
It is unlikely that this research study will stop earlier than expected. However, if it becomes relevant, participants will be contacted with the reasons for the earlier termination of the study.

11. What if something goes wrong?
Should you have any problems in relation to this project, please contact the researcher, Calista Chan (cjchan1@sheffield.ac.uk). Any unresolved issues or complaints may be directed to the Supervisor of this project, Dr. Penny Fogg (p.fogg@sheffield.ac.uk). If the complaint has not been handled to your satisfaction, participants may contact the Head of Department of Education, Prof. Cathy Nutbrown (C.E.Nutbrown@sheffield.ac.uk), who will escalate the complaint through the appropriate channels.

12. Will my taking part in this project be kept confidential?
All the information that we collect about you during the course of the research will be kept strictly confidential and used anonymously. You will not be identified in any reports or publications. Only the researcher will have access to the data, which will not be released to unauthorised persons without your prior consent.

13. What type of information will be sought from me and why is the collection of this information relevant for achieving the research project's objectives?
Your responses and ratings on the questionnaire will provide information on your attitudes towards the inclusion of your child. Parents' responses will be analysed to generate information on parental attitudes in the UK and in Singapore.

Participants who are interviewed will respond to some questions on your views and experience about inclusion and thoughts on what you have found to be helpful or unhelpful.

14. What will happen to the results of the research project?
The results of the research will be reported in the form of a thesis, and this will be accessible to University research communities. Participants will not be identified in any report or publication. A summary of results and findings of the research will be made available and shared with participants at the end of the study.

15. Will I be recorded, and how will the recorded media be used?
Participants who are involved in the second part of the study will be audio recorded during the interview. The audio recordings will be transcribed after the interview and will be used only for analysis. No other use will be made of them without your written permission or released to unauthorised persons without your prior consent. The audio recordings will be stored and kept until the end of this project, which is expected to conclude in September 2016, when it will be discarded.

16. Who is organising and funding the research?
This research is supported by the Department of Education, University of Sheffield. No funding is tied to this research project.

17. Who has ethically reviewed the project?
This project has been ethically approved via the Department of Education ethics review procedure.

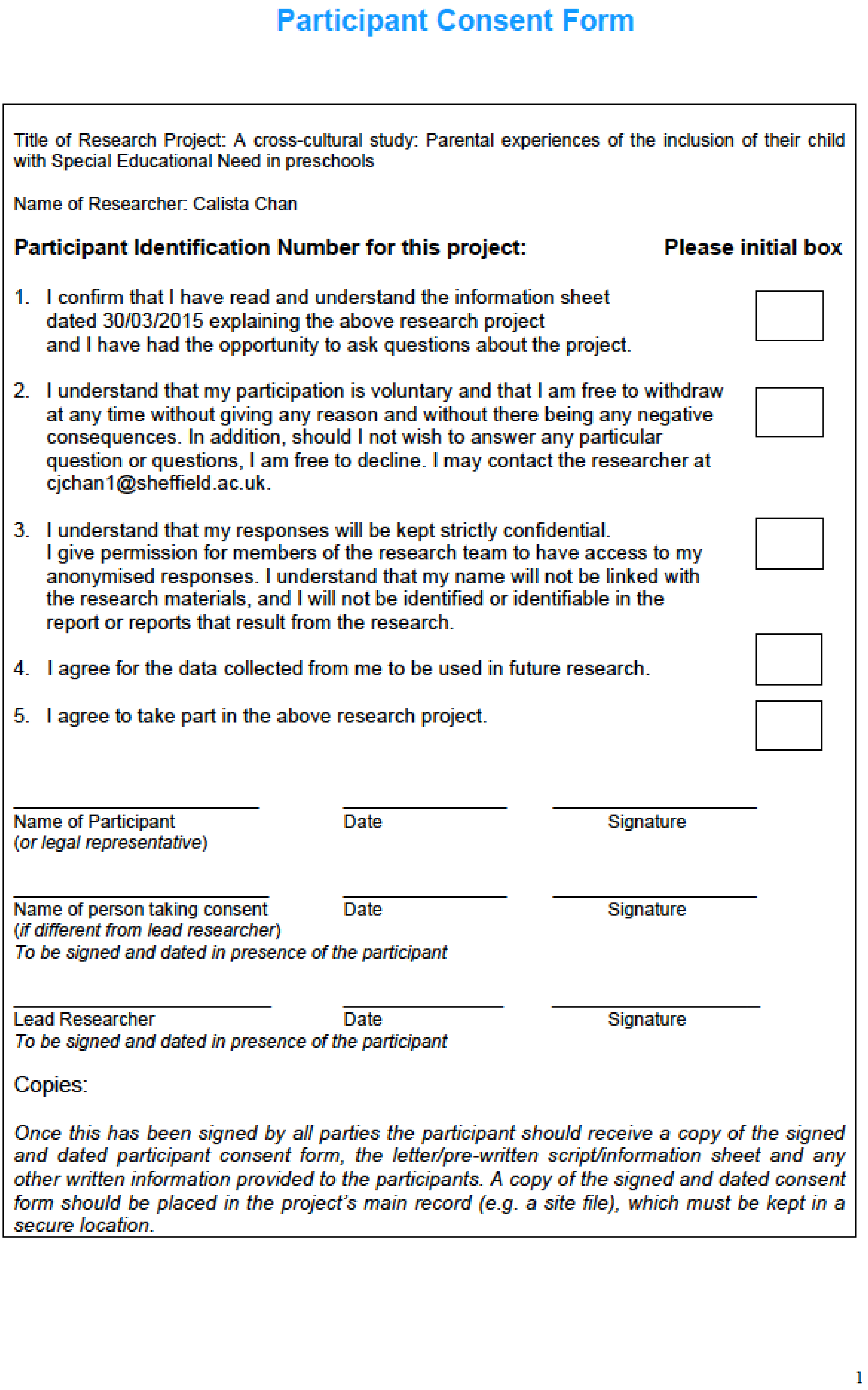
18. Contact for further information
For further information about this project, please contact:

Calista Chan (Trainee Educational Psychologist)
cjchan1@sheffield.ac.uk
07596 925534

Dr. Penny Fogg (Supervisor)
p.fogg@sheffield.ac.uk
0114 2228102

Thank you for your time taken to read this information sheet and for your participation in this project.

Appendix D Participant Consent Form



Participant Consent Form

Title of Research Project: A cross-cultural study: Parental experiences of the inclusion of their child with Special Educational Need in preschools

Name of Researcher: Calista Chan

Participant Identification Number for this project: **Please initial box**

1. I confirm that I have read and understand the information sheet dated 30/03/2015 explaining the above research project and I have had the opportunity to ask questions about the project. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without there being any negative consequences. In addition, should I not wish to answer any particular question or questions, I am free to decline. I may contact the researcher at cjchan1@sheffield.ac.uk. ☐
3. I understand that my responses will be kept strictly confidential. I give permission for members of the research team to have access to my anonymised responses. I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the report or reports that result from the research. ☐
4. I agree for the data collected from me to be used in future research. ☐
5. I agree to take part in the above research project. ☐

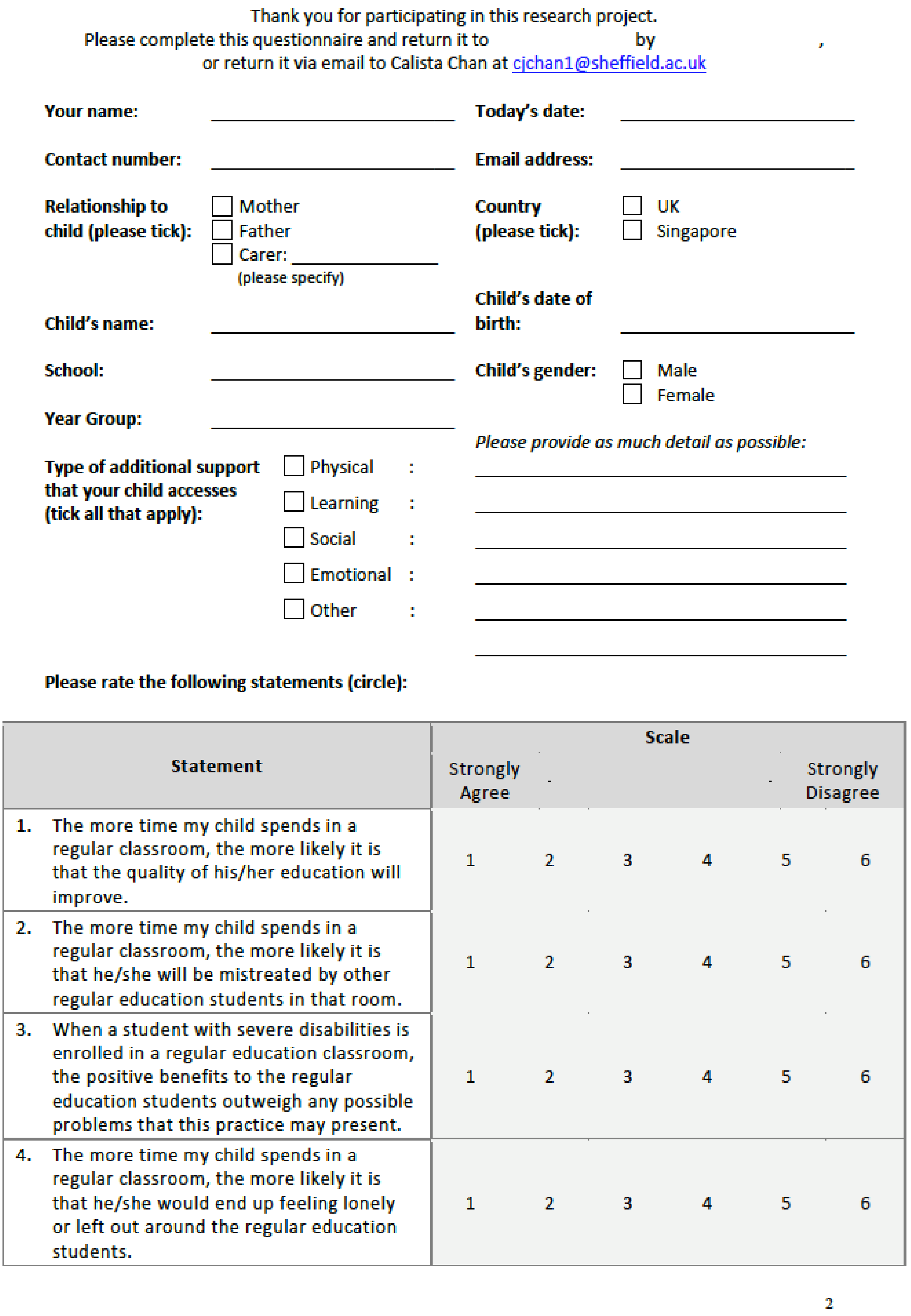
____________________	______________	__________________
Name of Participant (*or legal representative*)	Date	Signature
____________________	______________	__________________
Name of person taking consent (*if different from lead researcher*) *To be signed and dated in presence of the participant*	Date	Signature
____________________	______________	__________________
Lead Researcher *To be signed and dated in presence of the participant*	Date	Signature

Copies:

Once this has been signed by all parties the participant should receive a copy of the signed and dated participant consent form, the letter/pre-written script/information sheet and any other written information provided to the participants. A copy of the signed and dated consent form should be placed in the project's main record (e.g. a site file), which must be kept in a secure location.

1

Appendix E Parent Attitudes to Inclusion Questionnaire



Thank you for participating in this research project.
Please complete this questionnaire and return it to by ,
or return it via email to Calista Chan at cjchan1@sheffield.ac.uk

Your name: ____________________ **Today's date:** ____________________

Contact number: ____________________ **Email address:** ____________________

Relationship to child (please tick): ☐ Mother ☐ Father ☐ Carer: ____________ (please specify)

Country (please tick): ☐ UK ☐ Singapore

Child's name: ____________________ **Child's date of birth:** ____________________

School: ____________________ **Child's gender:** ☐ Male ☐ Female

Year Group: ____________________

Type of additional support that your child accesses (tick all that apply):

Please provide as much detail as possible:

☐ Physical : ____________________

☐ Learning : ____________________

☐ Social : ____________________

☐ Emotional : ____________________

☐ Other : ____________________

____

Please rate the following statements (circle):

Statement	**Scale**					
	Strongly Agree					Strongly Disagree
1. The more time my child spends in a regular classroom, the more likely it is that the quality of his/her education will improve.	1	2	3	4	5	6
2. The more time my child spends in a regular classroom, the more likely it is that he/she will be mistreated by other regular education students in that room.	1	2	3	4	5	6
3. When a student with severe disabilities is enrolled in a regular education classroom, the positive benefits to the regular education students outweigh any possible problems that this practice may present.	1	2	3	4	5	6
4. The more time my child spends in a regular classroom, the more likely it is that he/she would end up feeling lonely or left out around the regular education students.	1	2	3	4	5	6

2

Statement	Scale					
	Strongly Agree					Strongly Disagree
5. It is impossible to modify most lessons and materials in a regular classroom to truly meet the needs of my child.	1	2	3	4	5	6
6. If my child were to spend a lot of time in a regular classroom, he/she would end up not getting the extra help he/she needs.	1	2	3	4	5	6
7. If my child were to spend much of his/her day in a regular classroom, he/she would end up becoming friends with regular education students in that room.	1	2	3	4	5	6
8. The quality of a regular education student's education is enriched when a student with severe disabilities participates in his/her class.	1	2	3	4	5	6
9. If my child were to spend much of the day in a regular classroom, he/she would end up not getting all the necessary special services that would be provided in a special education classroom.	1	2	3	4	5	6
10. A regular education classroom provides more meaningful opportunities for my child to learn than does a special education classroom.	1	2	3	4	5	6
11. The more time my child spends in a regular classroom, the more likely it is that he/she will be treated kindly by the regular education students in that room.	1	2	3	4	5	6
12. I may be contacted to participate in an interview for the second part of the study (between July to September 2015).	☐ Agree			☐ Disagree		
13. Any additional comments on your views and experiences of the inclusion of your child?	Please comment here:					

Thank you for your time and participation in this research project. You will be contacted shortly for a research debrief.

Appendix F Interview Questions

Interview questions

1) Could you please tell me more about your child, and the type of additional support that he/she is accessing?
    a) What has it been like for you (that your child is accessing additional support)? How do you feel?
2) What does ‘inclusion’ mean to you? What does it mean to you for your child to be included?
    a) What has been your experience of ‘inclusion’?
    b) Why is inclusion important (or unimportant) to you for your child?
    c) How has your child been supported in school?
3) Reference to PATI items – What is your experience of
    a) Quality of Educational Services – 5, 6, 9, 10
    b) Child acceptance and treatment – 2, 4
    c) Mutual benefits of inclusion, in relation to other students – 1, 3, 7, 8, 11
4) What has your experience around your child’s educational placement been?
    a) What did you find helpful or supportive?
    b) What did you find unhelpful?
5) Would you have done anything differently?
    a) Do you hope for anything to be different (in terms of being supported)?
    b) What might be done to make a difference?

Appendix G Example Transcript with Exploratory Comments and Emergent Themes (UK1)

Emergent themes	Line	Transcript	Exploratory comments
	1	C: Tell me about, more about Megan, erm and how… you know,	
	2	things came about, when you were pregnant with her, and things,	
	3	you know, just tell me a little bit more.	
Initial reactions to	4	E: Yup well I found out she were gonna have Downs when I were	Initial reactions to the
diagnosis	5	pregnant with her. Erm, and I were only 18 then, so it weren't	diagnosis. She was only
	6	really… They do talk to me to have a termination basically. Which I	young. Difficult for her to
	7	said no 'cause it would have been an hour in 'cause I didn't have the	process? Decision to keep
	8	(inaudible), so I just says I'm not bothered.	baby.
	9	C: Mmm.	
	10	E: It is what it is really. Erm, she's not had any health issues really.	Acceptance of 'what it is'
	11	She had grommets done in her ears, she wears glasses, she has	
	12	special boots… 'cause she's got flat feet.	
	13	C: Right.	
	14	E: Erm, she has a wheelchair… 'cause it's a long way from here up	
	15	to her school 'cause we walk I don't drive.	
	16	C: You walk, right… Okay.	

	17	E: So yeah, and she can’t keep up and then she gets tired…	
	18	Ehhhrm…	
	19	C: Right, yeah yeah, I was I was just looking at, you ticked the	
	20	additional support that she accesses, and it’s…	
	21	E: At school yeah.	
	22	C: Physical, learning, social and emotional	
	23	E: Yeah	
	24	C: Is there a reason why you ticked all of them?	
UK statementing	25	E: ‘cause that’s, she has… She was, she’s statemented and she’s	Statement – UK process. In-
process	26	got… A support in the morning and then one in the afternoon… For	class support, 2 TAs.
	27	classroom support. And they’re there with her, yeah.	
	28	C: Someone with her all the time… Right. And, she’s…	
	29	E: Dinner times th-, they they don’t fund anymore for dinner time…	Funding, resource allocation
	30	C: Right…	and availability
	31	E: ‘cause it’s a set pri-… They get a, instead of, they used to get it in	Used to be hours, now top-up
	32	hours, the statement…	funding
	33	C: Right	
	34	E: And now it’s gone over to funding so. This… Er, the special	Knowledge of the SEN
For the resource	35	educational needs panel ‘ll say… Sh- that child’s entitled to that	statement and how it works.
allocation	36	much money, and it’s the school that has to go… We’ll put that into	‘Entitled’ – a given.

	37	like, if they've got a physical disability, so we'll put a ramp in for	
	38	instance, or whatever…	
	39	C: Okay. And that money goes to that.	
	40	E: Yeah. So, Meg's money pays for her supporters, basically.	Where Meg's funding goes -
	41	C: Right what about dinner times, you were saying about…	TA
	42	E: Dinner time… It's just like they just appoint a dinner lady to her, if	
	43	that makes sense…	
	44	C: Right and does it also come from that… Pot of money that…	
	45	E: No no.	
	46	C: No it's a separate one.	
	47	E: It's just yeah, I th- Mrs I think it's she's Ms D that looks after her.	
	48	But there's a few of 'em, there's about five or six. They know who	Awareness of Megan's
	49	she is and all the kids are good with her so. But she don't need help	presence
	50	eating her own like that so…	
	51	C: So eating she's actually alright.	
	52	E: Yeah. She might need to cut her food up but, it's like other kids	No different for her at
	53	on her table so…	dinnertime. Cutting up food –
	54	C: Right, so quite generic. Ya. Erm… How about learning bits?	same for every child.
	55	E: Erm, she has her own…ss- (uh). It's like her own… work if you	
Support within school	56	know what I mean? She were still doing the work that other kids do,	

Differentiation, work	57	but instead of going from A to D, she has A B C D to go through so	Differentiation. Megan’s
and space	58	she, has her own workstation and then the one-to-one supporter,	experience
	59	helps her do that so it’s broken up into stages, rather than…	
	60	C: Right so a bit more differentiated work, would you say…	
	61	E: Yeah.	
	62	C: Erm, does she work on her own with, I mean-	
	63	E: Yeah, she does on her own, because it’s her own work… And it’s	Targets set and monitored
	64	targeted and it’s all monitored and everything, and then she’ll do	
Positive experience	65	classroom work, in a big group so. And they are really good at	Participation in group and
of inclusion	66	including her.	class activities.
	67	C: Mmm.	
	68	E: They don’t want to leave her out, they don’t want to… D’ya like	What the school believes
	69	segregate, so	about including her
	70	C: Yeah.	
	71	E: And she is very social, and she (laughs)	
	72	C: (laughs) Yes I was gonna ask, just coming to the social bits,	
	73	how’s she like socially?	
	74	E: She is, she… They say she presents herself as a seven year old	
	75	more than a five year old, so her social bit’s always been, in front…	
	76	Yeah.	

	C: Yeah. Erm. Emotional? What’s it like…?	
	E: Erm, if she like don’t get her own way, she can kick off (laughs) basically, but…	
	C: Like all children (laughs)	
	E: Yeah, but the support is there because she can have like, a meltdown, if you know what I mean so, that’s why they’re there.	Reason for having TA support – in the event she has a meltdown, there is someone to provide the additional support
	C: So they would then…	
Behaviour support	E: It’s up teacher, cos like if she’s told to sit on the carpet for instance, or… The support worker can take her out quietly, calm her down, and then they go back in.	
	C: Right, right. Is that what they do?	
Enskilling key workers	E: Yeah. ‘Cause erm, the supporter has actually erm, had Down’s training? They call it in school… So they just do a little course, and it’s about… Sort of, what… the normal… Down’s syndrome… Sort of entails really.	Relevant training provided to teachers, equips them with the right skills and knowledge
	C: Yeah, right… So her support worker has actually got that training.	
	E: Yeah. Well I think all supporters who, ‘cause there’s Meg, in her own class, and then there’s another little girl with Down’s in the other class to her? So they’re same age…	
	C: Same age? Right.	

	E: Within the same year… Erm, so I think, all f-… Our Meg has two and she has two so all four of them went on training?	Grouping of teachers to go on training together
	C: Right…	
Relevant training for teachers working with SEN	E: And, a few other teachers, ‘cause they provide it free for them now, so…	Opportunity for teacher’s development through free training
	C: Right… And do you know, do the teachers get trained, if they know that, their child, that they’re gonna be working with a child…	
	E: Yeah yeah. ‘Cause ermm… I think she were about 18 month old	
	C: Mm-hm	
	E: We got in touch with the Portage	Getting in touch with the relevant support teams, knowing where to get the right support
	C: Yes. The Northeast Portage team, yeah.	
	E: Erm, and it’s them that actually put it all in place so they go to school, and it’s that transition over… like from nursery. ‘Cause she used to go to Westbrooke?	
	C: Okay.	
	E: That’s, just back there… Erm, but… They’re not that big on kids with special needs.	Experience at another school
	C: Oh is that right?	
	E: Yeah. There’s been a few that they’ve rejected.	
	C: Okay… Do you mind me exploring that a little bit more?	

	E: No yeah yeah that’s fine. We started her there in nursery, erm, and it were fine but (uh). Th- the headteacher because it was in special measures, that school…	Being in ‘special measures’, there are external pressures within the school
	C: Ah right…	
	E: They’ve got… The headteacher, is a headteacher at a different school?	
	C: Okay.	
	E: So, because that school’s a good school… She was supposed to pull this school up?	
	C: Right…	
Academic focus vs provision for and inclusion of SEN	E: Now she’s looking at their grades, more than… And she says I ain’t having any child in my school that’s gonna pull my grades down and it were… Kinda like…	Emphasis on grades. Are grades and support for SEN mutually exclusive?
	C: She said that? Mmm…	
	E: Yeah, she pushes all the kids with special needs out, I’ve known quite a few families.	Action of ‘pushing’, feeling rejected. It’s not just them, similar experiences by others
	C: How did that, make you feel?	
Making sense of the experience of ‘rejection’	E: Erm… you can’t really believe it until you actually go through it really…	Surprised, shocked. Sense of ‘is this happening’?
	C: Mm-hmm	

	137	E: So it were because Meg's one of the oldest in her class, she'd	
	138	done January… To… the September. And then it were then when	
	139	we were doing reassessment, because… it started of, when she	
	140	were awarded her hours for her statement.	
	141	C: Yes.	
	142	E: When it were hours…	
	143	C: Right…	
	144	E: They didn't, the SEN board didn't think she needed the full, 15	Encouraging independence
	145	hours a week for nursery.	with 12h instead of 15
	146	C: Okay	
	147	E: They says we'll give you 12, because they felt, she could have	
	148	half an hour on her own…	
	149	C: Okay	
	150	E: Because she were able to. For her like, self-development	
	151	C: Ya, independence…	
	152	E: And, yeah. But they didn't allow that, and they said, I had to pick	
	153	her up basically, half an hour early every day 'cause they couldn't,	Did not fund for the additional
	154	there weren't any funding there, for that support teacher?	half hour, but could not
	155	C: Right…	include her child
Parent advocating for	156	E: Now… We went through a big like… You know, battle with them,	Having to 'fight' a battle

the child – having to	157	and then they says, we’ll fund that extra 3 hours a week?	
‘fight’	158	C: Okay	
	159	E: So she can now come in? ‘Cause when, erm we got thee… It’s,	Only after extra funding,
	160	er CB, who’s	could she be included
	161	C: Yes.	
Legislation that	162	E: Head of, and er, people above her as well. We actually had a big	Legislation that protects,
protects rights	163	meeting and they says you-, What you’re doing, is actually illegal?	knowing their rights.
	164	C: Yeah.	
	165	E: So she were like, right right right, but she were already going	Not them alone ‘fighting’
	166	through a court case with another child…	
	167	C: Okay	
	168	E: That’s our Meg’s age that we actually know the parent of, and we	
	169	both sent her to, to er Whitechapel.	
	170	C: Right okay	
	171	E: Erm… But yeah she just weren’t… She basically said she’s a	School was not supporting
	172	danger to herself and everybody around her…	inclusion
	173	C: Right	
	174	E: And that were her reason.	Reason was insufficient?
	175	C: So then what happened after?	
	176	E: Well I got a, I went over t- to Whitechapel, and… I just says look,	

	177	this is the situation basically and they says well, well we'd love we'd	
	178	love to meet her	
	179	C: Right	
Transition support – from external agency	180	E: And my Port work-… I think it's Pre-5	Had support for the transition
	181	C: Pre-5, yeah	
	182	E: We actually went over and had a meeting with them.	
	183	C: Right okay… Together with the Pre-5	
	184	E: And then she started in that January, 'cause she did January…	
	185	Like a full year and then to September so she had five terms 'cause	
	186	she's of how old she is	
	187	C: Right okay	
	188	E: With her being oldest in her year	
	189	C: Yeah	
Varying experience and practice between schools	190	E: Erm so she did January then till September and then went into	Period of change, now a positive experience. Happy, sense of relief.
	191	Reception then, but I've had no problems… Whatsoever (laughs)	
	192	C: Okay, in Whitechapel…	
	193	E: In Whitechapel.	
	194	C: You're happy	
	195	E: Yeah. They just give her that independence.	Giving her the independence is important to mum
	196	C: Yeah. Er what was it… When did she get the statement, erm the	

Statement prepared before entry into preschool	statement of educational need? E: Just before she started nursery. C: Right E: When she were going to nursery C: Was that about 3 so she would have turned 3… yeah by about 3 E: Yeah C: Got that, okay E: Yeah she turned 3 in that October and then started in the January… They start the term after… C: Yes, got that yes. So she got that just before she went to Nursery. So you had a couple of terms in Westbrooke? E: Yep C: And then that was when, with the difficulties, and then you went over to Whitechapel E: Yep C: So how long has she been in Whitechapel? E: 2 years just over? C: Right okay E: So she started… Erm… not this January, last January in the nursery	Statement at about 3 years old

	217	C: Mmm	
	218	E: Went into Reception in September and then done. And then she's	
	219	going into Year 1 when they go back.	
	220	C: Right okay. Erm, I'm gonna go and explore a little bit more. What	
	221	does inclusion, really mean to you? What does it mean…	
Definition of inclusion	222	E: Erm… Just for them to treat her like a normal child, basically. For	'normal child'. To include in
	223	them to include her in it… Work, assemblies…	all school activities
	224	C: Okay	
	225	E: Eating, playtimes	
	226	C: Ya	
	227	E: 'Cause at that school (giggle), going back to Westbrooke, they	Reference to 'that school',
	228	used to put the difficult children, sort of in, I call it a pen (laugh).	thing of the past. Comparison
	229	They've got like a pen playground? And it's only-, it's about, it's	– 'difficult children' in a 'pen',
	230	smaller than this room.	small space. Being 'locked
	231	C: Right	up'? It is not inclusion.
	232	E: And you'd see 'em, and then that's where they'd been instead of.	
	233	It were a *real* eye-opener to go in	'Eye-opener', you cannot
	234	C: Did that help… That practice?	imagine have to see it for
	235	E: I don't know (laughs)	yourself.
	236	C: Right okay (laugh). What has your experience been, of inclusion?	

	237	I know you’ve got two… settings…	
Varying practices	238	E: That’s how you should do at Whitechapel	Has an idea how it should
between schools –	239	C: Right tell me a bit more what, what *that* bit is?	and shouldn’t be done
one does it ‘right’	240	E: We have more meetings, so targets and things that actually set to	Supportive – meetings, IEP,
Support from school	241	her. We have IE, we have IEP meetings, so Independent	target setting
that is helpful	242	Educational Plan	
	243	C: Right	
	244	E: For her work. Erm, so it sets a target so then we can see… wha-	Child-centred, in relation to
	245	you know how she’s progressing and also how that ties in, with…	overall National Curriculum
	246	The like government leveling if you know what I mean?	
	247	C: Ya I do, ya.	
	248	E: For kids in that class. Erm, so yeah so we know where she is in	Using the same gauge for all
	249	terms of…	children
	250	C: How frequent do you have those meetings?	
Frequency of	251	E: Every 3 months	
meetings to	252	C: Every 3 months, and is that enough for what you… in your	
communicate and set	253	opinion?	
targets	254	E: Yeah yeah. ‘Cause she does, he- he- her work’s going, you know,	Feels that things are more
Sense of control	255	like this at the minute (gestures upwards) so… And we’re getting on	under control, being ‘on top of
	256	top of it so…	it’ as able to see and control

	257	C: What else, like what else has is your experience of you know,	her child's education
	258	that's good practice actually…	
	259	E: Erm…	
	260	C: For including children	
'Make it easy' for	261	E: They just make it easy to be honest with you. It's hard to… to	It's as simple as 'making it
parent and child	262	explain it really.	easy' for parent and child
	263	C: Do you think emotionally, or…	
Individuality in	264	E: They do, I think 'cause there's so many children there… They're	Other disabilities, e.g.
children	265	all different, you can't say, you can't really pinpoint, there's some	physical disabilities.
Equal opportunities	266	that's got physical disabilities but, they've got all stair lifts in…	Individuality in children and
for all children	267	Whatever steps there's no, you can't go, on a point where I can't get	providing the same
	268	around school.	opportunities in getting
	269	C: Mm.	around school.
	270	E: Corridors are big enough so it's not like…	
	271	C: Right	
	272	E: And, the children… T- to walk around and to look at them interact	It happens so naturally.
	273	with the others	Social inclusion and
	274	C: Yes	acceptance.
Education and	275	E: They don't know, they're different if you know what I mean	Starts from school. Having
awareness of social	276	C: Yeah, right	the opportunity to interact,

inclusion starts in school	E: So that's good to see	you wouldn't know any different
	C: Okay mmm. Erm so you do, do you feel at this point, that your child's being supported in school?	
	E: Yeah.	
	C: Ya. Why would inclusion be important to you, or Megan?	
	E: Erm… inclusion in mainstream school	
	C: Yeah	
Preparation for the future	E: Just prepares her for actual normal life… If that makes sense	Preparation for the 'actual' future, in an environment with everyone
	C: Yeah	
	E: Erm, I have actually spoken to a special needs schools	
	C: Right	
Criteria for special school	E: They wouldn't accept her. Because she's too high f- you know too high functional…	Criteria for special school
	C: Ahh, how do they judge that?	
Consideration for 'not delayed enough'	E: Erm, it all goes on mobility, speech, and personal care… And because Meg works… She is delayed… er, in most areas, but she's not delayed enough…	Delayed, but not 'severe' enough
	C: Mm	
	E: For them to say, come to us basically	Special school did not think she would be suited there
	C: Right	

	297	E: Because there, how they work, wouldn’t, it won’t be enough for	
	298	her. They’d be holding her back…	Special school will not give
	299	C: Right	her the same learning
	300	E: So they need somebody to be pushing her	opportunities for development
	301	C: So you did actually, would you say you did consider special	
	302	school?	
	303	E: Mm hmm, yeah	
	304	C: What made you, think about it…	
	305	E: After I were at Westbrooke (laughs)	Experience at Westbrooke
	306	C: Right okay	made her consider special
	307	E: Yeah	school
	308	C: So did you feel that, because of that experience it made you think	
	309	about, alternatives?	
Support from	310	E: Yeah. Well we er, ‘cause er we had a discussion with Portage…	Received information on
external agencies	311	Erm, and obviously they go down all the routes with you… for going	educational options. Support
(Portage) to find out	312	into nursery and schools and things like that. Erm, and they said…	from Portage to look into all
about educational	313	No… Special school’s not for… Not for Megan anyway. Erm… but	the available options for
options and suitability	314	because of what they were, the feedback from Westbrooke, were	preschool. Advice on
early on	315	just like what, and it made you sort of think… I must be doing it	placement given.
Bad experience led	316	wrong to be honest with you	Doubts about choices made –

to self-doubts around	317	C: Right	should not be in mainstream
decisions	318	E: So… well I phoned round all locals and they just says no	after initial experience
	319	C: Right	
	320	E: ‘Cause there’s different types of like…	
	321	C: Different special needs…	
Understanding	322	E: One with Autism, there’s Down’s but... T- there’s, it’s such a big	There is a spectrum
Down’s syndrome as	323	scale for kids that have got Down’s. So…	
a spectrum of needs	324	C: Right, okay… So then what made you, so they said no, and that’s	
	325	as a result, did you search for a different school?	
	326	E: It were just, ‘cause I used to live down Whitechapel and I always	
	327	thought, I’m sending her to Wh- and you know anymore	
	328	C: Yeah	
Parent support group	329	E: We used to go to coffee mornings, and it were special needs	Parent support group at
in school	330	coffee mornings, so, there were all different types of disabilities	coffee mornings
	331	there…	
	332	C: Do you think also that that is part of the inclusion support…	
	333	E: Mm hmm. It were a Centre that were attached to it, but they’re all	
	334	shut now…	
	335	C: Ahh, right I see	
Benefited from	336	E: They were all closed down so erm… luckily enough she, you	Managed to benefit from the

external agency	337	know, they’ve only just shut	support provided by the
	338	C: Yeah so at that point you had that support	agency before they shut
	339	E: Mmm. ‘Cause the closest one I could’ve gone to was, it’s Down’s	
	340	group in Northeast?	
	341	C: Right	
	342	E: Which is, I don’t drive, it’s so, getting there…	Location and accessibility is a
	343	C: No… Right okay	concern
	344	E: Erm, and then obviously we moved here, and I only moved here,	
	345	just before she turned 3 I think… And then I thought oh well, there’s	
	346	that school there.	
	347	C: Mm, so you rang Whitechapel which was the next option that you	
	348	had	
	349	E: Yeah, we just walked over yeah	
	350	C: How far is it?	
	351	E: Erm it takes me about 20 minutes to walk… But if Meg’s walking	Getting to school
	352	about an hour (laughs) so yeah	
	353	C: Right so you do push her and she’s quite happy with that	
	354	E: Yeah. Well it does because if she had to walk up to that because	
	355	it’s uphill, if she had to walk there, it’d write the day off…	
	356	C: Mmm yeah.	

	357	E: ‘cause her muscles can’t take it	Physical strength to walk to school
	358 359 360 361 362 363 364 365 366 367	C: Okay, erm. I’m just gonna give reference to some of the responses you gave, and erm, this basically has attitudes towards inclusion and it actually, you have very positive attitudes towards inclusion, which is lovely… Erm, just wanted to ask a little bit more about, er… A lot of them you had really clear and extreme but there was one of them, which says ‘a student with severe disabilities when enrolled in mainstream education classroom, positive benefits to the regular education students outweigh any possible problems’, and you did agree with it mostly, is there a reason why you didn’t choose ‘1’?	
	368	E: I’m not sure (giggle)	
	369 370 371	C: Yeah no… (pause) So there are positive benefits to the other pupils, erm, and whilst there may be problems, do you feel that there might be some potential…	
More effort/differentiation to support behavior in mainstream classroom	372 373	E: I think there’ll always be problems, with any child that has special needs, really… ‘cause behavior comes into it, mostly I think… So…	Feels that behavior will always be a part of need with children with SEN
	374	C: Yeah. Does Megan, do you feel Megan’s been …	
	375	E: She’s got behavior problems (laughs)	
	376	C: Tell me a bit more, what’s that…	

	377	E: Erm… she’s just got an attitude… (laughs)	Behaviour, part of her
	378	C: Right, right	character
	379	E: Erm, it is just ‘cause she’s 5 year old, and 5 year old don’t want to	Wanting to be heard and has
	380	listen, she knows her own mind, if you know what I mean	her own opinions
	381	C: Right, yeah.	
	382	E: But, she can’t do what she wants to do (giggles), in the	
Characteristics of the	383	classroom, erm, it’s not naughtiness, in the sense that she’s been,	
condition that may	384	you know, ph- physically violent or… It’s just, she is so stubborn,	Is this characteristic of the
display ‘behaviour’	385	she’ll just cross her arms and sit down and “I aren’t doing it”	condition? Not intentionally
	386	(laughs).	violent, but ‘stubborn’
	387	C: (laughs)	
	388	E: So it’s just that basically but her behaviour, thankfully does not	
	389	affect her work.	
	390	C: Right okay	
Managing	391	E: So her work’s still, her behaviour were like that (gesture) but it’s	Managing to follow ‘work’ –
academically	392	coming back up now…	managing academically.
	393	C: What do you think is helping it come back?	Behaviour is improving as
Supportive -	394	E: (Clears throat) Er, we just had more meetings… we, we’d just	compared to before
meetings	395	gone through… She’s been tested for ADHD	Support through ‘more
	396	C: Right	meetings’. Further

Decision not to be medicated	397	E: And basically, we'd just been back to the doctors and had review,	assessments
	398	and he said, she was, of a- you know, of a normal child, and were a	'Normal child', medicated – is
	399	six year old, they'd actually be medicating her (laughs) right now.	the possible 'ADHD' part of
	400	Erm but we're not (laughs) going through that… He says but we're	her condition/traits of the
	401	not going through that 'cause… the medication obviously, it will bring	condition? Pros and cons of
	402	her back and she'd just be disinterested in everything.	medication weighed.
	403	C: Okay	
	404	E: So, they areee… they've just referred her on to CAMHS, I don't	
	405	know if you've heard that, it's the behavioural psychologist side of	
	406	hospital. Erm, which we'd went through when she were one, but she	
	407	were too young to take part in the study...	
	408	C: Ya	
	409	E: So, they just went, mm.. mm we don't know how	No decisions made yet at
	410	C: Mm (laughs)	CAMHS
	411	E: So we're going back there 'cause obviously…	
	412	C: Okay so they're re-referring you back to CAMHS…	
	413	E: Ya, back to them.	
	414	C: Erm, what triggered the query for ADHD?	
	415	E: It were the doctor that said.	
	416	C: Was it the GP?	

	417	E: Yea, the paediatrician	
	418	C: A paediatrician, ya	
	419	E: And she just went, (laughs) how are you coping with the baby	Observation that Megan’s
	420	‘cause she is all over in terms of attention, and she’d just oh oh oh	attention is everywhere. Not
	421	oh oh oh oh oh, and then she gets bored, and then, it’s…	easy for mum to cope
	422	C: Right… right	
	423	E: Which to me, I’m, I’m used to it, if that makes sense…	But she has gotten used to it,
	424	C: Ya	it’s not an issue to her now,
	425	E: Erm, and she just says, we’re just gonna… I’m gonna refer her	or never was
	426	on… So I had to do, it’s basically a tick sheet	
	427	C: A checklist, ya	
	428	E: Yeah, and school did one, and my child minder did one	
	429	C: Right. And so did she, did they give a diagnosis or…?	
Experience with	430	E: They said there’s underlying HD-, ADHD, but…	Experience with labels
possible labeling	431	C: Given her age…	
	432	E: They come back to that, yeah	
	433	C: Mm, okay.	
	434	E: They’d want to do other things before… If she’s still the same,	Decision to review again
	435	from what I understand if she’s still the same when she gets to high	before deciding. Mum’s not
	436	school age, they’ll look at	sure but thinks that will be the

	437	C: Mm… What do you feel about it at the moment?	case
Mum’s intuition	438	E: I know there’s something (exhales with laughter), it sounds really	Mum ‘knows’ based on her
	439	mean but when she’s poorly, she’s all this, you know, this level all	understanding of her child
	440	the time (gesture) when she’s poorly, she comes, it’s like just to	
	441	come down and she’s, my niece is six months younger than, than	
	442	Megan, and when she’s poorly, you’d imagine that’s like the perfect	
	443	child when she’s behaved	
	444	C: (laughs)	
	445	E: So yeah everybody knows when she’s poorly but we like it	
	446	(laughs) when she’s poorly just (laughs), for a break	
	447	C: (laughs)	
	448	E: Just for a break, just for her to	
	449	C: Different, yeah	
	450	E: Just for her to sit and still and	
	451	C: So you can see a little bit in there…	
	452	E: She had Scarlett fever couple of month ago, which were bad but	
	453	it just, because it takes some time getting over it	
	454	C: Yeah, yeah	
	455	E: She’s been really good (laughs)… She’s been really good.	Observing a difference in her
	456	C: (laughs) I see, I see	behaviour, although sick but

	457	E: But yeah. But they said erm, she just had her thyroid function	‘good’
	458	everything checked as well, so…	
	459	C: Right and all…	
	460	E: It’s been, up and down but not…	
	461	C: Something that…	
	462	E: Yeah not something that would concern for them to medicate her,	
	463	to give her thyroxin or whatever it is that they give her…	
	464	C: Can you tell me a bit more about what is your experience of	
	465	Megan being accepted and treated the way she’s treated in school,	
	466	erm, by everyone, teachers, adults, peers…	
Initial reactions to the situation	467	E: It is good, because she, at first, you do feel like… What am I	Initially, feeling at a lost. Now things are looking up. At the hospital, given a book
	468	gonna do do you know what I mean, because… When I first had	
	469	her, erm, the hospital actually handed me a book	
	470	C: Mm-hmm	
	471	E: And it were a table like that (points to paper), erm and it were	
Checklist of milestones was unhelpful	472	basically milestones, and everything that a child does. And… it had	
	473	two columns, one were labelled a normal child, and one were	‘Normal child’ vs ‘Child with Down’s Syndrome’ – comparing milestones
	474	labelled a child with Down’s (laughs), and then it went through sitting	
	475	up, making first noise, and I- you know it’s like, 3 months 6 months	
	476	whatever	

	477	C: Ya, ya	
	478	E: And I just, I looked at it and I flicked down the column and I shut	No to categorising her child.
	479	the book, and I went… Don’t put my child…	Upset. At that point, looking
	480	C: Yeah…	at a checklist comparing TD
Not to categorise her	481	E: In a category, in a pigeon hole… She’d do whatever she needs to	and DS milestones was
child	482	do	unhelpful. To let her develop
	483	C: Ya	naturally
	484	E: (laughs) At whatever age	
Milestones still	485	C: Right, right	
eventually useful	486	E: And, thankfully she’d, you know, she did all her milestones as age	Checklist still used
	487	appropriate as they put it, so…	eventually, and set mum at
	488	C: Where was this again, was it a clinic…	ease
	489	E: No just hospital after I gave birth to her	
	490	C: After you had her…	
	491	E: Mmm. They just pushed me a book (laughs) It sounds really	It was simple ‘push’ on their
	492	mean…	part but not for her to receive
	493	C: How did that make you feel?	it
Emotions felt at	494	E: Erm, it were really, it were really bad, it were… ‘cause they were	How parent felt then. Really,
hospital	495	all like, well it shouldn’t be happening, and do you know what I	really bad. As though she
Judgement by others	496	mean, having a child who’s got Downs and stuff	made a bad choice?

	497	C: Did they say that? Right, mmm	
	498	E: Well it's uncommon it's unknown, we don't… But they did erm,	Does not happen often, and
	499	they did the chromosome test on me and her dad, and they just said	therefore should not happen?
	500	it's one of them freaky nature things so…	Qualifying that it could not
	501	C: Mmm okay.	have been prevented
	502	E: But I just it is what it is she could have two heads for me, I'm not	Does not matter what
	503	bothered (laughs)…	condition, mum's love
	504	C: Yeah, yeah. Brilliant	unconditional
A change in	505	E: But it is really good, and just to see, she just had sports day	Turning to think about the
experience to see	506	before they broke up, and it were just nice to see her, going round	positives and how things
improvements and	507	with all other kids, doing all what other kids were doing…	have improved since then
positivity	508	C: Yeah	Participation with other
Inclusion doing what	509	E: 'Cause I don't get to see that any more, do you know what I mean	children
others do	510	C: Yeah	
	511	E: Erm, so it's really good, to see all the pictures and everything.	Heartening for mum to see
	512	They all love it, she is famous at that school (laughs). She is famous,	where she is now and how far
	513	I can't walk round anywhere without "Hello Megan!"	she has come. Friends in
	514	C: (laughs)	school
Acceptance from kids	515	E: Groups of kids, parents, all of them	Not just kids but their parents
and other parents	516	C: So she does get well, along well with her peers and things	too

	E: Yeah, yeah	
	C: Do you see them doing anything different?	
	E: No…	
	C: They’re just…	
	E: They do mother her, but she nee- she does benefit from them bossing her about but she can boss them about, and they’ll it’s	Two-way relationship
Interaction with other children	C: As well… in response	
	E: She loves playing teacher so, she may ask them all sit down (laughs)	Describing Megan’s character
	C: (Laughs)	
	E: She does like playing teacher though, with the teacher trying to tell her to do stuff	Imitating the teacher
	C: Ah right (laughs)	
	E: So she asks her to shush (laughs) She tells her to shush and tries to keep her book and…	
	C: Right. So she’s never on her own	
	E: No no	
	C: Erm do you feel, looking down the road, is this something that you know, that will, in your mind, will continue	
	E: I I hope so, yeah	

	537	C: Mmm	
Attitudes and acceptance from others. Parental influence	538	E: From… it's all about parents I think… how the kids respond, to children	Attitudes of others. Begins from the adults. Parents influence their children's perceptions and response
	540	C: Right, tell me abit more what's that, what do you mean?	
	541	E: Erm, if like wi- with kids growing up and as they go through school, I think the children in the class, who's just going through school they'll just accept her and treat her normally	
	544	C: Yes	
	545	E: If you know what I mean? But, say if I moved her school, or moved her class	Not sure if it will be the same in another school/context/class
	547	C: Uh huh	
	548	E: I don't, as they go older, I don't know whether… they'd er, depending on how she is, I don't know whether they'd accept her.	Uncertain about other settings
	550	C: How they'd respond…	
Importance of parents' influence	551	E: Yeah but they comes down to parenting I think	Parenting influence – not highlighting differences but accepting them as they are
	552	C: Do you mean like, the way…	
	553	E: You don't see kids different, instead of going look at… it's… nobody's different	
	555	C: So depends on how other children's parents… what they say, what they think	

	557	E: I think so… Yeah.	
	558	C: Do you think so? Right… I think that makes sense. Erm what are	
	559	your thoughts on, erm the mutual benefits that they have, I know you	
	560	mentioned a little bit about the reciprocal interactions and things,	
	561	erm… I think I was trying to highlight a little bit more about what we	
	562	had here about erm, the regular education students? Having that	
	563	same sort of positive benefits that, say Megan, would have, being in	
	564	the same classroom as them. Do you know what I mean?	
	565	E: Mmm. Not really, no (laughs)	
	566	C: (Laughs) Kind of like, erm the relationship that they have, having	
	567	it’s a reciprocal benefit to each other, do you think that’s…	
Capable of learning	568	E: I think it’s it’s like other kids open their eyes to see… their	Being ‘open’. See that it is
in a different way	569	learning different, if that’s what you mean	only the way they learn that is
	570	C: Ya, ya	different
	571	E: ‘Cause she does, they’ll say oh draw an ‘a’ like you know let’s do	
	572	some writing, where I know Meg has to do it a different way	
	573	C: Right	
	574	E: So… They do they can go ‘oh how’, you know well, but then it	Megan’s way of learning can
	575	helps some other kids who’re struggling	also benefit other children
	576	C: Right	who need it

	577	E: You know, so,	
	578	C: Yes, I’m trying to get that (laughs)	
	579	E: They’ll like say well oh well let’s try doing this with you	
	580	C: Okay, okay	
	581	E: And some other kids they take her work on, mm-hmm	
	582	C: They do. Independently as well	
Differentiation –	583	E: Yeah. So yeah. But, like how, some of the things when they break	Benefits Megan as well as
breaking it down into	584	it down… For Meg to be able to do it step-by-step	other children
smaller steps	585	C: Yeah, yeah	
Benefit other children	586	E: To reach the end goal. Some of the other children, take on that,	
too	587	sort of practice	
	588	C: Do they, right	
	589	E: Just doing certain things, it’s all different kids, ‘cause you know	Different children learn things
	590	this child will get, X, like that (snaps), and then, but the other one…	differently, in different ways
	591	C: Might also need… Yeah, makes sense. Erm, in terms of meeting	
	592	the needs of, Megan’s needs, being in a mainstream classroom, do	
	593	you feel that, you did say that, you really disagree that she would not	
	594	get necessary services provided in, er, say, in comparison from	
	595	mainstream and special education classroom, erm you did feel that	
	596	she actually will get all the necessary services in her mainstream	

	classroom? Erm, what made you feel that way? What's…	
	E: Mm. Erm 'cause we have the regular meetings with the school SENCo, and also Meg's… It's not Pre-5 anymore, it's the one up, I can't I can never remember what they're called. It's, it… The organisation above Pre-5 so involved in school	
	C: Educational psychology?	
	E: Three different types of people	
	C: Right okay	
	E: That they can attach to a child	
	C: Right	
	E: If that makes sense. Erm, so Megs, can't remember what she is, erm… She helps us and goes, well we need to do this	External person supports identification of need. Mum finds it helpful
	C: Okay	
	E: And they are very… They're for the child, if that makes sense	
	C: Right, do you know what's the person's name?	
	E: She's called HT	
	C: Right okay, ya I ya	
Many supporting agencies involved	E: She's in Educational Psychology. Erm but what she comes under I'm not sure. There's that many (giggles)	Many agencies and external people. Can get hard to
	C: That's fine	

	E: Erm, but yeah she is, for the child and if she thinks that school are going off of a tangent, whatever, she will bring them back in and say “No no no no”, or, “You need to up her work, what you’re doing” “she can do better than that…”	remember all of them. Keeping school on track based on child’s ability
	C: Right she’s Learning Support, from Learning Support. Okay so that’s been helpful to have that support from, who’s for the child	
Learning Support Service – child-centred, target setting	E: Yeah. But it helps us as well because she’s for the child and fo-, because we don’t really, know… what steps to take, she said say this is what you need to be doing, or we’ll skip that one because she can do it and…	Child-centred. Knowledge from LSS to help with appropriate target setting
	C: Right so did some sort of an additional support from an external agency, that’s	
	E: Which every, I think every child with a statement gets, so…	
	C: Right. Erm would you say, you did say that er a mainstream classroom would provide more meaningful opportunities for Megan than a special education classroom, do you think there’s something additional in a mainstream setting?	
	E: I just think from being, from me being on the phone to special needs school… They just, they wouldn’t be able to give… Meg resources and things that she needs for her level because I, for how	Megan’s level is high, should not be in special school based on information from

	it works it sounds like each child’s got a, it’s own teacher sort of thing.	special school
	C: Right	
	E: And because she’s advanced… School just does it all anyway really	
	C: And so you would get exactly what that sort of additional level of achievements and things	
	E: Mmm yeah. Because I think that level’s always a bit above her, she’s working up to it? Instead of the level, and trying to break at that level of special needs	Setting targets that are a bit higher but achievable. Giving her the opportunity to achieve more
	C: Do you find that that’s really helpful?	
‘Pushy’ parent for child to achieve	E: Yeah. ‘Cause I’m a (laughs) pushy parent. I like to push her (laughs)	Pushing child to achieve
	C: (Laughs) No I think it totally makes sense	
	E: No yeah	
	C: Erm so what, in terms of I think I’ve done this a bit, you’ve actually talked about what, how you decided on Whitechapel. Erm, and you’ve talked about what has been supportive. Do you find anything that’s not so helpful?	
	E: Not really no.	

	C: Right so Whitechapel is…	
	E: It is a good school. I *might* come across something as we’re going through, but	
	C: What’s not so helpful in her previous setting, which we talked a little bit about	
Support from family Knowledge of education system supported mum	E: That one (laughs). All of it. It it wer- it were the headteacher, she clearly ruled that school, but because they were in special measures… Most of my family are teachers, my mum’s a SENCo, she’s Acting Head	Knowledge of school and SEN processes was helpful.
	C: Right okay	
	E: So she knows, she’s lower foundation nursery, and upper foundation. Erm, so my mum, you know she’s doing this on a regular basis, and she comes with me to most schools, ‘cause they know ‘em and they all know each other. And when we were at that school she just went, no… And that she says if it were me, because we were sat with the Head Teacher, and the s- the school’s SENCo	Educators in the family, knowing more about what is to be expected. Provided family support and knowledge.
	C: Mmm	
	E: It weren’t the SENCo driving the meeting which she should be doing she should be setting work ‘cause she knows	Roles and responsibilities were clear but not followed.
	C: Yes. But it wasn't…	

	E: It weren't. She were waiting for the Head Teacher's approval, and you could see. And it were the Head Teacher that were… But, all the jobs were on the line basically because if they didn't meet her standard, she'd see that, you're not doing right for the school so you see like nobody wanted to lose their job, but…	Teachers were pressured by Head Teacher 'Doing right' for the school involved academic grades?
	C: So it was a bit of a situational, thing…	
	E: Mm (giggles)	
	C: Erm, would you have done anything differently?	
	E: I wouldn't have sent her to that school (laughs). I wouldn't have wasted my time sending her there, but… It's nice to see how it shouldn't be done	Although 'wasted time', some learning took place, what should not be done
	C: Yeah	
Not knowing what was to be expected as 'good' or 'correct'	E: Yeah… It were a good pick me up from going to that school and thinking… Seriously (giggles)… to then going to that school and thinking no it's not like that at all.	Realisation that the bad experience was not to be expected, as currently a turnaround and good experience.
	C: Yeah, I'm gonna try and break down a little bit I know it's the Head Teacher that's a bit erm like saying that, but what was it, what kind of practices was she for, or like were you not receiving, that's made it more difficult?	
	E: Erm, the su… do you know what I mean the support that she had	

	697	because I mean she only went there for the morning, erm she were	
	698	attached to her. Megan weren’t allowed… anywhere without holding,	Restrictive, independence
	699	she had hold of her hand all day basically (laughs).	was not encouraged.
	700	C: Okay	Learning was controlled.
	701	E: And that were one of the things, and I says she’s… she’s in a bad	
	702	mood and she’s kicking off because… if you can imagine somebody	There is a reason for her ‘bad
	703	walking round you all the time with your hands, with her hands on	mood’.
	704	your shoulders, you’d want to turn around and give them a slap	
	705	C: What’s the reason for that?	
Statement used	706	E: Just with them saying, ‘cause she had a statement she had	Having a statement was used
‘against’ being in	707	special needs and… She, they said she were a danger to herself	to say that she had special
mainstream	708	and to other kids… She, she’s still very oral…?	needs, could not cope with
	709	C: Okay	being in mainstream?
	710	E: Erm…	
	711	C: Yeah	
	712	E: Do you know what I mean, with her stuffing her mouth, so when	
	713	she picks something up she’ll, now, she’ll rub it across her mouth…	
	714	C: Okay, in the past…	
	715	E: In the past it’d go in her mouth, but she’d never choke, she will	
Child’s behaviour	716	just literally, just in her mouth, out, and they were like, she’s gonna	Sense of ‘making use’ of

‘made use of’	717	choke. So it were, they were using that and she’s dangerous…	situations and child’s
justification for	718	C: The way they perceive things slightly different	behaviour as reasons for
exclusion	719	E: Yeah. And she used to throw things, but	‘danger’
	720	C: Okay	
	721	E: Every 3 year old, chucks stuff. But because she’s under medical	
	722	skill, they pulled it up and were like. But she were always there, she	
	723	were lovely, her supporter	
	724	C: Yeah	
Inability to go against	725	E: But she were just doing us. And she did toward backend did she	
the HT	726	went on, she did try to give her… you know, she’d go you can go	
	727	play over there on your own, go paint and now stand here, and, it	Difference in teacher support
	728	were that, but when Head Teacher were about, she were…	when HT was around. Sense
	729	C: Right…	that teachers and supporters
	730	E: There with her all the time (laughs)	were reasonable and wanted
	731	C: So there was a little bit of difference and tensions from, with the	to give the support
	732	Head Teacher and the staff…	
	733	E: Yeah	
	734	C: Right okay.	
	735	E: But the teach- her class teacher were lovely and she’s known my	
	736	mum as well	

	737	C: Right	
Pressures faced by	738	E: And, my mum actually said to her I don’t understand. She’s no	Situation was also bad for
teachers and staff	739	different from the other kids and she actually left, that teacher	staff, not just students
	740	C: Oh okay	
	741	E: She went to a different school so. ‘Cause she just, couldn’t work	
	742	under pressure and what they were putting her under	
	743	C: And did they, was Megan the only one with a statement or did	
	744	they have other…	
	745	E: In that class, in that year	
	746	C: In that year	
	747	E: Erm, there were another, there were another little girl, I think she	Others going through similar
	748	was… two year, yeah, so she must’ve been a Year 1, but they sent	experiences
	749	her er, they build a case and got her sent to Special School	
	750	C: Okay	
Learning from others’	751	E: Erm but she were just like Meg really, and it were, it were nice to	
experience	752	see her because it was sort of a, little glimpse into the future do you	Using other’s experience as a
	753	know what I mean	learning
	754	C: Yeah	
	755	E: Of how things progress and develop. And then there were	
	756	another little boy	

	757	C: Mm-hmm	
	758	E: That I think he were Year 2 Year 3… but they just, playtimes they	Is this inclusion? Not
	759	used to put him in nursery.	considered ‘inclusion’ to
	760	C: Do you think it’s more helpful that the school has that inclusion	mum.
	761	culture and basically not just have one but like as many as they	
	762	could	
	763	E: Yeah that’s what is nice to see in that school, because it is…	
	764	C: In Whitechapel…	
With exposure and	765	E: Yeah, at Whitechapel. I mean there’s disabled toilets all about,	If it is there, then it wouldn’t
experience within the	766	I’m sure you’d have seen it all. Erm, and the kids genuinely don’t	be considered special or
environment they	767	know any different. Oh they’ve got a set of wheels, do you know	different. Acceptance from
learn in, students	768	what I mean and… They’re not bothered.	other children.
wouldn’t know/think	769	C: And it actually helps build that sort of understanding. So in your	
about it as ‘different’	770	opinion that this inclusion idea does build an understanding towards	
	771	like a larger societal value, would you think?	
	772	E: Yeah, yeah	
	773	C: ‘Cause they grow up in that sort of environment…	
Education and	774	E: Yeah and it takes them through life really. And it’s not, it’s that	Learning about these at
acceptance of	775	don’t judge something when you first look at ‘em, because I know	school takes them through
differences at school,	776	some kids in that school that have got disabilities, and they’re like	life, builds their

life-long benefits	777	geniuses (laughs)	understanding and
	778	C: (laughs)	acceptance of others.
	779	E: Do you know what I mean, compared to… it is, it is really good.	Recognising their abilities,
	780	And they’re all lovely.	not disabilities.
	781	C: Is there anything else that you feel like would be interesting to	
	782	add to kind of like this whole idea of inclusion and, what your	
	783	experience has been, you know, what would you recommend?	
Preference for	784	E: Whitechapel? (Laughs) Erm, if it’s right for that child, then I’d just	Suitability of child in
mainstream	785	mainstream all the way	mainstream, stay in
	786	C: How would you…	mainstream if possible
	787	E: But it is getting so much easier, f- for any kind of kid, to be	Easier for inclusion now
	788	included, in ju-, you know in nursery and junior school.	
	789	C: Yeah. Mm-hmm	
	790	E: High school, I’m still a bit… Mm I’m not sure… But I know places,	
Vocational routes	791	she might not be academically… there… but they do other courses	Not just academics,
	792	so… Self-help, everything to get her an independent, get them a job,	vocational routes
	793	whatever. So there is options there, they don’t have to go to	
	794	mainstream high school	
	795	C: When you said that it’s getting easier, do you mean like from the	
	796	past?	

	E: Yeah	
	C: What do you think has helped to create this change?	
Support from external agencies and services	E: Just, er, more sort of departments really that work with families, and schools, to make it easier? Because some families might have a head on, you know they generally don’t think anything’s wrong with a child	More support from groups and services. To identify needs and provision to support needs.
	C: Right	
	E: Erm, and school like, there is (laughs)	
	C: Yes	
Third party views	E: There’s needs there. So these departments can get brought in and	
	C: To clarify do you think?	
Early intervention and identification	E: I think when you work from a younger age yeah	Early involvement and identification
	C: Okay so you think that right from the start, to have departments involved, early help, early support, type of thing?	
	E: Yeah, well, if we were talking 5 nearly 6 years have gone now erm, it was my midwife that gave me a number to phone, and said you might want to speak to these	
	C: Right	
Learning about	E: There were nothing really, that got, it weren’t explained to me, it	No advice given, not knowing

organisations and the type of support from different agencies and what they did	817	were just this is an organisation, they'll basically, help you	what the organisation did but 'help you'. Would have been helpful to know who to go to for the right kind of support early on. Only knowing after the event, the process.
	818	C: Okay	
	819	E: And I know *now*… It's the hospital actually gets in touch with	
	820	them, and then they get in touch with you.	
	821	C: Right. Do you know what agency this was?	
	822	E: I'm not sure… I think, were it might have been Early Advice and	
	823	Support	
	824	C: Early Advice and Support…	
	825	E: I think it were Early Advice and Support, yeah Early Advice and	Linking up with agencies. Multi-agency working and support. Agencies working with each other.
	826	Support, and then they got us in with Speech and Language, and	
	827	then Portage	
	828	C: So they were the ones that kind of like	
	829	E: Put us in touch	
	830	C: Do you feel that Early Advice and Support was one of the core	
	831	ones that you really had support from?	
	832	E: Yeah, yeah. And I'm surprised that they've not got much funding	
	833	really, to be honest with you	
	834	C: Yeah do you mean Early Advice and Support?	
	835	E: Mm-hmm. (laughs) They've not got much much money, but yeah.	Not much funding, but provided very good support
	836	But no they were really good.	

	C: Right do you find this, erm statement thing, statementing er something that’s useful?	
Statement as a process for communication	E: It is, for them to go to school yeah. ‘Cause it’s, erm… It’s like we used to have meetings with Paediatrician as well, erm but it were paediatrician, speech and language, portage, physiotherapist, orthotics, everybody that were involved… Once every six month, we all got into a room, and the Paediatrician, we all went round and *every*body would update where everybody else were really	Statement process was useful for multi-agency working. Communication channel to keep everyone updated.
	C: Okay	
	E: And then, that were written to a report, sent to school. And then everywhere else, where it needed to go so…	
	C: So that multi-agency concept is very important do you feel, that to you, with this, in helping you include your child in, into school	
Challenges parent faced	E: Mm hmm, and then they know it, ‘cause if, when you’ve got that many hospital appointments, and you go in, you can’t remember what they said last week when you’ve got them tomorrow and you’re thinking that, right, I need to remember everything tod-, it gets a bit confusing?	Parent challenges, with many appointments to follow-up on. A lot of information to take in. Helpful to have support from school and agencies
	C: Yes	
	E: So, and it’s fair enough they’d send you a report from each	

	857	individual agency. But you can't	
	858	C: You can't put things together as well…	
	859	E: Yeah and school were like, right with the amount of paperwork…	
	860	So it were good to have I think were it CDCT meetings we call at the	
	861	hospital. So they, I think I think they benefited and it's really good	
	862	C: Do you still have them now?	
	863	E: We just see Paediatrician.	
	864	C: Okay so Paediatrician, and that's that's that helps with the	
	865	hospital aspects, you know where the I don't know Occupational	
	866	Therapy, Physiotherapy? Are they still involved?	Therapy support
	867	E: Yeah they're	
	868	C: Yeah, yeah they manage that…	
	869	E: Yeah but she's discharged from them all now. But she's going for	
	870	her tonsils, and then have adenoids out, er because she's got sleep	
	871	apnea, we did a study for that	
	872	C: Right okay	
Referral processes	873	E: Erm, so they then go on to refer us on for all that	Referral processes
	874	C: Okay	
	875	E: and monitor that	
	876	C: In school, in school, thinking about the agencies you have LSS,	

	you have the SENCo, you have, is there anybody else involved at the moment?	
	E: Erm, (clears throat) we just, we have the community nurse, behavioural team, I think is that CDLT, I think it is… They've just been in	
	C: Right	
	E: And just did some monitoring with her. Just for behavioural reasons strategies and stuff like that for, for special needs side (clears throat) excuse me. And we also have Dawn… I can't remember what she's called, she works under ENT at Greenacres… Deaf and Impairment team.	Ongoing support from different agencies
	C: Right right	
Frequency of external agency involvement	E: She actually goes in once every 3 months I think it is and just observes her in the classroom. She says the school she's fine and she sends report over so she's fine	Within-school support
	C: Is there a reason she's still involved, or like	
	E: It's just to make sure… her ears, because she got it were glue-ear that she had. And she were basically deaf for first two years, which nobody knew, erm which were kinda good 'cause she were lip-reading so, with her speech is coming on, she had grommets in…	

but she’d went through a phase, she didn’t held on her head and they couldn’t do hearing tests

C: Okay

E: Erm, but that’s all

C: Resolved

E: Coming back down. And they’re hoping it’s gonna get better with her tonsils and her adenoids out.

C: Right okay.

E: And she’s got selective deafness (laughs)

C: (laughs) at the moment, choosing now…

E: We all have, but she’s just… very stubborn… (laughs)

C: Okay, I think that’s about it, I really appreciate your time.

Appendix H Example Compilation of Transcript Abstracts of Emergent Themes (SG)

Super-ordinate theme 1: **Within-parent factors**

Sub-ordinate theme	SG1	SG2	SG3
Feelings and emotions experienced	N: So he was like oh okay. And then er we brought him in and then er he said erm… the doctor er… said the word like autism N: Ya, so because he gave him like some test or something like play play skill and whatever, and then er, then he said autism and then I was like oh, okay. (…) (25-30) N: Er… I think at the beginning, of course it was hard, but… Erm… I think therapy is not a	W: Er… a bit challenging lah. For him… W: Ya for him a bit challenging for him because I don't have er... The elder three brother I don't have this kind of issue… Ya I teach you read you know how to read, I teach you hold the pen you know. Ah… I say no means no… Ah. If you tell Bobby no, you'll need to find a story tell him say no… Ya… (229-233) W: Ya lah of course sad lah, ya…	A: Erm… of course having the first three child having no problem with this issue, I feel no, okay m- my my thoughts now is that er I feel sad, because like erm now my girl maybe you know in preschool context, er she might be playful I mean when she have her PE lesson, er she has PE lesson and then she fall… A: Er friend may not laugh at her, but in er primary school context, I'm afraid that er first, the school is four storey high, okay… So

	very common thing in Singapore, and… nobody really wants to, even go for a check. (148-150) N: Ya in the beginning it was very frustrating, because at first, we were quite frustrated with our paediatrician, 'cause we wanted a… concrete diagnosis (…) Then erm… erm… so, it was the whole waiting game was very frustrating. (247-252) N: Er… good experience, at the beginning no, but now now it's good. I guess because everything is in place, but at the beginning everything was like… you know you er… you gotta find out on your own and then you	And then er… sometimes er, got got call… ah this teacher won't be like mm, a bit problem told you one, a bit things wanted to tell you like that (366-368) W: Because last time when Bobby diagnose this kind of problem that time only myself only. My husband, he doesn't… Er, never say he doesn't care anything lah. Ya. So everything will leave it to me, even I say ya I will send him here, then he say orh like that ah, then why like that what what what (1011-1015) W: Okay lah challenge or challenge lor (laughs). W: Let me know more about	she will take slightly longer time to climb up the stairs, then er maybe PE lesson er, may be more demanding lah, the skills that maybe the teacher teaches ah, then er I'm not sure whether my girl can… (138-148)

	don't get concrete answers and then you know it's just a lot of waiting (688-692) N: Personally… personally I would say that… Er… it was in the beginning it was hard, er… but I'm the kind of person that I don't like being weak, so er (…) I mean you're the mum, and you feel like maybe in the beginning you feel like maybe I'm somewhat to blame, but… okay you can go through that you can think that but you still have to move on, (…) So then you come to a point where you do everything on your own you just get into that stage where like you can't do it anymore, so I I already	these children lah, now all these children lah (1051-1054)	

	went through that and that's why you need to ask for help. Because erm, it it's not easy (750-765)		
Advocating for child/self-education	N: After we had the diagnosis, er… we, I looked through websites on my own, to see what was the best kind of therapy or most effective one. Er and it seemed like a lot of people said ABA was the most effective one, so I searched for ABA and then I went er called two or three places, and what I preferred was this one they came to your house (231-236) N: So I did a lot of my own research. It was mostly, my own research. (256-257)	W: One week three times. Ah next year will be four time lah, ah because these four times I request from the school lah. I request from them. Ya (131-133) W: Try to push lah. I try to push lah. Because once if he really can ah, go to main school ah for next year register ah, actually also quite stress. For him lah. Ya for him lah. W: Mmm… I feel he's not ready lah. I feel he's not ready lah. (140-144)	

		W: Ya we try to work some things different. (321)	
Meaning of inclusion	N: No, it's just learning like all the other kids lah (125) N: He's not receiving like special attention (129) N: I feel like, that is the way it should be, it shouldn't be any other way, I mean… erm… If… obviously if the school feels that it should he should be excluded, I would make a big fuss out of it obviously, but I have not… first experienced experienced first hand anyone excluding my son, or saying that he cannot er, do something (326-330)	W: (…) They they they will have some like example some remedial, or the teacher if you you face or you meet the teacher is good teacher they will waste the PE lesson, ya for my my second children is. They will take out his PE lesson and then bring him away and then just study one period W: Teach again one-to-one or two-to-one teacher. Ya…(655-661) C: Ah because now you're saying that instead of doing PE he will join go and do extra class for example	A: So… erm I hope the teacher will just, take extra precaution lah (190) A: Inclusion ah. Okay, I mean the if you find the root word it's include, so er maybe… we have… special needs kids, erm being accepted in the nor- erm in the community with people who have no special needs (287-290) Will not give her special attention, but just be er more attentive to her steps lah (406-407) A: But… nobody in the school, will laugh at him. Er because

	N: (…) if by the time he goes to primary one and he still needs that then I will have to let them know and then just, you know erm, see to it that I mean he's okay lah but I wouldn't say that he needs any special attention. Because I don't want him to feel like he needs it you know (…) (505-509)	W: Ya of course lah. For me I'm okay lah C: You're okay huh. W: You must know the main school willing to use this way or not… (672-676)	maybe this boy has issues, of course he has other issues like social issues A: He attracts attention lah, but as in to laugh at him being in that condition, no. Nobody laugh at him (302-306) A: Ya. Nobody I I never heard of any teachers feedback that other students in the school make fun (318-319)