

Research Findings Discussion

Introduction

The analysis of the data is compiled into three key themes, which depict the impact that the two year funding has had upon the child's development, the setting and the child's main carer.

The Government's intentions for offering vulnerable two year olds fifteen hours free education was to address the inequalities that disadvantaged children face. The scheme is central to the outcomes of reports such as Early Intervention: the Next Steps (Allen, 2011) the Foundation Years (Field, 2010) and Foundations for Quality (Nutbrown, 2012) and aims to provide an early intervention from high quality setting's in order to narrow the attainment inequalities between disadvantaged children and their peers.

This funding is relatively new and as such research on its impact is limited and therefore the opinions of those that the scheme is designed to support are not fully explored. The research findings are presented through extracts taken from the interviews and child in need meeting and a bar chart representing the child's assessment portfolio and two year progress check.

Impact upon the Child's Development

'Alex' attends a pre-school setting in receipt of the governments funding for two year olds. Discussions with the child's key person (practitioner 'A') and his main carer, his grandma, reveal the disruptions he has faced up until this point. The purpose of collating his development records is to assess whether these disruptions have impacted on his development and if accessing a high quality setting at the age of two has had any significant influence on this.

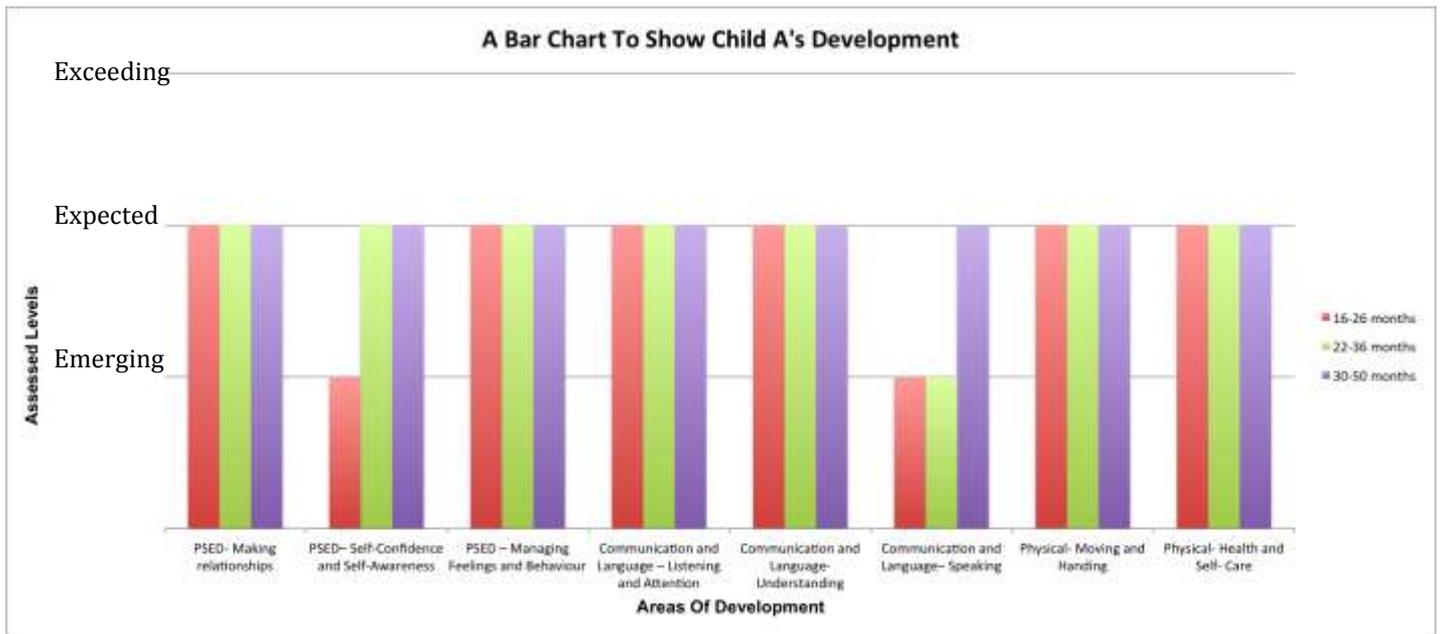


Figure 1. Child A's development profile.

These tabulated results

quantify 'Alex's' development in the three prime areas of the Early Years Foundation Stage (EYFS)(DfE, 2012) from 16 to 50 months taken from the developmental records from the setting.

Figure 1 denotes that at 16 to 26 months 'Alex' was assessed as being at risk of delay with self-confidence and self-awareness and speaking at 22 to 36 months. In this instance the data shows that all other areas of development appear to be typically developing as expected for his age. Practitioner 'A' explained that 'Alex' has experienced a disorganised attachment:

"They had a lot of attachment issues because they had come out of an home environment and then moved into grandmas".

His disorganised attachment (Robertson, 1953; Bowlby, 1969; Ainsworth 1963; Ainsworth and Bowlby, 1991; Gerhardt, 2004; Bowlby, 2005; Allen, 2011) became clear when the practitioner discusses how 'Alex' often became upset:

“Being very upset which does happen but constantly crying they couldn’t be distracted like other children they would just cry” Practitioner ‘A’.

According to the EYFS within the areas ‘self-confidence’ and ‘self-esteem’ a child of 16-26 months ‘explores new toys and environments but checks in regularly with a familiar adult as and when needed’ (DfE, 2012). However if as practitioner ‘A’ reported this child had ‘attachment issues’ and is often upset, it would explain why ‘Alex’ is emerging within this area as demonstrated in figure 1. A child with disorganised attachments will have low levels of self-confidence and emotional well-being and this will impact upon all other areas of development (Robertson, 1953; Bowlby, 1969; Ainsworth 1963; Ainsworth and Bowlby, 1991; Gerhardt, 2004; Bowlby, 2005; Allen, 2011; Scott, 2011 and Hartas, 2012). Therefore this ‘emerging’ development is representational of a child in Looked After Care (LAC) and is evidence that the absent attachment to his mother has had a negative impact upon this child’s confidence and self-awareness (Leavers, 1993:1996: 2003; Sunderland, 2007; Dowling, 2010; Bradford, 2012 and Pacey, 2013).

Recent research on early intervention (Field, 2010 and Allen, 2011) has supported the importance of forming early attachments in order to build emotional resilience and self-confidence (Robertson, 1953; Bowlby, 1969:2005; Ainsworth, 1963). The setting has implemented strategies such as the ‘key person’ system, which has supported the child in forming secure attachments. The ‘key person’ system is embedded within statutory guidance and is recognised as promoting the formation of attachments and continuity of care between the setting and the home learning environment (HLE) (DfE, 2013a:2012a; Whalley, 2011). Figure 1 suggests that in this instance this alongside the setting’s other strategies have made a positive impact upon ‘Alex’s’ development in this area as he is now achieving an ‘expected’ level of development. Critics of Ainsworth and Bowlby (1991) argue that the formation of attachment is not exclusive to the mother suggesting that attachment can be formed with more than one person. This child spent long periods of time in the care of his grandmother, this could explain why his transition into her permanent care was relatively smooth.

“ ‘Mark’ only had em two days because I had them the rest of the time”

Carer.

This reiterates the suggestions that the effects of separation from the mother can be elevated through the formation of an attachment with another responsive care giver (Clarke and Clarke, 1976). This further concurs with the suggestion that ‘Kinship care’ is beneficial in promoting attachments (NSWG, 2006; Farmer and Moyers, 2008; Guishard et al., 2007 and Aziz, et al., 2012). On the other hand experiencing several caregivers can have implications upon the child’s social adjustments and capacity to form relationships (Zeitlin et al., 2006), which could explain the child’s ‘emerging’ development.

Figure 1 also displays ‘emerging’ development within ‘Alex’s speaking at 16 to 26 months and again at 22 to 36 months. The two year progress check also assessed his speaking development at 8 to 20 months which shows that child ‘A’ is not achieving the expected levels of development for his age within this area. The two year progress check was completed by the child’s key person using ongoing observations and assessments. This is used to review the child’s progress within the prime areas to highlight areas of need; enabling practitioners to provide early interventions where needed (NCB, 2012). The progress check makes reference to strategies put in place to support ‘Alex’s’ language development:

“Support ‘Alex’s speaking by looking at picture books together and saying simple words and sentences”.

Below practitioner ‘A’ explains further how the child’s confidence effected his communication and the strategy the setting used to overcome this:

“He didn’t come in confident and it took along time to build this before we could work on other areas such as their communications because he wouldn’t talk openly”
“A lot of it was getting them to speak openly in group activities”.

Interactions between a child and his primary carer are key to language development therefore children who experience disruption and absence from their mother can consequently have delayed speech and language development (Vygotsky, 1962). This reiterates the substantial impact the child's immediate family environment has upon their development (Bowlby, 1969; Bronfenbrenner, 1979; Farmer, 2009; and Sylva et al., 2011).

Figure 1 illustrates that the child's 'risk of delay' decreases when receiving the funded hours. It is worth mentioning that this setting took part in the Every Child a Talker (ECAT) (DfE, 2008) programme. This designated an Early Language Lead Practitioner (ELLP) who is supported by an Early Language Consultant (ELC) to strengthen children's language through enhancing the setting's practice and supporting parents and carers within the Home Learning Environment (HLE) (Sylva et al., 2004). Language development is central to supporting social development; enabling the child to establish friendships (Vygotsky, 1962). Therefore this decrease in being at risk is particularly significant in supporting this child to become ready for school (Oates and Grayson, 2004 and DfE, 2008). This is a high quality 'outstanding' setting with evidence of quality interactions (Ofsted, 2011b). The pilot scheme indicated that good quality interactions were occurring in good quality settings on both the ITERS-R and ECERS-R scales (DfCSF, 2009). This supports research findings that highly qualified staff frequently engage in sustained shared thinking (SST) consequently contributing to overall language development (Sylva et al., 2004:2002). This suggests that early intervention provided by the setting have supported this child's language development and has therefore prepared this child for school.

Children in LAC have often witnessed adverse experiences (Aziz et al., 2012), which have long lasting detrimental impacts upon the child's brain development and ability to form attachments, which undoubtedly influences the child's future developments (Bowlby, 1969; Bronfenbrenner, 1979; Gerhardt, 2004; Field, 2010; Taylor, 2010; Allen, 2011 and DfE, 2013b). During the carer interview reference was made to an instance of domestic violence:

“It was ‘Amy’s’ birthday and because he hadn’t had a fix, this is why he can’t come near kids, he hit ‘Amy’ on the face and he smashed all my house”.

When children witness domestic violence such as this it can have long lasting detrimental effects upon their development (Kroll and Taylor, 2003; Sharpen, 2009). Furthermore research indicates that 86% of children witnessing domestic violence have delayed language development (Sharpen, 2009). Whilst this is somewhat evident within the child’s developmental records, the carer only refers to the one instance of domestic violence towards the child’s auntie and so this may not be fully conclusive in explaining the child’s ‘emerging’ development.

Nonetheless adverse experiences such as this have lasting implications upon the child’s brain development as evidenced in the Early Intervention and the Foundation Years reports (Field, 2010 and Allen, 2011). Children can feel insecure and experience difficulties socialising with their peers when they have disrupted attachments or exposed to adverse experiences and trauma such as domestic violence (Sharpen, 2009). Therefore it is vital that early interventions support this child when they reach compulsory school age.

The data recorded that the child’s parents were substance misusers and this could explain why the child did not form a secure attachment with his mother; parents with substance misuse become emotionally unavailable resulting in poor attachments (Kroll and Taylor, 2003; Farmer and Moyers, 2008; Sharpen, 2009 and Farmer, 2009). Disrupted attachments are detrimental to the child’s development (Damasio, 1994; LeDoux, 1998:2002; Gerhardt, 2004; Bowlby, 2005 and Allen, 2011) and children in LAC are at risk of delayed development in areas such as social skills and speech and language often due to disorganised attachments (Robertson, 1953; Bowlby, 1969; Ainsworth 1963:1967; Ainsworth and Bowlby, 1991; Leavers, 1993:2003 and Gibb et al., 2012). Therefore it would be expected that the child would be at risk of delay in other areas, however the child development records refute the suggestions that children in LAC with attachment disruptions experience difficulties socialising (Robertson, 1953; Ainsworth 1963:1967; Bowlby, 1969:2005;

Vygotsky, 1978; Leavers, 1993:2003; Ainsworth and Bowlby, 1991; Sharpen, 2009; Gibb et al., 2012), because within Personal Social and Emotional Development (PSED) 'making relationships' this child was achieving expected development, supporting the claims that children can overcome disorganised attachments and make adequate progress (Marmot, 2010).

The EYFS (DfE, 2012) acknowledges the importance of PSED and communication and language (CL) as being fundamental to learning in all other areas and consequently these areas are presented as prime areas within the EYFS. However according to the curriculum framework these areas develop as a result of positive relationships and experiences (ibid). The empirical evidence suggests that this child has had adverse experiences and disrupted relationships and this has impacted upon his development in these prime areas. However, once 'Alex' is in receipt of the two year funded place his development is assessed at an 'expected' level signifying the positive impact this has had. This is reiterated by Gibb et al., (2011) who state that whilst children in receipt of the two year early education offer have greater needs and display lower levels of development the support offered by high quality settings can enhance the child's progress especially in their language and emotional development. However within the carer's interview she explained that without receiving a funded place the child would not have accessed a pre-school setting:

"No I couldn't of afforded to pay for them so they would of just been at home with me".

Therefore it is questionable whether his development would improve without this early intervention. Research suggests that children who begin school with delayed development continue to fall behind their peers throughout school therefore the attainment gap widens (Roberts et al., 2010).

In this instance high quality early intervention has had a positive impact upon this child in LAC, supporting the findings of Munro (2011) that early intervention can minimise the effects of being in LAC. Initial assessments highlighted some areas of 'emerging' development, however the assessments at 30-50 months indicate an

improvement in these areas to 'expected' development suggesting accessing the funding has made a substantial difference to this child's development and possible future achievements.

Impact upon the Child's Carer

The data from the carer, the practitioner and the child in need meeting report, suggest that when 'Alex' first attended the setting the carer was emotional and experiencing money troubles; causing stress and anxiety at home:

"I used to get my self a little bit upset at first" "I was always on edge that am I doing things right and I think a lot of it was money problems" **Carer.**

"Grandma who was extremely stressed" "She needed some support she needed help" **Practitioner 'A'.**

"Nannan's health: Still very tired and worn out, 'carer' explained how she would sometimes just sit and cry for no reason and she is very tired all the time" **Child in need meeting.**

The carer explained how it was difficult taking on a child and that things were very different, meaning she was unsure about where to access appropriate health care for the child. Grandparents can face many difficulties when looking after a young child and the support they receive can be limited (Help age international, 2012; Aziz et al., 2012; Nandy and Selwyn, 2013). This is certainly represented in this case study and when the family first joined the setting the 'carer' was upset, stressed and receiving very little support. Despite the lack of support the evidence suggests that in terms of improved child outcomes, 'kinship care' is beneficial for the child (Farmer and Moyers, 2008 and Aziz et al., 2012). However children are extremely sensitive to their surroundings and can pick up on feelings of anxiety and depression (Sharpen, 2009). Therefore if the child's main carer is stressed and upset this will inevitably impact in a negative way upon the child; the child can become distressed and display stress behavior (Santiago et al., 2012). The HLE has a significant impact on this child

concurring with the suggestions that what the carer does within the HLE is more important than who they are (Bronfenbrenner, 1979; Sylva et al., 2004; Hartas, 2012).

The evidence suggests that once 'Alex' was eligible for the funded places it supported not only the child but his carer too. The 'carer' explains here how the setting has supported her and put her in touch with a Sure Start centre; providing links and access to further support:

"They got me going on things with the sure start I was going on trips with them I didn't know non of that and it was only through 'practitioner A' saying I will see what I can do and see what's going off and get you in touch with people".

This gave her the opportunity to attend outings with other parents in the area and consequently this supported improvements in her confidence and well-being. The carer also made reference to the emotional support the setting has given her:

"When I first got, like I say erm I used to get my self a little bit upset." "I used to come in here and they used to say come and have a little talk, if you ever want to talk come in and they were always here for me".

Accessing the setting through the two year funding scheme was beneficial to the carer's emotional well being. She was able to talk to practitioners and discuss her concerns and they provided support through listening, making phone calls and putting her in contact with other services. This has improved her confidence, which undoubtedly impacts upon the child's emotional wellbeing too (Bronfenbrenner, 1979). Practitioner 'A' states the changes she has seen in the carer:

"Oh yes big difference very happy very content" "She just seems a lot happier".

It is conclusive that accessing this setting, which otherwise would not be possible, has had a significantly beneficial impact upon this carer. As a grandma unaware of

current practice, facing financial difficulties and caring full time for twins, she herself explains how this was daunting and consequently affected her confidence and emotional well being. This setting has provided the support she needed and as a result the child is making good progress.

Impact upon the Setting's Practice

Previously in areas of deprivation the demand for private pre-school education was low however the introduction of the funded places for two year old children has become an attractive incentive and settings such as this are in high demand (Thomson, 2013). However this is not without its drawbacks and as Gibb et al., (2012) suggest the two year olds accessing the offer require higher levels of support from a graduate workforce and practitioners express concerns over the effect this has upon the other children attending the setting (Foundation Years, 2012). This is evident in this instance where this family has required higher levels of support and has clearly placed the practitioners under pressure:

"If someone is upset this is definitely going to impact emotionally on the other children" **Practitioner 'A'**.

There are further issues over the increase in paperwork especially when completing Common Assessment Framework (CAF) forms and meeting reports. Whilst this places extra pressure and time constraints upon the practitioners, these interventions make a positive impact allowing relationships to be formed and strengthened between the setting, child, family and the wider multi agency context (Gibb et al., 2011; Thomson, 2013; Foundation Years, 2012).

Practitioner 'A' reports the effects this family has had upon the setting and the adaptations that have been put in place. The setting has become a source of support for not only the child but the carer too, through enhancing the child's development and building the carer's confidence and well-being. Consequently this has implications upon the setting and the extract below demonstrates the impact that providing this level of support has upon the staff and their practice:

“She came in many times in tears upset and because we had an open door policy we took her in and comforted her and made phone calls for her” “This is pressure on the staff” “It impacts on your time” Practitioner ‘A.

This indicates that the setting is adapting their practice, which coincides with Thomson (2013) who suggests that the funding will require settings to change their practice. Whilst this is putting added pressure on the setting it is having a positive effect upon the family and as mentioned the support has improved the carer’s well being. Practitioner ‘A’ explained how supporting families such as this can be an emotional strain upon practitioners on the other hand she also denotes that there is a sense of satisfaction in seeing the improvements within the whole family as a result of their interventions:

“That does impact emotionally on staff” “It is nice to see a network come in as broken as it was to what it is now it means it’s all worth while”.

Supporting disadvantaged children and families requires practitioners to be fully aware of current strategies, however in some instances not all practitioners are fully equipped and can lack the training and experiences required to offer this support (Nutbrown, 2012; Mathers et al., 2014).

The early education offer is only available to high quality settings, that meet a ‘good’ or ‘outstanding’ grading from Ofsted, therefore settings need to maintain high standards. Consequently many settings report that participating in the offer has been conducive to delivering high standards and supported practitioners’ continuing professional development (Foundation Years, 2012; Gibb et al., 2012; Thomson, 2013). Concurring that high quality settings and highly qualified staff have the greatest impact upon the child’s development (Sylva et al., 2004; DfCSF, 2008; CWDC, 2007:2010; Whalley, 2011; Maisey et al., 2013; Mathers et al., 2014).

In this instance the setting has a graduate led work force and highly qualified members of staff supporting the children, this has clearly supported the setting

when making adaptations to accommodate the needs of this child. Coinciding with this the Child in Need meeting denotes that the setting is having a positive impact stating that the child is "*settled and doing fantastic*". This supports the findings of the Early Education Pilot: Follow-Up Research Report (Maisey et al., 2013) where it was reported that children only made progress within high quality settings.

This setting has clearly provided adequate support for this family and this has made a positive impact on the child and carer. Whilst this is placing extra pressure and requires the setting to make adaptations this can have a positive impact upon the practitioners too. This highlights the importance of high quality settings providing early interventions in order to make the biggest impact (Pugh, 2010; Sylva and Roberts, 2010; Field, 2010; Goodman and Gregg, 2010; Munro, 2010; C4EO, 2010; DMBC, 2011a; Allen, 2011).

Conclusion

In conclusion this research project aimed to take an in depth look at the government's two year funding scheme and the impact this has upon a child in LAC, his primary carer and the setting he attends. A review of the literature was conducted and deduced that the underlying aims of this scheme are to improve the outcomes for disadvantaged children in particular those living in poverty and in LAC. The literature discussed the types of LAC and highlighted that kinship care, where the child is in full time care with a family member, is more beneficial to the child (NSWG, 2006; Farmer and Moyers, 2008; Guishard et al., 2007 and Aziz, et al., 2012). In response to this a case study research was formulated.

The semi-structured interviews proved useful in gathering in depth personal accounts of the situation and key themes became apparent providing a basis for discussion. Some of these discussions were reinforced within the child in need meeting minutes, in particular considering the emotional state of the child's grandmother. These were combined together to conclude that accessing this

'outstanding' setting through the government funded scheme was particularly beneficial to the 'carer's' emotional wellbeing.

The child's development records alongside the two year progress check denote 'emerging' development within the child's CL; speaking and PSED; self confidence and self-awareness. This child witnessed several unpleasant experiences and has encountered a disrupted attachment with his mother. In this instance disorganised attachments had a detrimental effect upon the child's language development, his self-confidence and self-awareness (Field, 2010; Marmot, 2010; Allen, 2011; Munro, 2011). The literature review indicates that this is to be expected with children in LAC, often children in LAC experience delayed development and attachment disruptions, which can ultimately disadvantage the child once they reach compulsory school age (Robertson, 1953; Bowlby, 1969; Ainsworth 1963; Ainsworth and Bowlby, 1991; Damasio, 1994; LeDoux, 1998; Gerhardt, 2004; Bowlby, 2005; Allen, 2002:2011; Scott, 2011 and Hartas, 2012). In this instance the evidence shows a marked improvement in this child's development within the aforementioned areas, signifying that once again this outstanding setting has significantly improved this child's future academic chances. Through providing a key person and supporting the main carer this child was able to form secure attachments and be further supported within the HLE (Bronfenbrenner, 1979; Sylva et al., 2004; Whalley, 2011; Hartas, 2012; DfE, 2013:2012a).

Practitioner 'A' alludes to some of the negative implications this had upon the setting, suggesting that due to the higher levels of support this family required staff were put under extra pressure. Child 'A' was disruptive to begin with and was often seen crying, practitioner 'A' explained how this had an impact upon some of the other children and the setting's ratios. Cases like this have resulted in the setting employing a supernumerary safe guarding officer, which has financial implications upon the setting. However, despite these added pressures it is apparent that seeing improvements such as these is constructive in heightening practitioner motivation and job satisfaction.

It is possible to deduce that in the main the two year offer has had a substantially positive impact upon this child's overall development, as well as the carer's emotional wellbeing.

The evidence confirms that this child made significant progress within areas of delayed development upon receiving the government funded hours within an outstanding setting. Whilst there are some negative effects associated with this upon the setting it is noted that practitioners take pride in seeing the benefits their interventions have had.

The research has supported the findings of the Munro Review (Munro, 2011), Early Intervention: the Next Steps (Allen, 2011) and Care Matters (DfE, 2007), reinforcing that children in LAC living in disadvantaged areas can face delayed development and disorganised attachments. However it also supports the suggestions of The Marmot Review (Marmot, 2010) that when supported by high quality early interventions children can overcome these disadvantages and make adequate progress. Therefore the empirical evidence proves to some extent that high quality early interventions can be significantly beneficial for a child in LAC and their family unit, as well as the setting and the wider multi agency context. This ultimately underlines the importance of providing two year funded places to the most vulnerable two year olds. In this instance it is clear that the government are achieving their aims of improving the life chances of children in LAC (DfCSF, 2009; Gibb et al., 2011; Maisey et al., 2013) and the high quality setting and highly qualified staff were unquestionably key to this success.

The government is committed to improving the early years workforce; acknowledging that highly qualified staff make a greater impact (DfCSF, 2008; CWDC, 2007:2010; Whalley, 2011). This is reinforced through reports such as Foundations for Quality (Nutbrown, 2012) which underpin the More Great Childcare: Raising Quality and Giving Parents More Choice (DfE, 2013c), collectively suggesting that early years qualifications should be improved and an increase in graduate led workforces will raise the quality of education and care. Presently this provision was targeted at vulnerable and disadvantaged children. Currently approximately 92% of

three year olds and 98% of four year olds access free education under the universal offer and it is possible that in the future the two year funded offer will also become universal (Speight, et al., 2010). However, this could have further implications upon the availability of places and in the future could present a shortage of good or outstanding setting places (Chambers et al., 2002; Mathers et al., 2014).

Whilst generalisations are difficult to make from this small-scale project it is possible to suggest that these findings could be beneficial to other settings offering the funded places. Should another setting replicate this study it is possible that the findings would be somewhat similar although it is unlikely they will be identical.

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