**A Qualitative Investigation of Factors Preventing Parents of Typically Developed and SEN/D Children from Taking Advantage of the Two Year Old Funding Offer**

**Introduction**

In 2010, the UK Government introduced 15 hours a week of state-funded early years provision for all 3-4 year olds, which was soon after ‘upgraded’ to cover two year olds who met the criteria for free school meals. At the time of writing, this will shortly be upgraded to 30 free hours per week. While the UK government claim that this is to help parents back into the workplace, an alternative view point is the government wishing to in a sense ‘indoctrinate’ children, with middle class beliefs and ideals, away from the ‘interference’ of their working class parents (Biesta, 2009) so children can develop to be economically productive in later life.

A key piece of research that underpins this project is the independent report ‘The Foundation Years: Preventing Poor Children Becoming Poor Adults’ (Field, 2010), which aims to explore the link between poverty and life chances, and makes the case for measures to be taken to reduce poverty and enhance life chances, with a goal to ending ‘the cycle of poverty.’ As Bird states ‘children suffer from the social exclusion of their parents’ (2004, p. 3). In short, poverty is not only down to social and cultural barriers but can in a sense, become a component of the individual’s psyche that perpetuates itself over generations (Boag-Munroe and Evangelou, 2012).

The current study specifically worked in collaboration with the Foundation Years Trust, an organisation set up to act on the recommendations of Field’s 2010 report. The charity works particularly in a socio-economically disadvantaged areas of the North West of England offering community support services to local parents. The study arises out of a local or community need; it is hoped that an understanding of why parents are reticent of taking advantage of funding can lead to a refinement and readjustment of offered services so as to increase funding uptake. This has particular benefit for children from disadvantaged backgrounds; research consistently indicates that early intervention can be key to ‘bridging the gap,’ and boosting later educational outcomes among children raised in relative disadvantage, in comparison to their wealthy peers (Nores and Barnett, 2010).

The study asks the question ‘What barriers, if any, do parents face that prevent them from taking advantage of the free childcare offer?’ Furthermore, the study seeks to answer a secondary question concerning ‘What barriers, if any, do parents/families of SEN/D children face that prevent them from taking up the free childcare offer?’ The study aims to engage with ‘hard to engage’ families to find out directly why they choose or choose not to take advantage of the two year old funding offer.

**Literature Review**

*Hard to Engage Families*

The geographic location of the study displays high levels of economic deprivation (Office for National Statistics, 2016). From this, one could reasonably infer that many residents of the area display behaviours/characteristics that could be classed as a typical trait of ‘hard to engage’ families. Indeed, part of the justification for the current research lies in the fact that for reasons thus far unknown uptake of the 15 hours free childcare has remained consistently low, lending credence to this idea; if families are choosing not to take up this offer, quite simply, there must be a reason preventing them from doing so. As such then, it is worth a consideration as to what previous research into ‘hard to engage’ populations have demonstrated so as to understand the current dilemma.

Existing research, while lacking a formal *definition* of what constitutes ‘hard to engage’ (Flanagan and Hancock, 2010), has agreed on a set of common characteristics that distinguish such populations. Examples of these characteristics include factors such as being in receipt of a low income, low education levels, lack of own transport/living in rural or geographically inaccessible areas, members of ethnic minorities or disabled people, to name but a few examples (Burhansstipanov and Krebs, 2005). Alternatively, researchers have argued that LGBT+ people, drug users, high-rise apartment dwellers, people who feel they are not part of the political discourse of the time and English as an additional language users could equally be considered as a ‘hard to engage’ societal group (Brackertz et al., 2005). Based on the seemingly wide scope of these findings, if one is to take a more cynical view, it could be argued then that a ‘hard to engage’ person, within a UK context at least, is fundamentally any individual who deviates from a white, middle class and university educated stereotype. Therefore these are simply traits that do not provide any sort of concrete definition and, moreover, are all traits that hint at a level of stigmatisation or marginalisation from society in some respect.

Looking more closely at the term itself ‘hard to engage’, when considered in addition to the underlying stigma in the labelling of those populations, as Brackertz (2005) identifies, the term innately places blame on the populations themselves. In short, the label ‘hard to engage’ suggests it is in fact their fault for not participating in services that seeks to lift them out of disadvantage or poverty, not the fault of the service provider for failing to engage them in an appropriate way. Crozier and Davies (2007) take this alternative viewpoint, that it is the fault of the service provider who fails to engage the community, not vice versa. What this suggests however, is that what is needed is a paradigm shift in terms of portioning ‘blame;’ organisations need to recognise that it may be themselves who, intentionally or not, actively discourage the population from taking part in their services by way of ill thought-out service design and/or delivery. If organisations do want to increase community participation uptake, they need to do so in ways that tackle the underlying discrimination associated with these groups, using methods that are best-suited to the populations they seek to involve, not asking these groups to adapt themselves to the methods used by the organisation in question. In short, research needs to move away from a question of what makes ‘X’ population hard to engage, to what makes our services hard for this population to accept? This is an approach that the current article seeks to adopt; the aim of the research is to find out what precisely makes it difficult for eligible families to take advantage of the free childcare offer, rather than what it is *about them* that makes it difficult.

This is a recurring theme throughout the literature. For example, research by Cortis (2012) indicated that societal groups were considered hard to engage simply if an organisation did not have dedicated strategies for their recruitment. By relying on more mainstream support services, this in turn skewed patterns of service user involvement/recruitment because those groups deemed hard to engage by one organisation are more likely to be considered the same by others. What becomes apparent here is a prejudice of sorts on the part of these service providers, or at the least, an unwillingness to accept that it is the fault of the approach of their services themselves; a line of thinking that could be summed up as ‘they are the problem, not us.’

Again, this requires a shift in how research is conducted. Overwhelmingly, attempts to conceptualise what constitutes ‘hard to engage’ has focused largely on the views of policy-makers and political leaders of the day (Winkworth et al., 2010). This has proved to be a point of contention in the past on two counts; one, because it emphasises a deficit-based approach on the part of the individual rather than a consideration of barriers that prevent service uptake from the service-provider’s perspective, and two, policy interventions continue to change as a result of changing political leader beliefs thus approaches to solving the ‘problem’ of engagement are constantly changing (Barrett, 2008). Furthermore, looking to the homogeneity of the label ‘hard to engage’ itself, while from a policy-maker or service provider’s point of view this is a useful grouping because it allows people to catalogue a diverse range of people, it is for this reason that the term ‘hard to engage’ can equally be so problematic. The term implies that an approach that works for one subset of the ‘hard to engage’ grouping can be applied to others, but this cannot be the case, given that, as mentioned, the label encompasses so many marginalised sections of society with vastly different experiences.

*Factors affecting access to childcare/children’s services*

Limited research exists focusing on the take-up of childcare or children’s/family services, however relevant studies have indicated that factors prohibiting service take-up are largely down to issues with the service itself and not the fault of the service users, to return to the topic of the previous section. For example, studies have demonstrated that parents have been unable to access Sure Start provision because of inconvenient timing with regard to activities, an overuse of professional jargon that alienates families and prevents understanding of information, or inappropriate design (Avis, Bulman and Leighton, 2007). While the exact meaning of ‘inappropriate’ is never discussed in the aforementioned literature however, one may take it to mean a venue that is not designed in such a way as to be accessible for disabled service-users or poorly located, for example. Again, these issues would be demonstrative of an organisational barrier; it is not that the target population that is ‘hard to engage’ as such, the issue is the design of the service being unwilling or unable to adapt to the needs of the community it seeks to serve.

What distinguishes this study from previous studies is its exploratory nature, and crucially, its focus on hearing *service-users* (i.e. parents’ views). Instances of past attempts to explore these factors have focused more on service provider’s issues in terms of the support they offer, at the exclusion of parental understanding in relation to their participation (Pinney, Ball and Niven, 2007). Obtaining service provider’s *and* service-users’ views would allow researchers to analyse any sort of matches or mismatches between the beliefs of the parents and the beliefs of the service providers. Given that service providers often take the view that it is the communities that are hard to engage (Brackertz et al., 2005), this only heightens the need for research to take a two-pronged approach of relying on service users’ testimonies, as well as service provider’s views, to allow for the discovery of any discordances or disagreements in relation to the accessibility of services.

More overtly, the current study turns attention specifically to how families with children with SEN/D choose to take advantage of the government’s free child-care offer. There is extremely limited literature in respect to this area in particular, however, the author would hypothesise that families with children with SEN/D do likely face additional barriers in the form of lack of/difficulty accessing transport and worries over the suitability of placement for the child in terms of both the child’s behaviours and the training/ability of the staff to cope with the child’s additional needs. These hypotheses come from the limited evidence base available, which found exactly these suppositions (Pinney et al., 2007).

*SEN and access to childcare*

A point of note here is to consider what the current research considers to be, or defines as, SEN. Particularly, given that special educational needs or disabilities may not be recognised until beyond preschool years (though the characteristics of those needs/disabilities may be present). Much like Sylva et al. (2004) argues, readers of the current article should consider children ‘at risk’ of SEN to be referred to in just the same way as those with diagnosed SEN/D unless otherwise specified.

 Research demonstrates that early years provision for children with SEN/D can be an effective tool for somewhat ameliorating the impact of SEN on educational achievement. This suggests that for the one-in-three children who were ‘at risk’ of developing SEN in preschool, this risk had lowered to one-in-five at the start of primary school (Springate et al., 2008). However existing literature is unreliable in regard to the uptake of free childcare for eligible SEN children with some indicating there is in fact no significant difference in uptake rates between typically developed and SEN children and others showing that children with SEN were significantly more likely to be educated at home rather than in a formal setting (Abbot et al., 2011). The study seeks to examine whether this brings to light any new aspects in relation to families reticence to engage in the 15 hours childcare offer that might otherwise be more relevant to more disadvantaged families.

A wealth of research exists suggesting that families with SEN/D children are significantly more likely to experience financial hardship in comparison to ‘typical’ families (Urhan, 2002). Further, it can often fall to one parent (most often, the mother) in particular to act as the child’s primary ‘carer’ leading to further financial difficulties due to the loss of a potential source of income (Taanlia et al., 2002). Logically then, one might further expect that parents of disabled children can acutely benefit from the introduction of free childcare hours. Theoretically, the take-up of free childcare may in turn free up more of an already limited income and therefore one might expect this hypothesis to translate into a greater uptake of free childcare among parents of SEN/D children, perhaps to allow the parent to re/enter the world of work. However, contrary to this supposition, empirical studies have demonstrated that families who experience multiple disadvantages are much less likely to be actively receiving funded childcare, and where they do, it is primarily for the social and educational value to the child in question rather than the potential economic benefit to the parent (Ghate and Hazell, 2002).

**Methodology**

*Research Design and Justification*

The current study used a mixed methods approach consisting of a focus group that utilised semi-structured interviews and an online questionnaire consisting of predominantly qualitative questions with some close-ended more quantitative responses regarding the age/gender of the child. In the most basic sense, a qualitative approach was considered most appropriate because the research question at hand could most easily be considered exploratory. Furthermore semi-structured interviews within the focus groups allowed for the researcher to control the direction of enquiry while leaving room for adaptation of the enquiry process in the event of relevant and perhaps unexpected participant responses. While qualitative methods have in the past been denigrated as lacking academic rigour in comparison to other methods (Polit and Hungler, 1995) the use of the particular method of analysis (thematic analysis, as according to Braun and Clarke, 2006) allows for a greater sense of perceived ‘rigour’ owing to its standardised method of analysis, thereby overcoming this criticism.

It is a widely acknowledged strength of online surveys in particular that they can allow researchers to potentially recruit a large number of participants with comparatively minimal effort. In addition, it allows them to then amalgamate participant’s responses into one single database for analysis, in comparison, for instance, to having a potentially countless number of individual paper and pen responses (Lefever, Dal and Matthiasdottir, 2007). Of course, a typical critique of online surveys is the relatively low participant response rate (Comley, 1996); indeed, out of 3000 potential participant responses, only 28 were returned in the case of the current study. However, to accommodate for this, the study makes use of a two-pronged approach to data gathering through the use of focus group interviews *in addition to* the online survey, which researchers have argued can greatly increase the validity and scope of the findings in the case of low response rates (Nulty, 2008).

Aside from allowing researchers to corroborate the views of the parents, the use of focus groups that engaged the local family support workers who worked with the parents, allowed researchers to indirectly consider the views of a large number of parents. Of course, this relies on the worker’s being able to recollect parent’s responses, meaning they are likely more disposed to remember those responses that they consider more memorable for whatever reason. A key aspect and, indeed advantage, of focus group methodology is the emphasis on the group interaction itself, which allows participants to reflect, expand upon or provide evidence in contrast to or support of each other’s opinions, all with the aim of answering the research question (Kitzinger, 1994). Moreover, by allowing participants to reinforce or contradict each other’s opinions in turn acts as a form of validity checking for the researcher (Krueger, 1994). This dual nature of data gathering allowed parents to give their opinions directly (by virtue of the online survey) while also engaging the family support workers, who could give a broader insight into overall patterns of childcare uptake and possible reasons for these.

A thematic approach was engaged to analyse the data according to the steps laid out in Braun and Clark (2006). This was chosen because of the emphasis it places on examining the data as a whole in order to arrive at common underlying themes. Moreover, the particular method of thematic analysis put forward by Braun and Clarke (2006) was used to provide a sense of rigour and standardisation of method that eliminates what has in the past been called an ‘anything goes’ system of qualitative analysis (Antaki et al., 2002).

**Findings and Discussion**

From a thematic analysis of the combined dataset (both the survey responses from parents and the focus group interviews with family support workers), three key themes emerged. These were i) a lack of information and understanding in regard to the eligibility criteria leading to an unwillingness to engage with the service; ii) stigma, or rather fear of being stereotyped as an undesirable individual, as a result of choosing to take advantage of the offer; iii) with regard to SEN/D families, a recurrent concern over the inability of staff to cope with their child’s needs.

*i) A lack of understanding/awareness leading to an inability or unwillingness to take up funding*

In regard to survey responses 11 of the 28 participants were not aware of the two-year old funding offer. Of the 11 responses, 9 of these either directly referred to, or alluded to, a need for more information to be provided to them in response to the question ‘What can be done to support you in finding out about the free childcare hours?’ as seen in a selection of responses below:

*‘More information online’*

*‘More information that’s easily accessible’*

*‘Send a letter to tell me and how I can get it and witch (sic) ones I can use’*

*‘Sent relevant information regarding the free childcare hours’*

Furthermore, this was corroborated during the focus group interviews with family support workers:

‘*People have known about it but they’ve not known how to, like, apply for it. They don’t quite know, like, what to do, so they just need that bit of guidance from us.’*

*‘Sometimes they don’t know the process of it, so we go along with the forms and we complete it with them…again its getting the word out there and how to do it, and explaining its not as daunting as what they might think.’*

This theme then, relates back to a lack of clarity on the part of the service provider and further, an inability to engage in ways that suit these eligible families, a point of view that is supported in previous literature (Cortis, 2012). In the families’ view, the onus is on the provider to make the information known to parents rather than parents seeking out information themselves. From a more academic perspective, this places parents as far more passive participants within the context of taking up childcare provision who rely on services to make them aware of their eligibility. This is of course complicated if providers are having to engage with hard-to-reach populations, which participants in the current study may well be classed as owing to their residence within an area of relative socio-economic deprivation. Looking more deeply at the responses elicited, this raises the question as to whether this passivity on the part of the parents is intentional or it is their lack of autonomy down to perhaps poor service design that doesn’t properly ‘reach’ these families in the first place.

The testimony of the family support workers, and particularly the phrase that ‘people have known about it, but they’ve not known, like, how to apply for it,’ suggests that some parents are attempting to take a more active role in taking advantage of the childcare but are facing issues with regards to the availability of information. This would indicate more of an organisational barrier if, for whatever reason, the service provider was failing to engage with these families in a manner that suits them, and furthermore are perhaps failing to mediate the power dynamic inherent in the professional-parent relationship (Keen, 2007). More specifically, it is entirely possible that ‘hard to engage’ parents, who may for instance lack formal qualifications, have poor literacy skills or have various other stigmatising characteristics are reticent to engage with a service that represents a perceived level of power and authority, perhaps represented through their etiquette, their dress, their perceived knowledge or seeming to represent the ‘system’ that parents need to navigate. As research demonstrates, service providers need to tackle these overt manifestations of authority if they are to engage with families hesitant to take advantage of their services (Landy and Menna, 2006). Indeed, this hypothesis is further highlighted during testimony from the family support worker’s focus group.

*‘I think there’s a defensiveness, that somebody’s knocked at their door with a badge on and they’ve gone ‘ooh (sic) no no no no (rapidly)-’*

*‘-they just see the badge and they’re like ‘who are you?’*

Whilst the family support worker’s testimony does allude to attempts to place parents on a more equal footing in terms of power relations (*‘sometimes they don’t know the process of it, so we go along with the forms and complete it with them…its not as daunting as they might think’)*, the parents are still reliant on the aid of these perceived authority figures in order to access the childcare funding and clear up misconceptions regarding the application process. Once more, this suggests that information is either unavailable to parents, or alternatively, that the information is pitched at a level beyond their understanding, again, indicative of an organisational barrier to engagement that is more down to the fault of the service provider rather than being representative of parent’s failure to engage. Summarily, perhaps if the service providers are indeed keen to involve these families, a fundamental restructuring of the parent-professional partnership is needed. As a case in point, Crowley (2005) argues that such an approach firstly recognises the role of the parents as being an expert on their own child and thus values their contribution to decisions regarding the child’s welfare/education just as much as the professionals in question. Of course, this style of partnership first relies on parents actually being involved in the first place (i.e. actually choosing to take advantage of their funded place) and thus, may perhaps be considered more appropriately as a way of *refining* the parent-professional relationship rather than first establishing one for a more co-operative and equal style of working together.

Particularly, the use of the word *‘defensiveness’* highlights this potential underlying tension between the parent and the professional and a certain reservation on the parent’s part to engage in any sort of partnership. Further, testimony during the focus group attested to a parent’s desire to prevent perceived intrusion from outside individuals as demonstrated in the quote below:

*‘She didn’t want somebody else’s eyes on that child (pause) and more interference…She just wanted to keep him out so that people weren’t keeping an eye on him, really.’*

Bearing in mind the characteristics of hard to engage families mentioned previously, what seems to distinguish this individual is the voluntary nature of their isolation from services. Owing to perceived potential ‘interference’ from staff, this person chooses to segregate herself from accessing childcare. Here, the service may choose to employ strategies such as befriending to almost ‘tempt out’ the family from isolation and begin to rework the parent-professional partnership into one more based on mutual understanding.

*ii) Stigma, or a fear of being labeled as a negative type of individual*

During the focus group interviews, a theme that became apparent was an unwillingness to take advantage of the childcare funding owing to a fear that either the parents, or indeed the child, would be stereotyped as an unsavoury character owing to their need to take advantage of government funding rather than self-fund. This is demonstrated during the following focus group exchanges:

*‘Do you find though, that these families even though they may not fall into a disadvantaged [area], because they’ve changed it (eligibility criteria) that there’s still, they don’t want to associate with it because of what, what (sic) kind of, what the family may be perceived as?*

*‘Some, more so in south and west than [Location A] and [Location B]’*

*‘I have a couple who says (sic) ‘Oh no, I’m not eligible for it, I’m not eligible for it and I was like, you’re on our list to say that you are. They’re like ‘oh no no no.’*

*‘We have a lot of those’*

The quotes above suggests then that the element of stigma associated with free childcare use is particularly prevalent among the more comparatively affluent areas of the geographic location. Logically, one might infer that such stigma is less common in more deprived areas because it is more widely used and thus deemed to be more ‘acceptable.’ In short, the use of free childcare doesn’t mark out or ‘other’ these children like it may be perceived to if they are receiving childcare alongside more wealthy children. Indeed, this idea of ‘marking out’ children in funded places is hinted at during the focus group interview, as demonstrated below:

*‘And is there a perception that people will know, cos I guess no one knows in a nursery, if a child is a two-year old funded place or not. But, I guess its like free school meals isn’t it? You don’t want to sign your child up because you don’t want your kid to be that child. (Researcher)*

*Yeah*

*Yeah’*

*‘…In schools now they have specific two year-old provision, so if your child goes there you know that they’re all two year funded. So you are identified straight away? (Researcher)*

*Yeah’*

The issue of ‘stigmatising’ in relation to service use (in this case, childcare funding) crops up repeatedly in academic literature to date (Flanagan and Hancock, 2010). A point of note of course is that the study never examined whether there were in fact instances of actual stigmatisation within settings (indeed future research might like to examine the incidence of this, if any) and so the concern here is entirely theoretical but the underlying point remains the same. The idea of themselves as parents or their child being ‘othered’ and marked out as different causes a harmful social effect that actively discourages individuals from taking advantage of the offer regardless of the service’s efforts to encourage uptake.

The question becomes then, how does one decisively remove that element of stigmatisation? Previous attempts to engage these ‘challenging’ individuals who express concerns regarding stigmatisation have employed ‘befrienders’ or ‘parent ambassadors’ (Coe et al., 2008); these are individuals in similar circumstances to prospective parents who can advise and inform the parents of their own experiences of funded childcare, so as to allay their concerns and thus make it more likely the parent themselves chooses to take advantage of funding. A key part of this ‘ambassador’ process however, is that parents feel to be on an equal footing to the ambassador in question and not perceived to be being talked down to. This is particularly essential if parents are already reticent to engage with the service due to a power dynamic that inherently places them in a weaker position compared to the service providers, a point which is corroborated by Snell-Johns, Mendez and Smith (2004) who emphasise the need for a more informal style of social support from other individuals in similar circumstances to the parents themselves.

Stigma it seems fair to say then remains a key concern for individuals who access these services. With that said however, stigmatisation is well-documented within any targeted support intervention (Avis et al., 2007). This dilemma could be said to hark back to the Sure Start initiative of the Blair-era Labour government when support was targeted at a community level through access to universal services (Melhuish et al., 2007). The idea was to remove stigmatisation against individuals by applying it universally to those in disadvantaged communities, however this had the unfortunate side effect of leading to stigmatisation of certain communities at large (Cortis, 2012). The underlying point here is that the process of stigmatisation, in this case, the distinction between government-funded places and self-funded places will inevitably lead to othering in some form. Perhaps then, a move towards true universality, irrespective of dis/advantage, is the only way to remove the concerns that the family support workers allude to in their testimony, though the realistic feasibility of such an option is outside the remit of the current article.

*iii) Concerns over the inability of staff to cope with their child’s SEN/D*

While no participants alluded to concerns over the capability of staff in dealing with SEN/D as a result of the online survey, this was explicitly referred to during the focus group as seen below, and is discussed herein.

*‘Probably staff, and whether they are confident in the staff’s knowledge around specific areas.’*

*‘I certainly know one family who didn’t take up the two year offer initially, and they had said, it was because the child had severe asthma and she was really concerned that the nursery wouldn’t be able to cope with the child’s asthma….and eventually, through social care, we kinda managed to persuade her in to two-year funded and she’s great now and the little boy’s sailing off.’*

Tying in with previous research (Avis et al., 2007), the worries of these individuals are indicative of a belief that the service provider needs to fit itself around the needs of the child, irrespective of the nature of the child’s disability and its potential impact on the learning or experiences of the other children. A question arises then, as to why this is the persistent belief of the participants?

As a potential answer for this, consider for example, the rights of disabled individuals more widely in relation to businesses (which the majority of childcare providers fundamentally are); discrimination on grounds of disability in relation to accessing services is, of course, illegal in the United Kingdom, under the 2009 Equality Bill/2010 Equality Act. In the case of disability discrimination in regards to education more specifically, children with SEN/D are entitled to access mainstream so long as their SEN/D does not impact on the education of other pupils. For example, children with behavioural or conduct disorders are, in theory, absolutely entitled to a mainstream education so long as their conduct does not negatively impact on educational provision for other children. Clearly however, this is not a view that parents share, given that their concerns are for the ability of staff to cope with their children and not vice versa. Perhaps then, the prevalence of this opinion then is down to the legal protections and adjustments afforded SEN/D children under various pieces of legislation (the 1981 Education Act or 2010 Equality Act, for example) and as such a belief that this is then down to services (i.e. childcare providers) to accommodate for or adjust to.

It is interesting particularly in the second quote detailed above that family support workers allude to persuading the parent ‘eventually through social care,’ hinting at a multi-disciplinary involvement and its uses in assuaging parents’ concerns and increasing uptake, particularly among children with SEN/D. Furthermore, although not elaborated on specifically during the focus group, it should be noted that the participant specifically said ‘eventually’ suggesting this was a time-intensive process and perhaps that families with children with SEN/D require more personal engagement in order to feel confident in accessing these services.

This hypothesis of navigating the SEN system being a time intensive process and parents thus requiring more individualised support to make sense of the options it presents is indeed borne-out in the scant literature that exists on the topic to date (Unwin and White, 2001). Duncan (2010) concludes that parents often defer to teachers as seeming ‘expert’ educators even when that expertise is completely unfounded. The current study provides ‘mixed messages’ in this regard. In one piece of testimony, parents did express concerns over staff’s knowledge and capabilities in regards areas of SEN/D. While the reasoning for this is unclear, one could argue that this is perhaps down to funded nursery places being parent’s first time encountering professionals in relation to any kind of formal education and care and thus, having relatively little experience of dealing with educational professionals, they are wary over staff’s qualifications and capabilities. This assumption may be particularly true given that nursery can often be the time when SEN/D are *suspected* and first discussed with parents. With that said, focus group testimony also stipulated that over time, the service was able to persuade the parent that a funded two-year place was in the child’s best interest, which lends credence to this idea of parents deferring to the perceived ‘experts.’

Furthermore, this argument of the SEN process being difficult to navigate is further underscored by research touched upon in an earlier section of the current article. To return to a previous point made in the literature review, research consistently demonstrates that children with SEN are more likely to be educated at home rather than in a formal educational setting (Abbot et al., 2011). While this is mere hypothesis (indeed future research may wish to examine this issue), one could make the case that the increased incidence of home education among SEN/D children and their families may be down to the parents choosing to remove their child entirely from the educational system as a result of the difficulties of navigating the SEN/D system. If this was found to be the case, then this would suggest that at the very least, if parents are to benefit from the introduction of these funded free hours, then this would suggest that the SEN/D system itself needs to be overhauled. By educating a child at home, one could naturally infer that this requires a parent to stay out of work, thereby losing one source of potential income. Further, if families are to truly see the benefit of being able to use these hours to subsidise childcare and allow the parents to re-enter the workforce, then parents first need to be able to trust that the ‘system’ of SEN/D can cater to their own and their child’s needs, which, as mentioned above, may not be the case currently.

**Conclusion**

The current study sought to explore what factors prevented the uptake of funded childcare places for eligible families with two year-olds. Furthermore, the study also sought to explore whether families with children with special educational needs and/or disabilities faced additional barriers preventing childcare uptake. Thematic analysis indicated three themes; a lack of knowledge of funding criteria, a fear of stigmatisation, and with regard to SEN/D children and families, a concern on the part of parents over staff’s capabilities to deal with their child’s additional needs. If childcare providers are to overcome these barriers the author asserts they need to take a two-pronged approach of restructuring how they approach these families, and address the inherently unequal power relation between the two parties that can make an already disadvantaged parent reticent to engage with a seemingly ‘superior’ service provider. This may involve being creative, for example, using parent ‘ambassadors’ to talk to other parents about their experiences of funded childcare in attempt to remove, for instance, the concerns of ‘stigmatising’ in regards to taking advantage of funded places.

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