Doctorate in Professional Educational, Child and Adolescent Psychology

Programme Director: Vivian Hill

UCL

Institute of Education

UCL Institute of Education

Doctorate in Professional Educational Child and Adolescent Psychology

Doctoral Thesis

Preparation for transition from early years intervention to primary school for children with cerebral palsy in Singapore: Exploring the voices and experiences of parents, children and early years professionals

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Declaration

I, Heung Ching Chu, hereby declare that, except where explicit attribution is made, the work presented in this thesis is entirely my own.

Word count (excluding acknowledgements, abstract, impact statement, references, and appendices): 34,966 (38,308 with amendments)

Signature: Print: HEUNG CHING CHU

Date: 5th June 2020

Acknowledgements

I would like to thank the Social Service Organisations and their staff who supported me in my research. I would also like to express my thanks to the children, parents, and professionals who participated in this study for their time and support. Thank you to SPD for believing in me and having so much faith in me to provide funds for this course.

I would like to thank my supervisors Dr Zachary Walker and Dr Frances Lee for their constant and unwavering support through this doctoral journey. Thank you for your time and effort in guiding me, and pushing me to achieve my best. Thank you also to my placement supervisors Mr Parandaman, Dr Mariam Sharifah, and Dr Iris Yu for their guidance in developing my professional skills and encouragement in my research.

Thank you to my friends for your constant support throughout this journey. Beatrice for your helpfulness and reliability, connecting me with the course when I was not there physically. Alan for your encouragement and motivation throughout the years we have known each other.

Last but not least, thanks go to my family for supporting me and tolerating with my hectic schedule. The Gaballa family for always opening your doors to me and caring for me like a daughter. Aunty Than for delivering Hugo into this world. William for always having faith in me and never giving up on me. Hugo for being cheeky and always putting a smile on my face. Katherine, my mother, for always being just a call away, leaving everything behind to support me when I needed it. Of course, never forgetting my father Rocky, my aunty Emelsa, and my grandmother Popo, you will always have a special place in my heart.

Abstract

There is currently a gap in the literature exploring parents' lived experiences of transition to primary school for their child with cerebral palsy (CP), especially in Singapore. Studies have shown that transition has a long-term impact on children's future development and learning. The present qualitative study aimed to fill the gap in literature on exploring the experiences of parents and professionals of children with CP in preparation for transition from the Early Intervention Programme for Infants and Children (EIPIC) to a national primary school in Singapore. Characteristics of the children participants and their views were gathered using an adapted Mosaic approach (Clark & Moss, 2001). Semi-structured interviews and Interpretative Phenomenological Analysis (Smith et al., 2009) were used to explore and analyse the lived experiences of parents. Views of EIPIC professionals were gathered in a focus group discussion (FGD). Thematic analysis (Braun & Clarke, 2006) was used to analyse the FGD data. The inclusion of children, parents and professionals in this study enabled a triangulation in data and provided a multi-faceted overview of experiences regarding the preparation for transition to primary school. In general, children with CP focused on play and social interaction while experiencing difficulties with communicating their views and needs. Four Master Themes emerged: Parents of children with CP encountered a wide range of emotions during the preparation for school transition due to managing competing demands while seeking transition resources. Professionals in EIPIC had various roles in supporting children with CP for school transition and differentiated their approaches when working with different types of schools. The findings from the present study are particularly useful to professionals in supporting the preparation for school transition of children with CP and their parents. This study provides a starting

point for future research in the area of parental support in school transition for children with CP and participatory methods in Singapore.

Impact Statement

Internationally, there is limited research on exploring the experiences of children with cerebral palsy (CP) in preparation for transition from early intervention to primary school. In a literature review conducted to inform the current research, no literature was found regarding experiences of transition for children with CP in Singapore at the point of the current research. A key role and remit of the Educational Psychologist (EP) in the U.K. is to access the voices of children and parents (DfE, 2015). However, the main role of an EP in Singapore is in conducting psycho-educational assessments for school placements. Thus, findings from this research can be used to inform the work of EPs and promote awareness of accessing children's and stakeholders' voices in Singapore and the U.K.

This research explored lived experiences of the preparation for transition from the Early Intervention Programme for Infants and Children (EIPIC) to primary school for children with CP, their parents, and early years professionals in Singapore. The inclusive special education theory, together with the vertical eco-systemic transition model, was used as the conceptual framework in exploring the experiences of preparation for transition. The findings of the present study indicate that more inclusive practices can be used within Bronfenbrenner's Eco-systemic Model (1979). Communication between school and parents regarding their child's transition could be enhanced – in terms of more transparent communication and accessible resources. Inclusive practices can also inform the development of more personalised support for parents in preparing for their child's transition.

The findings highlight the difficulties faced by children with CP regarding barriers to the use of language and communicating their views and needs as the young children with CP in the research had difficulties expressing their views. Therefore it will be important for EPs supporting children with CP to use creative ways to gather their views to inform transition planning. One such way, as adapted in the current research, is the Mosaic approach.

Furthermore, the findings highlight the difficulties faced by parents of children with CP. Parents generally experienced a lack of support within mainstream preschool and primary school settings. School staff and policymakers can be alerted to these findings and implement reforms to the education system, either within schools or nationwide.

The current study also found that professionals in EIPIC played a role in inclusion, and supporting and empowering parents and children with CP through the process of transition. Professionals recognised the systemic differences between mainstream primary schools and special education schools. These professionals were mindful in adapting their practices when supporting the transition of children with CP to each setting and were hopeful of creating a barrier-free world for these children. Findings from the focus group discussion with EIPIC professionals alluded to a lack of formal collaboration between EIPIC and mainstream schools. These findings can be used to inform EP practice when supporting the transition of children with CP to primary school; thus, highlighting the need to consider different ways of engaging schools and advocating for the inclusion of children with CP within mainstream schools.

Table of Contents

List of Tables

List of Figures

List of Abbreviations

AAC	Augmentative and Alternative Communication
AED	Allied Educator
CP	Cerebral palsy
DD	Developmental Disorders
DfE	Department for Education
DS	Development Support
GDD	Global Developmental Delay
LS	Learning Support
ECE	Early Childhood Education
EIPIC	Early Intervention Programme for Infants and Children
ICCP	Integrated Child Care Programme
MAAP	Multi-Agency Advisory Panel
MOE	Ministry of Education
NCSS	National Council of Social Services
P1	Primary One
SEN	Special Educational Needs
SPED	Special education
SCC	Student Care Centre

1 Introduction

1.1 Rationale for current research

Transition into formal schooling is receiving increased attention in early childhood research (O'Farrelly & Hennessy, 2013) as starting school has been found to cause stress on children and their family, often impacting on children's development (Niesel & Griebel, 2007). A successful transition has a long-term impact on children's future development, learning (Yeboah, 2002), and wellbeing (Perry et al., 2013) while transitional difficulties may have a potential negative impact on children (Maras & Aveling, 2006; Wildenger & McIntyre, 2011). A child's transition to formal schooling often requires their family to adapt to a new educational setting, resulting in the inclusion of the family in this school transition experience (Rous et al., 2007). Research exploring the family's experience of transition to formal schooling, also referred to as compulsory education, found the transition process to be anxiety-provoking (Podvey, Hinojosa, & Koenig, 2010; Hanson et al., 2000).

Throughout the world, starting compulsory education can be regarded as a significant event for both children and their families, causing stress and often impacting on a child's development (Niesel & Griebel, 2007). Furthermore, children with special educational needs[1] are reported to experience more challenging transitions than children without SEN (Fontil et al., 2019; Rous et al., 2007). Indeed, studies have shown that, compared to parents of children without SEN, parents of children with SEN experience

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[1] The term SEN should be distinguished from special educational needs and disability. The latter reflects the SEN Code of Practice (2015) where the term 'and Disability' was introduced. Additionally, SEN is currently used in Singapore's context.

more stress as they often have to make greater sacrifices, such as spending more time bringing their child to medical appointments (Kazak & Marvin, 1984; Ray, 2013). Currently, there is a gap in the literature exploring parental experiences of transition for children with cerebral palsy, a lifelong condition caused by brain damage around the time of birth, affecting functioning (NHS, 2017). Based on the literature reviewed at the point of the current research, no published studies exploring the experiences of children with cerebral palsy regarding the preparation for transition to primary school was found.

The Children and Families Act (2014) has highlighted the importance of the child's voice, along with an emphasis on parents' views. The Educational Psychologist has been recognised as judiciously positioned to empower children by eliciting their views (Harding & Atkinson, 2009), and to facilitate and ensure multi-agency collaboration in supporting families (Gaskell & Leadbetter, 2009). Consistent with Bronfenbrenner's (1979) Eco-systemic Model, the current Educational Psychologist role increasingly involves work with the child, parents, and multidisciplinary teams (Hill, 2017). Thus, the current research explored multiple perspectives of the preparation for transition into compulsory education in Singapore – parents' lived experiences, voices of children with cerebral palsy, and views of the multidisciplinary team supporting the children.

1.2 Local context of research

Laws on compulsory education determine the age children are required to start formal schooling. Article 23 of the United Nations Convention on the Rights of the Child (UNCRC) states that children with SEN have the right to special education, and Article 28 states that children have a right to education (UNICEF, 1989). Furthermore, Article 29 of the UNCRC states that the education children receive should help them to use and develop their talents and abilities (UNICEF, 1989). Singapore acceded to the UNCRC in 1995 with

the reservation of not making primary education compulsory as virtually all Singaporean children attend primary school (United Nations, 2019).

In 2003, Singapore's Compulsory Education Act legislated compulsory primary education for 6- to 15-year-old Singaporean children residing in Singapore (Ministry of Social and Family Development: MSF, 2003). Children were previously exempted from compulsory education if they had a diagnosis of moderate to severe SEN. However, the Compulsory Education Act (2003) was reviewed in 2018, legislating for the inclusion of children with moderate to severe SEN in compulsory education (Ministry of Education; MOE, 2020). Due to this change, special education schools have been included in the subsidiary legislation of the Compulsory Education Act (2003) as national primary schools from January 2019 (MOE, 2018). Although special education schools have been in place from as early as the 1950s, national primary schools referred to mainstream primary schools before 2018.

Table 1

Definition of SEN in Singapore's educational context (MOE, 2018)

A student is considered to have SEN when all of the criteria a, b, and c, stated below have been fulfilled:
a) Has a disability   And

b) Displays one of the following:
 	
        And   • Greater difficulty in learning as compared to the majority of same-aged peers; Or
        • Difficulty accessing educational facilities catered for the majority of same-aged peers; Or
        • Some areas of impairment, in terms of social, academic, physical or sensory functioning (i.e. student is not on par with the majority of peers)

c) Requires different and/or additional resources beyond what is conventionally available

Singapore's approach to the inclusion of children with SEN in education is unlike the rights-based discourse that is adopted by many Western countries (Lim et al., 2019). Singapore's approach to inclusion focused on the collective instead of the individual, harnessing the collective readiness of society instead of emphasising the child's individual rights. The importance given to collective readiness could be seen in Singapore's definition of SEN in Table 1, where a diagnosis is based on the comparison to same-aged peers and fitting in with the majority (MOE, 2018). The literature surrounding inclusion will be further discussed in section 1.3.3.

1.2.1 Compulsory Education – National Primary School

In Singapore, there are currently two broad categories of educational placements for children of compulsory school age – mainstream schools and special education schools (MOE, 2018). Mainstream schools cater to children with and without mild SEN, while special education schools cater to children with moderate to severe SEN. The Professional Practice Guidelines for psycho-educational assessment and placement of students with SEN (MOE, 2018) provide guidance to the characteristics of different severity of SEN (Table 2).

Table 2

Categories of SEN (MOE, 2018)

		Cognitive Functioning		
		Adequate	Mild impairment	Moderate to severe impairment
Adaptive Functioning	Mild deficit	Mild SEN	Moderate SEN	Moderate to Severe SEN
	Moderate to severe deficit	Moderate SEN	Moderate to Severe SEN	Severe SEN

1.2.1.1 Mainstream Schools. Singaporean children are required to participate in the Primary 1 (P1) Registration Exercise in the year preceding compulsory education by registering directly at the mainstream primary school of choice for their child, or online (MOE, 2020). Priority is given to children who have siblings in the school, parents who were alumni of the school, or are living near to the school (MOE, 2020). The remaining vacancies in the school are offered to children through balloting. As of September 2019, there were approximately 32,000 students with SEN in Singapore (Choo, 2019). About 80% of these students were diagnosed to have mild SEN, and were enrolled in mainstream primary schools. The remaining 20% were diagnosed with moderate to severe SEN and were enrolled in special education schools (Choo, 2019).

1.2.1.2 Special Education Schools. For applications to special education schools, parents are required to complete a standardised application form (MOE, 2019c) which is sent to the first-choice school (MOE, 2019c). After the special education school receives and accepts the application, the school invites the child and parents to a screening session focusing on the suitability for enrolment of the child. If there is no vacancy within the school, the application will be redirected to the next school choice indicated on the form (MOE, 2019c). If the special education school finds it unsuitable for the child to be placed in the category of schools indicated by parents, the application would be referred to the Multi-Agency Advisory Panel. The Multi-Agency Advisory Panel, set up by MOE in 2012 to streamline the application process to special education schools, consists of professionals and specialists from MOE, Ministry of Health, National Council of Social Services, and special education schools (MOE, 2013). When applications are referred to the Multi-Agency Advisory Panel, a recommendation for a suitable school placement is made based

on the information presented in the special education school application form and, if possible, information from the professional who assessed the child.

1.2.2 Early Childhood Education

The Singapore government recognises and acknowledges the importance of children's early-years experiences in their development (Tan, 2017). However, there is no legal entitlement to early childhood education in Singapore, and early childhood education does not fall within MOE's governance (Bull et al., 2018). Yet, despite there being no legislation on children receiving compulsory early childhood education, almost all children in Singapore attend a preschool before transitioning into primary school (Tan, 2017).

Preschool, the main early childhood education setting in Singapore, refers to any centre-based care of children before they start primary school (Bull et al, 2018). Kindergartens and childcare centres are the two main types of preschools in Singapore. Kindergartens provide children aged 3 – 6 years, half-day educational programmes on weekdays, while childcare centres provide children aged 18 months to 6 years old full-day educational and care programmes on weekdays and Saturdays (Bull & Bautista, 2018). Children identified with SEN in the early years, including cerebral palsy, usually by preschool staff or paediatricians, are referred to early intervention programmes (Poon, 2019). In Singapore, early intervention is typically provided in four contexts – preschools, Integrated Child Care Programme, Early Intervention Programme for Infants and Children (EIPIC), and private early intervention centres.

1.2.2.1 Preschools. Children with mild SEN are supported in their preschools by the Development Support and Learning Support programmes – short-term programmes focused on one identified mild developmental issue (SG Enable, 2019). Specifically trained Learning Support Educators support the Learning Support programme while trained

therapists, such as an Occupational Therapist (OT), support the Development Support programme.

1.2.2.2 Integrated Child Care Programme. Children with mild to moderate SEN have the option of being placed in an inclusive mainstream childcare centre providing the Integrated Child Care Programme (SG Enable, 2019). Fourteen centres offer Integrated Child Care Programme; however, no intervention services are provided within the programme.

1.2.2.3 EIPIC. As a centre-based educational and therapeutic programme, the EIPIC provides support to children with moderate to severe SEN (SG Enable, 2019). Financial subsidies to fees are available for the EIPIC provided by 21 government-funded organisations and 10 private early intervention centres (SG Enable, 2019). Since July 2019, two new programmes, EIPIC Under-2s and DS-Plus, have been implemented at 13 of the 21 EIPIC centres. These two programmes aim to move away from the one-size-fits-all EIPIC model, tailoring to the different and individualised needs of children and families (MSF, 2019). The EIPIC is supported by a multidisciplinary team which typically includes Educational Psychologists, OTs, Speech and Language Therapists (SaLTs), Social Workers, and early intervention Teachers.

1.2.2.4 Private Early Intervention. The current number and types of private early intervention programmes in Singapore are unknown (Poon & Yang, 2016). However, SG Enable (2019) lists 10 Private Intervention Centres that provide early intervention eligible for government subsidy.

1.2.3 Comparison with the United Kingdom

According to the Department for Education (DfE), children in the U.K. must be enrolled in full-time education when they reach the compulsory school age of 5 years old

(DfE, 1996). All children of compulsory school age are entitled to free education at a state school (Courtney, 2015). Table 3 shows the corresponding grades according to the compulsory school age of the U.K. and Singapore.

Table 3

Corresponding grades in U.K. and Singapore according to compulsory education age

Age	U.K.	Singapore
4 – 5	Reception	Kindergarten 1 (K1)[a]
5 – 6	Year 1 (Primary)	Kindergarten 2 (K2)[a]
6 – 7	Year 2 (Primary)	Primary 1 (P1)
7 – 8	Year 3 (Primary)	Primary 2 (P2)
8 – 9	Year 4 (Primary)	Primary 3 (P3)
9 – 10	Year 5 (Primary)	Primary 4 (P4)
10 – 11	Year 6 (Primary)	Primary 5 (P5)
11 – 12	Year 7 (Secondary)	Primary 6 (P6)
12 – 13	Year 8 (Secondary)	Secondary 1 (S1)
13 – 14	Year 9 (Secondary)	Secondary 2 (S2)

Note: [a] Non-compulsory education in Singapore.

Parents may request an Education, Health and Care (EHC) assessment for their child with SEN if they think their child needs an EHC Plan (DfE, 2014). Made statutory by the Children and Families Act 2014, the EHC Plan is a legal document which identifies the additional support required to meet the child's needs regarding education, health and social care (DfE, 2014). In addition, the EHC Plan will recommend proposed educational settings, which is part of the drafting and co-negotiation phase of the Plan representing parental input, with the final educational setting being one that can cater to the needs of the child (DfE & Department of Health; DoH, 2015). The Children and Families Act 2014 legislated that all children with SEN must be educated in mainstream schools unless that is

incompatible with the child's or parents' wishes or the provision of efficient education for others (DfE, 2014).

1.2.4 Comparison with other countries

In the U.S., the age of required school attendance differs across different states, ranging from 5–19 years old. Depending on the location, free education is offered to children and young people from 4–26 years old (National Center for Education Statistics, 2017). In Australia, school provision differs in different states and territories with children attending primary school by 6 years old in New South Wales (Einarsdottir et al., 2008). Similarly, in New Zealand, compulsory education starts at 6 years old (Morton, et al., 2018), while compulsory education starts from 5 years and 8 months old in Hong Kong (Chan, 2010). These differences in compulsory education legislations demonstrate how education systems differ from one country to another, with Singapore having one of the latest starts at 7 years old.

1.3 Definition of Key Terms and Theoretical Underpinnings

1.3.1 Cerebral palsy

There are 17 million people with cerebral palsy in the world (Cerebral Palsy Alliance Research Foundation; CPARF, 2019). With cerebral meaning "of the brain" and palsy referring to a 'lack of muscle control' (CPARF, 2019), the NHS (2017) defines cerebral palsy as:

> *Cerebral palsy is the name for a group of lifelong conditions that affect*
>
> *movement and co-ordination, caused by a problem with the brain that*
>
> *occurs before, during or soon after birth. (para. 1)*

The most common cause of physical disability in children around the world (Stavsky, et al., 2017; Centers for Disease Control and Prevention [CDC], 2018; Australian Cerebral Palsy Register, 2018), cerebral palsy affects about 2–2.5 babies with every 1000 live births in the U.K., and typically results in children with cerebral palsy having SEN (National Institute for Health and Care Excellence [NICE], 2017). In Singapore, there is currently no published data specifying the prevalence of cerebral palsy. In 2017, 1.4% of children under 4 years old in Singapore were diagnosed with developmental disorders (MSF, 2017). A registry of people with cerebral palsy was launched in Singapore at the end of 2017 (Ng, 2017). The Singapore Cerebral Palsy Registry aimed to improve the general understanding of cerebral palsy and assist in future planning of services and resources for people with cerebral palsy (Cerebral Palsy Alliance Singapore, 2020). The data from the Singapore Cerebral Palsy Registry will reportedly be used to establish the actual incidence and prevalence of cerebral palsy in Singapore. However, statistics from the Singapore Cerebral Palsy Registry have not been released to the public, and there is currently no indication of a future release.

It is currently understood that cerebral palsy is either congenital or acquired (CDC, 2018). However, for most people, the specific cause of cerebral palsy is unknown (CPARF, 2019). For the incidences where the cause of cerebral palsy is known, it is most often a result of congenital causes, when there is brain damage before or during birth. Complications during birth include the fetus' brain not getting enough oxygen due to a difficult birth (NHS, 2019). Acquired cerebral palsy occurs when there is brain damage, such as brain infections or severe head injuries, more than 28 days after birth (CDC, 2019).

1.3.1.1 Types of Cerebral Palsy. There are four main types of cerebral palsy: spastic, dyskinetic (also known as athetoid), ataxic, and mixed. The most common form is

spastic cerebral palsy, which affects around 70 – 80% of individuals with cerebral palsy

(CPARF, 2019). Spastic cerebral palsy is a result of damage to the motor cortex of the

brain, causing hypertonia, or increased muscle tone. Dyskinetic cerebral palsy is a result of

damage to the basal ganglia of the brain and is characterized by involuntary movements.

Around 6% of individuals with cerebral palsy have dyskinetic cerebral palsy. Ataxic

cerebral palsy is a result of damage to the cerebellum and is characterized by shaky

movements. Similar to dyskinetic cerebral palsy, ataxic cerebral palsy affects around 6% of

individuals with cerebral palsy. Mixed cerebral palsy is a combination of the other types of

cerebral palsy mentioned. Spastic-dyskinetic cerebral palsy is the most common type of

mixed cerebral palsy (CDC, 2019; CPARF, 2019). The person's ability to communicate

verbally or nonverbally is affected by the type of cerebral palsy and severity of the

condition. Cerebral palsy can be further classified based on how it affects the individual's

gross motor functioning (CPARF, 2019) as presented in Table 4.

Table 4

Classification of cerebral palsy

Classification of CP	Description
Hemiplegia	A form of unilateral CP, affects one side of the body (e.g., the right arm and leg are affected).
Diplegia	A form of bilateral CP, affects both legs with the possibility of the arms being affected to a smaller degree.
Quadriplegia	A form of bilateral CP, affects both arms and legs. The trunk, face, and mouth are also often affected.

1.3.1.2 Impact of Cerebral Palsy. There is currently no known cure for cerebral

palsy (Rosenbaum, 2013). The severity of cerebral palsy, decreased cognition, and the need

for a feeding tube has been evidenced to reduce the life expectancy of people with cerebral

palsy (NICE, 2017). Goals of treatment for cerebral palsy traditionally focused on targeting primary impairments and promoting normal function. Treatments for cerebral palsy include physiotherapy, speech therapy, occupational therapy, medication and surgery (NHS, 2017). The World Health Organisation (WHO, 2018) provides guidance for the modern treatment of cerebral palsy through the International Classification of Functioning, Disability and Health (ICF). Depending on the severity of their SEN resulting from cerebral palsy, children with cerebral palsy are educated in either mainstream primary or special education schools in Singapore, as categorised in Table 2.

Children with SEN have reported difficult experiences with schooling due to lack of educational and social support (Coster et al., 2013), physical and attitudinal barriers (Colver, et al., 2011), bullying and harassment, and lack of teacher training (Llewellyn, 2000). Children with cerebral palsy who had more significant intellectual and physical impairment were rated as having less access to the school environment. They also required but did not have access to supports such as sufficient time to complete tasks; encouragement and support from peers; teachers who understand cerebral palsy; devices and aides (Colver, et al., 2011).

In Australia, students with cerebral palsy and their parents continue to report resistance to inclusion in numerous schools (Falkmer et al., 2015). Lindsay and McPherson (2012) found in their research, exploring the school experiences of children and youth with cerebral palsy in Canada, that the children and youth experienced social exclusion and bullying in school. Social exclusion originated from both their teachers and peers, and could be unintentional (e.g., lack of inclusive opportunities) or intentional (e.g., deliberate isolation). The participants experienced verbal (e.g., name-calling and teasing) and physical bullying (e.g., kicking and pushing) from their peers (Lindsay & McPherson, 2012).

Furthermore, the severity and type of cerebral palsy affect the extent of accommodations

the children require, hence the more severe their condition, the more accommodation is

needed. Lindsay and McPherson (2012) found that having special accommodations for the

children's and youths' disabilities helped them to complete their school work. However,

such accommodations emphasized the differences the children and young people were from

their peers, which contributed to them being excluded and isolated (Lindsay & McPherson,

2012). The school context was found to play an important role in influencing the

experiences of social exclusion and bullying the children and young people with cerebral

palsy faced. Teachers' attitudes and the extent to which accommodations were implemented

affected how the children participants experienced inclusion or exclusion in school

(Lindsay & McPherson, 2012). Lindsay and McPherson's (2012) research highlights the

effects of the environment, and how the relationships between children and the people in

their environment affect their school experiences. The relationship between children and

their ecological environment will be elaborated in the following section.

1.3.2 Transition Concepts – Vertical Eco-Systemic Transition

For the current research, the terms *school transition* and *transition to primary*

school will be used to refer to the transition from non-compulsory education, such as

preschool and early intervention, to compulsory education such as primary school. As the

experience of school transition has been reported to influence a child's learning and

behaviour, impacting on educational life and beyond (Fabian & Dunlop, 2007), there is

increased attention on school transition in early childhood research (O'Farrelly & Hennessy,

2013). The transition to compulsory education has been widely regarded as one of the most

difficult challenges in all children's early educational life due to the element of change

(Fabian & Dunlop, 2007; O'Farrelly & Hennessy, 2013). Although change can bring

excitement and new beginnings, change can also bring about apprehension, which can cause confusion and anxiety. Furthermore, children's adjustment to new environments, people, and relationships are found to be some of the most challenging experiences they face in transition (Fabian & Dunlop, 2007).

Kagan and Neuman (1998) found three main interpretations of transition in the U.S. from a meta-study exploring 30 years of national transition research. For one such interpretation, Kagan and Neuman (1998) identified transition as a one-time event at the end of the year where children, families and programmes undertake a set of activities. Such activities include visits to the next educational setting by children and families. Another interpretation of transition is the continuing effort to create connections between children's natural and support environments; connections such as linking children and families to educational programmes (Kagan & Neuman, 1998). The third interpretation of transition is the embodiment of the developmental principle of continuity, such as creating pedagogical approaches that transcend and continue between different programmes. As the current research focus is on the preparation of transition from EIPIC to primary school, the transition in the present study embodies all three interpretations of transition by Kagan and Neuman (1998).

Bronfenbrenner (1979) described school transitions as part of ecological transitions, analysing transitions using a systems model. Eco-systemic transitions are viewed as changes in a child's role or setting, which results in an alteration of a child's position in the ecological environment (Dockett et al., 2014). The change in role affects not only the child but also the people around the child, such as parents. There are effects on others around the child as the parent and child exist in dyads, one of the basic units in the innermost level of the ecological system (Bronfenbrenner, 1979). The Eco-systemic Model extends beyond the

dyad of the child's immediate environment and represents the child's environment as a

nested set of five structures, with the child at the centre as depicted in Figure 1.

Figure 1

Bronfenbrenner's (1979) Eco-systemic Model
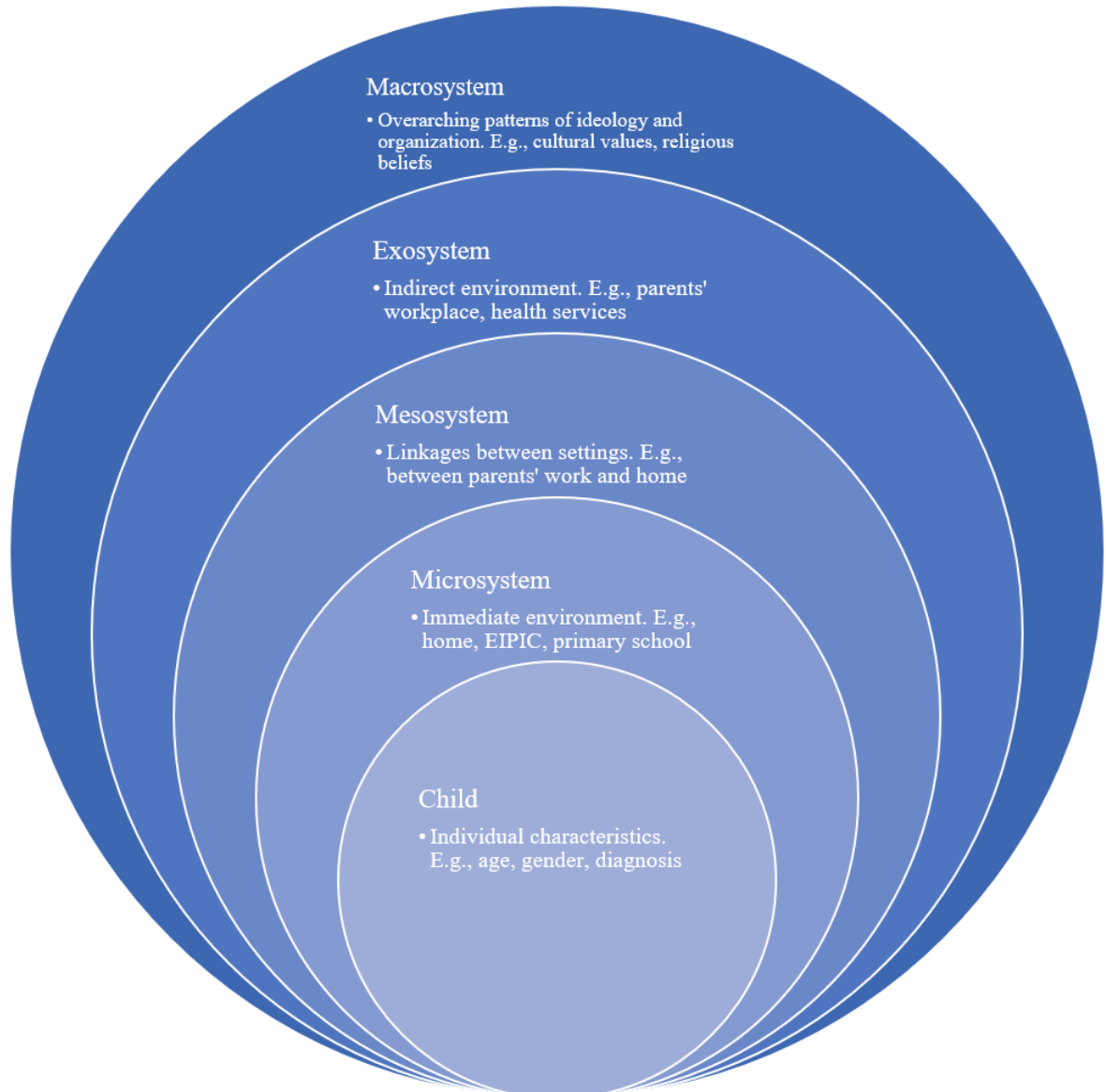
Rimm-Kaufman and Pianta (2000) proposed the Ecological and Dynamic Model of

Transition which acknowledges that children's transition to kindergarten is jointly

influenced by the child, and direct, indirect, and dynamic effects of contexts. The

Ecological and Dynamic Model of Transition was built on the Contextual Systems Model

(Pianta & Walsh, 1996) and the Bioecological Model (Bronfenbrenner & Morris, 1998). In

the Ecological and Dynamic Model, the numerous changing interactions among child,

family, and contexts through a dynamic and transactional process define school transition

(Rimm-Kaufman & Pianta, 2000). Rimm-Kaufman and Pianta's model (2000) recognizes

school transition as a process that all individuals within the context experience, rather than

an event that happens to a child. However, unlike the Eco-systemic Model (Bronfenbrenner,

1979), the Ecological and Dynamic Model does not take into consideration the effects and

influences of other professionals, non-educational institutions, and governmental policies

on school transition practices. Interactions with non-educational institutions (e.g., hospitals)

and professionals (e.g., doctors) are essential to children in EIPIC. Children with SEN are

required to be referred to EIPIC by a doctor, usually from a governmental hospital.

Although the Ecological and Dynamic Model was designed for the school transition in the

US, this model is not suitable for the context of school transition from EIPIC in Singapore.

Pietarinen et al. (2010) view school transition as moving from one microsystem to

another – from preschool to primary school, while strong mesosystem links are seen to

promote optimal development in children (Fabian & Dunlop, 2007). The Eco-systemic

Model has been criticised by researchers to be an idealistic approach to transition that was

rarely achieved (Dockett et al., 2011). However, the Eco-systemic Model shifts the focus

away from the traditional view that children's success in school depends on their abilities,

and pays particular attention to the effects of everyday activities that are influenced by the

context and all individuals involved (Doucet & Tudge, 2007). Although there have been

later revisions and updates to Bronfenbrenner's ecology of human development, such as the

chronosystem (1989) and the Process-Person-Context-Time model, the 1979 model was found to be the most suitable in framing the current research. The current research explored the preparation of transitional processes of four children with cerebral palsy from EIPIC to primary school, and the quality and nature of the key relationships between child, home and educational provision during this process.

For children in education, Fabian and Dunlop (2007) described school transition as the changes experienced by pupils concerning school. From the literature, a variety of transitions have been identified within the school setting. Children reportedly experience two types of transitions in school – developmental and systemic (Pietarinen et al., 2010). Developmental transitions are viewed to be the result of individual changes in the physical body, intelligence, and emotions as a child grows. In contrast, systemic transitions are presented as involving changes as part of the formal education system. These systemic transitions can be vertical or horizontal (Kagan & Neuman, 1998; Pietarinen et al., 2010). Horizontal transitions, as viewed by researchers, occurred daily and within a short period of time (Rous & Hallam, 2012). Going to school from home or going from whole class carpet time to small group work around a table are some examples of horizontal transitions. Researchers noted that vertical transition involved predictable changes in school, as guided by national educational policies (Kagan & Neuman, 1998; Pietarinen et al., 2010), such as moving from Year 1 to Year 2 or graduating from kindergarten to primary school. Such transitions result in changes to a pupil's role, status, identity, relationships and dynamics (Johansson, 2002). Therefore, the current study focused on vertical eco-systemic transition – the transition from an EIPIC to national primary schools in Singapore.

1.3.2.1 Successful Transitions. Successful transitions are found to have long-term benefits for children's future development and learning (Yeboah, 2002). Positive social,

emotional, and academic outcomes for children in kindergarten and later schooling are evidence of successful transitions (Murray, 2014). Researchers argue that successful transitions promote confidence and competence in school, along with long-term academic success (Dockett et al., 2011; Fabian & Dunlop, 2007). Successful transitions also translate to children's increased future employability, which is viewed as benefiting the country with an increase of taxable income (Fitzgerald, 2012; Heckman et al., 2010). A successful transition is identified by Warren and Harden-Thew (2019) as moving smoothly from one setting to the next.

Evangelou et al. (2008) found several factors associated with successful transitions for children. These factors include the children developing new friendships, improving confidence, and showing an increased interest in school. When children experience a strong sense of belonging and wellbeing in their new environment, they are more likely to have a successful transition (Margetts, 2014). Furthermore, Dockett and Perry (2007) found from a survey of parents and teachers in Australia, that the quality and nature of the support that children and parents receive influenced the perceived success of transitions to mainstream schools. Similarly, Warren and Harden-Thew (2019) reported that parents and educators of children with disabilities identify respectful, bi-directional communication as a crucial element of successful transition into early childhood education and care centres.

A recent systematic review by Fontil et al. (2019) found that family and teaching staff viewed collaboration as the most important facilitator of successful transitions, a child's ability to adapt to the changing needs and demands of primary school. The systematic review included international studies that involved children with Autism Spectrum Disorders and other Developmental Disorders transitioning to kindergarten (Forest et al., 2004). The studies included in the systematic review focused on perspectives

from caregivers, professionals, teachers, service providers, or school staff, with 60% of the studies triangulating information from multiple perspectives. Although there is a large body of literature on transition (O'Farrelly & Hennessy, 2013; Bull et al., 2018; Yeo & Clarke, 2005), few studies have explored parents' lived experiences of school transition for their children with cerebral palsy.

      1.3.2.2 Challenges to Transition. Other studies have shown that difficulties in transitioning to compulsory education may negatively impact children without SEN in the U.S. (Wildenger & McIntyre, 2011) and children with SEN in the U.K. (Maras & Aveling, 2006). In the transition to compulsory education, children found that the most challenging aspects of transition were increases in academic expectations and complex social demands (Love et al., 1992). Rimm-Kaufman and Pianta (2000) found that 48% of children in their study experienced poor to moderate levels of success following the transition to school. Children who experienced difficult school transitions were reported likely to have difficulties in making friends and school adjustments, along with possible emotional and mental health problems (Kagan & Neuman, 1998). Although home-school collaboration has been identified as a factor affecting successful transitions, the lack of time (Welchons & McIntyre, 2015) or different beliefs regarding the transition process or children's abilities (Fontil & Petrakos, 2015; Larson, 2010) often diminished opportunities for collaboration.

1.3.3 Inclusion and Inclusive Special Education as a Conceptual Model

      Many different views of inclusion have been reported in the literature, with different countries and schools adopting varying definitions of inclusion (Ainscow et al., 2006). The term *inclusion* is broad and complex; however, publications often neglect the explicit definition of inclusion, and it is widely argued that there is no agreed definition (Connor, 2016). Some defined inclusion as having children with SEN being educated in mainstream

schools (Kearney, 2011) – a definition that promotes inclusion as a rights issue (Norwich, 2008). However, this definition could emphasise the physical placement of children without addressing support for their learning, risking the assumption that being placed within a mainstream school with peers equates to being educationally and socially included (Cooper & Jacobs, 2011). Placing all children in mainstream schools would mean that children with the highest level of need are unlikely to succeed in any learning of the mainstream curriculum as they do not learn in typical ways (Colley, 2020). Others viewed inclusion as focusing on the quality of education rather than the physical placement of children with SEN (Warnock, 2005; Hornby, 2015). Lim et al. (2019) argued that Singapore has yet to adopt inclusive education as an educational agenda officially. However, Singapore is addressing the inclusion of children in education through policies, as seen in the Compulsory Education Act (2018). Singapore does not approach inclusion as a rights issue. Instead, Singapore supports people with SEN through the collective readiness of the society in including them, re-inventing Singapore as an inclusive society for all (Lim et al., 2019).

Table 5

Differences between special education and inclusive education (Salend, 2011)

Special education	Inclusive education
• individual assessment and planning; • specialised, intensive, and • goal-directed instruction; • research-based instructional practices; • collaborative partnerships; • student performance evaluation.	• a philosophy of acceptance and belonging within a community; • a philosophy of student, family, educator and community collaboration; • celebration of the diversity and value of all learners; • valuing educating learners in high-quality schools, alongside their same-age peers in mainstream classrooms and in schools in their local community.

Hornby (2015) proposed a theory of *inclusive special education* that synthesised the philosophy, values, and practices of inclusive education with the strategies, interventions, and procedures of special education. Special education and inclusive education are often seen on opposing ends of the continuum to educational approaches for children with SEN (Hornby, 2015). The differences between special education and inclusive education as defined by Salend (2011, as cited in Hornby, 2015) are shown in Table 5.

The goal of inclusive special education was to ensure that all children, regardless of SEN, are effectively educated in a setting that best supports their learning (Hornby, 2015). Inclusive special education advocates for the right of all children to learn in the best environment suitable for them. As Warnock (2005) puts it:

> *What is a manifest good in society, and what is my right to have… may*
>
> *not be what is best for me as a schoolchild… It is their right to learn that*
>
> *we must defend, not their right to learn in the same environment as*
>
> *everyone else.*

The theory of inclusive special education has been supported by the investigation of Anastasiou et al. (2018) into the multivariate relationships among socioeconomic factors, special education coverage, and reading across countries in the Program for International Student Assessment. Special education coverage, a notion consistent with inclusive special education, was found to contribute significantly to school life expectancy and achievement in reading for children across the world (Anastasiou et al., 2018). However, some children with SEN were excluded from the Program for International Student Assessment. Therefore, these results should be interpreted in systemic terms – an extensive special

education is systemically related to more years of schooling and better reading performance for children.

Furthermore, Coates et al. (2020) demonstrated the value of special schools in inclusive education. Preservice school teachers on an initial teacher education programme who attended a novel special school experience found that their perception towards SEN and inclusion became more positive after the experience. Coates et al. (2020) found that preservice teachers in their study experienced a shift in attitude, moving beyond the deficit models of disability, towards models of capability. The current study aimed to explore the experiences of children with cerebral palsy, their parents and professionals on preparing to transition to both mainstream and special education schools in Singapore. Therefore, the theory of inclusive special education was found fitting to underpin the current study.

1.4 Relevance to the Educational Psychologist's Role

The Children and Families Act (2014) has highlighted the importance of the child or young person's voice, along with the emphasis on parents' views. The SEND code of practice (DfE & DoH, 2015) provides guidance on the statutory requirement of involving children and parents, with Educational Psychologists in a pivotal position by playing an essential role in gathering and promoting the voice of the child. The nature of school transition for children with SEN meant that many services might be involved, such as health, education, social work, or therapy. With many agencies involved in the care of a child with cerebral palsy, NICE (2017) has highlighted the need for effective communication within an integrated core multidisciplinary team. The NICE guidelines were developed based on best available evidence, with recommendations from experts, people using the services, carers, and the public. Furthermore, this set of guidelines by NICE particularly focused on cerebral palsy in children and young people under the age of

25. Communication within the integrated team is vital as it ensures shared information within the team. Consistent information should also be provided to support children with cerebral palsy, their families, and educational settings (NICE, 2017). Research has acknowledged that Educational Psychologists are well-placed to facilitate and ensure multi-agency collaboration in supporting families (Gaskell & Leadbetter, 2009). Hill (2017) argued that increasingly, the current Educational Psychologist role involves working with multidisciplinary teams. Drawing on Bronfenbrenner's (1979) Eco-systemic Model, this highlights the importance of strong mesosystem links to support the developmental needs of children.

In Singapore's context, the role of Educational Psychologists primarily involves conducting standardised assessments for recommendations and interventions catering to children's educational needs (MOE, 2018). Due to the shortage of Educational Psychologists in Singapore, there are limited opportunities for Educational Psychologists to be involved in providing direct intervention (Chong et al., 2013). As a trainee Educational Psychologist on work placement in an Educational Psychology Service in Singapore, the researcher can be involved in consultation, assessment, intervention, multi-agency work, and research. The researcher's role as a trainee Educational Psychologist on work placement provides a unique opportunity to advocate for a broader role and remit of Educational Psychologists in Singapore. However, this distinct position also gives rise to a dual role (Yanos & Ziedonis, 2006), which will be discussed in Chapter 3. The present study is relevant to the Educational Psychologist's role as it aims to offer insight into the voices of children with cerebral palsy, their parents, and the professionals who support these children, focusing on the preparation of transition to primary school.

1.4.1 Importance of Parental Experiences

The voices of parents are essential to research as studies have shown that parental involvement in transition results in an increase of children's motivation at school, leading to a more successful transition (Anderson et al., 2000). Parents' voices may also highlight challenges faced by the minority (Petriwskyj, 2014), such as parents of children with SEN identifying difficulties faced by their children during the transition to school, which include exclusionary practices (Rietveld, 2008). The theme of *parents as advocates* also emerged as one of the themes for the literature (Hutchinson et al., 2014). Hence, consistent with the Eco-systemic Model (Bronfenbrenner, 1979) showing parents within the microsystem, it is essential for parents' voices to be heard for them to advocate for their children effectively. For the current research, parents' lived experiences were included through interviews and analysed using an Interpretative Phenomenological Analysis (IPA) approach (Smith & Osborn, 2008). The IPA will be elaborated in Chapter 3.

1.4.2 Advocating for the Voice of the Child

The UNCRC (UNICEF, 1989) promoted children as individuals with rights. Additionally, the United Nation Convention on the Rights of Persons with Disabilities (UNCRPD, 2006) shifted the paradigm of people with SEN from "*in need of protection and in need of treatment*" to "*active members of the society, individuals with rights and capability of making decisions*" (Foley et al., 2012). The UNCRPD (2006) highlights the importance of including and respecting the views and decisions of people with SEN.

Views of children and adults regarding children's transition have been found to be different (Thorpe, et al., 2004; Dockett & Perry, 2007), hence emphasising the importance of eliciting the voices of children in research (Petriwskyj, 2014). However, research on the school transition of children with SEN has relied mostly on evidence from adults without

attending to the voices of children (Fontil et al., 2019). In a study on the experiences of

kindergarten children's transition to compulsory education (Sollars & Seana, 2016),

children's main concerns were being assigned places to sit in class instead of having the

choice of where to sit and having to share play-time resources with older peers. Story-

telling sessions, puppet play, and a visit to the kindergarten setting were used to collect data

from children (Sollars & Seana, 2016). However, parents' main concerns related to:

children's longer school day resulting in a lack of energy for homework; children's

difficulty in keeping up with the syllabus; the relationship between their children and

teacher; and the importance of having friends in class. Sollars and Mifsud's (2016) research

illustrated the differences in views between children and their parents. Therefore, it is

essential for children's perspectives to be presented accurately, and that Educational

Psychologists utilise their unique position in raising awareness of children's perspectives

towards school transition.

In the U.K., there is an increasing emphasis on gathering children's views, with

national and international policies and legislation promoting the child's voice since 1989

(DfE, 2014; DfE & DoH, 2015; UNICEF, 1989). Conversely, in Singapore's context, out of

nine parts of the Children and Young Persons Act, only one part legislates and describes the

protection and welfare of children (MSF, 2020). There appears to be no mention of parents'

or children's voice in the Act. In Singapore's Professional Practice Guidelines (MOE,

2018), there is a brief mention of self-report being an important way to obtain the views of

children alongside the value of reports by parents. The lack of guidance in eliciting and

including children's voices highlights the lack in the inclusion of children with SEN in

Singapore on decisions concerning themselves. Therefore, the current study offered insight

into the views of children with cerebral palsy through interactive sessions that incorporated

participatory methods adapted from the Mosaic approach (Clark, 2017). The Mosaic approach was developed to include children's voices in research using different tools, and this will be elaborated on in Chapter 3.

1.4.3 Views of Professionals

Professionals and families are expected to work together to plan for the child's transition and implement planning aids to reduce anxiety experienced by families during transition (Prigg, 2002). Therefore, the collaboration between professionals and families is a crucial aspect of successful transition (Wolery, 1999), which is represented by the importance of strong mesosystem links in the Eco-systemic Model (Bronfenbrenner, 1979). For clarity within the current research, professionals refer to the EIPIC staff who support children in EIPIC, which includes early intervention teachers, social workers, and therapists. With an important role to play in transition, a focus group discussion (FGD) with the EIPIC professionals was conducted in the current research to gather the views that different professionals may have about transition for children with cerebral palsy. Data collected were analysed using thematic analysis (Braun & Clarke, 2006), which will be discussed in Chapter 3.

1.5 Researcher's Positioning

This research arose from my experience working in an EIPIC centre. Part of my previous role as an EIPIC Psychologist[2] was to support children with cerebral palsy, their parents, and EIPIC professionals in the process of school transition. I conducted transition

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[2] The term Psychologist is used in the EIPIC context as the EIPIC Psychologist could be a Clinical Psychologist or an Educational Psychologist.

planning briefings and engaged in consultation with parents. Through these experiences, parents often shared the stresses of the preparation for school transition, with confusions regarding resources available, and which school is the best for their child. Some parents chose schools against their child's best interest, to fit in with societal expectations of academic progression. Professionals also shared the difficulties they faced in working with parents collaboratively. These experiences led to my passion for transition support for children with cerebral palsy and their parents and hope in creating a transition programme in Singapore.

1.6 Aims & Research Questions

The research aims were to explore and understand the preparation of transition from EIPIC to primary school in Singapore. The research specifically focused on the experiences of children with cerebral palsy, their parents, and EIPIC professionals. The specific research questions of this study were:

RQ 1: How do parents of 5- and 6-year-old children with cerebral palsy experience the preparation for transition from EIPIC to primary school?

RQ 2: How do professionals view their role in preparation for transition from EIPIC to primary school for children with cerebral palsy?

2 Literature Review

A literature review on the experiences of school transition for children with SEN was conducted in March 2019. The literature review aimed to search and summarise the literature on the experiences of transition to compulsory education for children with SEN and their parents. The purpose of this review was to (a) understand the experiences of parents and their children with SEN in the process of school transition, (b) understand the transition support currently available, and (c) understand the transition support that parents and their children with SEN found helpful.

The search for literature was guided by the PRISMA: Preferred Reporting Items for Systematic Reviews and Meta-Analysis (Moher et al., 2009), as presented in Figure 2. The databases of ASSIA, BEI, ERIC, Web of Science, Psyc Articles, and SCOPUS were searched initially in March 2019. Additional searches were conducted on Google Scholar to identify any articles that did not appear through the database searches. A subsequent search conducted in March 2020 of the databases mentioned above yielded no additional relevant literature. The search was limited to English language articles. No other search restrictions were applied. Inclusion criteria were studies involving: (a) children aged four to eight diagnosed with SEN, (b) the experiences of parents and/or children, and (c) transition to compulsory education.

Figure 2

PRISMA flowchart describing the study selection process
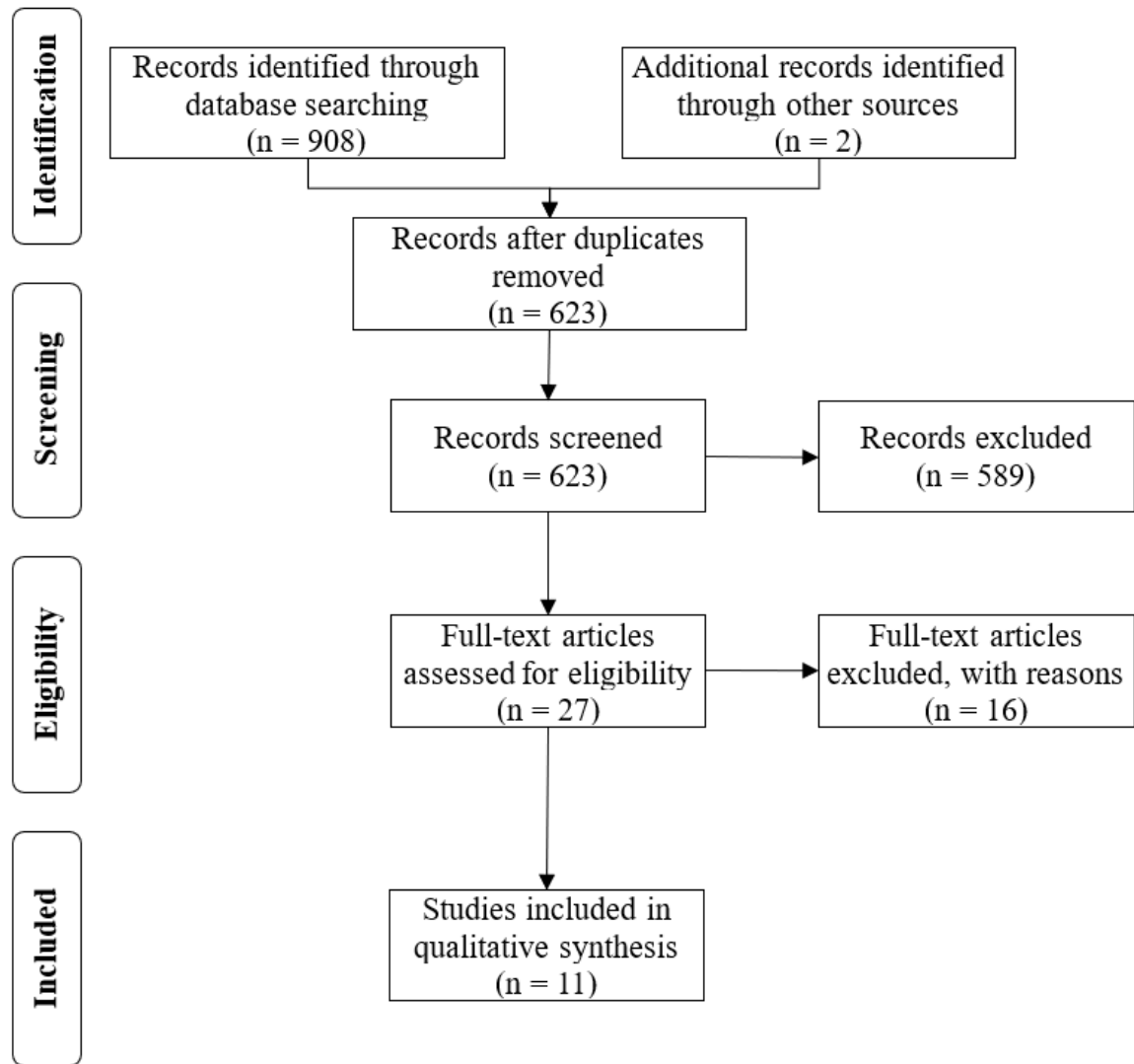
Both peer-reviewed and unpublished research were included in the review to reduce

publication bias (Rothstein et al., 2005). Exclusion criteria were studies that: (a) involved

secondary transition, post-school or school-to-work experience, or (b) excluded parent or

children perspectives. Search results were exported into Zotero – a citation management

software. Duplicate records were removed, and records were screened by their titles and

abstracts. Full texts of articles that were potentially eligible for inclusion were obtained and

studied. Figure 2 illustrates the selection procedure. The 11 included studies will be described and reviewed in the following section.

2.1 Summary of Included Studies

Of the 11 relevant studies as summarised in Table 6, six included children with a variety of SEN, such as Global Developmental Delay (GDD) and Down Syndrome. Studies on children with a variety of diagnoses were included due to the lack of studies focusing solely on children with cerebral palsy. Two out of those six studies specified the inclusion of children with cerebral palsy (Dockett et al., 2011; Schischka et al., 2012). The remaining three studies examined the transition of children with Autism (Fontil & Petrakos, 2015; Forest et al., 2004; Larson, 2010). Three studies were conducted in the U.S. (Hicks, 2011; Forest et al., 2004, Rosenkoetter & Rosenkoetter, 1993), four in Canada (Siddiqua & Janus, 2017; Fontil & Petrakos, 2015; Villeneuve et al., 2013; Janus et al., 2008), one in Australia (Dockett et al., 2011), two in New Zealand (Larson, 2010; Schischka et al., 2012), and one in Turkey (Bakkaloğlu, 2013).

The reviewed studies are organised according to their purpose, facilitating a broad understanding of experiences and concerns of school transition for children with cerebral palsy. Research describing key vertical transition processes will be presented first. Subsequently, studies that examined parents' experiences will be discussed. Finally, studies examining environmental factors will be reviewed, followed by research examining the effects of time on perceptions towards transition.

Table 6

Summary of study characteristics

Study	Type of paper	Location	Population characteristics	Diagnosis	Data collection methods
Rosenkoetter & Rosenkoetter (1993)	Conference paper	U.S.: Florida, Kansas, & New Jersey	Parents of 592 children, 3- to 5-year-old	37% of children had SEND	Questionnaires
Forest, Horner, Palmer & Todd (2004)	Peer reviewed journal article	U.S.: Oregon	Parents and teachers of 3 children, 5- and 6-year-old	ASD	Interviews
Janus, Kopenchanski, Cameron & Hughes (2008)	Peer reviewed journal article	Canada: Ontario	Parents of 40 children, 4- to 6-year-old	SEND	Questionnaires and interviews
Larson (2010)	Peer reviewed journal article	New Zealand: Christchurch	Parents and school staff of 1 child, 5-year-old	ASD	Questionnaires and interviews
Dockett, Perry & Kearney (2011)	Peer reviewed journal article	Australia: New South Wales	Families of 44 children (25 with SEND), age unspecified	SEND, including CP	Interviews
Hicks (2011)	Unpublished thesis	U.S.: Ohio	Family of 60 children, 6- to 8-year-old	SEND	Interviews
Schischka, Rawlinson & Hamilton (2012)	Peer reviewed journal article	New Zealand: Auckland	Parents and teachers of 17 children, 5- and 6-year-old	SEND, including CP	Interviews
Bakkaloğlu (2013)	Peer reviewed journal article	Turkey	Parents of 8 children, 2- to 5-year-old	SEND	Interviews
Villeneuve et al. (2013)	Peer reviewed journal article	Canada: Ontario	Parents and guardian of 3 children, 4- and 5-year-old	SEND	Interviews and observations
Fontil & Petrakos (2015)	Peer reviewed journal article	Canada: Quebec	Parents of 10 children, 4- to 7-year-old	ASD	Questionnaires and interviews
Siddiqua & Janus (2017)	Peer reviewed journal article	Canada: Ontario	Parents and grandparent of 37 children, 4- to 6-year-old	SEND	Questionnaires and interviews

2.2 Key Transitional Vertical Processes

Forest et al. (2004) found that parents and teachers regarded communication between preschool and kindergarten to be essential for a successful transition. Furthermore, ensuring the readiness of the receiving placement setting was found to be important. Forest et al. (2004) used the Elements for Transition to Kindergarten (ETK) interview in the U.S. with parents and teachers of three 5- and 6-year-old children with Autism. The interviews were conducted after the transition into kindergarten, which is part of compulsory education in the U.S. The ETK consisted of a 26-item survey which required respondents to rate their experiences and perceived importance of transition activities on a scale of 1–6. Comments were elicited for each item. Participants were asked questions relating to five phases of transition: (a) one year before kindergarten placement, (b) twelve to six months before kindergarten placement, (c) six months before to actual kindergarten placement, (d) three to twelve months after transition, and (e) the success of the whole transition.

Although the main goals of Forest et al. (2004) were to develop and test the ETK, as a result of the study, 25 transition elements were identified to be of high importance for a successful transition. Of the 25 ETK elements of high importance, respondents found a total of 11 elements not implemented in their experiences of transition. The 25 ETK elements summarised into five key themes were: (a) identification of school placement, services, and readiness skills, (b) creation and finalisation of transition plan and roles of team members, (c) visits to schools by children, parents and teachers, (d) creation of materials to facilitate children's education, and (e) coordination of services. No further analysis of the data beyond descriptive statistics, such as comparing the differences between the perceived level of importance and implementation, was conducted (Forest et al., 2004).

In a research conducted as part of her Master's thesis, Larson (2010) conducted a case study in New Zealand exploring challenges faced in school transition. Participants were the mother of a five-year-old boy with Autism, the child's kindergarten teacher, primary school teacher, education support worker, and early intervention teacher. It was, however, unclear how participants were recruited and why a case study approach was chosen. Data was collected using Rous and Hallam's (2006, in Larson, 2010) Assessing Status of Transition Activities Questionnaire and additional semi-structured interviews. Rous and Hallam's (2006, in Larson, 2010) conceptual model was used to analyse the data. Communication of roles, responsibilities and understanding of children's SEN emerged as challenges to school transition (Larson, 2010). The challenges were present possibly due to existing school practices, such as lack of a keyworker in school to support the child and waiting to see how the child would cope before applying for additional support, that hindered effective support for transition.

In her doctoral of philosophy thesis in early childhood special education, Hicks (2011) interviewed 60 caregivers of children with SEN and identified 16 thematic categories of the transition process (Figure 3). Participants in the Hicks (2011) study were caregivers of 60 children who experienced transitioning from the Itinerant Preschool Disabilities Program to the School Age Special Education programs in the U.S. within the past two years of the study. A wide range of children with different SEN (e.g., Autism, cerebral palsy, and behavioural issues) aged 6–8 years old were included in the study. The 60 children were divided into two equal groups: 30 children received intervention from itinerant teachers, and 30 children received intervention from classroom teachers. In the U.S. education system, an itinerant teacher supports children with SEN in different settings (e.g., home and daycare), acting as a consultant for teachers and caregivers (Hicks, 2011).

Caregivers were interviewed using a 20-item, open-ended, learner-made qualitative survey. Hicks (2011) found that 45% of caregivers experienced major stresses related to mesosystem links during their children's school transition. The main stresses include: adjusting to new teachers and school; uncertainty of child's school placement; worry about child's adaptability; and, meeting application deadlines. Other major stresses include the child no longer qualifying for help, and language barriers.

Figure 3

Thematic categories of the transition process from Hicks' (2011) study

Stage 1: Starting with the transition process
- Theme 1: Perception of Early Childhood Special Services
- Theme 2: Manner of explanation of the transition process
- Theme 3: Information found to be helpful

Stage 2: Evaluation of the transition process
- Theme 4: Preparation
- Theme 5: Documentation on the Individualized Education Plan
- Theme 6: Benefits for the child and family
- Theme 7: Barriers for the child and family

Stage 3: Coping with the transition process
- Theme 8: Being treated as a partner in the process
- Theme 9: Major stresses experienced
- Theme 10: Support systems
- Theme 11: Coping skills that helped

Stage 4: Perceptions of the new program
- Theme 12: Visiting the new school and reception by the new school
- Theme 13: Effect on child and family
- Theme 14: Comparison of old and new program
- Theme 15: Happiness with new program
- Theme 16: Advice to other families

Schischka et al. (2012) found that the level of communication and collaboration between schools and families played a role in distinguishing the degree of success for children's transition. The authors conducted open-ended, semi-structured interviews in New Zealand with parents and teachers of 17 children chosen by purposive sampling, in their study exploring transitional processes before and after school entry. All children in the study had an identified disability and were 5–6 years old. Thematic analysis techniques were used to analyse the data obtained. The levels of cooperation appear to have contributed largely to distinguishing whether children had successful school transitions, as characterised by successful adaptation to the new environment. Schischka et al. (2012) also found many instances of differentiation being practised in the mainstream classroom. Differentiations were in the forms of adaptation to the classroom environment, having an individualised curriculum, and the influence of teachers' expectations on children's learning. However, such differentiations were not always practised in a consistent manner. Results from the study found the following factors influencing the perceived successfulness of transition occurring prior to school entry: (a) transition meetings, (b) more than the usual number of pre-entry visits to the new school, and (c) a number of additional procedures parents undertake to prepare their children to school. Other influential factors were found to occur after school entry: (a) problems encountered by parents or teachers, (b) ongoing concerns for families, (c) level of contact between families and schools, and (d) adaptations to class environment and programmes. From an eco-systemic perspective, the study by Schischka et al. (2012) illustrates the influence that mesosytem links have on the perceived successfulness of school transition.

Fontil and Petrakos (2015) conducted qualitative research on 10 families' experiences of transition for their children with Autism, resulting in four emergent themes.

Participants in the study were making the transition from preschool to elementary school in Canada. Participants consisted of a purposive sample of five Canadian families and five immigrant families, with children between 4–7 years old. Semi-structured interviews were conducted at three timepoints exploring families' experiences throughout the transition. In addition, the Measure of Processes of Care (MPOC) was completed by parents. Fontil and Petrakos (2015) used the grounded theory approach by Glaser and Strauss (1976, in Fontil & Petrakos, 2015) to develop substantive theories from the data collected. Interviews were coded and analysed using the constant comparative method by Glaser and Strauss (1976). The following four themes emerged from the analysis of data (Fontil & Petrakos, 2015): (a) families' experiences with preschool versus elementary school staff; (b) available support systems for families; (c) challenges and obstacles encountered during the transition period; (d) Canadian and immigrant family diverse experiences. Parents reported that open communication, collaborative practices, and available resources contributed to successful school transitions (Fontil & Petrakos, 2015). Establishment of home-school relationships was found to be impacted by transition, with parents finding a change in the quality of home-school collaboration after the transition. In particular, the study found that parents viewed successful home-preschool relationships as characterised by empathy, caring, and understanding. Parents characterised successful home-school relationship with practical services. Fontil and Petrakos (2015) also found differences in the experience of transition between Canadian and immigrant families. Immigrant families were found to be less clear about the path of communication between school and outside resources. In addition, finance was found to be the largest area of concern for two of the five immigrant families (Fontil & Petrakos, 2015).

2.3 Parents' Experiences

A study by Rosenkoetter and Rosenkoetter (1993) in the U.S. looked at parents'

perceptions of starting preschool or kindergarten through response forms. Within the

sample of 592 parents, 222 had children with SEN. Parents were recruited in Florida, New

Jersey, and Kansas, and were given response forms by their children's teachers. The

response forms consisted of 29 items requiring responses on a 4-point Likert scale and three

open-ended questions. The authors found that parents of children with SEN were

significantly less eager for their children to enter a new educational programme

(Rosenkoetter & Rosenkoetter, 1993). Parents reported their children with SEN feeling

similarly decreased eagerness when compared to reports by parents of children without

SEN. Parents of children with SEN also had significantly more concerns, specifically with

the appropriateness of the new educational program. It is worth noting that the study was

presented in a conference paper which did not include a literature review, theoretical

framework, or ethical considerations. A further paper was published by Rosenkoetter and

Rosenkoetter (2001); however, the full paper could not be accessed.

2.4 Environmental Factors Influencing Transition

Dockett et al. (2011) conducted 98 conversational interviews with 24 Australian

families of children with SEN, and found that many parents faced difficulties in the

processes involved in accessing support. These families had complex support needs, which

were characterised by being at risk, vulnerable, disadvantaged, or often experiencing

"multiple problems". Complex support needs included: chronic poverty or unemployment;

experiences of drug or alcohol misuse; experiences of trauma or violence; geographical,

social, or cultural isolation; and, family members experiencing dependency or mental

health issues (Dockett et al., 2011). At the point of the study, the children were starting

school; however, their ages were not specified. Grounded theory and multiple case studies were used in the study. Accessing support was often dependent on the families' financial resources and location (Dockett et al., 2011). The complex support needs of families impacted on their ability to pursue enrolment options; for example, insufficient income for their children to access transport to school, limiting school choices. Despite the difficulties, the authors reported that children having a positive start in school was a common goal across all families (Dockett et al., 2011).

A qualitative study by Bakkaloğlu (2013) was conducted in Turkey, using semi-structured interviews to investigate parental views of their experience on the transition to preschool. Participants of Bakkaloğlu's (2013) study consisted of one father and seven mothers of eight children with SEN between 34–78 months old. The diagnoses of the children included pervasive DDs, intellectual disabilities, visual impairment, and multiple diagnoses. However, it was unclear how and when participants were recruited. Following the use of inductive analysis, seven themes emerged from the parental experience of transition (Bakkaloğlu, 2013). The study found that parents of children with SEN perceived decisions for school transitions to be taken by professionals, and school-selection were based primarily on the school's and individual teacher's acceptance of children with SEN. Parents also reported being offered insufficient services during their child's transition (Bakkaloğlu, 2013). Other themes found were: suitability of school; parents' anxiety in relation to lack of trust in the new programme; children's adjustment in the new environment; and peer acceptance. Hence, findings from Bakkaloğlu's (2013) study supports the notion of parents as advocates within the child's microsystem.

Villeneuve et al. (2013) found, in their research examining multi-perspective case studies of three families, that participants valued the inclusion of their children in school.

The authors explored parental experience regarding the transition of three pre-schoolers in Canada as part of the HELPS Inc project[3]. Villeneuve et al. (2013) recruited parents of three children aged 4–5 years old with DDs (Downs syndrome, GDD, Autism and hearing loss) through purposive sampling to include diverse diagnoses and family contexts. Interviews were conducted with parents, and children were observed. Data collected were first analysed within each case, followed by cross-case analysis between different cases. Villeneuve et al. (2013) found each parent valuing a different type of inclusion. One parent valued social inclusion, while another valued academic inclusion. A third parent valued a combination of social and academic inclusion. All three parents found it challenging to arrange meetings with the school for frequent collaborations as they perceived a lack of communication from school. Villeneuve et al. (2013) found that parents had to initiate contact with school to follow up on decisions previously agreed during transition planning meetings. As a result, all three parents felt they were left to navigate their child's transition alone. Consistent with previous research, the study by Villeneuve et al. (2013) highlighted the importance of strong home-school mesosystem links to support children with SEN and their parents with school transition.

2.5 Effects of Time on Perception Towards Transition

A study by Janus et al. (2008) found differences in parental perceptions towards transition between parents who have experienced transition and those who were approaching transition. Questionnaires and interviews were administered to parents of 38

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[3] Health, Education, and Learning Partnerships promoting Social Inclusion of young children with developmental delays and disability as they transition into school

children with SEN in Canada. Participants were made up of 20 parents in the pre-transition group, consisting of parents whose children were entering kindergarten the following September. The post-transition group consisted of 18 parents of children who were in kindergarten. Janus et al. (2008) used the Impact on Family Scale to measure parents' perception of the effect of their children's health condition on the family. Parents in the post-transition group reported significantly less impact on their family in the social-familial and personal strain domains. The post-transition group also perceived their children to have significantly lower adaptive behaviour skills and higher severity of condition than those in the pre-transition group (Janus et al., 2008). Furthermore, parents in the pre-transition group perceived receiving a more positive quality of care than the post-transition group.

In a mixed-method study using questionnaires and interviews, Siddiqua and Janus (2017) used a convergent approach to explore parents' experiences with services, and found lower parental perceptions of services and decreased satisfaction post-transition. Parents and children were recruited through preschools, day-care centres, early identification agencies, early years rehabilitation programmes, and community centres. Participants for the quantitative phase included 37 parents and their children with SEN between 4–6 years old. Parents completed the MPOC and the Client Satisfaction Questionnaire (CSQ) once before their children started school, and a second time at the end of the first school year. The MPOC explored parents' perceptions of services, while the CSQ explored their satisfaction with services. Paired t-tests were conducted on the quantitative data collected. Using extreme case sampling, ten participants who had the largest decline in satisfaction were selected for the qualitative phase. In the qualitative phase, Siddiqua and Janus (2017) explored parents' perceptions and satisfaction with services and coded the data with the principles of conventional coding as a guide. Quantitative and qualitative findings were

compared using a merged analysis display approach (Siddiqua & Janus, 2017). From the quantitative data, the authors found that parents reported lower perceptions of services and decreased satisfaction post-transition. From the qualitative data, the need for parent advocacy was found to be greater post-transition than pre-transition. Parents reported on the MPOC that significantly more general information was provided before starting school than after (Siddiqua & Janus, 2017). On the other domains of MPOC, parents consistently reported more positive perceptions of services before school entry. However, the differences were not statistically significant. Emergent themes from this study were: (a) quality of services and service providers, (b) communication and information transfer, (c) parent advocacy, and (d) uncertainty about services.

2.6 Summary of Findings

From the literature review, a variety of definitions to the success of school transition emerged. Some parents characterised successful transition as the child adapting to the new school setting (Schischka et al., 2012), while others saw it as a successful home-school relationship (Fontil & Petrakos, 2015). Yet others viewed successful transition in terms of social or academic inclusion within the mainstream classroom (Villeneuve, et al., 2013). The definition of successful transition relevant to the present study is the child's successful adaption to a new environment.

In summary, two main themes emerged as signifying a successful transition from the 11 studies reviewed: (a) communication between family and school, and (b) support provided by the school. Other themes that were experienced by parents regarding transition were: (a) stress, (b) readiness of receiving school, (c) differences between pre- and post-transition, and (d) parents as advocates. Interestingly, none of the studies in the systematic

review explored children's experiences nor mentioned the Educational Psychologist's role in school transition.

The two main emergent themes from the literature review illustrated the importance of the relationships between children and their ecological environment. Various studies highlighted the effects of mesosystemic links on the perceived success of school transition (Hicks, 2011; Schischka, Rawlinson, & Hamilton, 2012; Villeneuve, et al., 2013) and parents as advocates within the child's microsystem (Bakkaloğlu, 2013). All studies in the literature review also explored vertical eco-systemic transitions where children transitioned from one school to the next, as guided by national educational guidelines.

2.7 Gap in Literature

As presented in the literature review above, there is research on the experiences of school transition and the impact of a successful transition for children with SEN. However, no studies were found that specifically looked into the school transition of children with cerebral palsy and the perspectives of their parents. The lack of research into experiences of school transition for children with cerebral palsy could be due to the decreasing numbers of children with the condition as discussed in Chapter 1. The gap in literature could also be due to varying types of cerebral palsy which affects the child's ability to communicate, hence dependent on researchers' abilities to include children with cerebral palsy in research. Therefore, the purpose of the proposed research is to address this gap by exploring the lived experiences of school transition for children with cerebral palsy and their parents.

3 Methodology

3.1 Epistemological Position

Researchers need to be transparent with their beliefs, values, and the accompanying assumptions influencing the research to discuss the researcher's position (Bold, 2012). Ontology (the perception of reality) and epistemology (the creation of knowledge) conceptualises the researcher's 'worldview' or general philosophical orientation (Creswell & Creswell, 2018). Traditionally, research has adopted positivism which views reality as singular and objective (Willig, 2008). However, the positivist paradigm is often viewed as unsuitable for capturing the complexity of real-world contexts in social sciences research (Bryman, 2012).

In contrast, the interpretivist paradigm views reality as multiple and subjective, emphasising social interaction as the basis for knowledge (O'Donoghue, 2019). Consistent with the interpretivist paradigm, this research takes on the perspective that there is no single universal reality. Multiple subjective realities exist as they are dependent on people's experiences and interpretations of experiences within their reality (Denscombe, 2014). Thus, the current research adopts the ontological assumption that no reality is absolute, leading to the epistemological position that knowledge of society is interpreted through personal experience.

One of the major theoretical perspectives embraced by interpretivism is phenomenology (O'Donoghue, 2019). Phenomenologists are interested in the study of human experience, especially in the things that matter to people, and how people understand their experiences of the world (Smith et al., 2009). The phenomenological approach emphasises subjectivity, description, interpretation, and agency, generally focusing on people's perceptions, beliefs, attitudes and emotions (Denscombe, 2014).

The current study acknowledged that participants' lived experiences of the preparation for transition and the focus on exploring and interpreting their individual views are unique. Therefore, the interpretivist paradigm with a phenomenological approach was adopted for this research as it fits well with the research aim of exploring the lived experiences of participants. Furthermore, phenomenology allows the researcher to explore and attempt to understand the factors involved in school transition from the participants' perspectives.

3.2 Research Design

The current research aimed to explore the experiences of parents, children, and professionals surrounding the preparation for school transition of 5- to 6-year-old children with cerebral palsy in Singapore. A qualitative approach was adopted to maintain the richness of the experiences participants had to offer. Indeed, qualitative approaches are especially valuable for exploratory research where there is a paucity of information about the phenomenon of interest (Stewart et al., 2007). Therefore, semi-structured interviews using an IPA approach were conducted with parents to explore their lived experiences of the preparation for their child's transition to compulsory schooling. Furthermore, an FGD was conducted with EIPIC professionals regarding their views of preparation for transition to compulsory education.

Mayall (2002) noted that children's agency was overpowered by influential professionals such as doctors or teachers. Additionally, Clark (2005) highlighted how children are "rights holders" and emphasised the importance of children's perspectives in childhood studies. Increasingly, children are regarded as expert informants about their own lives (Tay-Lim & Lim, 2013). Hence it was essential that children are included in the current research, recognising children as social agents in their lives. In the current study,

participatory methods were used to elicit the voices of children with cerebral palsy in interactive sessions regarding school and transition.

A pilot study was conducted to explore the appropriateness of research tools. The main study was conducted after adjustments were made to the research tools based on feedback from the pilot study. The research tools used and data collection approach will be further discussed in the next sections.

3.3 Research Tools

3.3.1 Interpretative Phenomenological Analysis

Smith and Osborn (2008) described IPA as an approach in which researchers explored subjective experiences and attempted to understand the world from the participants' perspectives. Drawing from a phenomenological perspective, IPA acknowledges that although society exists independent of people's experiences of it, people experience social reality differently and the interaction between people will affect society (Willig, 2008). Pietkiewicz and Smith (2014) viewed IPA as allowing researchers to learn from participants, investigating how people made sense of their experiences. In IPA, the researcher constructs an account *of* participants' experiences *with* participants (Larkin et al., 2006).

Smith et al. (2009) described IPA as a method underpinned by three philosophical approaches: phenomenology, hermeneutics, and idiography. Currently, IPA research focuses on understanding people's relationship with the lived world through interpretation and making meaning of people's experiences. Phenomenology, a founding principle first developed by Husserl (1927), was further developed by Heidegger (1962), Merleau-Ponty (1962), and Satre (1956), shifting away from the descriptive and transcendental elements, towards a more complex and interpretative approach (Smith et al., 2009). Hermeneutics is

the theory of interpretation, focusing on making interpretation comprehensible and sets

interpretative phenomenology apart from descriptive phenomenology (Eatough & Smith,

2017). The hermeneutic circle, an essential concept within the theory of hermeneutics,

recognises the dynamic relationship between the whole and the part (Smith et al., 2009).

The understanding of parts contribute to the understanding of the whole, and an

understanding of the whole contributes to the understanding of its parts. The IPA research is

therefore dynamic and non-linear, moving back and forth between the different steps of

analysis instead of progressing step-by-step. The researcher acknowledges that within IPA,

the researcher operates on the concept of double hermeneutic, taking on a dual role of being

both an 'insider' and a 'questioner' (Smith & Osborn, 2008). Firstly, the researcher operates

on the hermeneutics of empathy (Ricoeur, 1970), adopting an 'insider perspective' (Conrad,

1987) to understand the participants' lives. Secondly, the researcher operates on the

hermeneutics of suspicion (Larkin et al., 2006), taking a 'questioning' stance and using

external theories to uncover the phenomenon.

Idiography is concerned with understanding the particular while maintaining the

integrity of the person (Eatough & Smith, 2017). Idiography focuses on the detail and depth

of analysis and taking the perspective of people whose experiences are analysed (Smith et

al., 2009). Beginning with a case study approach and ensuring that each case is analysed

individually before comparisons within a small sample, IPA is grounded in idiography

(Eatough & Smith, 2017). Due to the idiographic method of IPA, sample sizes are

recommended to be small and homogeneous, ranging from one to thirty participants. Smith

et al. (2009) recommends sample sizes of between three to six participants or four to ten

interviews (independent of participants) for professional doctorate researches. The current

research aimed to understand and interpret participants' lived experiences of the preparation

for transition from EIPIC to a Singapore national primary school for children with cerebral palsy. Hence, IPA was found as an approach to parent interviews that best supported the achievement of research aims. The research referred to guidelines by Smith et al. (2009) to analyse the data collected from individual parent interviews.

Although IPA provides researchers with clear, systematic guidelines, one limitation that has been debated is that IPA tends to describe participants' lived experiences but does not explain *why* their experiences occur and *why* their individual experiences may be different (Willig, 2008). Smith et al. (2009) suggested looking back and having the hermeneutic circle in mind. After moving from the part to the whole in analysis, researchers need to move from the whole, analysing the full transcript, to the part, focusing on particular excerpts for a deeper and more detailed reading of that part (Smith et al., 2009). Further interpretation of lived experiences can be achieved by going on to develop explanations based on those descriptive materials (Denscombe, 2014).

As IPA works with texts, it relies heavily on language and communication. Hence another limitation of IPA is that the language skills of participants will influence the analysis of the data and depth of interpretation by the researcher (Willig, 2008). Therefore, caution should be taken when using IPA with participants that have communication and language difficulties. The reliance on language has been taken into account in the present study, which resulted in the decision to conduct IPA on the parents' interviews and not the children's interactive sessions. Parents in the present study speak English as their first language and do not have overt difficulties in communication and language.

3.3.2 Focus Group Discussion

Within qualitative research, FGD is a common way of collecting data quickly, with high face validity and flexibility (Babbie, 2016). Krueger (1988) defined FGDs as carefully

planned discussions designed to elicit perceptions on a specified area of interest in a safe

environment. Due to the process of group interaction, FGDs differ from other qualitative

methods such as one-to-one interviews (Morgan & Krueger, 1993), providing a channel to

collect rich data at a relatively low cost (Foley, et al., 2012). Thomas et al. (1995)

recommended for participants in an FGD to be unknown to each other as having a

discussion with strangers encouraged honest responses. It is believed that discussions with

strangers prevented any bias of current relationships from affecting their interactions in an

FGD (Thomas et al., 1995). However, Rabiee (2004) is of the view that having a group

with participants who know each other may encourage the expression of perspectives due

to the trust already present. The conversations generated in FGDs are viewed as a mixture

of personal and collective narratives. Babbie (2016) recommends that FGDs typically

consist of 5–15 participants. For the current study, the FGD was chosen over one-to-one

interviews to gather the voices of 10 professionals from different disciplines (e.g., SaLT,

Social Worker, and early intervention Teachers). The FGD was found to be more

appropriate for the generation of ideas formed within a social context, which in this

research refers to EIPIC (Breeen, 2006).

Despite the popularity of and the related literature on conducting FGDs, little

information is available regarding the analysis of such data (Doody et al., 2013). Various

techniques have been suggested for FGD data analysis, such as classical content analysis

and discourse analysis (Doody et al., 2013). Content analysis is the study of recorded

communications, and is well suited to the study of communications (Babbie, 2016), while

discourse analysis is the study of language at use in the world (Gee, 2011). As the current

research focuses on the experience within a context and not as much on the particular use of

language, discourse analysis was rejected. Content analysis and thematic analysis have

often been used interchangeably, with confusion about their similarities and differences (Vaismoradi et al., 2013). While both are suitable for use as qualitative descriptive approaches, content analysis is rooted in communication theory and allows for quantification of the data with a danger of neglecting the context (Vaismoradi et al., 2013).

In contrast, thematic analysis provides a purely qualitative and detailed account of the data (Braun & Clarke, 2006), emphasizing the context and integrating the manifest and latent content (Vaismoradi et al., 2013). Thematic analysis is a method for identifying, analysing, and reporting patterns within data (Braun & Clarke, 2006). The flexibility in approach to thematic analysis, as it can be conducted within different paradigms, has been regarded as both a strength and a limitation (Antaki e al., 2003). Hence, Braun and Clarke (2006) developed a framework to address the critique of the lack of guidelines in thematic analysis. Furthermore, as thematic analysis is not rooted in any epistemological or theoretical approach, it can be used within a variety of theoretical frameworks. Therefore, thematic analysis was found to be most appropriate for the current research position and focus on shared experiences within the context of EIPIC in Singapore. The current research applied the six phases outlined by Braun and Clarke (2006) in conducting thematic analysis to the FGD data.

3.3.3 Mosaic Approach

Rahi et al. (2011) found it possible to elicit the aspirations and concerns of children with sensory impairment through child-centred methods, such as facilitating their participation. Such participation is seen to involve children being directly included in making decisions about their lives (Hill et al., 2004) with an implication of power-sharing with adults (Miller, 1997). Clark (2005) argues that listening is an essential component of participation. Listening is described as an active, dynamic process, involving discussion of

meanings between children and adults, and not limited to the spoken word (Clark, 2005). A significant advantage of participatory methods is that children have greater control over the session. By allowing children control over the agenda of the session, a safe and contained space is created, with an atmosphere where there are no right or wrong answers (Thomas & O'Kane, 2000). This unjudging atmosphere allows children to focus on issues that matter to them and opportunities to interpret their own data.

The Mosaic approach was developed to include the child's voice in research (Clark & Moss, 2001). The elements of the Mosaic approach as described by Clark (2005) include multi-method, participatory, reflexive, adaptable, focused on children's lived experiences, and embedded into practice. These elements are represented in Table 7.

Table 7

Summary of elements in the Mosaic approach (Clark, 2005)

Element	Description
Multi-method	Recognises the different 'voices' or languages of children
Participatory	Treats children as experts and agents in their own lives
Reflexive	Includes children, practitioners and parents in reflecting on meanings, and addresses the question of interpretation
Adaptable	Can be applied in a variety of early childhood institutions
Focused on children's lived experiences	Can be used for a variety of purposes Including looking at lives lived rather than knowledge gained or care received
Embedded into practice	A framework for listening that has the potential to be both used as an evaluative tool and to become embedded into early-years practice

The current study aimed to gather children's voices through participatory methods, adapting the tools within the Mosaic approach. Each tool brings a different perspective of the child's world and forms a piece of the mosaic (Clark, 2005). Hence, multisensory

approaches such as allowing the children to colour and draw were offered to children. These research tools applied within the context of the current study will be further detailed in the following sections.

3.4 Participants and Local Context

3.4.1 Sampling and Recruitment

Purposive sampling was used to recruit participants for both the pilot and the main studies. Participants were recruited through the invitation of EIPIC centres to participate in the current study. Inclusion criteria of participants were parents who had a child diagnosed with cerebral palsy and enrolled in an EIPIC centre, and are able to converse in English. The initial conception of the research involved participant recruitment from one EIPIC centre to maintain the homogeneity of participants. However, due to a small number of children (four children) officially diagnosed with cerebral palsy in the initial EIPIC centre and low rate of response, the researcher decided to approach all EIPIC centres in Singapore. In total, invitation emails were sent to six social service organisations and four private organisations (an alternative to EIPIC). Merryland EIPIC Centre was the only centre that had English-speaking parents who were interested in participating within the current research. The recruitment process is detailed in Table 8.

Table 8

Description of the recruitment process

Organisation	Number of Centres in Organisation	Responded to recruitment email	Agree to participate in research	Remarks
Social Service Organisations				
Blossom Organisation	4	Yes	Yes	Positive response from all centres. Only one centre had parents interested in study. Two centres did not have suitable participants, while one centre had one suitable participant but no reply from parent.
Sunshine Organisation	1	Yes	Yes	Positive response from centre, however low rate of response from parents – one Mandarin-speaking parent consented to participate, one parent rejected, and two uncontactable.
AAA Organisation	3	Yes	No response	Initial positive response, subsequently no response.
BBB Organisation	2	Yes	No	Formal application submitted by researcher for data collection rejected.
CCC Organisation	4	Yes	No response	Responded with phone call, subsequently no response.
DDD Organisation	3	Yes	Yes	Two children identified, however no response from parents.
Private Organisations				
EEE Organisation	1	Yes	No suitable participants	Responded with phone call, no children with CP in specified age range.
FFF Organisation	1	Yes	No children with CP enrolled	
GGG Organisation	1	Yes	No children with CP enrolled	
HHH Organisation	3	Yes	No children with CP enrolled	

The target child participants were 5- and 6-year-old children with cerebral palsy who were enrolled in EIPIC. Staff from the Merryland EIPIC Centre gave information sheets to seven parents of 5 to 6-year-old children with cerebral palsy and informed these parents about the research. The researcher was introduced to interested parents and spoke with them over the phone to describe the research and obtain verbal consent. Consent forms were then given to parents by EIPIC staff and collected either by EIPIC staff or when the researcher met the parents (depending on whether the child or parent interview came first). One parent-child pair participated in the pilot study, while four parent-child pairs participated in the main study, resulting in a response rate of 71%.

After the completion of the parent interviews and children interactive sessions, the researcher proceeded with recruitment for the FGD by sending invitation emails to the EIPIC team in Merryland EIPIC Centre. The EIPIC team were the professionals directly involved in the intervention of the children participants. Professionals who were interested in participating within the FGD were emailed the information sheet and consent form in advance of the FGD.

3.4.2 Participant Details

The children participants were four children with cerebral palsy from Merryland EIPIC Centre. All four children were referred to Merryland EIPIC Centre for early intervention of developmental delays relating to cerebral palsy. All four parent participants were coincidentally mothers. Characteristics of parent and child participants will be further detailed in Chapter 4. Although participants were from the same EIPIC centre, there were differences within the sample: profile of needs, gender, academic year and current point in the transition process. Parent participants were all mothers, three were working full time, and they were of different ethnic groups representing the diverse culture of Singapore (two

Chinese, one Malay, one Indian). Although parents were from different ethnic groups, all spoke English as their first language.

Participants of the FGD were part of the EIPIC team, which included two OTs, two SaLTs, one Physiotherapist, one Social Worker, one EIPIC Psychologist, two EIPIC Teacher, and one EIPIC Assistant Senior Teacher. Details of the FGD participants are provided in Table 9. These participants were either previously or currently involved in the children participants' interventions.

Table 9

Summary of FGD participants

Name (Pseudonym)	Profession	Team of child
Emma	EIPIC Teacher	Chetan
Olivia	EIPIC Teacher	Tommy, Adrian, & Lily
Isabella	EIPIC Assistant Senior Teacher	Adrian
Luke	OT	Chetan
Camila	OT	Tommy, Adrian, & Lily
Scarlett	SaLT	Tommy & Adrian
Grace	SaLT	Chetan
Logan	Physiotherapist	Tommy, Adrian, Chetan, & Lily
Penelope	Social Worker	Chetan
James	EIPIC Psychologist	Tommy & Adrian

3.4.3 Context of the Primary Research

Both the pilot study and the primary research was conducted in Merryland EIPIC centre, which is located in the West of Singapore. This EIPIC centre was chosen as it was the only centre which had English-speaking participants who expressed interest in participating in the study. Coincidentally, Merryland EIPIC centre was the researcher's employer. The primary research involved parent interviews, children interactive sessions,

and an FGD with professionals; all data collection was conducted before the children's

transition to primary school.

Table 10

Research timeline

Research work	Description of Activities	Timeline
Ethics approval	• Submission of research proposal to research supervisors	January 2019
	• Submission of ethics application to research supervisors	February 2019
	• Application for data protection number • Ethics application submission and approval	March 2019
Pre-data collection	• Invitation of Sunshine EIPIC centre to participate in research • Systematic review of literature conducted	March 2019
	• Pilot interview scripts and schedules prepared	April 2019
	• Invitation of Blossom EIPIC Centre to participate in pilot research	May 2019
Pilot study	• Conducted pilot interviews and FGD	June 2019
	• Amended interview schedule and participatory tools	July 2019
	• Second pilot interview with child	October 2019
Primary research	• Ethics application update and approval • Invitation to all EIPIC centres catering to children with CP in Singapore to participate in research • Recruitment of parent and child participants in Blossom EIPIC Centre	September 2019
	• Phase 1: Conducted parent and child interviews	October 2019 to January 2020
	• Phase 2: Recruitment of professional participants for FGD and conducted FGD • Announcement of national measures against COVID-19	January 2020
Data analysis	• Transcription of first parent interview	November 2019
	• Analysis of first parent interview – submitted to research supervisors for feedback • Review of analysis	December 2019 to January 2020
	• Transcription of interviews and FGD • Analysis of interviews and FGD data	November 2019 to April 2020
Write-up of research	• Write-up of each chapter as research is conducted	January to May 2020
	• Search for updated literature for systematic review	March 2020
	• Submission of thesis	June 2020

3.5 Research Procedure

Ethics approval was obtained before the commencement of participant recruitment. An update to the ethics approval was obtained when there was a change in the target age group of participants (from 6-year-old to 5-year-old being the lower limit). The time allocated for the FGD was affected by the EIPIC Centre's announcement of measures against COVID-19[4]. Post-transition data collection was cancelled in consideration of the dangers of COVD-19 towards the vulnerable population (World Health Organisation, 2020). Table 10 illustrates the timeline of the current research.

3.6 Data Collection

3.6.1 Pilot Study

A pilot study involving a parent interview, a child interactive session, and an FGD was conducted in June 2019 to explore the appropriateness of the materials used for the child sessions and interview questions for adult participants. The month-long mid-year school holiday in June was chosen to minimise disruption to EIPIC classes, and it was also a period when professionals were more available. The pilot parent interview was conducted with Kenny, Daisy's father, and a pilot child interactive session was conducted with Daisy, a 5-year-old girl with cerebral palsy. The interview session was not voice recorded as Kenny did not give consent to the recording. After the interview session, the interactive session with Daisy was conducted in Kenny's presence. Daisy checked the box for 'I am

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[4] Coronavirus disease that was first reported from Wuhan, China, on 31 December 2019 (World Health Organisation, 2020) and first reported in Singapore on 23 January 2020 (Ministry of Health Singapore, 2020).

not happy to take part in this project' after the researcher described the study to her and asked for her assent to participate. The researcher discontinued the interview in respect of Daisy's wishes although Kenny encouraged the researcher to continue. Daisy was reinvited in October 2019, with Kenny's consent, for a second private interactive session, to which she gave assent. With reflection on the pilot interviews, the interview schedule, approach to engaging participants, and materials used in the child interactive session were revised.

The pilot FGD was conducted with four EIPIC professionals. The FGD started with two EIPIC Teachers and one EIPIC Psychologist, with the EIPIC Centre Manager joining towards the end of the session. With reflection on the pilot FGD, the researcher decided not to include management-level staff in the research's FGD as the dynamics of the discussion shifted when the manager joined. Adjustments to the FGD schedule were made based on participants' feedback of the pilot FGD.

3.6.2 Semi-Structured Interviews

Face-to-face semi-structured interviews were conducted with parents. Interviews were chosen as the data collection method for parents as interviews offer a rich, detailed, first-person account of experiences (Smith et al., 2009) which is optimal for IPA studies. Diaries were not chosen for data collection as that would require a longer period of time to document, which would not be suitable for the current time-limited doctoral study.

The interview schedule (Appendix A) was crafted with reference to the guide of crafting IPA interviews by Smith et al. (2009). The current interview schedule aimed to facilitate rapport building at the start and collect background information of the children's educational journey. The second part of the interview included open-ended questions to facilitate an in-depth interview. Open-ended questions such as "Can you tell me about your experience of transition so far?" and "What do you think will be helpful in the transition

process?" were used to explore the participants' experiences of the phenomenon of school transition. Prompts were prepared in the event that participants gave short responses or required further questions to respond due to Singapore's cultural context, whereby participants may tend to give short replies and require prompts to elaborate their responses. The prompts were only used when necessary, in instances where participants gave short replies (e.g., 3- to 4-word response to an open-ended question). One participant, Sofia, required the use of most prompts within the interview schedule to elaborate on her responses. Although the prompts helped Sofia to elaborate on her responses further, she continued to give short responses. Sofia's interview took the least time at 36 minutes as compared to the rest with an average of 62 minutes. For the rest of the participants, prompts were not used unless the participants asked for clarifications on the questions.

Parent interviews and children interactive sessions were conducted separately with the exception of Lily's session. The interviews with Mary and Sofia took place in Merryland EIPIC Centre while the interviews with Anya and Heather took place in their homes. Parent interviews lasted from 40–90 minutes. The flexibility of semi-structured interviews provide opportunities for the researcher to build rapport with participants and promotes the exploration of participants' individual experiences and feelings (Robson, 2011). The semi-structured interview is described as more participant-led, and the order of the interview questions can be changed according to the progress of the interview (Kvale & Brinkman, 2009). This flexibility allows for addressing main points of the research while accommodating for unpredicted topics expressed by the participant (Boyce & Neale, 2006). The interview schedule can be found in Appendix A.

3.6.3 Interactive Sessions

An observation of the children in their EIPIC class was conducted before the interview for the researcher to understand better the children's functioning and preferred communication method. Face-to-face interactive sessions were conducted with children. Activities adapted from the Mosaic approach were offered to children in these interactive sessions (presented in Table 11). The interactive sessions with Tommy, Adrian, and Chetan took place in Merryland EIPIC Centre either before or during their intervention time while the session with Lily took place at her home, with Heather present. Children interactive sessions lasted between 15–45 minutes.

Table 11

Adapted Mosaic approach

Method	Description
Child interviewing	A short semi-structured interview
Colouring, drawing, and stamping	Blob Classroom; drawings as an insight into experiences; colourful stamps were provided as an alternative to colour pencils
Toys	Playground set, train set, animals, and dolls to engage children and gather their voices
Picture cards	A tool for non-verbal expression of likes and dislikes

An interview schedule was created for use with children who could engage in conversation (Appendix B). The children's interview schedule was crafted similarly to the parent's interview schedule, in simpler language. An information sheet and a consent form were designed with visuals incorporated so that it could be accessed by children of varying reading abilities and understanding of the spoken English (Appendix E). Assent was

obtained by the child choosing a happy smiley face to indicate their willingness to interact with the researcher or a sad face which indicated that they did not want to interact.

The interactive sessions began with the researcher reading the information sheet with the child while pointing to the visuals. The researcher then showed the consent page and asked the child to choose the happy or sad face. Participants who could write were asked to write their names and put a tick in the box next to the happy or sad face that they have chosen. Children who had motor difficulties were given separate happy or sad face visual cards, which were larger in size, to select by touching or passing the chosen card to the researcher.

The interactive sessions began with toys and children were allowed to play at the table with toys that they chose. Children were then shown the Blob Classroom and given some colouring tools such as colour pencils and stamps to use. With the Blob Classroom, children were asked to colour their favourite part of the classroom, which Blob they liked the most, wanted to be friends with, and wanted to be like. They were also asked which Blob do they not like, did not want to be friends with, and did not want to be like. Children would also be asked to give a reason for their responses but were not pressured to elaborate if they were unable to do so.

The picture cards were used toward the end of the session. It consisted of three columns with smiley faces representing 'like', 'don't know', and 'dislike' printed on an A4-sized paper (Appendix F). Picture cards with various visuals such as friends, games, outdoors, and school, were printed in colour, cut, and laminated (Appendix G). Participants were asked to place the visual cards in the columns, according to how they felt about each activity or item printed on the visual cards.

3.6.4 Focus group discussion

The FGD was conducted in Merryland EIPIC Centre and lasted 33 minutes although 90 minutes were initially set aside. Due to the COVD-19 pandemic at the time of data collection, Merryland EIPIC Centre held a staff meeting to address safety measures in response to COVID-19, which took up the timeslot scheduled for the FGD. The researcher decided to proceed with the FGD using the remaining time available. There was no subsequent opportunity to conduct another FGD for further data collection due to the social distancing measures in place. The FGD schedule was designed to encourage discussions and responses from the participants (Appendix C).

The researcher gave a description of the research and the FGD before the start of the FGD. Participants were then asked to sign the consent forms. The video recording was then started and participants were asked to introduce themselves. The FGD was conducted with the research asking questions based on the schedule and allowing participants time and space to give their responses.

3.7 Data Analysis

3.7.1 IPA of Parent Interviews

The semi-structured interview transcripts were analysed according to the IPA procedures described by Smith et al. (2009). The IPA consisted of six steps, as described in Table 12. All transcripts were analysed independently before looking at all the themes generated from the four transcripts. An example of a fully worked out IPA of Sofia's interview could be found in Appendix D.

Table 12

Steps of IPA (Smith et al., 2009)

Step	Description
Step 1	Reading and re-reading
Step 2	Initial noting
Step 3	Developing emergent themes
Step 4	Searching for connections across emergent themes
Step 5	Moving to the next participant
Step 6	Looking for patterns across cases

3.7.1.1 Step 1 – Read and reread. The audio recordings were transcribed, and page numbers were inserted into the document. After transcription, the transcripts were read while listening to the audio recording to check for accuracy. Transcriptions were structured within a table with four columns, from left to right: 1) Left-hand margin, 2) line numbers, 3) transcriptions, and 4) right-hand margin.

3.7.1.2 Step 2 – Initial notes. The interview transcripts were reread several times with reference to the audio recording to facilitate familiarization with the data. Initial notes were made on the right-hand margin of what seemed to be important for the participant and things that were significant in relation to the research questions. Table 13 elaborates on the types of initial notes made.

Table 13

Details of initial notes

Comment type	Description	Colour of notes
Descriptive comments	Focused on the context of the participant's responses.	Black
Linguistic comments	Focused on exploring the participant's use of language.	Blue
Conceptual comments	Focused on engaging the data at an interrogative and conceptual level.	Red

3.7.1.3 Step 3 – Emergent themes. Initial notes were transformed into phrases that captured the essence of the text. These concise phrases formed emergent themes and were recorded on the right-hand margin. Emergent themes were more abstract than the initial notes whilst maintaining a connection with the text.

3.7.1.4 Step 4 – Connections across themes. The emergent themes were transferred to a blank document and listed chronologically, based on the sequence with which they were listed on the left-hand margin of the transcript. From this list, emergent themes were clustered into subordinate themes, in the first column of a table with three columns. Superordinate themes were conceptualized by identifying patterns within the subordinate themes and clustering the subordinate themes. Keywords or phrases indicating where each theme can be found in the transcripts were added to the second column of the table, together with the corresponding page and line numbers in the third column. This process of searching for connections across themes was iterative and cyclical, moving between reading the transcripts, clustering the themes, and refining the descriptive labels. At the end of this process, a small number of emergent themes that did not connect with the subordinate themes were dropped (Smith, Flowers, & Larkin, 2009).

3.7.1.4 Step 5 – Moving to the next participant. Steps 1–4 were applied to the remaining transcripts. Care was taken so that each transcript was analysed as an individual account, similar to a case study. This was to minimise possible bias and influence from previous transcripts and to support the idiographic nature of IPA.

3.7.1.4 Step 6 – Looking for patterns across participants. The tables of superordinate themes for all four participant transcripts were laid out on a large surface. A series of questions (as suggested by Smith et al., 2009) were asked to compare themes and look for patterns across the four participant transcripts. Questions included 'What

connections are there across cases?', 'How does a theme in one case help illuminate a different case?', and 'Which themes are the most potent?' (Smith et al., 2009, p. 101). These questions led to the relabelling and reconfiguring of some themes. Overarching concepts linked to superordinate themes were identified and placed within a master table of overarching themes for the group of participants.

3.7.2 Mosaic Approach to Interactive Sessions

Although the Mosaic approach is understood to be conceptually inclusive, it does not mean that every child will use the same communication tools (Clark, 2014). Due to the differences between activities engaged in by each child, emerging themes were identified based on each research tool the child adopted. It was not possible to speak with each child for a review of research materials due to the difficulties in communication for some children. The researcher reflected on the literature to develop the emergent themes identified (Clark, 2014).

3.7.3 Thematic Analysis of FGD

An inductive thematic analysis approach was used with the FGD data. The FGD was analysed according to the procedures described by Braun and Clarke (2006). The thematic analysis consisted of six phases, as described in Table 14.

Table 14

Phases of thematic analysis (Braun & Clarke, 2006)

Phase	Description
Phase 1: Familiarizing with data	Transcribing the FGD, reading and re-reading the transcript, reviewing the video recording of FGD as needed, noting down initial ideas.
Phase 2: Generating initial codes	Initial coding of interesting features of the transcript in a systematic way, collating data relevant to each code.
Phase 3: Searching for themes	Collating codes into potential themes, gathering all data relevant to each potential theme.
Phase 4: Reviewing themes	Checking if the themes work in relation to the coded extracts, generating a thematic 'map' of the analysis.
Phase 5: Defining and naming themes	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.
Phase 6: Writing the analysis chapter	Writing up the identified themes and analysis of selected extracts, relating the analysis back to the research question and literature, as presented in Chapter 4.

3.8 Validity and Reliability

The following set of criteria proposed by Yardley (2000) to guide the integrity and rigour of qualitative research was used to ensure the quality of the current research.

3.8.1 Sensitivity to Context

A systematic review of the literature was conducted before the commencement of the present research, to gain an understanding of previous research in experiences of school transition. During data collection, the researcher tapped on skills in interviewing acquired through Educational Psychologist training. The researcher was sensitive to the social context of the relationship with participants and was aware of the effects of the researcher's words and actions on the participants.

3.8.2 Commitment and Rigour

Commitment encompasses prolonged engagement with the research topic. The research was conducted over a period of 16 months, which allowed the researcher adequate time to develop competence in interviewing and analysis. Full parent interviews were transcribed to focus in-depth on each participant's story. The involvement of children, parents, and professionals allowed for the triangulation of data collected, which contributed to a multi-layered understanding of the research topic, enhancing rigour of the research.

3.8.3 Transparency and Coherence

Intra- and inter-coder checking were adopted to enhance the rigour and integrity of the analysis of research data. Full transcripts and sections of data were re-coded as the researcher reflected on the process of analysis. An IPA of the first parent interview was discussed with research supervisors to ensure the quality of the analysis and coherence of emergent themes. A peer review of themes from the thematic analysis of FGD data was conducted with a colleague on the Educational Psychologist doctoral programme. The colleague coded an excerpt of the FGD transcript, and the codes were found to be similar to the researcher's coding. The researcher also engaged in peer supervision and discussed the research design, analysis, and findings with colleagues. Additionally, the current thesis was peer-reviewed by an Educational Psychologist colleague.

3.8.4 Impact and Importance

The present study is significant in bringing attention to an under-researched area. The participatory methods of eliciting and including the views of children with cerebral palsy allowed their voices to be heard. Further implications of the current research are presented in Chapter 6.

3.9 Ethical Considerations

Ethical approval for this study was obtained from the UCL Institute of Education Research Ethics Committee and all participating EIPIC Centres. This study is registered with the UCL Data Protection Office, and a data protection registration number has been obtained (Z6364106/2019/03/147).

3.9.1 Gatekeepers

The head Psychologist of Sunshine Organisation, who is also the researcher's Year 2 placement supervisor, was the local (Singapore) research mentor for this research. The staff of each EIPIC Centre have legitimate access to personal data of potential participants and made the first contact with potential participants on behalf of the researcher. Parents' contacts were given to the researcher by the EIPIC centre with parental consent. As the researcher was an employee of Merryland EIPIC Centre, parents had an additional safeguard as they were in contact with staff of the centre, such as the social worker. Any concerns parent had regarding the research could be directed to the management of Merryland EIPIC Centre.

3.9.2 Informed Consent

As the research involved vulnerable participants, assent was obtained from the children, and written consent was obtained from their parents. Assent for children included visuals so that this information was accessible to children (see Appendix E). The researcher was aware of the vulnerability of this group of children with SEN and noted that it might be unlikely that children with profound communication or intellectual impairments would be able to give their permission to participate in the current study (Detheridge, 2000). Informed consent was also obtained from professionals participating in the FGD. An

information sheet regarding the research and ethics was given to all adult participants, and written consent was obtained.

3.9.3 Potentially Vulnerable Participants, Safeguarding and Child Protection

The researcher adhered to the safeguarding practices of Merryland Organisation and there have been no concerns raised at this point in time. Potential well-being concerns and follow-up support will be provided as necessary, according to Merryland Organisation service guidelines. Relevant Merryland EIPIC Centre staff were informed of the venue, date, and time of all data collection sessions.

3.9.4 Risks to Participants and Researchers

The process of IPA involves a detailed examination of personal lived experiences (Smith, 2011). Discussing these experiences might lead to a range of emotions as participants might bring up sensitive experiences. The researcher constantly monitored the effect of the interviews on participants and discontinued lines of questioning that might cause distress. In anticipation that participants might experience emotional distress, all participants were signposted to support services within Merryland Organisation. There were no incidences of emotional distress during the interviews. All participants were informed that they could withdraw from the study at any time without the need to provide explanations. Furthermore, as the researcher was also an employee of Merryland Organisation, it is important to acknowledge the presence of a dual role. Participants were informed of the researcher's role in the study to minimise any chance of a conflict of interests, bias within the research, or therapeutic misconception (Yanos & Ziedonis, 2006).

3.9.5 Data Storage, Security, Confidentiality and Limits

Data were collected and processed in Singapore in compliance to both Singapore's Personal Data Protection Act 2012 (Personal Data Protection Commission Singapore, 2012)

and European Union's General Data Protection Regulation (The European Parliament & The Council of the European Union, 2016). All research data was stored in an encrypted laptop and backed up on an encrypted computer, which will be deleted with the completion of the research. Data collected from the interviews are confidential, and only the researcher had access to the data.

Written consent contained only the names and signatures of participants. No other personal information was collected during the data collection. Each participant was given a pseudonym, and was aware that anonymity and confidentiality would be broken in exceptional circumstances such as disclosures of abuse, potential risks to participants' wellbeing, or concerns regarding professional misconduct. Participants of the FGD were reminded to keep the contents of discussion confidential.

3.10 Reflexivity

Reflexivity is of vital importance when establishing the trustworthiness of a qualitative study (Berger, 2015) by ensuring that the researcher's role is continuously self-reviewed in research (Finlay & Gough, 2003). Berger (2015) described reflexivity relating to the three different types of researcher's personal experiences:

1. Reflexivity when studying something similar;

2. Reflexivity in studying while becoming; and

3. Reflexivity in studying the unfamiliar.

Throughout the current research, I continually reflected on my role within the research. Within this research, I felt that I identified with the first and third types of personal experiences at different phases of the study. Having worked as an EIPIC Psychologist, I shared similar experiences with the professionals in my FGD, fitting into the first type of personal experience. This positioned me in an 'insider' role, giving me a

headstart in knowing about the topic of transition. However, I was mindful during the FGD to not allow my past experience of working in EIPIC affect my perception of transition support. I reflected on my experiences and remained neutral so as not to express opinions or ask leading questions.

Although I am a mother, I do not have a child with SEN, fitting into the third type of personal experience in relation to the semi-structured interviews with parent participants. This allowed me to be 'ignorant' and empowered the participant to be in an expert position. However, there is the danger of difficulty in fully comprehending situations that I have not personally experienced. I applied reflective consultation skills to ensure that I had summarised and captured the words and meanings of the participants' stories.

My dual role as a Trainee Educational Psychologist and a researcher also posed a concern to researcher bias. There may be a predisposed perception of my characteristics by participants or participants' characteristics by me. To address this issue of dual role, I ensured that my researcher role was clearly explained to participants before starting the interviews.

4 Research Findings

This chapter presents the findings from the analyses of the three sets of data. The first section will introduce the children in the current study, using the adapted Mosaic approach to provide a detailed understanding of their profiles in context. The second section will report findings from the IPA of parent interviews, and the third will present findings from the thematic analysis of the FGD.

4.1 Characteristics of Children

The children interactive sessions involved a range of tools used to elicit the perspectives of children with cerebral palsy. The data collected from these children sessions were analysed to provide a detailed understanding of the characteristics of children within this study, in the current EIPIC context. Table 15 illustrates the children's characteristics (all names are changed for confidentiality). The classification of cerebral palsy for each child is unavailable as it was not reflected in their referral documents to the EIPIC centre. Parents were also uninformed regarding the classification of their children's cerebral palsy and diagnosis. Hence, the description of motor abilities presented in Table 14 is based on the researcher's observations of the children.

Table 15

Children and parent participant characteristics

Child's pseudonym	Gender	Age	Mother's pseudonym	Communication abilities	Motor abilities
Tommy	Male	5	Mary	Non-verbal, understands picture cards and is learning to use a communication system.	Moves around with adult assistance. Able to pick up toys with his hands.
Adrian	Male	5	Sofia	Non-verbal, understands the happy and sad smiley faces, does not yet use a communication system.	Moves around in a stroller. Able to pick up toys with his hands.
Chetan	Male	6	Anya	Verbal, able to engage in conversation.	Moves around with the aid of a Kaye walker. Able to hold and use a pencil.
Lily	Female	5	Heather	Verbal, able to ask relevant questions.	Moves around independently. Able to hold and use a pencil.

As the child participants of this study had a range of different abilities and needs, different types of data were obtained. The findings from each child will be presented individually to feature their profiles in the following order: Tommy, Adrian, Chetan, and Lily. Three overarching themes emerged from the interactive sessions (Figure 4):

- Interest in play

- Importance of friends and social interaction

- Difficulties with language and communication

Figure 4

Map of themes from interactive sessions
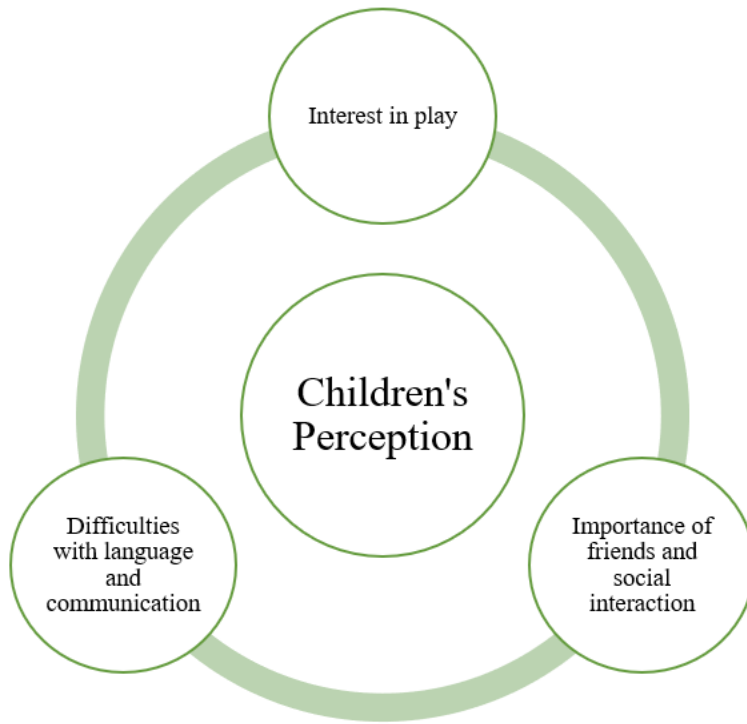
4.1.1 Tommy

Tommy is a cheerful and excitable 5-year-old boy. He is a sociable child who is non-verbal and is learning to use an Augmentative and Alternative Communication (AAC) tool to communicate with others. Tommy brought his AAC along to the session and engaged mostly with the animal toys and picture cards. He had difficulties with fine motor skills but tried to colour the Blob Classroom.

Tommy is due to transition to a national primary school in 2021. During the interactive session, he was happy and often smiled. Mary confirmed that this was Tommy's usual disposition. Tommy attended the session before the start of his EIPIC class and seemed to understand when asked if he was happy to talk to the researcher. With the limited mobility in his hands, he tried his best to draw a box around the happy face to indicate his choice and assent (Figure 5). Tommy brought his AAC device with him to the session. He

recognised many of the pictures in his AAC and was eager to show them to the researcher. However, he had not yet learned to express himself using his AAC consistently. Tommy enjoyed social interaction and would often initiate by looking at the researcher and reaching out to get the researcher's attention. He was interested and eager to engage in all activities presented to him during the session.

Figure 5

Tommy's Assent

When asked what he liked in the Blob Classroom, Tommy chose a brown colouring pencil to colour the laptop, part of the whiteboard, and a blob at the front of the classroom (Figure 6). Tommy coloured other parts of the classroom as he wished, such as a blob at the front of the class holding a book. He also coloured a desk yellow.

Figure 6

Tommy's Blob Classroom
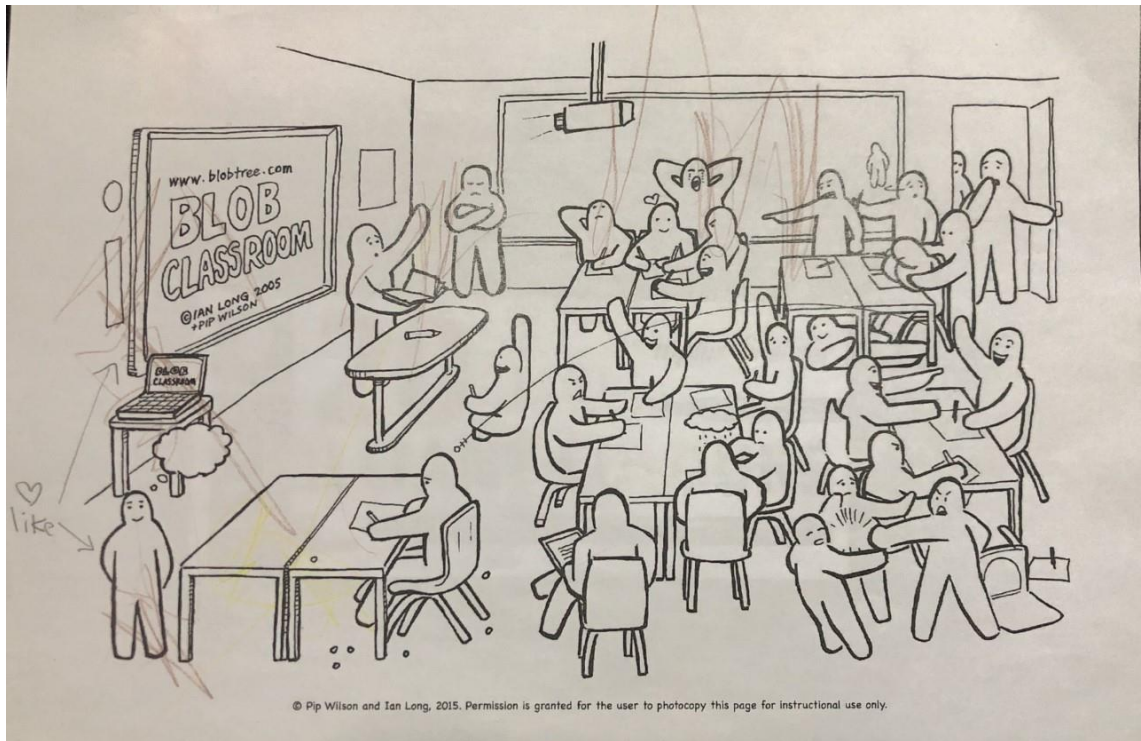
Tommy enjoyed playing with the animal figurines and the playground set. He pointed to the animal pictures on his AAC and put the corresponding animal figurines on the pictures. He played with the playground set functionally, for example, putting the dolls on swings and slides, and found it amusing and laughed whenever the playground toys fell apart.

Tommy was eager to participate in the activity of putting picture cards according to his likes and dislikes (Figure 7). It was evident that he understood the meaning of most of the picture cards presented as he pointed towards the window when he saw the 'Outdoors' picture card. Tommy also pointed to the toys on the table when presented the 'Games' picture card (Figure 8). He tried his best to put the cards into the categories that he wanted.

Figure 7

Tommy's likes and dislikes

Figure 8

Outdoors and Games picture cards

Although Tommy understood what each picture card represented, he might have been overwhelmed with the number of cards presented at once. When presented a smaller number of cards with more specific questions, his responses changed slightly. Initially, Tommy placed both 'School' and 'EIPIC' under the 'Dislike' category and 'Friends' under the 'Like' category. However, when asked more specifically how he felt about 'School' and 'EIPIC', Tommy placed the sad and angry faces with 'School' (school is usually used to refer to preschool at this age) and the happy face with 'EIPIC' (Figure 9). His specific expressions were consistent with Mary's feelings towards EIPIC and preschool. Tommy subsequently put 'Friends', 'Angry', and 'School' together, perhaps expressing that he was angry with his peers in preschool. The change in responses evidenced the difficulty in obtaining and verifying the voices of children with cerebral palsy.

Figure 9

Tommy's feelings towards preschool and EIPIC
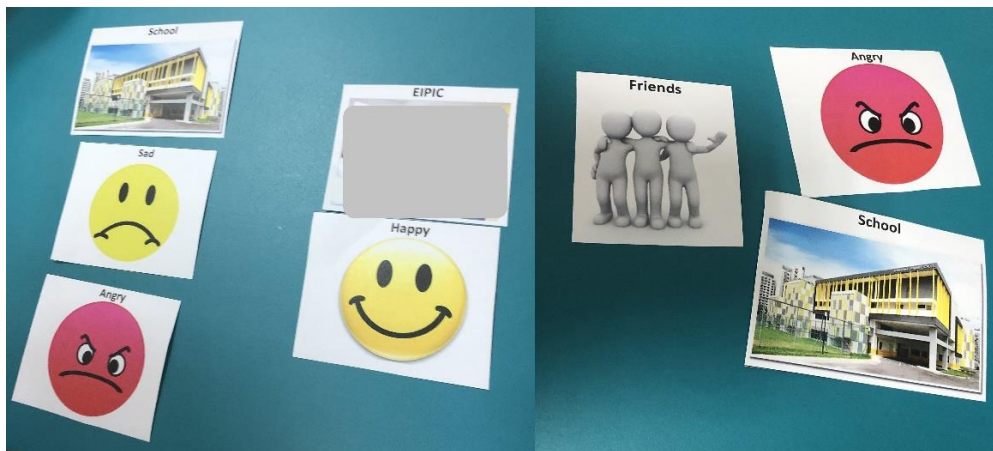
In summary, Tommy smiled frequently and seemed to enjoy the interactive session. He seemed to enjoy attending EIPIC, and liked social interaction and playing. Although he recognised and understood pictures, it was difficult to elicit and fully understand his views.

What Tommy could express was limited to the pictures provided and his ability to create a story using those pictures.

4.1.2 Adrian

Adrian is a participative and sociable child who is non-verbal and is learning to identify picture cards. He engaged mostly with the train set and animal toys. Although he used animal toys together with the likes and dislikes chart, it was unclear whether he understood the chart. Due to fine motor difficulties, Adrian was unable to engage in colouring or drawing.

Adrian is due to transition to a national primary school in 2021. As he had difficulties holding a writing tool, he was shown the 'Happy' and 'Sad' faces to indicate his assent for the research. Adrian chose the 'Happy' face when asked if he was happy to play with the researcher and participate in the research. Although it was challenging to gauge Adrian's understanding of his participation in the research, his engagement with toys throughout the session indicated that he was happy to attend. During the session, Adrian played mostly with animal figures and showed no interest in dolls. When the playground set was introduced, he played with it for less than one minute before moving back to the animals. Adrian seemed happy just playing with animals together with the researcher. He enjoyed playing with the train set as well but returned to the animals after some time. Social interaction from the researcher made Adrian smile.

Feedback from Adrian's mother and his EIPIC teachers showed that Adrian had been taught what the 'Happy' and 'Sad' faces mean. However, it had not yet been consistently used with Adrian. He did not yet have a grasp over the use of other picture cards and what the pictures represent. When presented with the grid to indicate his likes and dislikes, Adrian put an animal figure in each box. He then went on to continue playing on

top of the grid (Figure 10). Sofia shared that as she had four sons, the toys at home were mostly related to trains and animals.

In summary, Adrian enjoyed playing with familiar toys. He showed awareness of pictures but did not seem to understand the pictures or use them functionally. Adrian was sociable as he waved 'Hello' and 'Bye' with a big smile.

Figure 10

Adrian's perspective

4.1.3 Chetan

Chetan is a chatty and humorous 6-year-old boy. He was eager to engage in conversation with the researcher. He engaged in almost all of the activities available. He was the only child participant who completed the short semi-structured interview. Although Chetan had fine motor difficulties, he tried his best to draw his family, school, and favourite activities. He also attempted to colour the Blob Classroom using the colour stamps provided, narrating a story as he stamped. Chetan played with the dolls for most of the session, giving the dolls names, animating them, and talking to them.

Figure 11

Chetan's Assent

Chetan is due to start P1 in January 2020. He gave his assent to participate in the research by putting a tick next to the 'Happy' face (Figure 11). Chetan knew his alphabet and had some fine motor control, so he was able to write his first name. Although he did not quite know the date yet, he knew his numbers, and was able to write down the numbers said to him by the researcher.

4.1.3.1 Chetan's creativity in play. Chetan included in his interview two dolls which were provided as part of the interactive session. He named the dolls Julius and Go. During parts of the interview, Chetan used the dolls to ask and answer questions. When asked how he felt about school, Chetan shared that he was happy in school as he was with his friends:

Chetan: 'errr, I don't know. I feel about school like when I'm in school, I feel happy. But when I'm not in school, I miss my friends, and I'm not happy. But with no friends, I am not happy.' (2.30).

Chetan enjoyed engaging in pretend play. When asked what he thought Julius and Go liked to do, Chetan spoke to the dolls. He then conveyed their interests after listening to their responses by putting them to his ear:

Chetan: '[directed to Julius] what do you like to do? [Chetan puts Julius to his ear] ok. He says he likes to… play!' (3.35);

Chetan: '[directed to Go] what do you like to do? [Chetan puts Go to his ear] ok! I'll draw for you. Oh, ok! [Chetan draws] She likes to go to the zoo.' (3.39);

Chetan: 'wait, he wants to tell me something… ok. You like to… it's a special day, he say he's supposed to go play… swimming!' (4.4).

Subsequently, when asked about what he liked, Chetan shared that he liked to stay at home and play:

Chetan: 'like to do this. [drawing on paper to show what he likes (Figure 12)] I like to stay at home and play sometimes. In school, I don't play, I just keep quiet, sleep, get ready, go.'

Figure 12

Chetan's drawing of what he and the dolls liked
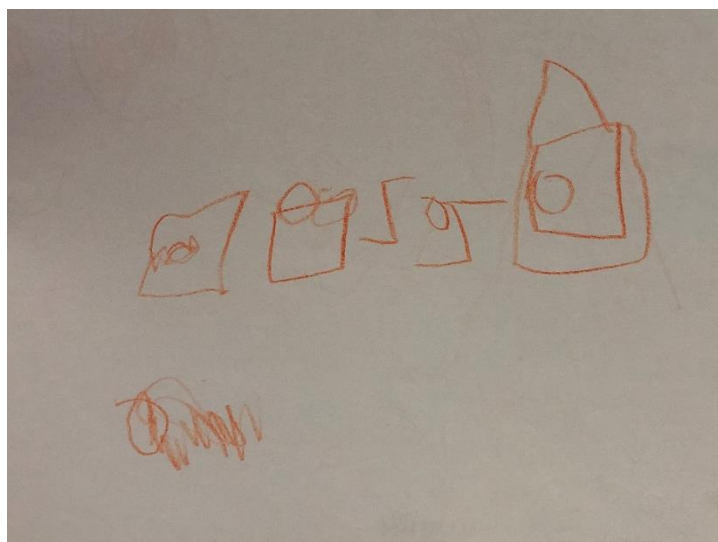
When guided to draw his family tree (Figure 13), Chetan did not quite understand the concept of using circles to represent girls and squares to represent boys. Chetan creatively used the circle that was supposed to represent Anya in the family tree as her head and drew in details to make a stick figure of her. He also used the square that was supposed to represent himself as his body and added limbs to make a stick figure of himself. The other stick figures Chetan drew represented the people living in his house – his father, grandparents, and domestic helper. The pink circle represented his sister, and green square his brother.

Figure 13

Chetan's family
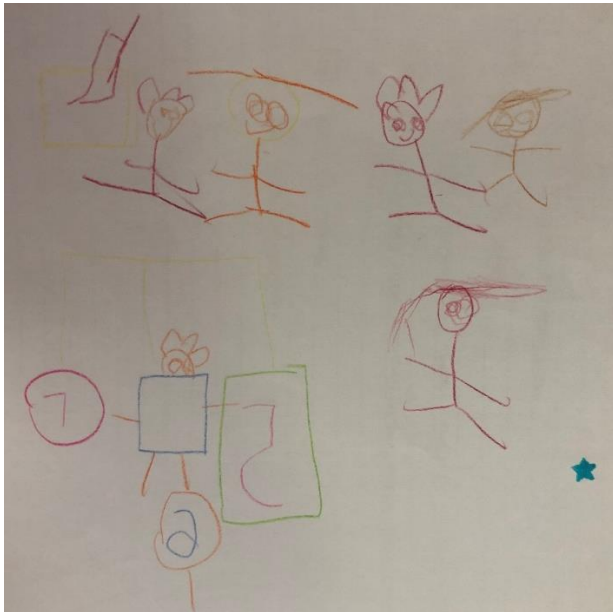
4.1.3.1 Chetan's view of primary school. Chetan was able to have a two-way conversation with the researcher. He could answer questions when asked. However, the answers he gave at times indicated that he might not have fully understood what the question meant, or had difficulty expressing himself adequately. For example, when asked where he went to for school, he shared that he was going to school at EIPIC:

> *Chetan: 'I go to school now, right here.' (1.30).*

When asked if he was going to any other school other than EIPIC, he shared that he was going to P1:

> *Chetan: 'yea, I'm going to Primary 1. [ ] no. I only go to Primary 1*
> *later.' (1.38).*

On clarification, Chetan shared that he frequently visited a small part of his primary school as it is the same school his elder sister is currently attending:

> Chetan: 'err, am I going there…? After this school finish, one off day, one off day then I'm going to Primary 1. [ ] No. I always see a little bit of the school.' (6.20).

Figure 14

Chetan's drawing of primary school
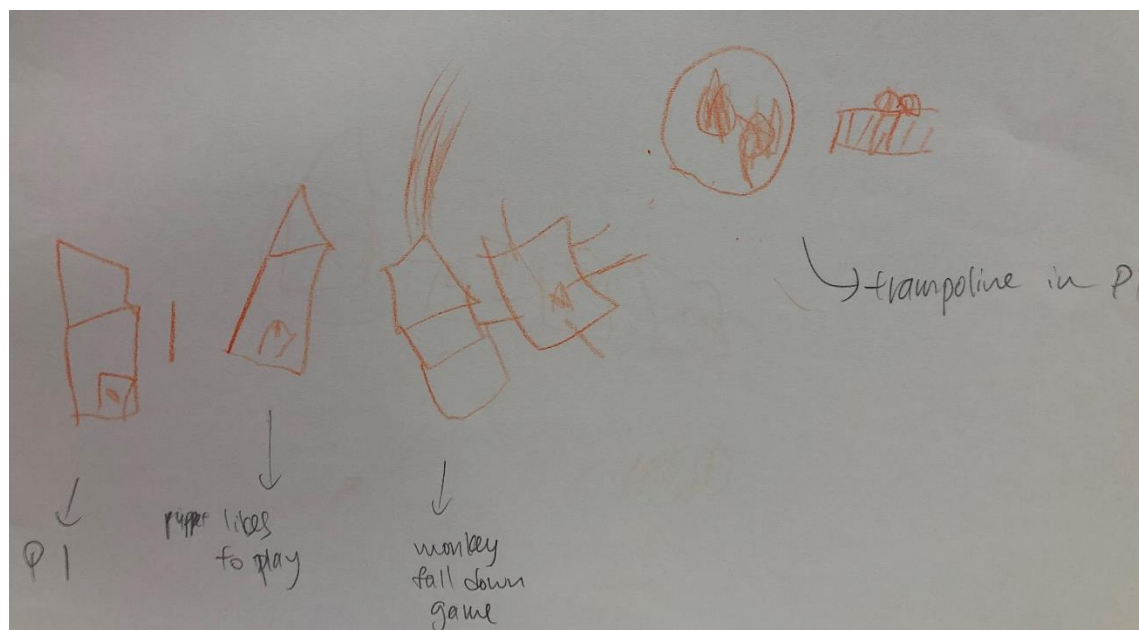
Note. Chetan's drawing in orange and researcher's notes in pencil.

Chetan's responses showed the idea of going to a primary school in the new year might have been too abstract for him, resulting in difficulties identifying or expressing when he would start P1. However, it was evident that Chetan knew he would be attending his sister's primary school. It is possible that he had yet to grasp the concept time fully or

had difficulty expressing time clearly. In Chetan's perspective, EIPIC, Kindergarten, and P1 were all considered schools. Chetan remembered that his sister's primary school had trampolines and that seemed to be his favourite place in the school although he could not play on them. He spoke about the trampolines and drew them out as well (Figure 14):

> Chetan: 'She has trampolines in the school. And I can't even jump the
> trampoline.' (6.23).

Chetan shared that Anya chose his primary school for him. He believed that his sister got to choose her primary school. Despite that, Chetan expressed that he felt good about his mother choosing a school for him:

> Chetan: 'ya, this school my mother choose. And that school my [ ] sister
> choose.' (9.14).

When asked, Chetan shared that he would like to choose his own school. He also shared that he would choose a school that his siblings attended:

> Chetan: 'yea, I think so. [ ] I will choose like my sister school, a working
> school. [ ] that means, the same school, primary 1. or my brother school
> [ ]' (9.30).

Chetan was unsure if he felt good going to P1. He shared that he felt good but changed his mind immediately after. When given picture cards of emotions to choose from, he chose the 'Scared' face:

> Chetan: 'good, I think good, er but maybe not. When I fall down I'm like,
> huh huh I'm falling down. Then I ask my friends help [peers in EIPIC].
> But they decide me to go to primary 1, so no one help me [as peers in

EIPIC are not going to the same primary school as him]. Everyone knows that I'm going to primary 1 so they don't help me. I can do by myself, so that I can go to primary 1 and do all the things by myself, cos I got no friends, no teachers, no parents, only teachers.' (7.23).

Chetan: 'cause sometimes I don't know people, what if they knock me, but they don't know me. Or what if they do this [chose the 'Disgusted' face picture card which had a tongue sticking out]. [ ] yea. Or what if they come and give me and kick me out. Ah! I know right. I'm happy about all those things they do about me. [ ] yea, I'm happy. And when my, my teachers not looking, and my friends are trying to be funny [mischievous], I just go here, tell teacher. (8.1).

Chetan shared that he would remain happy even though his peers in school may behave unpleasantly towards him. His strategy was to let his teachers know if his peers did anything he did not like. There was a sense of uncertainty of what to expect in primary school, leading to some anxiety. However, Chetan seemed to be resilient and believed everything would turn out well if he stayed happy.

Chetan preferred drawing over colouring. He used stamps in place of colour pencils to 'colour' the Blob Classroom (Figure 15). The two emotions that Chetan identified in the Blob Classroom were happy and angry. He was creative as he produced stories around different Blobs. Chetan identified with the Blob seated near the back of the classroom, facing away from the board (which he had stamped blue). He explained that blob represented him as he was talking to his friend. His friend was the Blob sitting opposite him, who was happy and having a conversation with him. When asked which blob he did

not want to be, Chetan identified the Blobs that were angry. He shared that the Blob with

arms folded, standing at the front corner of the classroom was angry as another Blob threw

something at him. Another Blob by the window of the classroom was angry and trying to

shoot someone. Chetan also did not want to be the group of Blobs that seemed to be in a

fight (bottom right corner of the paper).

Figure 15

Chetan's Blob Classroom
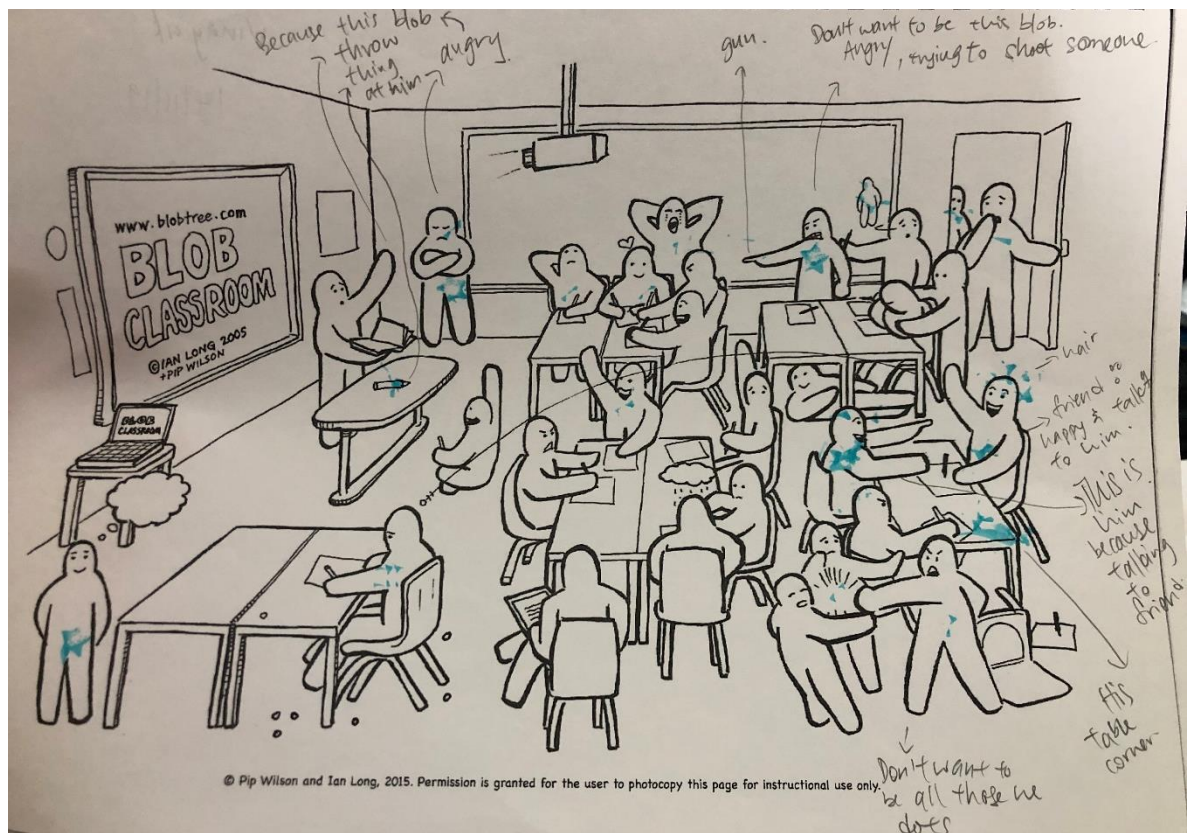
Note. Blue marks are made by Chetan while pencil marks are researcher's notes of Chetan's

narration.

In summary, Chetan was a creative and spontaneous boy during the interactive session. He seemed to enjoy social interactions and conversations. Friends and play were important to him, as evidenced by his narrative and drawings. Although he was able to have conversations, having activities such as drawing and pictures helped to present his thoughts more clearly.

4.1.4 Lily

Lily is a cautious but curious 5-year-old girl who is due to start P1 in 2022. Lily was quiet at first but slowly warmed up to the researcher. She was verbal and was more interested in questioning the researcher than answering questions. Lily used the picture cards to expressed her preferences when she was not asking questions. She also attempted to colour the Blob Classroom.

Figure 16

Lily's assent

Her interactive session was conducted in the living room of her home, where Heather and her domestic helper were present. Due to time and location constraints, the interactive session lasted roughly 15 minutes in the presence of Heather. The presence of her mother may have affected Lily's responses. Lily was wary of the researcher at first but warmed up towards the end of Heather's interview, when Lily joined and explored the materials presented. Using a blue gel pen, Lily used a considerable amount of effort to write her first name and put a tick to indicate her assent to participate in the research (Figure 16).

Figure 17

Lily's Blob Classroom
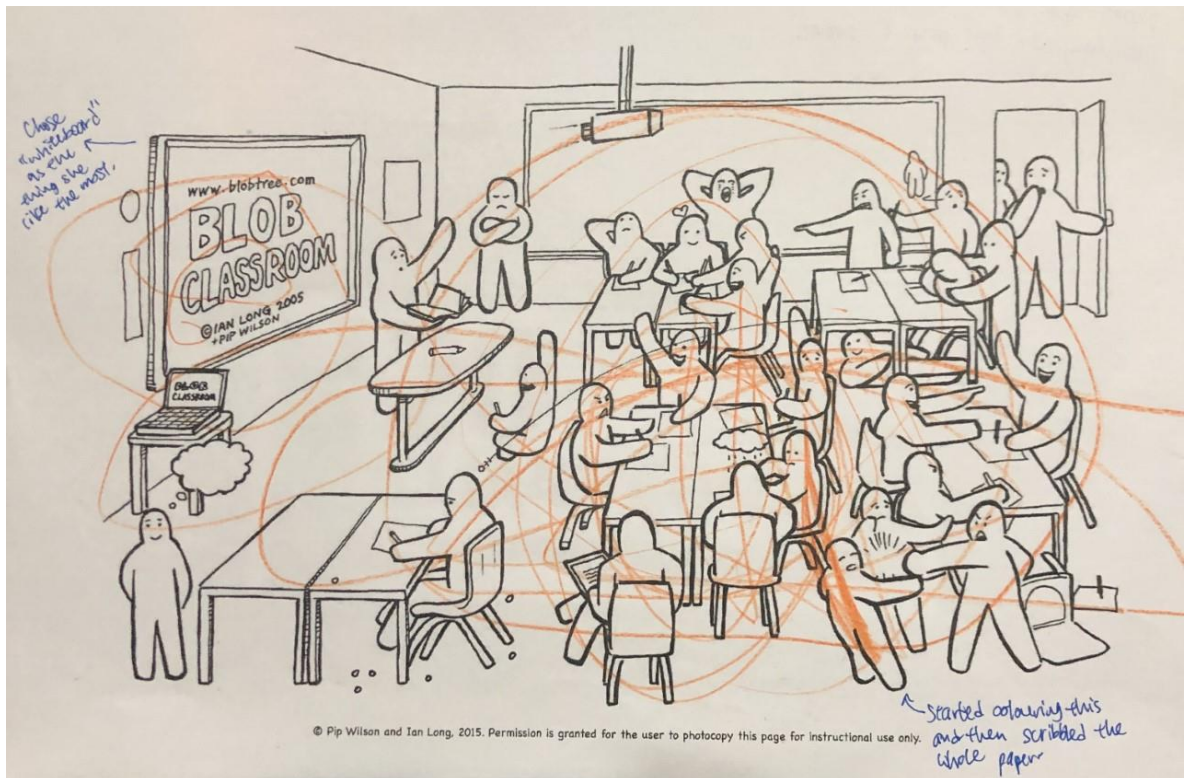
Note. Lily's colouring in orange and researcher's notes in blue ink.

At the start of the interactive session, Lily ignored most questions and chose to colour the information sheet. She managed to colour a part of the smiley face. When offered the Blob Classroom, Lily took the sheet and looked at it inquisitively. She circled the whiteboard at the front of the classroom and said 'whiteboard' when asked to colour the Blob she liked the most (Figure 17). She did not give a reason to her liking the whiteboard. Lily then started colouring a Blob. However, after less than a minute of colouring one Blob, she proceeded to colour the whole piece of paper randomly. She was stopped colouring the Blob Classroom after two minutes.

Although Lily ignored most of the researcher's verbal questions, she was able to answer the questions when they were paired with picture cards. She expressed using the picture cards that she did not like animals and the iPad (tablet). Lily understood what the pictures represented as she recognised Merryland Centre in the pictures.

Lily was more interested in asking the researcher questions than answering questions. She often asked *'What's this'* when exploring the materials provided. She also asked *'Why you go in my house?'* to find out what the researcher was doing in her house. Lily seemed to be more receptive to information presented visually than auditorily.

In summary, Lily was an inquisitive girl who enjoyed engaging in visual materials. She asked questions more than answering them, demonstrating children's agency. Lily did not verbally respond to any questions regarding school. She did, however, indicate using the picture cards that she liked school.

4.1.5 Overarching Themes

Although it was challenging to elicit the voices of young children with cerebral palsy, certain common themes were interpreted through the interactive sessions with each

child. The overarching themes that emerged are the children's interest in play and their difficulties with communication and language.

4.1.5.1 Interest in Play. All children were eager to engage in the materials presented during the interactive sessions. It was evident that play was essential to them. The children expressed themselves and enabled their voices to be interpreted through play. Tommy and Adrian both used animal figurines in their play. Lily engaged in some colouring, while Chetan used a mixture of dolls, drawing and stamping to express himself.

4.1.5.2 Importance of Friends and Social Interaction. Social interaction was crucial to children's lives. Their desire for social interaction was interpreted through their interactions with the researcher. All the children were eager to interact with the researcher. Although Lily was cautious at the start, she was keen to interact with the researcher after warming up. The children also expressed being happy with friends, and expressed that they like friends using picture cards. Chetan specifically shared that friends were his motivation to attend school as talking to them made him happy.

4.1.5.3 Difficulties with Language and Communication. Another theme that was common with all children was the difficulty with communication and understanding language. The children had differing language abilities ranging from non-verbal responses to being able to engage in two-way conversations. The picture cards used to obtain their views were useful in catching a glimpse of their worldview. Tommy, who was non-verbal, and Lily, who rarely answered questions, used the picture cards to express themselves. Although Chetan spoke freely and enjoyed conversing, his voice was not always clear. On the contrary, Adrian was non-verbal and had yet to learn how to use his communication system. Hence, the diversity in children's communication level and language ability made it

challenging to elicit their views. This highlights the need for better tools to collect and interpret children's perception.

4.1.6 Summary of Mosaic Approach

In summary, three overarching themes were discovered from the children's interactive sessions. Children's main interest were in playing and social interaction with others. The main difficulty that children had was with communication and language. The findings emphasised the importance of including children's voices in decisions concerning them.

4.2 Parents' Perspectives of preparation for transition to primary school

The superordinate themes elicited from each parent's individual stories were applied to develop four overarching themes that addressed RQ1: *How do parents of 5- and 6-year-old children with cerebral palsy experience the preparation for transition from EIPIC to primary school?* The four overarching themes were:

1. Inclusion of the Child

2. The Resourceful Parent

3. Parents' Conflicting Emotions

4. The Importance of Support

When asked about the preparation for school transition, parents in the current study experienced difficulties with the inclusion of their child within the mainstream education system and society as a whole. Parents also spoke about their role, which revealed their resourcefulness. Furthermore, the preparation for school transition was the source of conflicting emotions for parents, which emphasised the importance of support during this emotionally-taxing time. The overarching themes (Figure 18) are described in the sections below with supporting quotes and page and line indicators from the interview transcripts.

The transcription notations used are: '*...*' indicating a significant pause, '*[ ]*' indicating material omitted, and '*[e.g., Playgroup]*' which is explanatory material added by the researcher.

Figure 18

Map of IPA themes
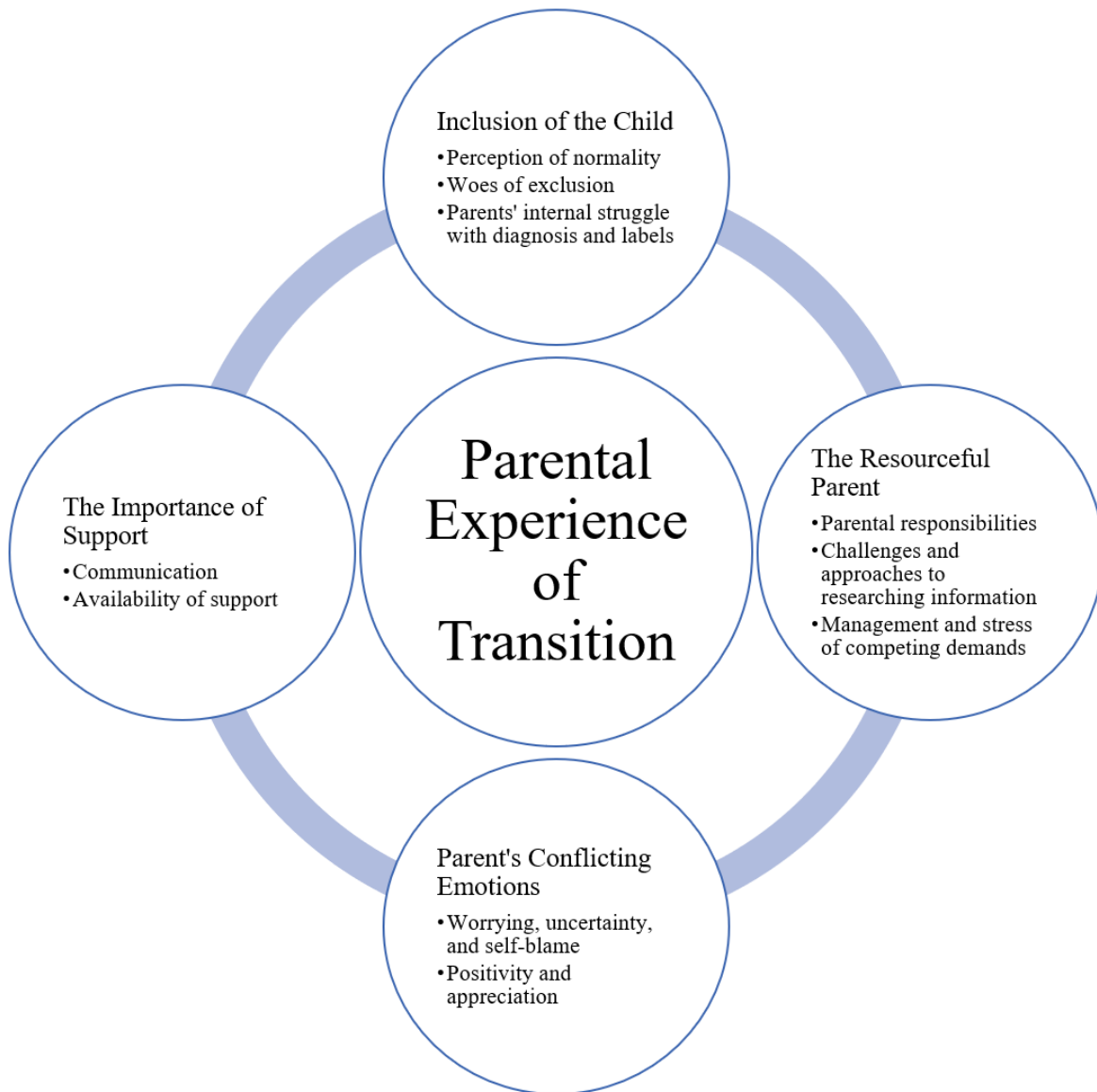
4.2.1 Overarching Theme 1: Inclusion of the Child

The first overarching theme related to parents' perceptions of the inclusion of their child with cerebral palsy. All parents spoke about aspects of inclusion both directly and indirectly. The aspects of inclusion interpreted included normality of their child, their child's condition, and experiences with exclusion. These formed the following three superordinate themes:

- Perceptions of normality

- Woes of exclusion

- Internal conflict with diagnosis and labels

These three superordinate themes are closely related to each other. For example, what the parent understood of their child's diagnosis influenced their perception of normality and exclusion. Although no parent used the term exclusion, three out of four parents referred to inclusion or inclusive education. A sense of exclusion emerged from the parents' stories of their child not being included in mainstream preschool or by society. The following excerpt from Mary's interview illustrates how she perceived her child being excluded from play in a mainstream preschool as normal:

> Mary: '[ ] but of course these children, they will play then they will tend
> to forget about Tommy. But I mean it is normal because these kids when
> they play they are very active and they will move about [ ]' (3.12).

4.2.1.1 Perception of Normality. Normality was a theme common in all parents' stories. However, the perception of normality differed between some parents. Heather referred to Lily as progressing normally with her peers in preschool and receiving medical

test results that were similar to children without SEN. Heather referred to normality numerous times throughout the interview and spoke about normality in terms of Lily's academic progression despite her SEN:

> *Heather: '[ ] then after PG [Playgroup], after that she progressed normally from like N1 [Nursery 1], N2 [Nursery 2].' (6.5);*

> *Heather: 'We're talking about school year. But each year she was ready, each year she was ready [ ] but she is backwards in terms of erm, development.' (6.10).*

Furthermore, Heather shared about how external appearances and medical tests may not represent the child well. Having normal medical test results and appearing normal on the outside does not mean that the child is developing normally:

> *Heather: 'It was normal Global Developmental Delay. Because they did MRI scan, her MRI scan is normal. [ ] she did MRI scan but they said even though it's normal, it doesn't mean there's no traffic jams inside.' (16.29);*

> *Heather: 'Even though she seems perfectly normal. Because outwardly, you see nothing wrong what. But it is very obvious when you put her with other kids.' (19.8).*

Sofia and Anya both talked about how, as parents, their children were perceived as normal to them. Although they perceived their children as normal, their narratives alluded to an awareness that their children were different from others and required additional

support in different areas of life. Sofia shared how she perceived Adrian as a normal child when he is not:

> Sofia: 'You know as usual, you know as parents, sometimes you think that
> my son is normal, shouldn't be sitting around in this class [ ]. I mean er
> all parents want the best for their children. They want their children to be
> normal you see, but when you have all these children with special needs,
> [ ] sometimes you [ ] … you think they are normal but they are not.' (7.2).

Anya perceived Chetan as a normal child with a minor physical disability, and equated primary school to normal school:

> Anya: 'I find him normal. There's nothing wrong with him. So as a
> parent, except for that small physical disability, I don't find him anything
> major. So… I think he's deem fit to go for primary school, normal school.'
> (2.31).

Mary referred to normality differently from the other parents. She spoke about normality in the sense of others' treatment of Tommy. She shared that it was normal for Tommy to be excluded from play due to his physical condition:

> Mary: '[ ] because Tommy's limited mobility, he, he can't join in. I mean
> this is natural, it's normal.' (3.16).

Throughout the interview, it was clear that Mary acknowledged Tommy had SEN. She used inclusive terms to refer to all children, such as children with special needs and neurotypical children. Unlike the rest of the parents interviewed, Mary did not use the word *normal* to describe Tommy or any other children. However, she used it to justify the

exclusion of Tommy, suggesting that the environment was not accepting towards children with SEN.

4.2.1.2 Woes of Exclusion. All four parents searched for a preschool placement for their child. However, Sofia and Anya faced difficulties with finding a suitable preschool that was willing to offer a place for children with SEN, leading to the exclusion of Adrian and Chetan. Exclusion in this theme refers to the idea of rejection or not being included by others. Both spoke about how their children were excluded from attending mainstream preschools citing reasons such as lack of staff to support children with SEN. When asked about preschools that Adrian has attended, Sofia shared their journey of searching and rejection.

> *Sofia: 'Actually he's supposed to be in kindergarten. He's going to be six next year, supposedly he has to be in K2. [ ] I went to about three kindergartens, all rejected, because they don't have manpower. [ ] they have er so called er pupils like him in the class, so they can't have more. [ ] there's this childcare, they said they have got five to six special needs children and they are a handful. Then Adrian is immobile somemore, so, there's not place for him.' (2.24).*

Similar to Sofia, when asked which school Chetan attended, Anya shared that he attends only EIPIC due to rejection from mainstream preschools:

> *Anya: 'He only goes to Merryland Centre. I've tried other preschools, none were accepting him. Except for one, but it was too far.' (1.16).*

Mary spoke about how Tommy was excluded within his preschool. Mary's experience of Tommy's exclusion illustrated how a child, although physically included

within the mainstream preschool classroom, could be excluded due to a lack of teacher support.

> *Mary: 'The teacher don't know what to do with Tommy's limited mobility. Some more cannot move, and like cannot speak.' (4.7);*

> *Mary: 'This interaction [between children] is very good. But then after that, the kids will drift off, and then they will change their mind about playing this. And then they suddenly will forget you know, and then suddenly this child is not included, in their, another game. Ya, so sometimes it may be the adults can do, ya or maybe someone can be more aware of what is happening you know. [ ] Like just nudge them a little bit. [ ] then the teacher will create this kind of environment. Ya, will create this kind of environment to [ ] the inclusive environment, that everyone is talking about inclusive environment.' (4.40).*

Conversely, Heather experienced good support and inclusion within Lily's preschool (discussed in the fourth overarching theme). Heather understood that other parents had negative experiences of their child with SEN being rejected by preschools. She shared that Lily was not rejected from preschool enrolment possibly due to early enrolment of Lily into infant-care before signs of cerebral palsy emerged.

> *Heather: 'So erm, so she was the first batch of babies that went in [to infant-care]. Ya, so she started at 9 months, so they were very, [ ] they really love her, she's the first batch. So they were really accommodating*

and anyway, that time it [cerebral palsy] was not so obvious yet, because baby… cannot tell.' (5.32);

Heather: 'And I know that if she, I won't say whether they [preschool] would have accepted, ok so it's different because she started when she was a baby. So she had no prior history [of SEN], we also didn't really know what right. We did give a bit of warning, but ya. I've heard of stories of kids who because they were diagnosed first [before preschool enrolment], so maybe let's say autism, or what, and they can't find [pre]schools to join, to go inside, because no one wants that kind of ya, that, that thing [SEN]. Ya so that's difficult, they have to watch for the kid…' (22.18).

Although Heather had positive experiences of inclusion in the preschool setting, she was concerned about inclusion within Primary school. She was unsure whether Lily will face exclusion in Primary school due to Lily's condition. This concern put Heather in a dilemma of whether to disclose Lily's condition to the Primary school so that Lily could be included within the school:

Heather: 'so for Lily same thing, primary school, we need inclusive culture right? How do you know, how do you find one? I don't know, I haven't tried la, but that would be one of my things that I would look for. Erm, of course you could ask the school… I don't know [ ] so I don't [know if] next time even when I start school, would I disclose her condition. Or ask the school to keep a special look out for her, if she is ok. [ ] One thing would be whether to disclose the condition… But the

point is, how much you really want to say if she is afterall, if she is ok and

up to speed [with her peers]… where do you write actually?' (22.25).

The kind of exclusion Heather did experience was not from the education setting. She experienced exclusion from medical insurance for Lily. Having medical insurance would have helped to cover the costs of Lily's doctors' appointments, medical check-ups, and therapy sessions. Heather faced great difficulties applying for any form of insurance related to healthcare for Lily due the diagnosis of GDD:

Heather: 'But after that, we discovered it [Lily's condition], nobody

wanted to insure her. We cannot get MediSave[5], and even then, she can

have basic MediShield[6] [ ] the endless plan, you pay the case every year

to top up, the extra? Like us MediSave and her plan no more, she cannot

get that, nobody wants to insure her. Life policy, forget it. Term, no.

Everything, no. [ ] because they hear Global Developmental Delay, no.'

Although Lily is covered under MediShield, since it is an entitlement for all Singapore citizens, there is a claim limit. Medical costs exceeding the MediShield limit will have to be paid with other sources of funding. Most Singapore citizens will have the choice of paying the rest of their hospital bill with MediSave, provided that the type of treatment

---

[5] MediSave is a Singapore's national saving scheme for selected future medical expenses (Central Provident Fund Board, 2020). The Medisave can be used for approved dependants such as children.
[6] MediShield Life is a basic health insurance plan by Singapore's Central Provident Fund (CPF), which automatically covers all Singapore Citizens and Permanent Residents (CPF, 2020). This plan helps to co-pay for large hospital bills and selected costly treatments.

required was on the approved list (e.g., childhood vaccinations). However, Heather shared that MediSave was not an option to pay for Lily's medical expenses.

   4.2.1.3 Internal Conflict with Diagnosis and Labels. The perception of normality and woes of exclusion was related to how parents perceived their child's diagnosis and how parents labelled them. One theme that emerged with the interviews was an internal conflict regarding whether their child was normal. For parents, this type of struggle was likely due to the diagnosis and labelling of their child. Anya acknowledged that she had difficulties accepting Chetan's diagnosis of cerebral palsy initially:

   Anya: 'I mean not easy. Initially to accept that he has this diagnosis was

   not easy. But slowly I accepted it.' (6.16).

   Although most parents in the current study made reference to their children being normal and wanted their children to be included, they seemed to reference children with SEN as a separate group from children without SEN. Parents used terms like *these children* and *children like them* to refer to their children and others with SEN. The reference by parents to *these children* seemed to be influenced by stigma and society's treatment and label of children with SEN. While acknowledging that their child was different in some ways from other children, parents in the current study yearned for their child to be recognised as a person, and not be defined by their condition.

   Mary: 'Kids like them are very interesting you know although they are

   not included in play.' (5.4);

   Sofia: 'Ya so don't label these children, you know like oh special needs

   children can't do this can't do that. But if we give them an opportunity,

maybe those who can will, will you know will do well in life. Those who

can't there are other, you know opportunity for them.' (7.33);

Anya: 'I don't need to publish his condition. Who needs to know I told

them.' (7.28).

Other than wanting their child not to be labelled by society, most parents in the current study seemed to not have a clear understanding of their child's diagnosis due to a lack of post-diagnostic support. Although doctors told Sofia and Heather that Adrian and Lily had cerebral palsy, they did not seem to think that was an official diagnosis. Both Sofia and Heather focused on the diagnosis of GDD and that their child's condition was one that they could 'grow out of' or recover through intervention. They were accurate in their understanding of GDD. However, cerebral palsy is quite different from GDD as the outcomes of intervention is unlikely to result in recovery. This focus on GDD suggested a lack of understanding of their child's diagnosis and the condition of cerebral palsy. Heather shared her experience with Lily's doctor using the term cerebral palsy:

Heather: 'not say solve this but erm, she's termed Global Developmental

Delay, later then Prof Koh told me as mild cerebral palsy, she did use

that term one time [ ] She used it a few years back. But all along she

didn't use it. It was normal Global Developmental Delay.' (13.1);

Heather: 'I would say the moment the Prof Koh signs off and says "she's

ok, she's normal", we would not continue sending her for therapy.'

(18.11).

Heather's understanding of Lily's condition seemed to be based on the frequency of the doctor's usage of the diagnostic label. Lily's doctor referred to Lily's condition as GDD since the beginning; hence GDD was the condition that Heather was most familiar. Similarly, Sofia shared the vagueness of Adrian's diagnosis. Both Sofia and Heather had to search online to learn more about their children's diagnoses.

Sofia: 'And then I googled the cerebral palsy group, I googled erm, er GDD, because Adrian has not been diagnosed yet. Ya so maybe when the assessment come in next year, he's gonna be diagnosed. So whatever his diagnosis is, it's just that mmm, I just need support. [ ] the doctor just put him, he's under the umbrella of mild cp [cerebral palsy] and GDD. [ ] no, he doesn't have any official diagnosis.' (11.5).

The vagueness in diagnosis and lack of post-diagnostic support seemed to be a result of poor communication between the hospital and parents. This lack of communication motivated parents to be resourceful (overarching theme 2) and to take the initiative to search for information despite their busy schedules. However, the lack of communication also contributed to the range of emotions that parents experienced (overarching theme 3), which could affect their mental health. Therefore, support for parents (overarching theme 4) is an essential factor contributing to parents' mental health.

4.2.2 Overarching Theme 2: The Resourceful Parent

The second overarching theme related to parental involvement in preparation for transition. Parents in this study shared their expectations of parental responsibilities and the process of their information search. Their busy schedule meant that they had to make

sacrifices and choose between their child or their work. The following three superordinate themes formed the second overarching theme:

- Parental responsibilities

- Challenges and approaches to researching information

- Management and stress of competing demands

4.2.2.1 Parental Responsibilities. All parents felt that there were certain responsibilities they had to fulfil as parents. These responsibilities occupied a large portion of their time. Responsibilities came in the form of familiarising themselves with current provision for children with cerebral palsy, and searching for educational opportunities and future possibilities for their child. Heather had a plan for Lily's transition to primary school even before Lily's elder sister, Azalea, was due to transition.

> *Heather: 'And how I plan her earlier years is it? [ ] Ok when I moved here, I already knew… ok when I moved here Azalea was only 3. Maybe when she was 4 or 5 [years old]. [ ] because it started with, it started with Azalea, because I wanted them together, so I started with Azalea first. [ ] I would minimally, first I would have to choose a school to send her to right.' (9.36).*

As siblings were automatically given a place in the school, it was important for Heather to secure a place for Azalea in the primary school she hoped for Lily to attend. This meant that Heather planned for Lily's transition to primary school when Lily was just 1–2 years old (4–5 years ahead of entry to primary school). Similarly, both Anya and Mary spoke about the need for themselves to search for resources, although resources were

available from EIPIC or hospitals. Their expression of having to search for additional resources suggested that they perceived the search as a parental responsibility:

> *Anya: 'because only when I go to EIPIC, I realise there's this [ ] help, for this, for that. Then only when I go for appointments with Dr Tan can tell me got this QQQ School, got Happy Club, a lot, swim therapy, they got PT and everything. [ ] I think we have to source. Nothing comes to you for free right.' (12.30);*

> *Mary: 'so my resource, like the hospital, here [Merryland Centre], and then the internet, and like social media. Social media just, you have to be very [ ] resourceful. [ ] you must go and source and read, then you'll know what's going on.' (8.34).*

Sofia believed that parents had the responsibility to ensure that their child has opportunities in life. She believed that all children would have the capability to earn like their parents, which is only possible if they had the opportunity to do so.

> *Sofia: 'They have opportunity to earn like us as well. Ya, so that's why as parents we need to make sure that they are given the opportunity to do that.' (7.31)*

This superordinate theme illustrated parents' views that there were specific responsibilities required of parents. All four parents acknowledged and advocated for parental involvement. Heather noted that at a minimum, she as a parent is responsible for choosing the primary school that her child would be attending.

4.2.2.2 Challenges and Approaches to Researching Information. The process of searching for information was tedious. The search involved parents taking the initiative to take on different tasks, such as attending talks and going for various schools' open house. Sofia shared about the numerous channels she utilised in her information search:

> *Sofia: I googled, and with the help of the teachers, and then with the help*
>
> *of the map, the educational map that the ABC Hospital Child*
>
> *Development Service doctor gave me, then I took quite a number of*
>
> *research. And then I look at the various schools, the SPED schools*
>
> *available. Then when I look at the programme and I went to the WWW*
>
> *school open house as well.' (4.12).*

Sofia used the MOE's Pathways for Educational Placement of Students with SEN document (Appendix F

Like		Dislike

Appendix G

School	EIPIC	Home
Home	**Home**	**Home**
Family	**Family**	**Family**

Family	**Friends**	**Pets**

Play	Play	Park
Outdoors	**Food**	**Games**
TV	**Computer**	**Tablet**

Happy	Sad	Angry
Scared	**Excited**	**Worried**
Lonely	**Shy**	**Disgust**

Appendix H) provided by Adrian's doctor to guide her in the search for schools. She looked at the different schools that fit Adrian's needs and explored the provisions within the schools. Sofia also went to the open house of a particular special education school to find out more. Similar to Sofia, Mary spoke about the different avenues of information for her:

> Mary: 'Online. I mean SGEnable, it's quite, it's very easy in Singapore, we have quite limited choices, so it's not that hard. [ ] self-directed and then after that I find then I ask [ ] the teachers in Merryland Centre, and you know find out what they might know, or what they think is good.' (7.45).

Mary undertook most of her research using the internet. She shared about the ease of searching for resources within Singapore due to the lack of choices available. Mary also asked for the opinions of Tommy's EIPIC teachers. For Heather, she first researched all the Student Care Centres (SCC) in her vicinity and visited all of those that met her criteria. She also utilised online search engines to search for information. One of the online searches led to her joining a WhatsApp group of parents.

> Heather: 'so I really went to see all the student cares, and then I managed to find Ocean View Student Care.' (9.20);

> Heather: 'oh you just search online, like within 1 klick [kilometre] there's all the schools within 1 klick. So traditionally you know if you want them to walk to school, it must be this distance.' (10.11);

> Heather: 'ya I went for this [ ] person who was very nice to give a talk on how to choose the right primary school. So then she shared the resources,

like you can search within 1 klick. And at the time when I was registering

for primary school, I was part of those WhatsApp group you know that

they set up. [ ] I think I was Googling… [ ] 2019! Then those support, P1

support group those types of things.' (11.7).

Heather had access to several resources related to school transition. She clarified that she became aware of the various resources available through a talk that she attended. The talk was Heather's starting point in searching for resources to support Lily's school transition. Similar to Heather, Anya attended a transition planning briefing organised by Merryland EIPIC Centre:

Anya: 'EIPIC, because we went for the er, what do you call that, the

transition… talk I think.' (2.21).

However, unlike the others, Anya did not engage in further research, such as conducting an online search for information. Anya's job requires her to work in shifts, which is likely the reason for her not having the capacity to engage in self-directed research. Anya presented as being tired and overworked during the interview but still trying her best to 'give' – by giving the little spare time she had to be engaged with Chetan's development and to support research in the hopes of helping other children like Chetan. This leads to the next theme of the competing demands parents have in their lives.

4.2.2.3 Management and Stress of Competing Demands. All parents alluded to being busy with work while having to care for their child. The differing demands of being a parent meant that they had to make decisions to balance between work, other commitments, and activities related to their children. Anya shared her decision to take time off from work to attend to Chetan's primary school orientation. As time off from work was rare, Anya

took the opportunity to schedule other appointments on the same day. The interview for this study was conducted in between appointments, after the home interview by QQQ Organisation and before Chetan's primary school orientation. Her packed schedule gave a glimpse of her busy days. Hence, even though it was a day off from work for Anya, she was not resting as she had to attend to appointments related to Chetan.

> Anya: 'my husband was the one who went for the interview. It wasn't me. So I think they also didn't understand. Today when she told me, I was like "huh?" [during the home interview by QQQ Organisation for therapeutic support in primary school].' (9.36);

> Anya: 'Today, I will go later [to Chetan's primary school orientation]. Today's that day. That's why, I want to go a bit earlier.' (11.9);

> Anya: 'Today I took FCL [Family Care Leave] for him.' (20.27).

Sofia faced difficulties taking time away from work to care for Adrian. She shared that Adrian was cared for by her mother-in-law as both she and her husband worked full-time:

> Sofia: 'both my husband and I are working, so he's under the care of my mother-in-law.' (2.24).

Therefore, for all decisions made regarding Adrian, Sofia found it essential to consider the capacity of her mother-in-law. For example, the main factor in choosing Adrian's preschool, EIPIC, and primary school was the distance from their home, since Sofia's mother-in-law, Adrain's main carer, was unable to travel far with Adrian, considering her old age and Adrian's lack of mobility. Sofia had to manage the demands of

ensuring Adrian's and her mother-in-law's wellbeing, on top of her work demands. Similarly, as Heather works full time, she is usually unable to bring Lily to her monthly one-hour therapy sessions in the hospital on weekdays. Heather shared that it is difficult for her and her husband to obtain leave from work:

> Heather: 'because it's on a weekday, it's a one-hour thing. Very hard for us to take leave.' (15.25).

In contrast, Mary is Tommy's full-time carer, attending to all of Tommy's needs. However, Mary does not have time for other activities such as attending programmes to learn about children with SEN and the resources available for them. Although she recognised the importance of keeping herself up-to-date about provision for Tommy, she had to manage that with the demands of caring for him:

> Mary: 'but most of the time I didn't join, because I am quite occupied, but it is good to keep myself aware of the different programme different centres do, different organisations do.' (8.47).

In addition, Mary spoke about the difficulty of organising parent support groups as parents are generally busy. Children are one of the contributing factors to parent's busyness.

> Mary: 'it's a bit hard to organise one even like, because parents are busy and then kids, so hard to organise, so.' (9.39).

The stories shared by parents in the study illustrated the demands on them being parents – the difficult decisions parents make to ensure that they are providing the best opportunities within their means to their child. Frequently, parents had to prioritise work over being their child's primary caregiver. Finance, which comes with employment, is

fundamental to supporting the family's daily needs and it is often more economical to have a domestic helper or a family member take care of their child while parents worked. This leads to parents experiencing conflicting emotions and feelings as they navigate the competing demands in their lives.

4.2.3 Overarching Theme 3: Parents' Conflicting Emotions and Feelings

The third overarching theme related to the wide range of emotions and feelings that parents experienced. These feelings and emotions did not solely originate from the experience of transition planning and preparation but experiences throughout their child's life. This theme showed how life experiences provoke different lasting emotions and feelings, impacting on parents' mental health. The following superordinate themes were formed:

- Worry, uncertainty, and self-blame

- Positivity and appreciation

4.2.3.1 Worry, Uncertainty, and Self-blame. During the interviews, parents did not explicitly label each feeling or emotion they experienced. Some feelings or emotions were distinct, while others were embedded in the retelling of their lived experiences. This superordinate theme illustrated the richness and diversity of the feelings and emotions parents experienced in preparation for their child's school transition.

When asked about how they felt about transition, all four parents expressed worries about their children's transition to and inclusion in school. They worried about their children in compulsory education and how they will adapt. They were also concerned about the support available for their children. Specifically, Mary was worried about how the mainstream schoolteacher would facilitate the social inclusion of Tommy:

Mary: 'so even if he moves on to mainstream, I'm not worried about the

interaction part. I'm, my concern will be [ ] what is the teacher doing to

facilitate. [ ] so I think my main concern is that what can the school do

and what can the teachers do to engage and to facilitate you know.'

(4.25).

Consistent with Mary's experience, Anya worried whether Chetan's future mainstream primary school teacher would be able to focus on supporting him. She trusted that Chetan had the skills to cope in a mainstream primary school. However, Anya doubted whether Chetan would be able to apply those skills:

Anya: 'so the focus can be on him, or cannot be on him? So I, that's the

part that I'm still worried about in school. I know him, I know he can do,

I know he can manage. But… I do not know, I mean, thinking is one thing,

but whether he is able to do is another thing.' (8.33).

Speaking about inclusion, Sofia worried about whether the current society will accept children with SEN. Although Singapore had been moving towards inclusive education in terms of the country's policies, Sofia has doubts about the translation of policies into practice:

Sofia: 'it's quite stressful actually, because it seems that even though now

they're talking about inclusive education that kind of thing. And then even

if the mainstream school they have all these deaf pupils come in, and to

you know, [ ] but I think I still worries about these [ ] children. [ ]

because I didn't know whether they are being accepted by this society as

it is right now.' (4.32).

These worries seemed to have originated from a sense of *not knowing*. The parents did not know what to expect next or how long the process of transition will last. In preparation for school transition, this *not knowing* contributed to feelings of uncertainty and being lost. Sofia shared that she was unsure about the amount of time Adrian's transition would last.

> *Sofia: 'so transition is you know I really do not know. 2, 3, 5, 6 years?'*
>
> *(9.26).*

Similarly, Anya was unsure about whether there was support available for Chetan. Anya was also uncertain about the kind of support available, and how she could source information on support in the mainstream primary school.

> *Anya: 'ya I don't know. Like, like now I'm still clueless. How do I go*
>
> *about? Do they have support? [ ] so, what kind of support are there for*
>
> *kids like him. That's my question.' (13.2).*

Throughout Mary's interview, there was an overall sense of feeling confused and uncertainty of what kind of support she needed for Tommy's school transition. Mary clearly identified with feeling lost in the process. This feeling of being lost and confused was evident in the analysis as there were contradictions in parts of Mary's narrative. Mary repeated several times throughout the interview that she was *'not worried about the interaction'* or *'not having socialisation'* between Tommy and other children. However, she was concerned about how teachers would *'facilitate their interaction'*. She also thought that *'this kind of social interaction is very [ ] important'*. Mary, at times, repeated questions directed at herself in her search for answers:

Mary: 'How do I gauge, very important, how do I gauge whether my child is suitable my child is suitable for this school. Ya how do I gauge.' (17.34);

Mary: '[ ] how do I choose the right school. So that's why currently about transition I feel quite lost because there's no programme, there's no transition programme in place. If there's a transition programme in place then perhaps, perhaps you will know that this school is better for the child, because there's a transition programme, or course that you get to attend and know more about.' (17.38);

Mary: 'Ya and maybe transition courses like… I don't know, maybe like… "what do you", ya. That's why, I'm very lacking, I can't even say [laughs] what to, er ya, cerebral palsy, is there a case study, is there an example.' (18.19).

On the contrary, Heather did not remember how she felt when making plans for Lily's transition years ago when Lily was 1–2 years old. The transition planning for Lily started earlier than for other children in the study as Heather wanted Lily and Azalea to attend the same school. When asked about how she was feeling currently with the prospect of Lily transitioning to primary school, Heather was worried. Heather's narrative showed how *not knowing* contributed to her *worrying*, which illustrated the link between the two themes of uncertainty and worry:

Heather: 'so, now, worried. I don't know how, can't imagine her going to [primary school]… [ ] ok first, I don't know what will happen because

she is now only five. Two years is a big difference. [ ] I don't know what

to expect, I really don't know. I will probably have my hands full.' (13.25).

With all the worrying and uncertainties they faced while preparing for their children's transition, all four parents found fault in themselves. There was a sense of self-blame in each of the interviews. The reasons for self-blame ranged from not spotting a delay in their child's development early enough to not trying hard enough for their child. When Heather talked about Lily's eyesight, there was a sense of self-blame for not realising Lily's difficulties earlier:

Heather: 'We didn't spot her eyesight, so she's wearing specs right, we

didn't spot it until six months, when she was six months old, when she

went to see the [ ] PD. PD say she's crossed-eye. We said we noticed but

we thought it was common for kids to be crossed-eye.' (6.34);

Heather also blamed herself for not buying insurance for Lily from birth. Heather had the opportunity to sign Lily up for free insurance when Lily was born. However, Heather did not take up the opportunity of free insurance as she did not expect to need it:

Heather: 'Ok so one of the mistakes I make, we didn't insure her, when

she was a baby. Do you know when she was first born, she was normal

right? Great Eastern was giving out free insurance for SG50 babies

[animated tone]. And we didn't take it [disappointed tone]. That is

overcomplacency.' (17.30).

Furthermore, Mary felt that she was incompetent as she was unable to think of what kind of courses related to school transition would be helpful to her:

Mary: 'that's why, I'm very lacking, I can't even say [Mary laughs] what

to, [ ] cerebral palsy, is there a case study, is there an example?' (18.21);

There was a sense of guilt when Sofia shared that she was unable to attend courses organised by Merryland Centre due to her work schedule:

Sofia: 'I didn't even come here, because of the working time and all, it's

quite difficult. And then sometimes even though they have all these

courses, very good courses, still I can't participate because of timing.'

(6.11);

Anya questioned herself. She wondered if she had not put in enough effort to seek educational opportunities for Chetan, and wondered if she blamed herself. However, Anya acknowledged that she did try to seek mainstream preschool's acceptance of Chetan, but faced rejection. Perhaps she felt that she should have continued trying even after being rejected:

Anya: 'so maybe, I didn't seek opportunities? Or I don't know. I blame

myself? I didn't try enough? When I tried, that school was not willing to

accept.' (17.13).

In summary, parents shared about worries of adequate support by teachers within the mainstream school and inclusion of their children within the larger society. These worries seemed to have originated from a sense of uncertainty relating to the transition process and resources available to support them and their children. With worries and uncertainty, a sense of self-blame emerged with parents wondering whether they were to blame for the lack of or missed opportunities.

4.2.3.2 Positivity and Appreciation. Other than the feelings of worry, uncertainty and self-blame, parents held a sense of positivity towards the situation, which was expressed in different ways. Mary expressed a positive mindset towards Tommy thriving in a special education school, consistent with the theory of inclusive special education:

> *Mary: 'ya, and I think, he will thrive better in special school. For him,*
> *given his ability now, I still think that he will thrive better in a special*
> *needs school.' (4.25).*

Anya expressed positivity in the sense that there were solutions to the problems she faced with the accessibility of Chetan's future primary school.

> *Anya: 'so easy. [ ] See. There's a solution there.' (14.35).*

Sofia recognised that she needed to reframe her negative thoughts to positive ones for the benefit of Adrian.

> *Sofia: 'ya, so but then in the long run, I have all these negative thoughts I*
> *have to throw it away for the benefit of my child, so I say ya, this is the*
> *school for him.' (7.8).*

Heather found the positive aspect of securing a placement for Azalea in an SCC, which meant that Lily would automatically have a secure placement when she transitions to primary school. Heather also appreciated that although she did not sign up early for a place for Azalea in the SCC, Azalea still managed to be enrolled in the SCC:

> *Heather: 'we were really blessed, because I didn't go to queue early, so I*
> *was like waitlist number 20, then managed to jump. [ ] Then [ ] Azalea*
> *took the last slot.' (9.20).*

Parents were also appreciative of the people around them who supported them. People who supported parents included their family members such as parents and parents-in-law, domestic helpers, and professionals such as doctors, therapists and teachers. Sofia appreciated Adrian's doctor's support. She acknowledged that Adrian's doctor provided most of the information and resources she had to support Adrian:

> *Sofia: 'So all these erm the doctor I show from ABC Hospital Child Development Service has been helping a lot. [ ] she's the one who's helped me apply the special needs card for Adrian, she's the one who tells me about the assessment thing. She's the one who did the EIPIC thing and all.' (10.1).*

Heather was thankful for the staff at Lily's mainstream preschool, for being supportive, inclusive and loving towards Lily:

> *Heather: 'So for her, we were very thankful for this Childcare Centre, her current one, the principal is very good. So she's well loved. So they make arrangements, they make arrangements for her. She has a very good teacher who loves her…' (13.2).*

Furthermore, Mary and Anya were appreciative of their children, whose personalities made things easier for them. Mary appreciated that Tommy was excitable in nature and enjoyed new experiences:

> *Mary: 'For my child I, I'm very thankful that it is very easy to make school exciting for him. He is just excited. He is naturally excited about*

going to new places, so I'm not worried that he will be scared, afraid,

don't want, scared of new teachers, scared of new environment.' (14.42);

Anya was thankful towards her husband and Adrian for being strong. She appreciated that their strong characters motivated her in life, and in continuing to support Adrian and the family:

> *Anya: 'All thanks to him [motioning to Chetan]. He's strong. [ ] thanks to*
>
> *my husband, he's strong, very strong. He [child], he gave me the*
>
> *motivation, he gave me… 'cause he can, he always uses the word, I can*
>
> *amma, I will amma. He has this er good, positive. I can.' (6.28).*

Parents' own sense of positivity showed the importance of a positive mindset in helping them cope with their worries. Their appreciation of people who supported them and their child helped to emphasise the importance that parents perceived in having a support system.

4.2.4 Overarching Theme 4: The Importance of Support

The fourth overarching theme related to the existing range of support and its accessibility to parents. Communication also emerged as a common theme in all parents' narratives. The following two superordinate themes were formed:

- Communication

- Availability of support

4.2.4.1 Communication. From the language used by parents, it was interpreted that parents perceived communication as essential to their access to information and resources. Communication with professionals such as doctors and teachers affected their knowledge of provision and understanding of their children's condition. Mary spoke about how

communicating with EIPIC teachers enlightened her about EIPIC activities, demonstrating the influence of strong mesosystem links. Knowing what was done in EIPIC enabled Mary to extend the intervention back home, allowing continuity and consistency of intervention across settings:

> *Mary: 'because in Merryland Centre I'm very clear of the schedule. [ ] I have a sense of how the programme is run. I have a very good sense of how the teachers engage my child. I have a good sense of how the programme is run. [ ] when I go home, I know what's happening in school, [ ] I can apply it, or I can talk to him about it. It's so important because he is, he is not verbal, and very limited vocabulary on the communication board.' (15.20).*

Mary's repetition of '*I have a good sense of how the programme is run*' shows an emphasis on her knowledge of the programme Tommy attends. Her repetition also showed the importance of being aware of Tommy's experiences and routines in EIPIC, and subsequently, Tommy's next school. Sofia shared similar experiences of communication from EIPIC, which informed her of what would happen after Adrain graduates from EIPIC:

> *Sofia: 'ya, because they have already talked about the journey after EIPIC, they showed me ah, the… map [Pathways for Educational Placement of Students with SEN (Appendix F*

Like		Dislike

Appendix G

School	EIPIC	Home
Home	**Home**	**Home**
Family	**Family**	**Family**

Family	Friends	Pets

Play	Play	Park
Outdoors	**Food**	**Games**
TV	**Computer**	**Tablet**

Happy	Sad	Angry

Scared	Excited	Worried

Lonely	Shy	Disgust

Appendix H)], to where he's supposed to be.' (4.1).

Conversely, there was also a sense of lack of communication. Anya found that there was a lack of information regarding support available in primary school. She felt that there was a lack of communication from the MOE, which resulted in her being unaware of provisions for Chetan.

> *Anya: 'how can MOE help. [ ] 'Cause I don't know how. Because now*
>
> *they are going to [go] through [ ] MOE already right. So how is MOE*
>
> *helping? There's allied health teacher [Allied Educator (AED)] and*
>
> *everything. But, to what extent? I mean every kid is special to their own*
>
> *parents you see. So how much can you help for a child with cp?' (13.9);*
>
> *Anya: 'as for me, I think we are still not aware of what's, what help is*
>
> *there for Chetan.' (21.18).*

Anya was aware of the staff available to support children with SEN within the mainstream primary school. However, due to a lack of communication from Chetan's primary school, she was unaware of what the support would be and how it would look like for Chetan. She found that she was still unaware of what the mainstream school support for Chetan entailed, although there were less than two months to Chetan's first day of primary school. Similarly, Heather experienced a lack of communication from the hospital regarding the new cerebral palsy diagnosis of Lily.

> *Heather: 'so it started with Global Developmental Delay, so with weak*
>
> *muscle tone and everything. So they have never used [ ] this term*
>
> *[cerebral palsy]. Until one of the visits, then she used this. [ ] no, so I*

had to go and google, but roughly I know what it is. [ ] So it's possible

that she didn't want to use the term up front.' (24.27).

From these interview excerpts, communication seemed to be essential and integral for parental involvement in their child's education and transition. Communication from hospital was also crucial for parents' understanding of their child's diagnosis and profile. Lack of communication negatively affected parents' understanding of transition support and condition of their children. Thus, this superordinate theme emphasised the importance of support in terms of communication between parents and professionals. Other than the importance of communication, the availability of support affected parents' mental health and further substantiated the importance of support for parents.

4.2.4.2 Availability of Support. For both preschool and primary school, all four parents felt a lack of support from these mainstream settings. Mary did not receive support for Tommy when he attended a mainstream preschool. The lack of support within the mainstream classroom led to Mary feeling burnt-out and resulted in her withdrawing Tommy from preschool after less than two weeks.

Mary: 'Earlier this year, in erm January, I actually enrolled him to

XXXXX, it's a mainstream kindergarten. Ya, so when I enrol him there's

not really a lot of support, I mean there's no support.' (1.41);

Mary: 'ya, so what I find over there is that erm the teacher is not

equipped, the teacher is very good but she's just not equipped to [ ]

include Tommy in the lessons. And Tommy is not engaged at all. So it

ended up I had to be the one facilitating and engage him in the lessons.

[ ] ya so, in terms of lesson engagement, Tommy is not engaged, and the

teacher is not very helpful I find because I ended up doing a lot of

facilitating. [ ] actually it was not even one month, it was only, I think I

was there for two and a half weeks, and then I withdrew already [laughs].

Because it is er, it's not efficient, it's er energy-zapping really.' (2.4);

Mary: 'ya, so I find that while I'm paying school fees, and then I'm the

one doing the facilitation, I may as well homeschool him you know. Then

what's the point.' (4.11).

Anya shared her experience of not receiving support for Chetan's transition into the mainstream primary school. She felt that the support she needed to start Chetan's transition to primary school was not available:

Anya: 'because what I need now is for him to begin his transition into

primary one, navigation. But whereas the help is not there.' (8.25).

Similarly, Heather spoke about the lack of support within the mainstream primary school from the experience of her elder daughter's school transition. Heather's elder daughter, Azalea, does not have SEN. However, this lack of support might be due to Azalea not requiring additional support, which may be different when Lily is due to be enrolled in the same school.

Heather: 'Actually sometimes you think about it, because a lot of times

for school, even I don't have much interaction with the teacher. [ ] we fill

up one form, any medical condition [ ] and then that's it. We don't have

WhatsApp group or anything.' (22.39).

Heather described the lack of interaction with the mainstream schoolteacher. The opportunities for the teachers to get to know Lily came in the form of a questionnaire on her medical conditions. There was no follow-up after submission of the questionnaire. Finally, Sofia shared about the lack of support from governmental policies.

> *Sofia: 'since the government always mention about inclusive, inclusive,*
>
> *that kind of thing should pump in money to support all this kind of you*
>
> *know, children programme and all' (10.28).*

4.2.5 Summary of IPA

In summary, parents appreciated the communication with schools and services regarding support for and information on their child's conditions. Parents also wished for more support from the government. Ease of access to support would perhaps decrease the demands on parents and be a protective factor to parents' mental wellbeing.

Parents have a great responsibility for their child's development, especially during the preparation for school transition. While it is vital to explore parents' lived experiences of school transition, the child's voice is equally, if not more, important. Throughout the parents' interviews, there was little mention of their children's wishes or perception toward school. Hence, the following section will provide an insight into the children's worlds.

4.3 Thematic Analysis of FGD

The FGD transcript was analysed in order to answer the research question: *How do professionals view their role in preparation for transition from EIPIC to primary school for children with cerebral palsy.* Four main overarching themes (Figure 19) emerged from the FGD data:

- Adapting to different systems

- Partnership with parents – Role of professionals

- Preparing for transition

- A barrier-free world.

Figure 19

Thematic map of FGD themes
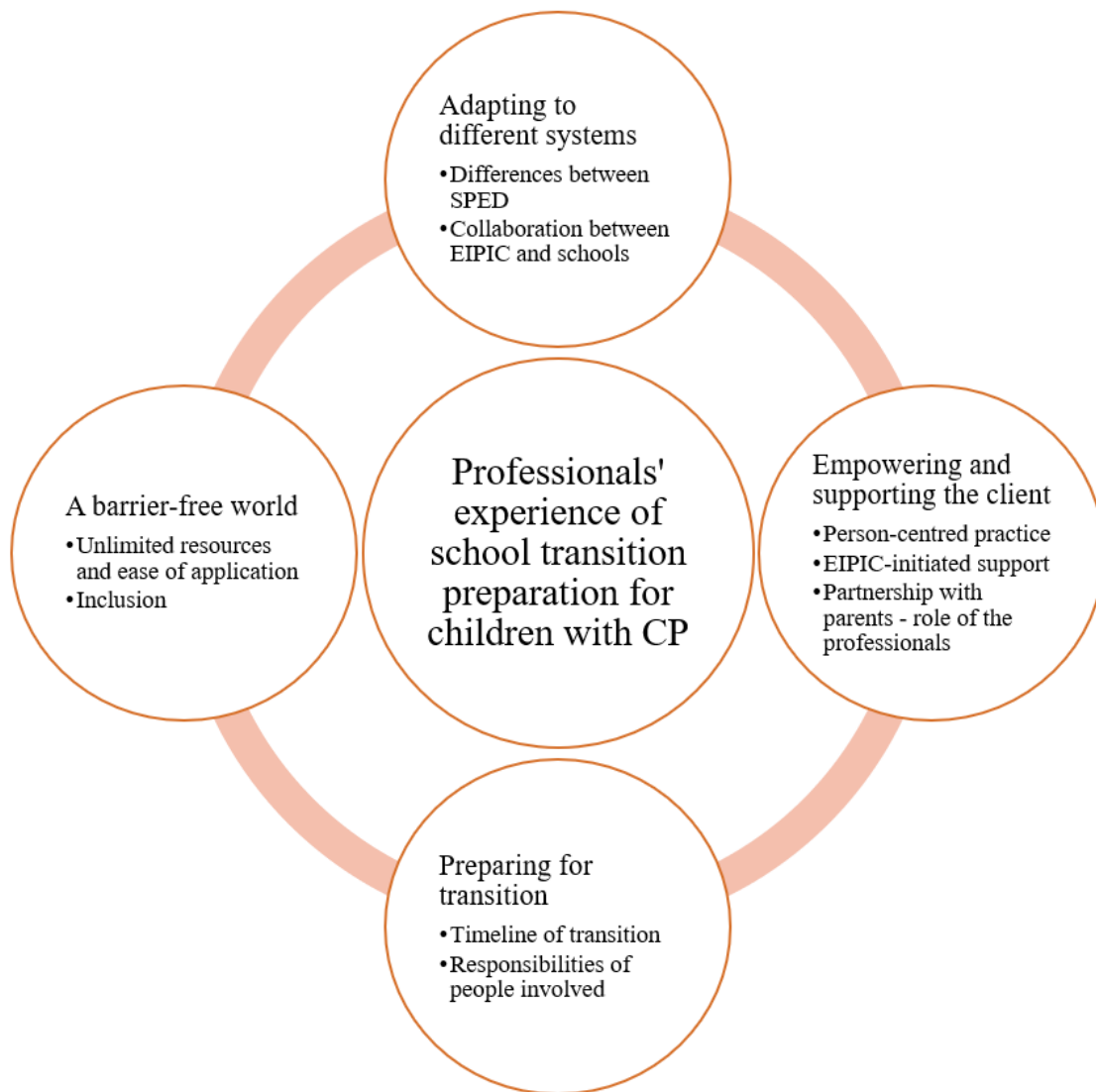
4.3.1 Overarching Theme 1: Adapting to Different Systems

The first overarching theme captured how 10 professionals working in EIPIC adapted their approaches when working with different settings. The following two subthemes were formed:

- Differences between special education and mainstream schools;

- Collaboration between EIPIC and schools.

4.3.1.1 Differences between special education and Mainstream Schools. There was a clear sense of difference in professionals' involvement in transition planning, depending on the parents' choice of school for their child. All professionals reported more structured involvement in preparing a child for the transition into a special education school, and less worrying due to the comprehensive information of the child required in the special education application form. Professional therapeutic support was also available in special education schools.

> *Finn (OT): 'I just want to add on to the OT perspective, because the*
>
> *application when it comes to us, what Rachel mentioned was that there's*
>
> *the special application form, we need to fill up the teachers' and*
>
> *therapists' perspectives.';*

> *Olivia (EIPIC Teacher): 'I will fill up the SPED application, so what our*
>
> *observation during the classroom we write it down there and what the*
>
> *plan-, or what are the methods that we are using… we just take a photo of*
>
> *all that and put inside the application form.';*

> *Logan (Physiotherapist): 'SPED school definitely I mentioned earlier,*
>
> *she has a lot of professional support, er OT, PT, everyone there. So I*

wouldn't worry so much. I just share what are the thing I've done so far,

then ask them to follow up.'.

Logan also shared about the worries that professionals had when a child was preparing for the transition into a mainstream primary school. This worry originated from the lack of therapeutic support in mainstream schools. Scarlet's (SaLT) input supported this discrepancy between support available in special education and mainstream primary schools.

Logan: 'But when go to mainstream school, I'm not sure whether they

have the professional support. That's definitely important for me so [ ]

that's the different.';

Scarlet: '[ ] we're talking about how the SPED app is quite thorough and

detailed, but erm, our worry kind of comes in when the child goes to

mainstream. Er because there isn't such a process for transitioning a

child to mainstream school if that is the parents' wishes. Erm, and also

not just about them not having the professional or the facilities er, but

sometimes, they are, like the teachers are, might not have the exposure

and experience and training. So we may have a similar document about

what's recommended but it may be very hard to implement.'

4.3.1.2 Collaboration between EIPIC and Schools. With the difference in support available in different educational settings, EIPIC professionals have to adjust how they work accordingly. The collaboration between EIPIC and special education schools came in the form of the standard special education application form. Transitioning into mainstream primary school required professionals to have more creativity in supporting the child and

parents. Professionals would like to collaborate with mainstream primary schools to support the child in transition. However, this collaboration is dependent on the school's and parent's willingness for EIPIC to be involved. Assistant Senior EIPIC Teacher Isabella used Chetan's transition as an example:

> *Isabella: 'if the primary school AED reaches out to us, then we can still collaborate in that sense, yea, to assist them to help Chetan settle more smoothly into that setting. Yea so they could actually email us, drop us a call to, to find out more about Chetan about a client la, mmm, from a previous setting.'*

> *Isabella: 'yes, so the parents and the primary school will have to agree to reach out to us.'*

Logan shared about a previous experience that he had, collaborating successfully with a mainstream primary school with the support of parents. The collaboration resulted in the child's successful transition, settling in well into school.

> *Logan: 'Then family invited us, so we went there to help the other context, how in that context er what are the measures we have if that, then we recommend the proper sitting system for him. So school has really supported him, to er purchase the equipment, they sponsor for him. Now after 2 years I meet the parents again, I say er, he's doing very well in the school now, in mainstream school.'*

4.3.2 Overarching Theme 2: Empowering and Supporting the Client

The second overarching theme related to professionals' perception of the clients and in what areas support can be provided. Clients refer to both the children and their parents. The following three subthemes were formed:

- Person-centred practice;

- EIPIC-initiated support;

- Partnership with parents – role of the professionals;

4.3.2.1 Person-centred Practice. On the topic of supporting parents and children, it was clear that the professionals involved in this study adopted a person-centred approach. The support that professionals provided and the contributing considerations revolved around the client's needs. Strategies and suggestions given to parents were not 'one-size-fits-all' but were tailored to each client. Isabella shared about taking the parents' perspectives to understand better and support them:

> *Isabella: 'I mean when you have conversations with parents, caregivers,*
>
> *or grandparents about this, then, then you kind of realise ok, where is*
>
> *their end point? 'Cause then you will see how erm, as er professionals on*
>
> *the team how we can help bridge the gap. So I mean looking at how we*
>
> *are er targeting at child's needs first right.'*

Logan, Camilla and Finn focused on understanding the developmental level and needs of the child. The child's profile of development and needs was then conveyed to parents and schools, promoting a smooth school transition.

> *Logan: 'what I think will inform the PE [Physical Education], because in*
>
> *mainstream school there are PE session… Rather child able to perform,*
>
> *what are the things he can do, what couldn't do. Some children like er, hip*

dislocation, so you may not really or not really control jumping skill [ ]

so you want to inform the person as well. So all those information I will

inform parent and ask them to liaise with the mainstream school as well.'

Camilla (OT): 'erm for OT as well, erm cos we want to know whether the

child, how the child movement [is] in that area. And also like if the child

needs a chair [ ].'

Finn: 'One of the strategies we [are] currently using, then if the child go

to SPED school, how [is] the current development of the child, does the

child have any sensory issues or the child is having motor issues like in

cp children, then er what are the activities will be benefitted if they can

continue wherever they go. So we have to make sure the strategies and

the activities [are] in the SPED application form [ ] then we can just let

the parents know.'

4.3.2.2 EIPIC-Initiated Support. Other than supporting children for their application to the next educational placement, EIPIC professionals were involved in preparing children for transition. Professionals were also involved in sourcing for external supports available to parents and informing parents about them. Rachel (Social Worker) and James (EIPIC Psychologist) shared separately about how EIPIC initiated the conversation of school transition with parents:

Rachel: 'we do initiate such conversations with parents when the child

turns 5 and a half years old. And, so that's when you even like introduce

the idea of transition to parents and get them to think about it.'

James: 'I think in addition to that, erm, the centre also prepares parents via our [Rachel: transition planning] transition planning briefing [Isabella: nods] where we get the parents erm, I think kids erm, the children who are gonna be graduating within the following year perhaps. So it gives them that also that buffer. Something like what you all have been sharing within context, it's not just er we have this conversation and then parents will immediately make the decision right.'

Grace (SaLT) and Isabella shared about the teamwork involved in supporting clients:

Grace: 'Erm when they are in EIPIC, we are also doing, working with the teachers as well as the other therapists to prepare them for SPED school or mainstream school. So the communication of social aspect that bit right, so erm because EIPIC we are in a class, so then we are working with the teachers to attend lessons, to provide the opportunities for them to learn, erm how to interact with the friends and how to erm communicate.'

Isabella: 'yes, so I think that can be done by different professionals on the team as well. Yea. [Participants collectively nods]'

4.3.2.3 Partnership with parents – Role of the professionals. Professionals felt that in the school transition of children with cerebral palsy, parents are the facilitator of their child's transition. Parents were perceived as being responsible for the application for services, choosing the school and sharing reports between educational settings. EIPIC professionals supported parents by initiating conversations with them and guiding them to resources.

Logan: 'So then again, they [parents] ask me, who is good, so I give the

Chetan parents, then finally they put up application to CIS, QQQ, then

finally [ ] so those information I can [hand gesture of giving] yea.'

Isabella: 'some of the other resources, I mean during transition-wise, like

take for instance Chetan's case, yea, from EIPIC to primary school, then

it will be for parents also erm help the school understand as a boy, yea

with cp. So erm it will be to show them some of the reports that we have.

Yea so IEP [Individual Education Plan] reports or progress reports, so

that they know ok, erm what skill level does Chetan have, you know, what

can we continue to assist him in.'

Some parents were a step ahead and initiated the conversation on transition with professionals.

Isabella: 'so I think it depends on when the parents start the

conversation with us as well.'

Furthermore, parents supported the continuation of therapy by following up with intervention at home.

Camila: 'Resources, yes. And erm last time I remember we did give

erm home instruction programme to the caregivers just to continue

like for the OT side, [Scarlet: exercise] exercise yes, that. Erm,

even though they are not attending EIPIC, at least we know that

erm parents are still continuing doing [exercise].'.

Professionals found they often have to address the common parental concern around making the right decision for their children. Parents were usually concerned with the choice of school as it is perceived to have a great impact on the child's future and is seen as a lifelong decision:

> *Rachel: 'and I think one of the concerns that parents usually have,*
> *making the choice at this age for their kids, is the pathway that they are*
> *going to, cos imagine pathway right. So, so as long as my kid doesn't get*
> *to do PSLE[7], then that becomes a stumbling block for them. So they need*
> *to even, so even though we're talking about transition, they realise that*
> *it's a lifelong decision that will impact how, even like the lifestyle in the*
> *future will be [ ]'*

Further concerns parents usually had was the cost of resources to support their children with cerebral palsy and what kind of provision was available. Professionals played a role in problem-solving with parents, giving parents information and sharing their professional experiences of how children develop and what children might need in the future.

> *Emma (EIPIC Teacher): 'I think most parents worry about the financial*
> *aspect [Camilla: yes]. Because I understand that we do have grants but*

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[7] PSLE – Primary School Leaving Examination is a national examination which assesses Primary school pupils academic knowledge acquired from their six years of primary education (MOE, 2020). The PSLE results determine whether pupils have sufficient academic foundation to access and benefit secondary education.

they actually cap at certain amount. So as a result, like after buying a certain like walker, like when the child grows up and need something else, but because they have already [Scarlet: it's a lifetime grant, mmm correct], you already use for something else, so the child is not able, the parents are not able to get that. Yea so, as a result, it affects the child's development, and [ ] parents get a bit stressed because of that, yea.'

Scarlet: '[Scarlet directed question to Emma] actually on the same topic on the grants like there is the, are you talking about the assistive tech funds? [Emma & Isabella nods] Ya, so it covers assistive devices, which will be for mobility [James & Isabella nods], communication, all that. So the use of the funds for it being life- like a, or one-time thing is quite daunting. Like you make one decision and that's the amount like deducted from your account. And, if at that point of time mobility seems to be the parent's priority, then it's very hard as a speech therapist to convince them that communication is important too.'

Rachel: 'wheelchairs generally cost up to 15k, just one, so I had a 20-year-old youth who has already depleted about 35k. So, to think that he has another 20 to 30 years of life span, but he may not have sufficient funding.'

4.3.3 Overarching Theme 3: Preparing for Transition

The third overarching theme relates to the role of professionals in preparation for the school transition of children with cerebral palsy. Professionals shared that there is a timeline to follow. The following two subthemes were formed:

- Timeline of transition

- Responsibilities of people involved

4.3.3.1 Timeline of transition. The timeline of transition was important to professionals in supporting children's school transition. Professionals used a timeline to guide them on when to speak with parents regarding transition and deciding goals for children's Individual Education Plan (IEP). Schools' closing dates for application informed the transition timeline. James and Rachel shared about when an EIPIC-initiated briefing for parents regarding transition planning usually takes place:

> *James: 'early in that year that he will gradu-, he or she will graduate, so*
>
> *that gives you maybe, 6 months before er he graduates, so that we can*
>
> *keep certain datelines for school applications, yea.'*

The transition planning briefing is followed up by parents' decision of special education or mainstream school. The choice of school leads to different processes. For special education schools, children will need to undergo a psychological assessment, which is not required for mainstream schools:

> *Rachel: 'So but it takes place from about 5 and a half years old. If let's*
>
> *say they are open to SPED school, we will do a psych assessment and all*
>
> *that the following year.'*

4.3.3.2 Responsibilities of People Involved. People involved in a child's transition take on different responsibilities. Rachel shared that the Social Worker played a central role in guiding parents on the school application process and collating the documents to be submitted to special education schools:

Rachel: 'for me as a Social Worker, it's quite significant, because usually when the kids are transitioning from EIPIC setting into either a mainstream school or SPED school, they will come to the social workers. So social workers have to go through that whole transition planning with the parents first, and kind of like guide them between the differences of the mainstream school and SPED school options. After which we will request for erm the reports to be completed by the teachers and therapists, as well as the doctors. And then the psychological report. We collate all of these together and send to the respective schools, that either the Psychologist recommended or parents have opted for. So that's only in the event of them choosing a SPED school.

Psychologists were involved in the psycho-educational assessment of children. The assessment was part of the special education school application form and would inform special education school professionals of the child's profile. Other than assessments, EIPIC Psychologists also played a role in contributing to the child's IEP and advising on the appropriate time for assessment.

James: 'erm, I think, I mean as early as possible, so that we give ample time for the process to take place because there is an assessment that needs to be done, psychological assessment, the process required as part of the SPED school application form. But we also want the child to have sufficient exposure say in an EIPIC centre, so that the child has erm, we're all going through the, the individualised education plan to allow for development say of functional skills. So that when we get to look at

where the child really is at, erm we can see ok potentially he can do this,

and in the future, maybe just projecting in a couple of months time, what

sort of skills he can potentially do as well, can then be captured by that er

psychological assessment.'

Although Social Workers worked closely with parents in transition planning, EIPIC teachers had the most contact with parents and children, thus playing a frontline role. Parents would ask teachers for recommendations of school and feedback regarding their children's abilities. Isabella shared that teachers might be the first to know about parents' transition plans at times:

Isabella: 'so I think it depends on when the parents start the conversation

with us as well. I think especially for teachers, because parents do come

up to us and then they, they say 'hmm, what do you think? Do you think

erm my child erm is more suitable for SPED setting or mainstream

primary school setting?'. So sometimes I mean even before they turn 5,

the parents may ask us already.'

As for therapists, they contributed with their specialist knowledge to inform parents' decisions. Therapists also provided the documentary evidence, such as reports, required to obtain provision.

Finn: 'Any adaptive devices which they needed because sometimes the

mainstream school they need documentary work, then [ ] for children

with cerebral palsy, we recommend some of the adaptive devices.'

Camilla: 'I think based on what the child needs right, like for us OT, if

the child needs a chair, then we can recommend chair, for OTs and PTs.'

Scarlet: 'I think not just for children with cp, but children with cp do have

erm, sometimes do have alternative communication needs like, Adrian

and Tommy. [ ] at this moment, I guess when they are here in EIPIC, what

we aim to do is to find the communication system that meets their needs.'

4.3.4 Overarching Theme 4: A Barrier-Free World

The final overarching theme explored the ideal world. Professionals were asked what kind of support or resources they would like to provide parents in a perfect world. Two subthemes were formed:

- Unlimited resources and ease of application

- Inclusion

4.3.4.1 Unlimited Resources and Ease of Application. The main sentiment that arose was the idea of providing everything the child needs for development. Scarlet gave a short and succinct response of '*unlimited resources*'. The *unlimited resources* seemed to be referring to monetary funding. Rachel continued to share about the current funding available to parents of children with SEN:

Rachel: 'there's a lifetime cheque… of er 40k, for ATF [Assistive

Technology Fund]'.

Emma also shared a similar wish with Scarlet, hoping for financial assistance to be readily and easily accessible:

Emma: 'So hopefully in the future like financial assistance is easily,

readily available, and it's easier for parents to apply for grants without

having to go through so much processes. [Isabella and Camilla nods].'

4.3.4.2 Inclusion. Rachel shared about the Universal Design for Learning (UDL) and how the society is designed to serve the majority. She hoped society would consider people with different needs in the design of our environment:

Rachel: 'and I think also when we talk about cp there's two things that's

running in my head, so one is UDL, like, I think there should be [ ]

universal design. So when we come to look at people with disabilities, we

should be looking at universal design… So we need to start thinking

about it, whether it's technology, whether it's sitting arrangement,

whether it's the setting itself, how can we accommodate for our kids with

disabilities, to, be included in a mainstream school setting. Because if

let's say they are cognitively they are not affected, why are we depriving

them, from their basic right of education, just because of a physical

disability?'

The current environment is restrictive for children with physical disabilities. Children are deprived of education due to the inaccessibility of the environment. Making physical changes to the environment could enhance the inclusivity of the society and provide more opportunities to all children.

4.3.5 Summary of FGD

In summary, four themes were generated from the FGD. Professionals working in EIPIC shared about adapting to different systems in different educational placements. They

also shared about work involved in the preparation for transition and empowering and supporting clients. In an ideal world, professionals wished for a barrier-free society, where children had access to their right to education, and parents were supported in providing their children basic necessities.

4.4 Summary of Main Findings – Connecting the Experiences

The findings from the three different data sets give an insight into the preparation of transition for children with cerebral palsy, from an EIPIC centre to a national primary school in Singapore. Connections were found between the overarching themes that emerged from parent interviews and professionals' FGD. The overarching themes were grouped into master themes (MT) based on the connections found (Figure 20).

Figure 20

Master thematic map of findings
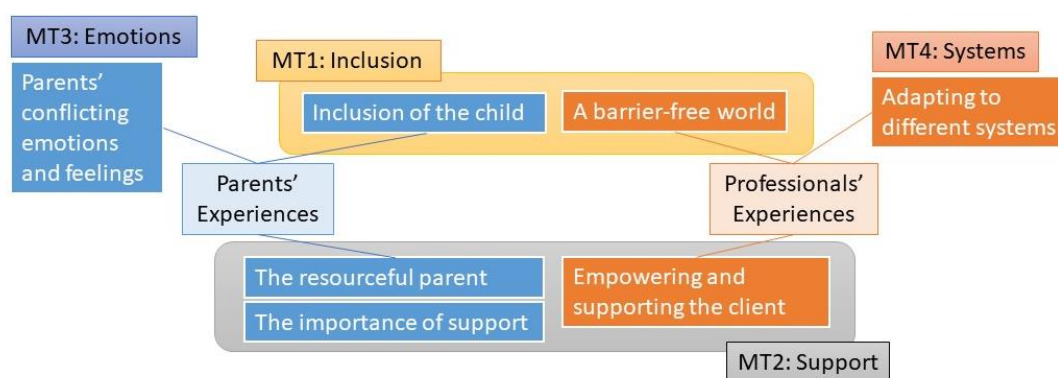
4.4.1 Master Theme 1: Inclusion

One of the main interests of children was social interaction. They enjoyed interacting with the researcher and expressed that friends were important to them. Parents

and professionals had similar views toward inclusion and would like a more accepting society. All but one parent had negative experiences with mainstream preschools as they experienced the exclusion of their child. These negative experiences contributed to parents' concerns regarding the inclusion of their child within mainstream primary schools. Some parents were also concerned regarding their child's adaptability to a new environment.

4.4.2 Master Theme 2: Support

Professionals played an essential role in supporting parents and bridging the gap between EIPIC and primary school. Similar to parents' views, professionals were concerned about the support mainstream primary schools had to offer children with cerebral palsy. Furthermore, parents had to manage competing demands and set aside time to gather resources from different platforms regarding support for their children with cerebral palsy. Professionals played a complementary role in supporting parents and children in preparation for transition. In contrast, children did not seem to be concerned with the support available, or were unable to express their concern (if they had any in that area). The findings illustrated the similarities between parents' and professionals' experiences and their differences with children's perspectives.

4.4.3 Master Theme 3: Emotions

Parents experienced a wide range of emotions in relation to the preparation for their child's transition. They were worried about the inclusion of their child. Parents also experienced a sense of uncertainty towards transition – they were unsure of what to expect and what support was available. Although they were uncertain of available support, parents were appreciative of the support that they had so far. Staying positive helped parents push through and continue supporting their children.

Some emotions that Chetan and Tommy expressed, with the aid of picture cards, were happy, angry, and scared. As not all children in the study were able to express the emotions they felt, there was limited data available. This lack of data illustrates the difficulties in exploring the emotions of young children with cerebral palsy, and alerts us to gaps in research.

4.4.4 Master Theme 4: Systems

Professionals noted the differences between mainstream primary schools and special education schools. As both are under different branches within the education system, mainstream primary schools and special education schools operate very differently. They also have different support available. As a result, professionals have to adapt their approaches depending on the school. In contrast, most parents did not express concerns regarding the different systems.

5 Discussion

The current research aimed to explore experiences regarding the preparation for transition from EIPIC to primary school in Singapore. The research focus was on children with cerebral palsy, exploring their voices and the experiences of their parents and supporting professionals in EIPIC. This discussion section will consider how the findings from this research contribute to the current literature on transition to compulsory education for children with cerebral palsy and inform the three research questions. An integrated discussion of the findings from the three different data sets will be guided by the research questions and the emergent master themes:

RQ 1: How do parents of 5- to 6-year-old children with cerebral palsy experience the preparation for transition from EIPIC to primary school?

RQ 2: How do professionals view their role in the preparation for transition from EIPIC to primary school for children with cerebral palsy?

5.1 Summary of main findings and links to previous research

5.1.1 Children's Characteristics and Perceptions of School

Two key perceptions of children with cerebral palsy emerged in their experiences of school. First, there were concerns of inclusion by their peers and difficulties with communication and language. Second, children with cerebral palsy were mostly interested in play.

5.1.1.1 Inclusion. Friends and social interaction were important to children in this study. Social interaction made children happy, specifically motivating one child to attend school. Perhaps interacting with peers made children feel included. These findings were similar to Yeo and Clarke's (2005) study of P1 children who have just started school in Singapore. The majority of children (91%) in the study liked their preschool with friends as

one of the most frequently cited reasons. Similarly, Oates et al. (2009) reported that 5- to 18-year-old children with SEN in Australia placed great emphasis on friendship. This is in agreement with Chetan's expression of his enjoyment with friends, in the current study. Consistent with previous research, Ebbeck et al. (2012) found that in Singapore, P1 children's favourite time in school was playing with friends during PE or outdoor time. The children's responses illustrated the importance friends and social interaction played in their school lives.

Most children in this study had difficulties in communicating and understanding language due to their young age and accompanying conditions as a result of cerebral palsy. The children also had difficulties with abstract concepts such as school transition. These difficulties resulted in challenges in eliciting children's views that were reliable and representative of them. The challenges were similar to Whitehurst's (2006) inclusive study interviewing young people with profound and complex learning needs in the U.K. Whitehurst (2006) faced difficulties with eliciting responses from students when the concepts were too abstract to relate to their own experiences. Although it can be challenging to obtain views of children with SEN, especially those with more profound and complex needs, their voices are essential to informing professional practice and inclusion (Whitehurst, 2006).

5.1.1.2 Play. It was evident that children in the current study enjoyed playing. They were eager to engage in different types of play during the interactive sessions, and one child spoke about liking to play. Similarly, Ebbeck et al. (2012) reported that children's main focus was on play when asked about the differences between preschool and primary school, and what made school fun. Children enjoyed playing and suggested various ways of making school fun, such as by incorporating play into lessons (Ebbeck, 2012).

Previous research in the U.K. has indicated that 5- to 9-year-old children wanted to talk about play and friendships (Adderley, et al., 2015) when asked about inclusion in primary school. Children's preference to talk about play and friendships suggested that their interest in school may not be events within the classroom, highlighting the importance of participatory methods in allowing children to lead discussions for their authentic voices to emerge. This was part of the challenge in the current study, emphasising the value of the Mosaic approach, where children are allowed to express their voices through different means.

5.1.2 Parents' Experience (RQ1)

Parents perceived the phenomenon of school transition as an inevitable step in their and their children's lives. Three key experiences of parents emerged in preparing for their child's transition to primary school. First, there were concerns of their child's inclusion within the mainstream preschool and primary school. Second, parents were concerned with the support available for transition. Finally, parents experienced conflicting emotions and feelings in the preparation for transition.

5.1.2.1 MT1: Inclusion. Parents in this study shared their desire for the inclusion of their children within society as they often faced exclusion of their child from mainstream preschools. Inclusion was especially crucial for parents when considering their child's school transition. What was helpful for parents in the preparation of transition was society's equal treatment towards their child with SEN, treating their child just like any other. Instead, society's focus on labelling children with SEN could have contributed to the sense of segregation of children with cerebral palsy. Indeed, if parents had a better understanding of their child's condition and diagnosis, they could be an advocate for their child,

championing inclusion. Parents also had internal conflicts within their perception of normality; viewing their child as normal while acknowledging that their child had SEN.

Findings of the current research corroborate with the study by Wong et al. (2015) on parental perspectives on inclusive education of mainstream secondary schools in Singapore. Although the 2015 study was conducted with an age group older than the current research, the context was set in Singapore mainstream schools. Wong et al. (2015) found that parents who had considerable knowledge of their child's SEN were more able to push for their child's inclusion. In contrast, parents who had a limited understanding of their child's special educational needs relied on the school for decisions of support for their child. Schools with less inclusive practices would significantly impact children's experience of education within the school. This is in line with Anya's perspectives in the current research where she relied on EIPIC to inform her decisions. Furthermore, parents who emphasized their child's normality and made mild references to their disability viewed inclusion as an opportunity to enhance their child's learning potential (Wong et al., 2015).

In line with findings reported by Lipponen et al. (2019), children with SEN in that study were rejected by preschools due to a lack of professional expertise or support in the mainstream classroom. Preschool teachers may not have the knowledge to offer differentiated support for children with SEN (Lipponen, et al., 2019). These findings by Lipponen et al. (2019) further highlight the need for training for preschool teachers to facilitate inclusive practices.

5.1.2.2 MT2: Support. Communication with professionals and the availability of support were important to parents in this study, supporting the importance of mesosytem links in school transition (Bronfenbrenner, 1979). Parents shared that through communicating with professionals, parents discovered the different resources that were

available to them, and gained access to a variety of support. Communicating with professionals in EIPIC also allowed parents to understand their child's profile of strengths and needs better, and empowered parents to continue intervention at home. While parents found communication crucial, support was not always available. Support such as funding, information, and transition support were often found to be lacking. This lack of support was likely due to poor communication between professionals and parents. As a result, parents had little choice but to be resourceful and conduct self-directed information search when their demanding schedule permits.

The current study's findings reflect previous research which suggested that for children with disabilities, the partnership between home and school was a crucial factor in determining the experience of school transition (Schischka et al., 2012). Fontil et al. (2019) that collaboration was often described as crucial to successful school transitions. The collaboration described included school visit by parent and children before the transition, transition workshops, exchange of information across stakeholders, and regular parent contact by the school (Fontil et al., 2019). Fundamentally, the forms of collaboration described highlighted communication between two parties. Parents in Canada reported similar concerns with the lack of information sharing by the school with parents (Siddiqua & Janus, 2017). In the context of Singapore, Chong et al. (2012) reported that parents with children in EIPIC appreciated if the programme provided more systemic support in the form of preparatory programmes for parents to facilitate the transition or inclusion of their children in mainstream preschools.

Furthermore, parents in the current study expressed difficulties with managing competing demands for their time. Consistent with previous research, Clarke and Sharpe (2003) found that Singapore parents in full-time employment were concerned about their

ability to support their children due to a lack of time. To support their children, several parents expressed a desire for school teachers to collaborate with parents (Clarke & Sharpe, 2003).

5.1.2.3 MT3: Emotions. Overall, parents in this study experienced a mixture of emotions with the preparation for their child's transition, ranging from worries, uncertainty, and self-blame, to feeling optimistic and thankful. In line with previous research on parents' experiences of their child's transition from K2 to P1 in Singapore, parents voiced concerns and uncertainty in their preparation (Choy & Karuppiah, 2016). Although the study by Choy and Karuppiah (2016) recruited participants from mainstream preschools and did not mention children with SEN, it gave a glimpse of the possible feelings parents could experience while preparing for transition. The current research was also consistent with reports by Dockett et al. (2011) that starting school resulted in parents experiencing major changes in their roles, which was stressful. Feelings of being judged as parents made it challenging, and not accessing appropriate support caused parents to feel emotionally drained (Dockett et al., 2011). Parents' experiences of inclusion and support thus affected their emotions. Therefore, for a successful transition experience for parents, the ease of access to multi-faceted support, such as emotional support and inclusion of children, is crucial.

5.1.3 Professionals' Views (RQ2)

Three key experiences of professionals emerged in supporting children with cerebral palsy and their parents in preparation for transition to primary school. First, there were concerns of the child's inclusion within society. Second, professionals shared about the support they provided parents, in terms of empowering them. Finally, professionals

were concerned with the different systems that exist within mainstream and special education schools.

5.1.3.1 MT1: Inclusion. Professionals in the current study saw inclusion as a barrier-free world. Having unlimited resources to support children with SEN and making it easy to access these resources would remove barriers to inclusion. Designing an environment that includes the minority also enhances inclusion within the broader society. There was no mention of concerns of inclusion within the EIPIC setting, perhaps because EIPIC is catered to children with SEN and has specialised support from professionals. Conversely, Lien Foundation (2018) reported that only 11% of EIPIC professionals surveyed agreed that 'Singapore is an inclusive society'. The views of EIPIC professionals were in contrast to 28% of parents of children with SEN (Lien Foundation, 2016b) and 30% of the general public (Lien Foundation, 2016a) surveyed in a previous study.

Previous research by Weng et al. (2015) indicated that in general, special education teachers who had experience teaching in a mainstream school had positive attitudes towards inclusion in mainstream classrooms in Singapore. Although the special education teachers were willing to adapt their curriculum to cater to children with SEN, they were uncomfortable with having children with SEN in the mainstream classroom (Weng et al., 2015). The special education teachers' feelings towards the inclusion of children with SEN in mainstream classrooms indicate the need to reframe professionals' thoughts towards inclusion. A possible reason for teachers' discomfort could be a lack of comprehensive training to prepare them in catering to the children's needs. In Singapore, teacher training to become a special education teacher or AED (equivalent to a Special Educational Needs Coordinator [SENCo] in the U.K.) is provided by a one-year diploma with no prerequisite of a postgraduate diploma in education (Walker & Musti-Rao, 2016). Perhaps to help

teachers feel more comfortable and confident in having children with SEN in the mainstream classroom, better teacher support is required.

5.1.3.2 MT2: Support. Professionals within the EIPIC setting spoke about the transition support they provided parents. There were various initiatives from professionals, including a structured transition planning briefing for parents and plans to more frequently speak with parents to plan transitions and address their concerns. However, EIPIC professionals expressed a lack of collaboration with mainstream primary schools. Similar to the current research, Choy and Karuppiah (2016) reported that primary school teachers in Singapore expressed a preference for preschool teachers to support parents in preparation for school transition. Almost half of the primary school teachers in the study Choy and Karuppiah (2016) requested for portfolios of children to be prepared by preschool teachers. Primary school teachers in the 2016 study did not seem to be willing to extend support for children transitioning into their classes – support that was successful transition practices recommended in the literature (Margetts, 2014; Petriwskyj, 2014). This reluctance of primary school teachers in extending transitional support could be due to time constraints resulting from demands of the school syllabus (Tam et al., 2006). Furthermore, Lien Foundation (2018) reported that the barriers to inclusive education in Singapore could be due to mainstream school teachers having insufficient resources and a lack of training to support children with SEN. It is thus crucial to be creative in searching for ways to enhance support from mainstream school teachers with limited resources and without increasing existing workloads.

5.1.3.3 MT4: Systems. Professionals in this study shared the differences in approach to supporting children transitioning to special education and mainstream schools. The differences in approach seemed to be a result of the fact that Singapore operates on a

dual-education system whereby students with and without SEN are viewed to belong to separate education systems – special education and mainstream schools respectively (Lim & Thaver, 2019). The differences in support available for special education and mainstream schools are evident in their separateness. Typically, each mainstream school employs one to two AEDs to provide intervention support for students with SEN (MOE, 2020). In contrast, teachers in special education schools are trained in special needs and are supported by a multidisciplinary team of therapists and psychologists (Lipponen et al., 2019).

In a survey of EIPIC professionals by Lien Foundation (2018), there was a strong call for a single system to oversee the early intervention sector with more than half indicating a preference for MOE to be in command. Furthermore, Lipponen et al. (2019) reported parents facing a dilemma in choosing between special education and mainstream school for their children with SEN. This dilemma is exacerbated by parents' worry about the lack of intervention services in mainstream primary schools (Lipponen et al., 2019). This illustrates the influences the macrosystem has on the transition process and support available for children.

5.2 Research Findings in Relation to Inclusive Special Education Theory

Inclusion was the main theme generated from all three groups of data, evidencing that participants viewed inclusion as an important part of the preparation for transition to primary school. Two children participants who gave their views of EIPIC and mainstream preschool found that both of them enjoyed being in EIPIC over preschool, preferring a specialist setting over a mainstream setting. One child, Chetan, shared that he had friends in EIPIC, while he felt that he would be alone when he went to primary school in the future. This finding is consistent with the view of inclusive special education that children with more severe SEN are more comfortable with peers who have the same abilities and

disabilities as themselves (Hornby, 2015). Children in the current study cared about having friends and social interaction with others. However, the children's preference for a specialist setting may be due to the experience of a lack of inclusive practices in mainstream preschools, resulting in their negative feelings towards mainstream schools.

Professionals from EIPIC shared that collaboration between EIPIC and primary school is essential in supporting a successful transition. Such a collaboration exists between EIPIC and special education schools as the special education application form and mutual understanding of provisions available. However, it was evident from both the professionals' and parents' accounts that communication between EIPIC and mainstream schools is lacking. Researchers have emphasised the need to establish links between mainstream and special education schools (Coates et al., 2020; Connor 2016), and this need has also been supported by the theory of inclusive special education (Hornby, 2015).

5.3 Research Findings in Relation to Vertical, Eco-Systemic Transition

Research findings show that the Eco-systemic Model presented a conceptual framework of how a nested system represents the transition to primary school. In Merryland EIPIC, it was apparent that the preparation for transition to primary school involved interactions between the different systems. Parents and school are within the child's microsystem, while the interaction between parents and school is represented by the mesosystem.

5.3.1 Individual

The Master Themes of *emotions* and *play* supported the understanding of parents and children at an individual level. Parents had conflicting emotions and feelings while supporting the transition of their children with cerebral palsy. These feelings were neither acknowledged nor addressed throughout the preparation for transition. Children were more

concerned with play than preparing for the transition to a primary school. The findings of this research indicate that more needs to be done in supporting parents and understanding children in preparation for transition to primary school.

5.3.2 Microsystem

The fourth Master Theme of *systems* highlighted the differences between different contexts and the need for both children and parents to adapt to these different systems in the process of transition. The differences in support from the EIPIC, mainstream preschool, mainstream primary school, and special education school affected the quality of experiences for children with cerebral palsy and parents. These differences were influenced by Singapore's educational policies and were acknowledged by parents in this study, hoping for better support from the government.

5.3.3 Mesosystem

Experiences of parents and professionals conveyed the importance of the interaction between adults in their children's lives in supporting the preparation of transition from EIPIC to primary school. The second Master Theme of *support* illustrated how parents and professionals worked together. The quality of the relationship between the professionals and parents affected how parents perceived the support they received from the professionals. Parents generally had a good experience of the support they received from EIPIC professionals. The professionals also shared their practice which involved being mindful of parents' and children's needs, and using creative ways to empower parents. However, three out of four parents in the current study had negative experiences of their interaction with mainstream primary and preschools. The negative experiences were attributed to a lack of communication between parents and staff of the mainstream educational settings.

5.3.4 Exosystem

While not an emergent Master Theme, it was evident that the preparation for transition was influenced by the exosystem. All parents in the current study spoke about receiving services from the hospital (part of the exosystem), such as consultation, therapy, assessment, and diagnosis. The interaction between parents and the hospital informed parents of their child's condition and contributed to parents' decision-making process in school selection. Parents searched for information based on the diagnosis of their child, as conveyed by the hospital doctors.

Furthermore, technological advances have enabled easy access to information using the internet. Three out of four parents in the current study spoke about using the internet to search for resources and support in their search for primary schools. Hence the internet has inevitably become part of the child's exosystem, where the child does not directly interact with the internet, yet is indirectly affected by their parents' interaction with it.

5.3.5 Macrosystem

Other than illustrating the importance of interaction between parents and professionals, the second Master Theme of *support* also highlighted the effect that government policies and the overarching culture values in Singapore have on children with cerebral palsy. Government policies guide the resources and support available for children with cerebral palsy. Although mainstream primary schools have some flexibility to the type and amount of support available for children with cerebral palsy, they are funded by the MOE and follow national education policies. Similarly, special education schools, although not fully funded by the MOE, are influenced by Singapore's approach to inclusion, which as described in Chapter 1 places importance on the collective over the individual (Lim et al., 2019).

5.4 Inclusive Special Education Theory and Vertical Eco-Systemic Transition

The theory of inclusive special education was applied within the vertical eco-systemic transition to explore the lived experiences of children with cerebral palsy, their parents, and professionals, in preparation for transition from EIPIC to primary school. Inclusive special education offered a perspective to inclusion different from the rights-based approach commonly used by Western countries (Hornby, 2015). The theory acknowledged the range of educational settings required to best support the educational needs and learning styles of different children. This view of inclusive educational settings on a continuum is supported by the current research findings where children with cerebral palsy were going to different types of schools. Additionally, parents in the current study agreed and acknowledged the suitability of different school choices for children with different needs. However, parents and professionals alike do find that mainstream schools should engage in more inclusive practices to include children with cerebral palsy within the mainstream setting.

The findings of the present study indicate that more inclusive practices can be used within the nested environments of the Eco-systemic Model. Communication between school and parents regarding their children's transition can be enhanced; thus, leading to more transparency and accessibility. Inclusive practices can also be used to develop more personalised support for parents in preparing for their children's transition. For a solution to these issues of communication and support, these issues need to be addressed at the national level, where more explicit frameworks for inclusive practices can be developed.

6 Implications and Conclusion

6.1 Strengths of Study

This study used a combination of approaches – IPA, adapted Mosaic approach, and FGD to shed light on the experiences of preparing for transition to primary school for children with cerebral palsy, their parents, and EIPIC professionals. Existing literature exploring these experiences is extremely limited. The use of participatory methods, and adaptation of the Mosaic approach, to gather children's voices was a strength of this study. Providing inclusive tools such as picture cards, dolls, and drawing material encouraged communicative exchange to take place between the children and the researcher, thus enhancing the researcher's understanding of the children's expressions. Furthermore, the adapted tools allowed children in the study to have fun and experience a sense of control over what they wanted to talk about or do.

Another strength of this study was the use of a multi-informant approach to examine the experiences of preparation for transition. Information from children, parents, and professionals allowed the examination of data at different systemic levels, providing triangulation of data. Information from different systems allowed for a deeper understanding of the preparation for transition from EIPIC to national primary schools, as experienced by children with cerebral palsy, their parents, and EIPIC professionals.

6.2 Limitations of Study

The study's small purposive sample of participants was recruited from one EIPIC Centre out of a total of 17 in the country that catered to children with cerebral palsy. The findings from this research do not claim to represent all children with cerebral palsy, parents, and professionals in Singapore. Instead, this is an exploratory study aimed at

understanding the lived experiences of the target participants. Hence, the generalisability of results should be approached with caution.

A further limitation is the lack of post-transition data. Due to the low number of children diagnosed with cerebral palsy, most of the children in this study were not due to transition into a national primary school within the next year. Post-transition data was not obtained from the sole participant who was of age to enter primary school in 2020 due to the social distancing measures in place to prevent the community spread of COVID-19. The lack of post-transition data eliminated the opportunity of gaining insight into participants' reflection of the actual transition process. Although this study is exploratory in nature, there are certain implications and thought-provoking findings.

6.3 Implications

6.3.1 Implications for Educational Psychologists

This research has crucial implications for Educational Psychologists as it identifies the need for more support for children with cerebral palsy and their parents in preparation for transition from EIPIC to primary school. It highlights a crucial issue with parents' experiences of the lack of support received from mainstream preschools and primary schools. There is also a lack of communication between EIPIC and mainstream primary schools. There are opportunities for Educational Psychologists to support the preparation for the transition to primary school, drawing on the inclusive special education theory and vertical eco-systemic transition model.

At the individual level, this research has indicated that Educational Psychologists could play a role in using evidence-informed approaches to include the child's voice within the preparation for transition to primary school. The Eco-systemic Model (Bronfenbrenner, 1979) depicts the importance of the child's role in their own development, placing them at

the centre of the nested systems. As Educational Psychologists are essential in the psycho-educational assessment of children with SEN to determine the most suitable educational support for children, Educational Psychologists are in a unique position to elicit and advocate for the voices of children with cerebral palsy. It was evident from the current research that their voices were often unheard. Tools can be developed to enhance adults' understanding of children's perspectives, especially children with cerebral palsy or profound and complex needs. As play was an emergent theme from children's experiences in the current research, Educational Psychologists can further explore how *play* can be used to elicit the voices of children with cerebral palsy. Indeed, listening to children's voices is a key role of Educational Psychologists as outlined in the SEN Code of Practice (DfE, 2015).

At the family level within the microsystem, since parents' views are thought to be rarely heard in literature (Worcester et al., 2008), Educational Psychologists can play a role in seeking the views of parents, in a similar way to Educational Psychologists' role in eliciting the child's voice. Furthermore, Educational Psychologists can explore ways to help parents understand the implications of their child's conditions to their education – how cerebral palsy may affect children's learning and what can be in place to support their learning in different contexts. Having consultations with parents' regarding the considerations in choosing schools and what inclusion could look like, would also help frame parents' thought processes and highlight what might be important to them and their children. In addressing the Master Theme of *emotions* that emerged from the current research, Educational Psychologists can support parents' emotional and mental health needs by acknowledging and supporting the presence of such needs and signposting parents to the appropriate services.

At the school level in the microsystem, Educational Psychologists can use research to promote evidence-based good-practices and inclusion within both preschools and primary schools. Support for educational settings can be in the form of in-service training or workshops for school staff. Additionally, Educational Psychologists are well-placed to facilitate discussions within the school to identify areas of support required by school staff to engage in good practices, which facilitates the vertical transition between EIPIC to primary school, and inclusion within mainstream schools. To overcome the difficulties of schools' lack of support for children, parents, and staff, Educational Psychologists can employ the consultation model to work with school staff in generating solutions (Wagner, 2017).

Within the mesosystem, Educational Psychologists are skilled in leading multi-agency discussions. Communication between home and school can be facilitated by Educational Psychologists, with an emphasis on supporting the child's transition. The importance of communication links back to the second Master Theme of *support*, whereby parents discovered different resources available from talking to professionals. This communication could be further enhanced and promoted by Educational Psychologists to ensure parents' accessibility to such interactions.

At the systems level in the exosystem, Educational Psychologists could reach out to the medical teams who are involved in diagnosing children with cerebral palsy, and discuss ways to better support parents such that they have a better understanding of their children's diagnoses. Educational Psychologists can engage in further research into the Educational Psychologist's role in supporting the transition to primary school for children with cerebral palsy. Further research by Educational Psychologists will generate awareness from the

Educational Psychologist's point of view. The research can also be used to inform policies within the macrosystem at the national level.

6.3.2 Implications for Professionals in education and intervention

The findings from this exploratory study alluded to a lack of formal collaboration between EIPIC and mainstream schools. Perhaps EIPIC professionals could consider different ways of engaging mainstream schools and advocating for the inclusion of children with cerebral palsy within mainstream schools. This study also highlights the need for mainstream school teachers to be aware of children with cerebral palsy and consider ways to support these children's preparation for school transition and inclusion within the school. Creative methods that would not add on to teachers' existing workload would be essential to increase the likelihood of teachers' engagement in these methods.

6.3.3 Implications for Research

As there is a gap in research focusing on the voices of children with cerebral palsy and their lived experiences of school transition at the point of the current study, further research is required in this area. The present research raises questions about the involvement of children with cerebral palsy in their school transition, availability and accessibility of support for their parents, and collaboration between home, EIPIC, preschool, and primary school. The following areas would benefit from further investigation:

- How can children with cerebral palsy be included in the planning for their transition to a national primary school?
- How are parents supported emotionally for their child's school transition? How can emotional support be provided for parents considering the competing demands of their time?

- How can parents be better supported for their child's school transition? How can the various support for parents be made more accessible?

- How can a multi-agency collaboration for the school transition of children with cerebral palsy be facilitated?

- How do children with cerebral palsy and their parents experience the process of transition? What are their reflections post-transition?

6.3.4 Implications for Policymakers

This research highlighted the importance of transitional support for everyone involved in the preparation of transition – children, parents, mainstream school teachers, and even EIPIC professionals. There is a lack of standardisation in transition support for children with cerebral palsy going to mainstream and special education schools. The special education application form to special education schools was reported to provide a comprehensive profile of the child's strengths and needs, but this is missing for mainstream schools. To enhance the inclusion of children with SEN in mainstream schools, a transition plan that allows the school to understand and support the child's needs better should be in place.

A further point to note is the availability of training for mainstream school teachers and resources to support the transition and inclusion of children with cerebral palsy. The level of staff training for supporting children with cerebral palsy is different between mainstream and special education schools. There seem to be a lack of training and resources for mainstream school teachers to support children with cerebral palsy within the mainstream classroom (Lien Foundation, 2018). This is reflected by parents' and EIPIC professionals' doubts on the support available in mainstream schools for their children with

cerebral palsy in the current study. The following areas would benefit from review by policymakers:

- How is funding currently used to support the school transition and inclusion of children with cerebral palsy?

- Is there a framework to guide the transition to national primary schools for children with cerebral palsy?

6.4 Researcher's Reflections

This thesis has enabled me to explore an area that I have always been passionate about – school transition for children with cerebral palsy. It gave me greater insights into the experiences of transition from EIPIC into national primary schools. As I previously worked in EIPIC and have my own experiences of transition, the current research gave me the opportunity to explore and understand others' experiences. Through my interaction with the various children, parents, and professionals, I have found experiences both similar and different from mine. This research has been about learning from the resilience of children with cerebral palsy, the resourcefulness of parents, and in what areas I can support them as an Educational Psychologist. I have learned to be creative and resourceful in ways of engaging children with cerebral palsy and yet be mindful to 'listen' to them. These tools in engaging children with cerebral palsy can be used with other children with different SEN as well. Additionally, parents' roles are especially important when vulnerable children are involved as parents spend a large amount of time and energy in supporting their children. A learning point for me was to be more mindful of parents' emotional needs and to be more explicit in acknowledging and normalising the different feelings that parents experience. The sharing from professionals was also a point of learning as I was given a chance to understand school transition from their perspectives and the different roles they play in

supporting children with cerebral palsy. This understanding allows me to better draw on the expertise of different professionals, and to enhance my facilitating of multi-agency meetings further.

6.5 Conclusion

The present study aimed to close the current gap in the literature on exploring the lived experiences of parents and their children with cerebral palsy in preparing for the transition from EIPIC to primary school. In addition, the views of EIPIC professionals were explored. The inclusion of parents, children, and professionals in this study enabled triangulation of data, providing a multi-faceted overview of experiences in preparation for school transition. Most of the themes that emerged from this study were supported by previous research. In general, children with cerebral palsy focused on play and social interaction while having difficulties with communicating their views and needs. Parents of children with cerebral palsy experienced a wide range of emotions during the preparation for school transition due to managing competing demands while seeking for transition resources. Professionals in EIPIC had different roles in supporting children with cerebral palsy for school transition and used different approaches when working with special education schools and mainstream primary schools. This study provides a starting point for future research in the area of early intervention to primary school transition for children with cerebral palsy and participatory research methods in Singapore. The findings from the present study are particularly useful to professionals in supporting the preparation for school transition of children with cerebral palsy and their parents.

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Appendix A

Interview Schedule (Parents)

Setting

A private room that is safe and comfortable with chairs/sofa and table. Some light refreshments available: tea/coffee/water, biscuits. Some writing materials – paper, pens, pencils, and markers.

Opening

Establish Rapport

Good morning/afternoon Mr/Ms/Mdm_____ (name). Thank you for making some time to let me interview you. I am Pearl, a trainee Educational Psychologist.

Purpose

As I mentioned over the phone, this interview is for my research project looking at the process and experiences of educational transition of children with cerebral palsy. I would like to ask you some questions about some experiences that you have with your child's transition. I will be taking a voice recording of this interview to help in transcribing. The voice recording will help to ensure that the information collected today is true to what you are saying, to ensure accuracy. The recording will only be for my use and will be shared only with my UCL supervisors.

Motivation

I hope to use this information to contribute to developing a transition programme so as to benefit children and families like yours in Singapore.

Timeline

The interview should take about an hour.

Administrative

Your identity will not be disclosed to anyone outside the research team. Anything written and published relating to this study will be anonymised. A summary of key

findings of this study will be shared with you after the completion of this study. The research data will be stored in an encrypted laptop and backed up on an encrypted portable hard disk.

Do you have any questions?

If you are happy to participate, please sign this consent form. Thank you.

Warm-up

Can you tell me about **XX** (child's name)? What does s/he enjoy? What are her/his interests? What is s/he really good at? What are her/his strengths?

Body

A. Information on education so far (use writing materials to draw a timeline)

    a. What was the first school **XX** attended? How did you come to choose **XX's** first school/nursery?

    b. Which school did **XX** go to next? What school is **XX** currently attending?
    Prompt: Does **XX** attend preschool/kindergarten/childcare other than EIPIC?

B. Transition plan and process

    a. What about after EIPIC? What options and choices do you have after EIPIC?
    Prompt: What will **XX** be doing after EIPIC? Where will **XX** be studying? How will you find out about the options? Who will help you?

    b. What resources are available to you? What did you find helpful?

    c. What is your understanding of transition? What are your expectations of transition?

C. Transition experience

    a. Can you tell me about your experience of transition so far?
    Prompt: When did the transition process start? What is the transition plan for **XX**? How have you decided on the choice of school for **XX**?

Have you and **XX** visited the next placement school? What type of support have you received? What has been helpful? Where can you get information? How do you feel about the whole process?

b. What do you think will be helpful in the transition process?

Prompt: What do you think should have been done to help you with the process? What was important to this process? What information would have been helpful?

Closing

Summarize

It has been a pleasure finding out more about your experiences of the transition process. Let me briefly summarize the information that I have recorded during the interview.

You are very involved in **XX**'s transition. You have done _____ so far and think that _____ would be helpful in the process.

Maintain Rapport

I appreciate the time you took for this interview. Is there anything else that I have not asked about that you think I should know?

Action to be Taken

I should have all the information I need. I will call you again next January to February for the follow up interview. Thank you again. All the best for **XX**'s transition.

Appendix B

Interview Schedule (Children)

Setting

Room with child friendly furniture. Some writing/drawing materials, toys (ask parents to allow child to bring favourite toy), and rewards (e.g., stickers, stamps) available. Some light refreshments (seek parental approval): water/juice, biscuits.

Opening

Establish Rapport

Good morning/afternoon **XX** (name). Thank you for making some time to speak with me. I am Pearl, a trainee Educational Psychologist. Mummy/daddy will be waiting outside while we talk. Feel free to have some water/juice/biscuits when you want to. Let me know if you need the toilet.

Purpose (show information sheet)

As I mentioned to mummy/daddy, I would like to find out what you think and feel about school. I would like to take a voice recording of you talking to me.

Motivation

I hope to use this information to help children like you.

Timeline

The interview should take about 30 minutes.

Administrative

Only your parents and teachers in EIPIC know that you have met me, no one else will know. I will not tell anyone what you say to me, unless I am worried about your safety. If you are happy to talk to me, please put a tick in this box (show consent form). Thank you.

Do you have any questions before we start?

Warm-up

Where are you going to school?

Body

1. Current placement information
    a. What school are you going to now?
        Prompt: Do you go to kindergarten/childcare?
2. Next placement information
    a. What school are you going to next (year)?
        Prompt: What will you be doing after EIPIC? Where will you be studying? Have you been to the new school?
3. Transition plan/process and experience
    a. How do you feel about going to another school?
        Prompt: What do you think will be helpful when you go to your new school?
    b. Who decides which school you go to?
        Prompt: Can you choose which school you go to? How do you feel about that?

Closing

Summarize

It has been very nice talking to you.

You go to _____ school and will be going to _____ school next time/year. You feel _____ and you think that _____ will be helpful to you.

Maintain Rapport

I appreciate the time you took for this interview. Is there anything else that I have not asked about that you think I should know?

Action to be Taken

I should have all the information I need. I will call your mummy/daddy again next January to February to talk to you again. Thank you again. All the best for your new school.

Appendix C

Focus Group Schedule

Setting

A private room that is safe and comfortable with chairs/sofa and table. Some light refreshments available: tea/coffee/water, biscuits. Video camera setup.

Opening

Establish Rapport

Good morning/afternoon everyone. Thank you for agreeing to participate in a discussion about __'s (child's name) transition from EIPIC to SPED. I am Pearl, a trainee educational psychologist.

Purpose (show information sheet)

As mentioned in the information sheet, this focus group discussion is for my research project looking at the process and experiences of educational transition of children with cerebral palsy. I would like to ask you some questions about the experience that you have with children's transition from EIPIC. I will be taking a video recording of this interview to help in transcribing. The video recording will help to ensure that the information collected today is true to what you are saying, to ensure accuracy. The recording will only be for my use and will be shared only with my UCL supervisors.

Motivation

I hope to use this information to contribute to developing a transition programme so as to benefit children and families with special needs and disabilities in Singapore.

Timeline

This focus group discussion should take about an hour.

Administrative

I will be taking a video recording of this interview to help in transcribing. Your identities will not be disclosed to anyone outside the research team. Anything written and published relating to this study will be anonymised. A summary of key findings of this study will be shared with you after the completion of this study. The research data will be stored in an encrypted laptop and backed up on an encrypted portable hard disk. I will be asking you some questions about your experiences of the process of transition. I will not be contributing to the discussion, but I am here to moderate the session by keeping track of time and making sure that all of the issues in which we are interested in are discussed. If you are happy to participate, please sign the consent form and return it to me. Thank you.

Ground Rules

To allow our conversation to flow more freely, I would like to go over some ground rules.

1. Only one person speaks at a time. This is important as my goal is to make a written transcript of our conversation today. It will be difficult to capture everyone's experience and perspective on the recording if there are multiple voices at once.
2. Please avoid side conversations.
3. This is a confidential discussion in that I will not report your names or who said what to your colleagues or supervisors, or anyone outside the research team. Names of participants will not be included in the final report. Except for the report that will be written, what is said in this room stays in this room.
4. I stress confidentiality because I want an open discussion. I want all of you to feel free to comment on each other's remarks respectfully, without fear that your comments will be repeated later and possibly taken out of context.
5. There are not right or wrong answers, just different opinions. Say what is true for you, even if you are the only one who feels that way.
6. Let me know if you need a break. The toilets are _____ (location). Feel free to enjoy a cup of tea/coffee/water and some biscuits.

Does anyone have any questions before we start?

Transition

Let's begin by getting to know one another.

Introduction of Participants

Please introduce yourself by telling everyone your name and your role in this organisation.

Body

    A. Transition plan/process and experience

        a. What experiences have you had of transition?

        Prompt: What are your roles in the process of transition? How are you involved? How have you been involved? Who is involved? What are the processes of transition? When does transition start? What would be helpful to you?

        b. What about after EIPIC? What options and choices do children have after EIPIC?

        Prompt: How did you learn about the options?

        c. What is your understanding of transition? What are your expectations of transition?

    B. Support

        a. What resources are available? What did you find helpful?

        Prompt: Resources that are available to you as a professional? Resources that are available to parents?

        b. What types of support are currently available to parents?

        Prompt: What types of support are you currently providing? How do you feel about the current support provided? What do you think parents feel about the support provided?

        c. What types of support do you think will be helpful?

        Prompt: What types of support would you like to provide? What do you think will be helpful to parents?

    C. Summary

        a. Of all things we discussed, what to you is the most important?

    b. Suppose you were in charge and could make one change to make the transition process better, what would you do?

Closing

Summarize

Thank you for coming today and talking about your thoughts and feelings. Your comments have given me lots of different ways to look at the process of transition.

Maintain Rapport

I appreciate the time you took for this interview. Is there anything else that I have not asked about that you think I should know? Have we missed anything?

Action to be Taken

I should have all the information I need. Thank you again.

Appendix D

	1	Pearl (P): So when I met Adrian, we actually played a lot of, I actually	
	2	gave him a range of toys to choose from, like playground set, erm	
	3	animals, he really likes the animals.	
Child qualities	4	Sofia (S): mmm, he likes animals, vehicles, er ya like cars, trucks, ya.	Child's interests
	5	P: I can see that he's quite familiar with those toys, so I guess you all play	
	6	with them at home also?	
	7	S: Because mine is all boys, so we have all those figurines la, lego, all	
	8	those puzzles.	
	9	P: how many children do you have?	
	10	S: erm including him, 4. [P: whoa ok] Ya.	
	11	P: do you have, so 4, that means he is the third, ok. Do you have anyone	
	12	like helping you out with all the children?	
Family support – extended family	13	S: oh my parents-in-law are living with me and I have a helper as well. [P:	Family support, parents-in-law help
Family support – domestic helper	14	ok, ok, that's good.] Ya.	out with care for children.
	15	[not transcribed – introduction to research]	Domestic helper
	16	P: so if we start a bit about, if you can tell me a little bit about Adrian.	
Normality – born normal	17	S: ok actually Adrian is born er a normal child, quite big as well. Erm	Born a normal child. *Necessary for*
	18	because he has two elder brothers, and then they said boys ah, the	*mother to state that child was born*
Developmental milestones –	19	milestones is er longer than the rest, than the girls. Sometimes they talk	*normal, something that she holds as*
globally delayed	20	fast and they walk late, that kind of thing. So Adrian is quite late in	*important to her?*
	21	everything and I thought that ok, because my two boys also, my first er	Delayed milestones.
	22	talk first, walk later. My second, er, talk first, er my second er walk first,	
	23	then talk. So I thought that maybe Adrian will be later as well. But I think	
	24	when he is about 18 months old, nearing to 2 years old, I noticed that he	
Developmental milestones –	25	still can't sit still. And then he tends to topple. He needs ah backrest, he	
motor skills delayed	26	needs support. And can't stand, can't crawl. So that's when I get erm,	Delayed motor skills
	27	you know quite worried. Then we went to the polyclinic, and then er	
Systemic processes – referral	28	that's where they referred me to CDU, then er we had erm 6 monthly,	Referral to the hospital
	29	firstly was about 4 months at CDU, child development unit, and then	Appointments at the hospital
	30	after that they referred me to Prof Lau at NUH, then erm he received er	Referral to specialist
	31	this er physiotherapist with Laura at NUH as well. Er, so and then er,	
Signposted by hospital	32	they, the CDU introduced me to EIPIC, ya so it all begins from there. Ya.	Therapeutic services received
	33	[pause] and then erm, so now he's in the 3 years in EIPIC if I'm not	Referral to EIPIC by hospital
Journey through the system	34	mistaken and then a lot a lot of progress. Er in the beginning before er	Start of journey in EIPIC
	35	intervention takes place, he can sit like for 1, 2, 3 hours just staring at	Made a lot of progress in EIPIC
	36	the television, doing nothing, just sitting down. Er when he watch	
Child's development after	37	television also there's no emotions. Erm he didn't erm he didn't cry,	Child's lack of emotions before EIPIC
intervention – emotions	38	didn't laugh, there's no emotions at all. So it's like he just stares blankly	
	39	at the television. But once he's in EIPIC, he's more aware of the	

Child's development after intervention – awareness	1 2 3 4 5 6	surroundings. So now when he watch movie [chuckle], if it's a funny movie, then he will laugh. Er if it's violent, he gets so irritated, he will shout, he doesn't like violent movie at all. Ya, so the emotion is there. And then ah the awareness as well. Now he can be in a place where there's a lot of people. Last time he can't. So when he's in a place with a lot of people, erm, it's too overwhelming for him, he started to get	Increase in awareness of surroundings after EIPIC More expressive emotions
Child's qualities – agitated by environmental factors	7 8 9 10 11 12	agitated, yea, he started to cry, even when people look at him- just look at him, he cannot. So, erm, he gets, I do not know, just that feeling where he get scared. But now it's all ok. Now even when people just look at him, he will smile, and he will reach out for his hand. So ah there's a lot of improvement now. So that's about him la. He's a cuddler, he loves to smile. Ya.	Overwhelming environment agitates child. Looks from others scares child Now, child is sociable and enjoys socialising.
Child's qualities – sociable	13 14	P: ok that's very nice. Ya so when I met him also, even though I was new, so he was also very open, say hi. [S: yes] ya and it was very warm	A lot of improvement. Child characteristics – cuddler, loves
Child's qualities – cuddler, cheerful	15 16	S: ya, that was a great improvement but before that he can't P: mmm ok. Sounds like he had a lot of improvement in his awareness of	to smile. Comparison between past and
Comparison between past and present	17 18 19 20 21	his surroundings [S: a lot], the people [S: yes], and the emotional wise as well [S: yup]. Ok. Erm, so, from polyclinic to CDU and then referred to EIPIC, was there any other erm classes or maybe preschool that he has been to? S: ya actually he's supposed to be in the kindergarten. He's going to be 6	present
Expectations of child – chronological age	22 23 24	next year, supposedly he has to be in K2, but then er last year we enrolled him in [Eid Pridaus? name of school] because they have this program for special needs children. Before that I went to about 3	Expectations of chronological age
Exclusion/rejection – from mainstream	25 26 27	kindergartens, all rejected, because they don't have manpower. And then ah, they have er so called er pupils like him in the class, so they can't have more. Ya. And then ah let's say in the childcare, just er, er in	Rejection from mainstream kindergartens Mainstream kindergartens'
Limitations of system – manpower	28 29 30 31	front of my block, there's this childcare, they said they have got 5 to 6 special needs children and they are a handful. Then Adrian is immobile somemore, ah so, ah there's no place for him. So ah, I er, seek help from the social worker here, and then er they gave me a list of school, seems-	limitations in manpower Parent seek help Support from EIPIC social worker Journey to preschool a factor to
Parents as advocate – seek help Factor in choosing school – journey to school	32 33 34 35 36	journey is also one of the problem, because ah both my husband and I are working, so he's under the care of my mother-in-law. So, ah journey is also, the place is also er, a major consideration in you know er... in er... when searching a school for him. So at this Eid Pridaus [?] which is in Jurong West only, so he's in the waiting list for a year now. Ya.	choice of preschool Waitlist to access services
System's constraints – Waitlist to access services	37 38 39	P: so the, he, you all applied last year and he has been on the waiting list to get in. S: yes	

	1	P: ok. Maybe if I kind of draw a timeline, so that we can erm, or at least I	
	2	can have a clearer picture, erm. So from start when erm, Adrian was	
	3	born, this is born [drawing], he was born 20… [S:14] 14 and now this is	
	4	2019, about… [S:5 years] about 5 years. so he was, you went to	
	5	polyclinic erm about the delays around 20…	
	6	S: 18 months we went for the check up. [P: mmhmm] er no la about, ya	
	7	la, around there la, 18, 19 months la.	
	8	P: 18, 19 months, so that would be 2016? Around 2015, 2016?	
	9	S: er… that was when er 2015.	
	10	P: ok so this is polyclinic and then he went to CDU. Then came into EIPIC	
	11	erm around the same…	
	12	S: about 2015, 2016, around there.	
	13	P: ok. And then, he was here for a bit, and then last year he was on the	
	14	waiting list la. For… So does the centre is just, for special needs or it's	
	15	er…	
Parent's initiative/proactive	16	S: it's a mixed, but they have this program for special needs children. [P:	Parent's search for preschool
	17	ok] before that I also called ah this kindlegarten, an inclusive, you know	
	18	ah the first inclusive kindergarten in Singapore at redhill there.	
	19	P: yup, SGEnable- er enabling village.	
	20	S: yes correct. I called erm, and then he in the end he's not even in the	
	21	waiting list, he's in the wishlist. So in the end I decided not to continue,	*Not even in the waiting list – sense*
	22	because according to them, there's a long you know wait.	*of disbelief*
	23	P: ya they are in quite high demand. So when did you start searching or	
	24	contacting kindergarten or preschool?	Long wait for services.
System's constraints – wait time	25	S: erm when he's er… 5, or 4, beginning of 4 years old. Because at 5	
	26	years old he's supposed to be in K1. Ya. So before he reaches 5 years old	Start search for preschool a year
	27	la. So should be about 2017.	before child is due to start.
Parent's preparation for	28	P: ok, so started [S: mmm] contacting, searching la. [S: ya] so then until	
transition	29	now so far it's just been EIPIC and on the waitlist. And then the erm, I	
	30	know that EIPIC is erm, referred by CDU. [S: yup] how did you come to	
	31	choose, because there are different EIPIC centres right, so how did you	
	32	come to choose?	
	33	S: like I told you, the journey, the place, cos I just live walking distance	
	34	here.	Location of school seem to be the
	35	P: and then what about the other kindergartens you contacted?	sole factor in choosing school.
Factor to choosing school –	36	S: it's around my area as well	
location	37	P: so it's all by proximity la. [S: yes.]	
	38	P: and then just wondering, because this is about transition right, have	
	39	you thought about after EIPIC, so when he turns 7?	

Codes (left)	#	Transcript	Codes (right)
	1	S: ya, because they have already talked about the journey after EIPIC. So	
	2	they showed me ah, the… map, to where he's supposed to be. And	Planning for transition prompted by
Support provided by EIPIC –	3	definitely the pace he is in right now, he can't be in mainstream school.	EIPIC.
systemic support	4	Ah so if I'm not mistaken they are going to assess him earlier next year,	*Can't be in mainstream – absolute.*
	5	ah maybe in end June [Jan?] or early feb, and ah, from there I think ah, I	*Why?*
	6	have already chosen ah schools. And the nearest to where we live is at	Assessment
Process of school application –	7	WWW Central. And then also the SPED school it's er depend on the	School chosen – 2 years in advance
assessment	8	condition of the child. So er WWW I think is the best for him la. Ya.	Location of school as factor in
Thought process in choosing	9	P: so erm, what have been useful for you in considering the schools?	choosing school.
school – location	10	S: you mean why I choose WWW?	Condition of child as factor in
Thought process in choosing	11	P: or the information that you got, how did you…?	choosing school.
school – condition of child	12	S: oh ok, I googled, and with the help of the teachers, and then with the	
	13	help of the map, the educational map that the CDU doctor gave me,	
	14	then I took quite a number of research. And then ah I look at the various	
	15	schools, the SPED schools available. Then ah when I look at the	Google search for information –
Parent's proactivity	16	programme and I went to the WWW open house as well. So I think this	parent's initiative.
	17	suits him best. Ya.	Support and information from
Resources from professionals	18	P: ok. So the map is it the one with the educational pathways? [S: yes] so	teachers and doctor.
	19	like EIPIC and then school age [S: yes] ah ok	Educational pathways by MOE.
Resources from MOE	20	S: ya that map	Mother doing research on SPED
Parent's proactivity	21	P: ok so, it sounds like you have, you are very resourceful because you	schools available to help in
	22	go to google, and then you get information from the teachers, and then	informing her choice of school.
	23	you look up whatever the doctors give you as well. Erm… [12:42]	Looking at school programme.
Thought process in choosing	24	S: Have to la. Ya because I have only- he is the only one with that	Going to open house.
school – school programme	25	condition. So you know it's very important if let's say if anything	
Thought process in choosing	26	happens to me or my husband, so he need to be independent. So I need	
school – open house	27	to start from now you see. Ya.	*Only one with the condition – so*
	28	P: so planning, kind of planning his future.	*requiring more support and*
	29	S: correct. Ya.	*involvement from parents*
Desired child qualities –	30	P: hmm. Ok. Erm… What are your experience so far, like around all these	*Important.* Need for child to be
independence	31	searching for the information, or getting information?	independent – essential skill that
	32	S: erm… it's quite stressful actually, because it seems that even though	child need to have
	33	now they're talking about inclusive education that kind of thing. And	
	34	then even if the mainstream school they have all these deaf pupils come	
Emotions – stressful	35	in, and to you know, erm, but I, but I think I still worries about er, this, er	Stressful
Inclusive education	36	children. Er, because I didn't know whether they are being accepted by	Inclusive education in mainstream
	37	this society as it is right now. You know, as we see all these er children	schools – how effective is it?
Parental worries – societal	38	with meltdown, then we tend to look at them. And then you know all	Parental worries - societal
acceptance	39	this thing. So I really do not know how, erm how they are gonna accept	acceptance

	1	our children in this kind of society. Er, and then erm, I think still, er	*Doubtful to efforts towards*
Mismatch between system and	2	Singapore needs to have a lot of school er or special needs school, like	*inclusion. Mismatch between*
society views	3	kindlegarten right, erm, at enabling village more. Because now they have	*policies and society views.*
	4	one only. And then er, the waiting list is like so long, so they should have	Lack of schools for special needs
Reality for parent: Lack of	5	more of that. So at least we have er more opportunity. Children will	Only one preschool for special
provision – schools for SEND	6	have more opportunity. Ya, so education-wise still, it's quite long la for…	needs – <u>or is she referring to</u>
	7	ya, quite limited for them as well.	<u>inclusive preschools? Or only govt</u>
	8	P: mmm quite limited. It feels like, so there are some parents that I've	<u>funded preschool for SEND?</u>
	9	interviewed who are, who need more support, who may not be able to	*They should have more – hopes and*
Ideals: educational opportunities	10	find as much information. So I think maybe, what do you think could	*wishes; mother's ideal?*
Lack of opportunities – education	11	have been more useful or helpful in your case or for other parents.	Lack of educational opportunities
for children with SEND	12	S: er I think er, as and when the school er itself has to update us on the	for children with SEND
	13	availability of the programmes for all this kind of children. Because if you	
	14	go private, money is one thing, and then we can't use our baby bonus,	
	15	that kind of thing, you know. So have to fork out extra cash, which I	School's role to update parents on
School's role – parent	16	think erm, for me my family right, erm the economy-wise is just enough,	availability of
engagement	17	because my in-laws stay with us, so I can't afford er to let him go on to	programmes/resources
	18	all these private schools. Ya so the government should, you know, give	Finance
Parent's concerns – Finance	19	us some subsidy or you know leeway, where we can use our er baby	Private programmes available but at
Provision available – private vs	20	bonus, for this kind of program. Ya, or you know they can have, help us	a high price.
public	21	financially la. Even though let's say our pay is on the high side. You know	
Costs of provision	22	they have all these gross income, whatever income, still they need to	Financial support from government
Support – public funding	23	think of the, the situation they are in la. Not just based on our pay	Possibility of government's financial
Ideals – public funding for private	24	because then, this, the pay might be big, but we need to pay that pay	support for private programmes.
programmes; private vs public	25	this, and you know it's not enough. So I hope, you know, for this private	
	26	sector, they can help us with this as well.	<u>Wish for more family centred</u>
Ideals: family-centred practices	27	P: ok, ya definitely, because you will have, you may have a lot of more	<u>practices and consideration?</u>
Hope	28	different expenses than other families. [S: ya] Like going to the doctor…	
Ideals: help with finance	29	S: correct, financial commitment and all la. Ya.	Hope for help
	30	P: mmm. Ya. Erm, information-wise, erm, other than maybe school	
	31	giving updates on availability, if erm, if you don't google the information,	
	32	how else do you think the information can get to you? Or if so let's say, I	Financial commitment affecting
Parent's concerns – Finance	33	know now maybe don't have, like in the perfect world situation, what	choice of external support
	34	will be helpful for information to get to you? Or how can the information	
	35	get to you?	
	36	S: I guess google is the only thing that can help me right now. Er, the	
	37	teachers, and then er maybe, er you know parents, but because I don't	
	38	er mingle much with er Adrian's er friends, the parents right, because	
	39	I'm working most of the time my mother-in-law and father-in-law are	

Sense of being alone	1	the one who send him. So I didn't see much of er his friend. So erm, I	*Google is the only thing that can*
Support – teachers, other parents	2	don't have er network with the parents at all. So if there is a network,	*help – sense of being alone, no one*
	3	then er, maybe we can share information through that. Ya.	*to turn to for help.* Google is a
	4	P: I think er, something like a platform where you can get information	search engine and parent engages
	5	from other parents, or even if you have something yourself you can also	in search independently, no other
	6	share. [S: yup.] I think a few parents that I've spoken to also felt that you	party is involved. Mother feels that
Parent's work commitments	7	know having a support group or a network will be useful for them.	only she can help herself?
	8	S: ya. Because I think working parents we don't send our children, I only	Lack of peer support for parent due
Family support – extended family	9	met with teachers if there is a caregiver training, and then like erm, for	to work commitments.
	10	the mid-year and the end-year thing you know. Or through WhatsApp.	Family support from in-laws
Ideals: parents network platform	11	Er that's it. Otherwise, [laugh] I didn't even come here, because of er the	Network of parents as a possibility
	12	working time and all, it's quite difficult. And then erm sometimes even	for information sharing.
Parent's work commitments	13	though they have all these courses, very good courses, still I can't	Working parents' difficulties – not
Dilemma over work and child	14	participate because of the timing. Ya.	sacrificing work over child as work is
	15	P: ya that's why I really appreciate today, you're coming down, ya.	linked to finances? Finance is
	16	Because I understand you are working in education as well right? [S: ya]	important to support children.
	17	erm, I mean is there like WhatsApp chat groups for parents in schools?	*It's quite difficult – internal struggle*
	18	Would you, just wondering if that would be useful in this scenario.	*for mother*
	19	S: er, ok, erm my child's, my children's at Jurong primary school. They	Lack of opportunity to meet
	20	have this WhatsApp group. Er, and then er what's useful is, when they	teachers due to work.
	21	ask ok let's say there's an event, so er, so the important things to bring,	Courses available but unable to
	22	to note, and sometimes they remind to us to go for all these learning	attend due to work.
	23	journey. That is good. But when they started to have all these negative,	
Support – parent network on	24	you know talk about the teachers, er, and then er about the friends and	Benefits and limitations of
WhatsApp chat	25	all, ah that's where the, they should know the limitations la. They	WhatsApp chat groups
	26	shouldn't like talk bad about the teachers and all ya. So erm, it's a good	
	27	thing because they remind each other. And then even though there's	
	28	courses or whatever, they remind us. Ah so it's good er platform for	
	29	parents to know what is happening in school. There's a pros and cons la	
Support – parent network on	30	actually. Ya.	Pros and cons of WhatsApp chat
WhatsApp chat	31	P: so ya I guess the good things is you have easy access to talking to	group as a platform – would these
	32	someone, on the flip side it's like, it's very easy to just cross that line and	be similar to parent support groups
	33	talk about other people.	where parents will have to meet in
	34	S: ya, correct.	person?
	35	P: hmm. How was it like, going back you mention that you went to the	
	36	WWW open house, how was it like when you visited?	
	37	S: [deep breath in] ok, to tell you the truth, all these I have prepared,	
	38	when er when I am prepared, I thought I am prepared. Er, at first ok	
	39	when Adrian going to EIPIC, I was like 'ok, good, he's gonna learn, he's	

	1	gonna, he's gonna learn new things and all'. But when the first day he is	
	2	in EIPIC, I almost cried. You know as usual la, you know as parents,	
	3	sometimes you think that my son is normal, shouldn't be sitting around	
Expectation of self vs reality	4	in this class like er ok. And then when I go to WWW, before I go to	*Deep breathe in – preparing herself*
	5	WWW, I said ok, it's going to be a good school for him, so when I went	*to talk about something personal?*
Parent's perspective	6	to the open house, I see all these children with all these special needs,	Parents' preparation – mental and
Expectation vs reality – conflict	7	then I started to see er, to think whether is this school the right school	emotional?
between thoughts and feelings	8	for him that kind of thing you know. Ya, so but then in the long run, I	Mother's initial thoughts different
	9	have all these negative thoughts I have to throw it away for the benefit	from how she really feels. Conflict
	10	of my child, so I say ya, this is the school for him la. I mean er [tsk] all	between thoughts and feelings.
	11	parents want the best for their children la. They want their children to	*Almost cried* – sad? <u>Emotional that</u>
Perception of normality	12	be normal you see, but when you have all these children with special	<u>child is not normal.</u>
	13	needs, erm, how to say, sometimes you, you erm… you think that they	Perception of normality.
	14	are normal but they are not. Ya so…	
	15	P: mmm ok. I wonder how that felt when you saw the other children.	
Negativity	16	S: at first I was erm I'm not ready actually, but then initially throughout	Negative thoughts.
Reframing thoughts – self-	17	the walk, throughout the, the tour and all, I said mmm, ok, erm, a	Reframing thoughts for the benefit
directed	18	different mindset la. To think about my children, about how the teachers	of child.
Perception of normality	19	take care of my children, how are they going to equip them in the future	Perception of normality – <u>what is</u>
	20	and all. And then when I look, the success stories of the children there, I	<u>normal?</u>
	21	saw this one guy, he learn how to bake and all. Then erm from all those	
Feelings – unprepared	22	cookies he sell, and that was quite, mmm, an eyeopener for me. And	Not ready – <u>feeling unprepared?</u>
	23	then recently I went for this talk at SG Enabling er, this prof from the US	
	24	or something came down. Then we have a tour as well as the SG	
	25	Enabling, then have this section where all these special needs child	
Others' experiences	26	work, to earn money. So I see that oh wow, so meaning that they have a	Success stories – <u>learning about</u>
	27	future la. It's just that if I don't go for the talk I don't know. If I don't go	<u>others' experiences</u>
	28	for the tour I won't know. So meaning that parents too need to be	
	29	aware of all these things. Ya. So erm, it helps a lot, both the WWW open	
Resources – tour of facilities	30	house, the SG Enabling tour, means that these children er they have	Tour of facilities
	31	opportunity you know, to grow la. They have opportunity to earn like us	Gain insight into possibilities for
Possibilities – future of child	32	as well. Ya, so that's why as parents we need to make sure that they are	child with SEND
	33	given the opportunity to do that. Ya so don't label these children la, you	Tour as informative.
	34	know like oh special needs children can't do this can't do that. But if we	SPED school open house and tour of
	35	give them an opportunity, maybe those who can will, will you know will	enabling village as useful and
Resources – SPED school open	36	do well in life. Those who can't there are other, you know opportunity	informative.
house	37	for them.	*Parents need to be aware –*
	38		*essential for parents to have the*
Parental responsibilities	39		*knowledge.*

	1	P: ya, so basically looking at the needs and strengths of the child, and	Parents' responsibility to ensure
	2	really working on erm, giving them enough opportunities to develop	child has opportunities.
Labelling SEND	3	their skills.	<u>Not labelling children by what they</u>
Opportunities for children	4	S: correct, that's why I was like quite impressed with what the SG	<u>cannot do, but give them</u>
	5	Enabling, they have this like the library section and they make the er,	<u>opportunities to explore what they</u>
	6	jewellery section, they say that it's real job, ya they earn money, ya but	<u>can do.</u>
	7	they do what's that, ya ok.	
Feelings – impressed	8	P: so that must, how do you feel when you know that oh there is	Impressed
Child's desired qualities –	9	something	
independence	10	S: oh I'm shocked initially, I was shocked because I didn't know that they	Earning money – <u>independence</u>
	11	have all these in Singapore. Especially for these kind of children. Ya,	
	12	P: so, I'm thinking it must have felt like quite, you know like not so	
	13	worried about the future anymore.	
Feelings – shocked	14	S: ya not s-, correct, but then it still depend on my child. If he's still	*Shocked – repetition of shocked*
	15	immobile, if he's still unable to speak, ya so what are the platform for	*emphasizes that is how mother*
	16	him, what is his journey next. So those that I see are those you know ah	*really feels, how shocked she was*
Labelling/exclusion – parent	17	that can do work but what about if he can't? So where, where is he	*These kind of children – different*
towards child	18	supposed to be? Ya.	*from the rest.*
	19	P: ya, so you still need to think about the alternatives, because every	<u>Child's future dependent on child's</u>
	20	child is different.	<u>abilities and condition.</u>
Questioning future of child	21	S: different, yes.	Doubts about future even after
	22	P: mmm ok. So, that's really erm, very useful information for me to find	tour.
	23	out as well. So far we've talked about erm Adrian from when he was	
	24	young, erm, the different places that you have looked for, for	
	25	kindergarten. And then also coming into EIPIC, the improvements that	
	26	he have achieved. And then looking forward into his like next step which	
	27	school is he supposed to go to, you have also done a lot of work around	
	28	looking for resources, information, and going to different places, just	
	29	giving your time, erm to find out about all these things as well. Erm, and	
	30	then thinking about the decision making process, is there, how, how do	
	31	you decide on, like who do you discuss with when you are making these	
	32	decisions?	
	33	S: oh definitely my husband, and I need to speak to my parents-in-laws	
	34	as well, because they are the ones to take care of him. So I can't let	
	35	them send him to like er quite a distance place. So must be near to our	
	36	place as well, because they are not getting any younger, so ya.	
Decision making process for	37	P: ok, and then erm, what about Adrian, does he, is he aware of any of	Family involved in decision making.
choice of school – views of	38	this, like changing schools?	Family support.
extended family	39		

Codes	#	Transcript	Notes
Family support – extended family	1	S: oh if let's say he's going to a school, I have to keep telling him 'ok	Consideration for family who is
	2	we're gonna go to school'. So if let's say we are going to a new place, er	supporting children.
	3	if let's say one day going to WWW, I have to prep him la, just like any of	
Child's involvement in transition	4	my other children. Just, you know even though he will not understand	
– receptive	5	but, still nevermind la [laughs] talk to him, prep him up. Ya.	Talking to child, informing him of
	6	P: ya, so letting him know that this will happen la. [S: ya] erm, will there	where they will be going.
Equal treatment	7	be any like, because some parents will be like 'oh do you want to go to	
	8	this school or that school',	Treating child with SEND like his
	9	S: because he can't make any decision.	typically developing siblings
	10	P: mmm ok. Erm and then thinking about the transition, what, what is	although he may not understand.
	11	your understanding when I use the term transition?	
Child's qualities – disability	12	S: transition, er, the next step or moving forward, from where he is now.	
Child's involvement in transition	13	P: ok so, a bit of like a move, physically?	Child unable to make decisions
– uninvolved	14	S: er both physically, mentally, emotionally, the whole thing la.	hence not involved in choosing
Transition as movement	15	P: the whole thing	schools.
	16	S: ya he has to be ready.	Transition as involving moving
	17	P: mmm ok. What about expectations of transition? What expectations	physically, mentally, and
	18	do you have?	emotionally. *The whole thing – gives*
Child's involvement in transition	19	S: erm, I expect when he, er in that transition mode, as any other	*a sense of a big task.*
– readiness	20	parents, I expect er, it to be, you know er, positive. I expect it to be er,	Child has to be ready for transition.
	21	he's able to meet the milestone, his milestone. Erm, but I have er, to... I	
Sense of normality	22	mean mmm.. definitely it's not going to be easy for him la, it might be-	
Comparison with other parents	23	up and down. But then er, I just hope that one day he's able to you	*As any other parent – justifying that*
	24	know, for me, my expectation of him is he's able to walk by himself, er,	*her expectations are typical and not*
	25	he is able to do things by himself, independently. The speech will come	*special.*
Parental expectations of child	26	later, so physically I want him to be strong. So transition is you know I	
	27	really do not know la. 2, 3, 5, 6 years? As long as he's physically strong	Expectations of child – walking
	28	I'm happy.	independently, mobility. More
Wishes/ideals – child being	29	P: so for you, mainly you wish to see is that physically he will be able to	normal if he is able to move
physically strong	30	be more independent. [S: ya] Erm ok, and then is there erm, so you have	'normally'?
Transition as a lengthy, uncertain	31	an expectation of the transition, is there a plan in place or?	*Emphasis on physical strength*
process	32	S: a plan in place, to tell you frankly I'm just waiting for the school to	Transition as a long, uncertain
	33	update me whatever er programme, or whatever things er that is	process that will take years
	34	supposed to be done, then I'll just follow what the teacher says. Ya.	Happy if child is physical strong.
Support provided by EIPIC	35	P: ok, so the school as in WWW or?	
Communication from EIPIC	36	S: er this school first, and also I take into consideration the doctors in	Parent's decisions and movements
	37	CDU NUH as well.	depends on school's update.
	38	P: ok so like what their recommendations are	
Support from professionals	39		

Resources from professionals	1	S: yes correct. So all these erm the doctor I show from CDU has been	*Just follow what the teachers say –*
	2	helping a lot. She-, whenever we met her, she's the one who's helped	*trusting in teachers/professionals to*
	3	me er apply the special needs card for Adrian, ah she's the one who tells	*make the right decision for child.*
	4	me about the assessment thing. She's the one who did er the EIPIC thing	*Consider doctor's advise.*
	5	and all.	
Appreciation – towards	6	P: sounds like you got a lot of information from the doctor as well, and	*Supportive doctor.*
professionals	7	then has been very helpful. [S: yes, ya] Mmm, because why I am asking	*Information and resources from*
	8	about plans is in other countries there's actually transition plans that	*doctor. Signposting by doctor.*
	9	erm it's a national thing la, it's part of what the government have in	<u>*Appreciation to doctor*</u>
	10	place. So I was just wondering if there is a plan where maybe listing	
	11	down what kind of support is available to Adrian or where Adrian can	
	12	go?	
	13	S: in terms of that, I am not too sure. What I know is that erm, for these	
	14	kind of children right, they have all these EIPIC, BLOSSOM CENTRE to	
Labelling – by parents	15	help out, then after that er once they reach a certain age, then they	
	16	have to go to a school, either a SPED school or mainstream school, then	
	17	they have all these er assessment thing, and er then that's it. You're	
	18	talking about the plan, the government plan or whatever, I not too sure	*These kind of children*
	19	about that.	*Repetition of they have – certain*
	20	P: mmm I think in Singapore they don't have it yet, that's why, that's	*about the process that children with*
Lack of transition plan by the	21	why I'm researching in this area. Just trying to see maybe in the future	*SEND will have to go through*
system	22	there can be such a plan if that is helpful for parents.	
	23	S: they should. [laugh] ya they should.	*Lack of transition plan*
	24	P: because, it just feels like, erm like you say sometimes it's really quite	
Ideals: transition plan	25	stressful, for parents. And then I think for professionals as well, it's it will	
	26	be difficult for us also if there's no structure in place to kind of talk to	
	27	support.	*Repetition of they should, first in a*
	28	S: since the government always mention about inclusive, inclusive, that	*serious tone then repeating it with*
	29	kind of thing should pump in money to support all this kind of you know,	*laughter. Mother was serious that*
Mismatch of ideals and reality –	30	children programme and all.	*there should be a transition plan by*
system's support	31	P: ya. Erm ya, I'm not sure what, I know there are more resources in	*the government and then tried to*
	32	place for mainstream schools, maybe more of the allied educators. But	*lighten the mood*
	33	ya, then the question is maybe, more of the minor things, the things that	*Government always mention about*
	34	you don't really see. Because like you say parents you have to go and	*inclusive – used 'mention' to show*
	35	search for it, you have to go for the workshops, so I think that's	*that it's been talked about but have*
	36	something that people don't usually see. Ya and a lot of research they do	*not been done or she has not seen?*
	37	is maybe more on, more on numbers, like they see how many children	*Governmental funding to encourage*
	38	going where. Ya. Erm I think we have covered quite a lot. Erm what else	*inclusion.*
	39		

Codes	#	Transcript	Notes
	1	do you think, now like thinking back what we have discussed so far,	
	2	what else do you think would be useful for yourself?	
	3	S: like I told you I need more support, ya. I think most parents need la.	
	4	Because erm, we do not have any idea or you know about dealing these	
	5	special needs children. And then I googled the cerebral palsy group, I	
	6	googled erm, er GDD, because Adrian has not been diagnosed yet.	
	7	P: ah okok.	
Diagnostic process – clarity	8	S: ya so maybe when the assessment come in next year, he's gonna be	
	9	diagnosed la. So whatever his diagnosis is, it's just that mmm, I just need	
Parental support as essential	10	support la. Where- who, where should I go to if I need help in this area,	Assessment for diagnosis.
	11	that kind of thing you know, ya.	Unclear diagnosis.
Questioning system	12	P: so then, erm when they referred Adrian, the doctor referred Adrian to	*Regardless of situation, support for*
	13	EIPIC, what was his, or what did they tell you?	*mother is important.*
Mismatch of diagnosis and	14	S: er the doctor just put him he's under the umbrella of mild CP and	Questioning system – where, who,
parent's perception	15	GDD.	where… for help
	16	P: ah ok. So but then that wasn't like an official [S: nope] diagnosis?	Doctor indicated type of SEND child
Communication between	17	S: no, he doesn't have any official diagnosis.	has but is not viewed as a diagnosis
professionals and parents	18	P: I guess also, that may be, I'm not sure how you feel about that? Like	by mother.
	19	the diagnosis part.	<u>There's a mismatch in</u>
	20	S: oh the first time, you know, whatever it is, when we get to know all	<u>understanding between doctor and</u>
	21	these new term, I tend to google. Because er I do no know what this is	<u>parents regarding diagnosis.</u>
	22	all about, so I need to read up. I need to see what the conditions are and	<u>Somehow the diagnosis is not</u>
Parent proactivity	23	all. So when I read about it, at first I was quite erm, I can't take it. Yea.	<u>conveyed in an appropriate and</u>
	24	But after awhile when I seen him like that, all the traits and all, oh ya my	<u>understandable manner to parents.</u>
	25	child is this, so I cannot like you know just er be, er just can't be	Parent initiative to read up –
	26	bothered about that. His condition, I need to accept him, so I need to	<u>mother had the ability and</u>
	27	read more, then read up, ya.	<u>knowledge to google search terms</u>
Reframing of	28	P: mmm ok. How did the doctor let you know? Did he tell you or you just	<u>that she did not understand, what</u>
thoughts/perception	29	saw it on the report.	<u>about for those who cannot?</u>
	30	S: no they told me, I think because that before that they did quite a	*I need to accept him – was there a*
	31	number of test, ya. So I do not know how they er, how they come up	*sense of not accepting him at first?*
Parent's understanding of	32	with that, but according to the test and all, er so they say he's dadada…	Doctor informed mother of child's
diagnosis	33	the global development delay definitely la, because he doesn't reach his	diagnosis verbally. <u>Sounds like it</u>
	34	milestone, ya. For the mild cerebral palsy, er maybe because of the way	<u>was just to let mother know of the</u>
	35	he is er physically, you can see the way his hands, the legs, the gross	<u>diagnosis and not explaining what it</u>
	36	motor skill and all [P: like the muscle tone]. So maybe, mmm.	<u>meant.</u>
	37	P: so they didn't do any like MRI or anything for the…	
	38	S: ah they did one MRI brainscan, erm but according to them everything	
	39	is normal except for I do not know what la. Something is er, er, because	

Mismatch of reality – medical results vs child's development	1 2 3 4	they said that he's still young so still can develop back, but I don't know what it is la. So but everything is normal. P: so then this will have to wait until next year when the assessment comes and then see what the doctor says about that again. Ok, erm, is	Mismatch of medical results, indicating normality, and child's actual development
Normality	5 6	there anything that you would like to talk about that you think you know is important for yourself, for this transition process that I've not asked	Normality. What's mother's understanding of normal?
Parent's perception of SEND - permanence	7 8 9	about? S: mmm, at the moment there's nothing la. P: I think that's erm about all, thank you so much.	Perception of permanence of SEND – still can develop back

Appendix E

I am Pearl . I am interested in children and schools .

I would like to find out about what you think and feel about school.

I would like to talk to you about school .

I would like to take a voice recording of you talking to me about school.

Please let me know if you are happy to take part by putting a tick ✔ in the box next to the smiley face ☺ above. If you do not want to take part, put a tick ✔ in the box next to the sad face ☹ .

Educational transition for children with cerebral palsy: Children's and parents' views and experiences of transition from an early years setting to a primary setting in Singapore.

Information sheet for children

Finding out about school
[Make a mark in one box ✔]

I am happy to take part in this project ☺ ☐

I am not happy to take part in this project ☹ ☐

Participant name: _____

Date: _____

You can change your mind at any time and that is ok .
If you want to know anything else, you can ask me whenever you like.
Thank you!

For more information, please visit this website:
https://www.ucl.ac.uk/legal-services/privacy/ucl-general-researchparticipant-privacy-notice

Appendix F

Like		Dislike

Appendix G

School	EIPIC	Home
Home	**Home**	**Home**

Family	**Family**	**Family**
Family	**Friends**	**Pets**

Play	Play	Park
Outdoors	**Food**	**Games**

TV	Computer	Tablet
Happy	**Sad**	**Angry**

Scared	Excited	Worried
Lonely	**Shy**	**Disgust**

Appendix H

Figure 1: Pathways for Educational Placement of Students with SEN