Department of Children and Youth Affairs

An End of Year One Review of the Access and Inclusion Model (AIM)

Final Report: May 2019

RSM

CONTENTS

1. INTRODUCTION

1.1 ECCE and AIM

The Early Childhood Care and Education Programme (ECCE) was introduced in 2010 by the Department of Children and Youth Affairs. It provides free Early Learning and Care to all children in Ireland who are in the eligible age range. There is a high level of uptake of ECCE with around 95% of eligible children availing of their ECCE provision and 95% of Early Learning and Care services providing ECCE. In total, 120,601 children benefited from the programme in 2016-2017.

Despite the high level of uptake, ECCE was not designed specifically to cater for children with disabilities and additional needs. Furthermore, there were widely varying levels of support available across Ireland to support pre-school aged children with disabilities and additional needs, with some examples of good practice and other examples where no services were available, or where there were long waiting lists for children with disabilities. There were reports that some Early Learning and Care settings were not accepting enrolments of children with disabilities (for example:

- NDA reported that some is some evidence that early childhood education care settings in Ireland have turned away children with disabilities[1];

- Consultation with stakeholders in the disability sector for this review provided some anecdotal evidence: some stakeholders expressed some concerns about the 'coverage' of the AIM programme amongst pre-schools with some stakeholders reporting people being turned away from a pre-school because they had a disability, with pre-school leaders saying they don't have the resources, or that another setting might be more appropriate.

This was far from the ideal of inclusive practice and according to anecdotal evidence in consultations for this review, had arisen due to a combination of factors including an historical policy gap, lack of infrastructure, lack of training and support, lack of funding and a lack of consistent information about disability inclusion. Some of these factors were also noted in: the IDG report[2], for example in relation to lack of finance for equipment and alterations; the Disability Equality Specialist Support Agency (DESSA) report which confirmed that the majority of pre-school early education services did not at that time have access to support from specialists[3]; the National Disability Authority (NDA) report[4] which drew attention to the need to upskill the workforce in the Early Learning and Care sector; and a desire for information as reported in survey findings in this review.

---

[1] NDA (2011). Briefing Paper. Inclusion of Children with Disabilities in Mainstream Early Childhood and Education: The Lessons from Research and International Practice.
[2] Supporting Access to the Early Care and Education Programme for Children with a Disability – Report of the Inter-Departmental Group (2015)
[3] DESSA, 'Play for all, Providing play facilities for disabled children', 2007.
[4] National Disability Authority, 'Briefing paper inclusion of children with disabilities in mainstream early childhood and education: The lessons from research and international practice', 2011.

Against this background, the Access and Inclusion Model (AIM) was launched by the Department of Children and Youth Affairs (DCYA), the Department of Education and Skills (DES) and the Department of Health (DoH) in 2016. AIM was designed to enable the full inclusion and meaningful participation of children with disabilities in the ECCE Programme. The goal was to ensure that every eligible child could fully participate in the ECCE Programme and that they could reap the benefits of quality Early Learning and Care.

AIM comprises seven levels of support:

- **Three universal levels of support**, which are available in all Early Learning and Care Settings providing the ECCE programme (AIM levels 1-3). **AIM Level 1** aims to ensure that there is 'an inclusive culture' in all pre-schools. A new higher education programme, Leadership for Inclusion in the Early Years (LINC), has also been developed and graduates of this programme are prepared to take on the role of Inclusion Co-ordinator in their pre-school setting. AIM Level 1 training also includes Diversity, Equality and Inclusion training by City and County Childcare Committees (CCCs) and the Diversity, Equality and Inclusion Guidelines and Charter. **AIM Level 2** works towards the provision and dissemination of information about disability and inclusion. **AIM Level 3** seeks to develop a qualified and confident workforce through a multi-annual training programme for pre-school practitioners, including Lámh training and Learning Language and Loving It and Teacher Talk – The Hanen Programme for Early Childhood Educators.

- **Four targeted levels of support**: **AIM Level 4** provides access to a national team of Early Years Specialists, who can be called in to support Early Learning and Care staff in their settings, to help them meet the needs of a specific child. **AIM Level 5** provides grants on behalf of children so that minor alterations can be made to their pre-schools, or specific equipment can be bought to help them participate. **AIM Level 6** provides access to therapeutic support for children where this is critical to enable the child to be enrolled and to fully participate in the ECCE programme. Where the other levels of support are not sufficient to meet the needs of the child, **AIM Level 7** provides financial support to the pre-school provider, which can be used either to reduce the child-to-adult ratio in the pre-school room or to buy in additional assistance to the pre-school room.

1.2   Context for the Review

The Access and Inclusion Model (AIM) was launched by the Department of Children and Youth Affairs (DCYA) in June 2016 to support the inclusion of children with disabilities in the Early Childhood Care and Education (ECCE) Programme. The goal is to support pre-school settings to deliver an inclusive pre-school experience, ensuring every child benefits from quality pre-school education.

After the supports provided under AIM had been in place for over a year, DCYA commissioned RSM (a research company) and staff from the **School of Education, Trinity College Dublin (Professor Michael Shevlin, Dr Miriam Twomey and Dr Conor McGuckin)** to complete an independent review of AIM on its behalf.

The information obtained in this review will improve DCYA's understanding of how well AIM is working. Specifically, it will help DCYA to understand whether AIM is fulfilling its goal of supporting pre-school settings to deliver an inclusive pre-school experience, ensuring every child benefits from quality pre-school education and, in particular, whether AIM is providing adequate and appropriate support to children with additional needs. DCYA is particularly interested to know what elements of AIM have worked well and how AIM could be improved.

DCYA will use the results of this research to inform the future delivery of AIM and make any improvements required.

While this End of Year One Review of AIM may collect some data on the LINC Programme, it should be recognised that an in-depth review of this training programme is beyond the scope of this work.

It should also be noted that this End of Year One Review of AIM will be followed by a full and more in-depth End of Year Three Evaluation of AIM in 2019. The Inter-Departmental Group (IDG) established to develop AIM was clear that it will take at least three years for AIM to be fully implemented as capacity needs to be built in the Early Learning and Care sector and supports provided under each level of AIM require further development. This End of Year One Review recognises that AIM is still at an early phase of implementation.

1.3   Methodology

The review includes a number of complementary strands including desk-based research and familiarisation (including policy context, literature review); an online survey of pre-school settings; an online survey of parents/guardians; interviews with stakeholders from disability representative and children's representative organisations and interviews with stakeholders involved in delivery of AIM supports. Five case study site visits centred on specific children with disabilities/additional needs were also completed.

A research ethics application was submitted to the School of Education Research Ethics Committee in Trinity College Dublin and was approved.

Approach / Methodology

Desk Based Research/ Programme Familiarisation

- Review of programme material covering
  - Rationale/basis for programme
  - Processes/operational documents for all levels – workflow, application forms, etc.
  - Monitoring reports, etc

Stakeholder Consultations
- **AIM Project Team** / those involved in developing and delivering AIM (departments, agencies, other organisations, etc.) x 24
- **Disability sector representative organisations** (NDA, NCSE Parents Reps; DFI; Inclusion Ireland, Down Syndrome Ireland, Irish Autism Action, Children's Rights Alliance, DESSA) x9
- **Disability sector delivery organisations** (incl. Brothers of Charity, Enable Ireland) x 4

Online surveys (facilitated by Pobal)

- **Early Years Settings (~170 completed)** – wide range of Qs covering AIM overall & individual levels

- **Parents/Guardians (~90 completed)** – wide range of Qs covering AIM overall & individual levels

Case Study Visits x 5

- Child-centered focus
- Volunteers from surveys
- Mix of urban/rural, private/community, geography, category of disability, levels of support accessed
- Site visits: interviews with EY staff, Better Start / EY Advisors, Therapists, Parents, etc.

RSM

1.3.1 Desk Based Research

The purpose of the desk-based research was to fully understand both the programme and the background and policy context to the programme. This work involved a literature review and study of policy context, covering both academic studies of inclusion in Early Learning and Care and policy documents specific to the AIM programme.

1.3.2 Consultation: Online Surveys

Two mainly quantitative online surveys of Early Learning and Care settings and parents/guardians (171 and 90 completed respectively) were conducted. The aim of these was to understand how AIM was working for children with disabilities and for their ECCE providers and to gain some initial insights into various aspects of AIM.

1.3.3 Consultation: Stakeholder Interviews

Interviews were conducted with two sets of stakeholders – almost forty stakeholders in total. Some were directly involved in design and delivery of AIM supports (e.g. the City/County Childcare Committees, the Early Years Specialist Service, the Health Service Executive and Pobal) and were able to talk in depth about processes and how things were going from the delivery perspective. Others were consulted as representatives of the disability sector, children's sector and service delivery organisations. These stakeholders gave a valuable insight into the impact of AIM on children with disabilities.

1.3.4 Case Studies

Five case studies were completed. They were designed to look in detail at individual children and their journey through ECCE and AIM. The cases were selected in a purposive way, to provide as much rich detail as possible about different aspects of AIM. The case studies are

intended to give a full and detailed picture of the journey through AIM and to provide depth, richness and colour to the statistical data available through the quantitative surveys and the qualitative perspectives from the stakeholder consultations.

1.4   Structure of report

The remainder of the report is structured as follows:

- Section 2 – Policy Context, Rationale and Programme Overview

- Section 3- Stakeholder interviews

- Section 4 – Early Learning and Care Settings – Survey Findings

- Section 5 – Parent/Carer – Survey Findings

- Section 6 – Case Studies

- Section 7 – Key Findings and Conclusions

- Appendices (in a separate document).

1.5   Acknowledgements

The research team (RSM with associates from TCD School of Education) would like to acknowledge the support and contribution of the DCYA AIM Team in developing this review. In addition, RSM acknowledges the valuable contributions of the AIM Project Team members. We also appreciate the engagement of parents/guardians, Early Learning and Care settings and other stakeholders in participating in the various strands of consultation and sharing information and views with us. We would also wish to record our appreciation of the support from Pobal in facilitating fieldwork with parents/guardians and Early Learning and Care settings.

2. POLICY CONTEXT, RATIONALE AND PROGRAMME OVERVIEW

2.1 Trends in Early Learning and Care Provision

2.1.1 Mainstreaming

Over the last twenty years, there has been an international movement towards inclusive practice in Early Learning and Care.[5] It is now the majority expert view that best practice in Early Learning and Care involves 'mainstreaming' supports for including children with disabilities within mainstream settings wherever possible. The evidence to support this comes from a variety of sources and approaches adopted across a number of countries regarding mainstreaming practices,[6] but reaches the same broad conclusions: when children with disabilities receive appropriate support, they do as well developmentally in mainstream schools as they do in special schools and they make greater gains in behavioural and social outcomes. Children without disabilities do not suffer developmentally in inclusive settings, but (perhaps unsurprisingly) achieve higher scores on tests of disability acceptance.[7] Although mainstreaming has not always been popular, with some anecdotal and case study evidence suggesting that some Early Learning and Care Practitioners and parents are against it, the weight of evidence is behind mainstreaming, provided that appropriate support is available for the children, parents and staff[8].

2.1.2 Support directed at settings not individuals

In this context of mainstreaming, the support given to children with disabilities becomes vitally important to achieving good outcomes. Sometimes this is financial, practical, or involves therapy or additional support. However, many children with disabilities will not need this level of individualised support to be successfully included in a mainstream pre-school room.[9] For example, Early Learning and Care practitioners can successfully include a child through creating buddy systems, using mixed aged groupings and using peer mediated instruction.[10] This 'whole setting' approach to inclusion requires a culture of inclusion and an inclusive curriculum, which is accessible to children with differing needs and abilities.[11] This model is not a 'teaching assistant' model, where an additional adult is brought in to sit with the child with a disability. Rather, the resources are allocated to help the whole setting be more inclusive and supportive of children with disabilities in general and to help specific children with disabilities to participate.[12] In a previous 'teaching assistant' model, the child with a disability often remained focused on the 'teaching assistant' and lost valuable opportunities to

---

[5] National Disability Authority, 'Briefing Paper Inclusion of Children with Disabilities in Mainstream Early Childhood and Education: The Lessons from Research and International Practice', 2011
[6] *Ibid.*
[7] *Ibid.*
[8] *Ibid.*
[9] *Ibid.*
[10] *Ibid.*
[11] *Ibid.*
[12] *Ibid.*

engage with the class leader and with their peers. It was sometimes more isolating than inclusive. AIM seeks to avoid this by targeting support at the whole setting rather than the individual child. In practice, this means that instead of a teaching assistant to help an individual child, a teaching assistant may be provided to reduce the adult-to-child ratio for the whole pre-school room.

Although some children with disabilities will need additional assistance in the pre-school room to fully access and take advantage of their ECCE provision, it was initially estimated that this would only be necessary in the case of around 1-1.5% of children with disabilities[13]. Many children with disabilities do not need this level of support – indeed, it may hamper their relationships with peers and class leaders if it were provided. AIM therefore works on the principle that most children with disabilities can, when appropriate supports are in place, be meaningfully included in their pre-school room without needing additional staff.

2.2   Rationale for the Programme

2.2.1 The Early Childhood Care and Education Programme (ECCE)

In January 2010, the ECCE Programme was introduced by DCYA[14]. The ECCE programme is a national programme available to all children within the eligible age range[15], to introduce them to a structured, play based experience of early learning preceding primary school. The programme is provided for three hours per day, five days a week over 38 weeks of the year. The programme runs from September to June each year and, during the period covered by this Review, there were three points of entry each year, in September, January and April respectively. In September 2018, a single point of entry was introduced. This now takes place in September each year.

This free pre-school programme is very successful, with approximately 95% of eligible children participating from the outset i.e. approximately 95% of eligible children take advantage of their right to access ECCE provision and around 95% of pre-school services provide the ECCE programme.[16] In 2016-2017, there were 127,635 registrations in ECCE, which was a substantial increase on the previous year (77,149 registrations)[17]. This increase

[13] AIM, 'Policy on the Operation of the Access and Inclusion Model', 2016.

[14] Department of Children and Youth Affairs. 'Press Release Minister for Children and Youth Affairs Barry Andrews welcomes free pre-school year in early childhood care and education (ECCE)', 2009, https://www.dcya.gov.ie/viewdoc.asp?DocID=1083, (date accessed: 02/02/2018).

[15] Children can start ECCE when they have turned 2 years and 8 months on or before the 31st August 2018 and not be older than 5 years and 6 months by the end of June (this eligibility criteria comes into effect on 1.9.18), DCYA,https://www.dcya.gov.ie/viewdoc.asp?fn=%2Fdocuments%2Fchildcare%2FChildcareMainPage.htm&nID=1, (date accessed, 08/10/2018).

[16] Department of Children and Youth Affairs, "Over 100,000 Children now in free childcare 95% of eligible children availing of scheme", Statement by the Minister for Children and Youth Affairs, Dr Katherine Zappone, 2017, https://www.dcya.gov.ie/viewdoc.asp?DocID=4097 (date accessed: 02/02/2018)

[17] Note: the number of registrations is higher than the number of children accessing the profile, as some children change settings during the year, or register in more than one setting (e.g. if childcare is split between separated parents).

is a direct result of changes in the programme provision allowing children to avail of ECCE for two full pre-school years.[18]

2.2.2 Inter-Departmental Group Report – Supporting Access to the ECCE Programme for Children with a Disability

An Inter-Departmental Group (IDG) was established in June 2015 with the task of formulating a model to support access to the ECCE programme for children with disabilities. The IDG group included senior officials from DCYA, the Department of Education and Skills (DES) the Department of Health (DoH) The IDG based its conclusions on national and international evidence. The IDG concluded that an evidence-based child centred model would generate positive outcomes for children with disabilities and promote collaborative working between education and health services.

In November 2015, the Government launched the IDG report 'Supporting Access to the ECCE Programme for Children with a Disability'[19] which outlined the vision for an inclusive, child-centred model of support, to ensure that children with disabilities can access and participate in the ECCE Programme in mainstream pre-school settings. The report also advocated more collaborative working between education and health services to ensure that children with additional needs have full access to the ECCE programme.

The Government committed funding in Budget 2016 to support implementation of the new model from September 2016 onwards.[20]

2.2.3 AIM (Access and Inclusion Model)

The Access and Inclusion Model is designed to help children with additional needs have full access to and get full benefit from the ECCE Programme. In June 2016, an initial investment of €15m was made in AIM. Annual costs of AIM were initially projected to rise to €40m per annum by 2020.

AIM was formally launched in June 2016 to allow ECCE settings to prepare for the September intake of children. Its goal is to 'empower service providers to deliver an inclusive pre-school experience, ensuring that every eligible child can fully participate in the ECCE Programme and reap the benefits of quality Early Learning and Care.'[21] It is a highly collaborative, cross government initiative, with implementation shared across several bodies. AIM is a child-centred model, involving seven levels of progressive support based on needs of the child is designed to be responsive to each child's needs, in the context of their pre-school setting.

---

[18] POBAL Early Learning and Care Sector Profile 2016/2017
https://www.pobal.ie/Publications/Documents/Early%20Years%20Sector%20Profile%20Report%202016-2017.pdf,(Date accessed: 02/02/2018)
[19] NDA, 'Supporting Access to the Early Childhood Care and Education (ECCE) Programme for Children with a Disability; Report of the Inter-Departmental Group', 2015.
[20] AIM, http://aim.gov.ie/. (date accessed 08/10/2018).
[21] Ibid.

2.2.4 Rationale for AIM Levels 1-3

International experience and research evidence suggest that building capacity and providing training to Early Learning and Care practitioners is more likely to break down barriers to the inclusion of children with disabilities than legislation or other legal instruments.[22] There is a large body of literature on the factors that contribute to quality, including lower adult-to-child ratios, class sizes, educational level of staff and salaries of staff. The inclusion of parents of children with disabilities in this training is reported to be particularly powerful.[23]

To plan and prepare for a child's enrolment and participation in pre-school, parents and service providers need relevant, up to date, consistent and accessible information. They need to know what supports are available and how they can be accessed.

A 2010 study by the National Early Childhood Technical Assistance Centre (NECTAC)[24] found that a key indicator of quality inclusive practice in Early Learning and Care settings was the quality and accessibility of information on inclusion. The report suggests that parents and Early Learning and Care practitioners and their managers need access to clear, consistent and up to date information regarding Early Learning and Care services and support. Without this, pre-school settings are less able to access support available to children with disabilities[25] and as a result, inclusion becomes more challenging. Information facilitates informed conversations between parents and staff about how children with additional needs can be included in the ECCE setting.[26]

2.2.5 Rationale for AIM Level 4

International evidence[27] suggests that even where staff and parents share a culture of inclusion, other factors can lead to the exclusion of children with disabilities from full participation in their Early Learning and Care. In these cases, the United States National Early Childhood Technical Assistance Centre (NECTAC)[28] has identified that practitioners may need specialist advice and guidance to help include a child with additional needs in the pre-school room. However, a 2007 report by the Disability Equality Specialist Support Agency (DESSA) confirmed that the majority of pre-school early education services did not at that time have access to support from specialists.[29]

---

[22] http://siolta.ie/media/pdfs/01_insights_on_quality.pdf
[23] Ibid.
[24] NECTAC, 'Quality Indicators of Inclusive Early Childhood Programs/Practices', 2010.
[25] National Disability Authority, 'Briefing Paper. Inclusion of Children with Disabilities in Mainstream Early Childhood and Education: The Lessons from Research and International Practice', 2011.
[26] Ibid.
[27] K. Purdue, 'Barriers to and Facilitators of Inclusion for Children with Disabilities in Early Childhood Education', *Contemporary Issues in Early Childhood,* Vol 10, 2009.
[28] NECTAC, Quality Indicators of Inclusive Early Childhood Programs/Practices, 2010.
[29] DESSA, 'Play for all, Providing play facilities for disabled children', 2007.

The National Disability Authority (NDA) report[30] outlined specific issues in the provision of this support to Early Learning and Care settings in an Irish context. Ireland's population is dispersed and there is a need to upskill the workforce in the Early Learning and Care sector. (It is worth noting that AIM does provide some Continuous Professional Development (CPD) and routes to attaining qualifications for example through LINC). Given these challenges, the report recommended a visiting support model i.e. mobile or peripatetic expert personnel who could provide specialist support to a number of settings in specific geographic areas or networks. The report suggested that these teams should be multi-disciplinary in nature and should include special education expertise. This is in line with the Ready to Learn White Paper,[31] which made similar recommendations. The literature suggests that collaboration between these specialist personnel and Early Learning and Care staff is key to ensuring more children with additional needs go to mainstream pre-schools.[32] As with other levels, these changes reflect the shifting of support from placing one adult to support an individual child to supporting a whole setting to include a child.

2.2.6 Rationale for AIM Level 5

In 2011, the NDA reported that some early childhood education care settings in Ireland who have turned away children with disabilities cited physical access issues[33]. More recently (2015), the IDG reported that "*ECCE settings committed to inclusive practice have expressed difficulties in the past accessing the required financial assistance to support individual children*"[34].

However, under equality legislation, early childhood education care settings should not refuse to accept children with disabilities who could be reasonably accommodated. Whilst many children have such needs met through the HSE (and associated Voluntary Agencies), some do not, or, delays involved may be detrimental to the appropriate inclusion of the child.

Therefore, the rationale for AIM Level 5 support was to supplement such supports (rather than replace them) with the scheme only to be used for alterations or equipment critical to the child's enrolment or inclusion in pre-school. Support under AIM Level 5 is has been developed to address practical needs of children with disabilities for example:

---

[30] National Disability Authority, 'Briefing paper inclusion of children with disabilities in mainstream early childhood and education: The lessons from research and international practice', 2011.

[31] Government of Ireland, 'Ready to Learn, White Paper on Early Childhood Education', 1999. https://www.education.ie/en/Publications/Policy-Reports/Ready-to-Learn-White-Paper-on-Early-Childhood-Education.pdf

[32] National Disability Authority, 'Briefing paper inclusion of children with disabilities in mainstream early childhood and education: The lessons from research and international practice', 2011.

[33] NDA (2011). Briefing Paper. Inclusion of Children with Disabilities in Mainstream Early Childhood and Education: The Lessons from Research and International Practice.

[34] Supporting Access to the Early Care and Education Programme for Children with a Disability – Report of the Inter-Departmental Group (2015)

- some children with disabilities require specialised equipment to enable their inclusion in pre-school or, on occasion, minor alterations to the physical environment.

- potential issues regarding accessibility were reported in research conducted by the NDA (2011) 35 highlighted that "…other countries reported that accessibility of older buildings is an issue…."

2.2.7 Rationale for AIM Level 6

Whilst many children with disabilities in mainstream pre-schools already access the required level of therapeutic support (for example, Speech and Language Therapy, Occupational Therapy and Psychology) from the HSE / HSE funded voluntary agencies to meet their needs for pre-school inclusion, some children and providers cannot access this support. This can severely constrain participation and inclusion.

Therefore AIM Level 6 has been designed to provide for access to therapeutic services where they are critical to enable the child be enrolled, and fully participate, in the ECCE Programme[36.] They are aimed at prevention, early interventions and generic intervention and seek to address gaps in provision and complement rather than replace existing interventions.

2.2.8 Rationale for AIM Level 7 - Additional Support

Although additional support in the pre-school room is often favoured by Early Learning and Care professionals and parents, if meaningful peer interaction is viewed as the goal of inclusive practice,[37] then too much adult involvement can lead a child with a disability to engage with the helping adult, instead of their peers.[38]

However, DCYA recognises that there will be a minority of children (between 1 and 2 percent[39]) who require additional capitation to allow additional support in the pre-school room. The IDG report (2015) noted a link between ratios of adults to children and the quality of care provided and found that a higher ratio of adults to children improved the quality of inclusion related support. The addition of one adult in the pre-school room may allow the setting to accommodate several additional children with disabilities and complex needs.[40 .]

A good 'rule of thumb' for the purposes of calculating ratios is to count the child with a disability as two children – so where the ratio in the ECCE programme is 1 adult to 11 children without disabilities, it would be reduced to 1:7/8 where three children with complex

---

[35] NDA (2011). Briefing Paper. Inclusion of Children with Disabilities in Mainstream Early Childhood and Education: The Lessons from Research and International Practice.
[36] Supporting Access to the Early Care and Education Programme for Children with a Disability – Report of the Inter-Departmental Group
[37] Odom & Diamond 1998
[38] *Ibid.*
[39] Inter-Departmental Group (2015) Supporting Access to the Early Childhood Care and Education (ECCE) Programme for Children with a Disability
[40] Level 7 Guidance notes on additional capitation

needs are included.[41] The focus of AIM is less on providing an individual to 'sit with' a child and more on making more adults available to deal with the group as a whole and support the group leader.

---

[41] *Ibid.*

3. STAKEHOLDER INTERVIEWS – KEY FINDINGS

3.1 Introduction

The research team proposed some stakeholders to be consulted in the research bid; these were discussed with the AIM Project Team at the Project Inception Meeting. Further suggestions and amendments were taken into account to reach a final agreed list. Almost 40 stakeholders were consulted:

- 24 directly supporting the delivery of AIM (findings from these reported in section 3.2) and
- 13 with an interest in or experience of AIM including both disability sector and children's representative organisations and some organisations involved in service delivery to people with disabilities (findings from these reported in section 3.3).

Tables 1 and 2 below provides further details of those consulted.

Table 1: Consultations with stakeholders directly supporting the delivery of AIM

Number of consultees	Organisation	Role
2	Department of Children and Youth Affairs (DCYA)	Chair of Inter-Departmental Group (IDG) and Cross-sectoral Implementation Group (CSIG)
1	Department of Education and Skills (DES)	Education stakeholder
8	Better Start	AIM Level 4 – including group of Early Years Specialists/Better Start Co-ordinators
1	Early Childhood Ireland (ECI)	Provided 'DEI Train the Trainer' training programme to CCC staff/representatives.
1	Tusla, Child and Family Agency	State agency responsible for improving wellbeing and outcomes for children
1	Department of Health (DoH)	Health and wellbeing stakeholder
1	Health Service Executive - Social Care (Disabilities)	AIM Level 6 - Therapeutic Supports
1	Clare County Childcare Committee	Provides statistics in relation to number of pre-school staff who have participated in 'Diversity, Equality and Inclusion' training - delivered by City and County Childcare Committee (CCC) staff.
5	Pobal	Staff involved in oversight of Levels 5 and 7

Number of consultees	Organisation	Role
		Staff involved in provision of statistics in relation to all areas of AIM recorded on Pobal online PIP system.
2	Mary Immaculate College (MIC)	Contracted to run Leadership for Inclusion (LINC) programme for up to 900 childcare workers per year, commenced September 2016.
1	Institute of Technology Blanchardstown (ITB)	Contributed to Diversity, Equality and Inclusion (DEI) Charter & Guidelines (DCYA, 2016); involved in development of training & peer mentoring

Table 2: Consultations with Stakeholders with an interest in or experience of AIM including disability sector representative organisations and organisations involved in service delivery

Number of consultees	Organisation	Role
1	National Disability Authority (NDA)	Independent state body providing expert advice on disability policy and practice to the government and the public sector
1	National Council for Special Education (NCSE)	Independent statutory body set up to improve delivery of education services to children with special educational needs and disabilities
1	Parents' Representative	Parent representative (of children with disabilities) on Cross-Sectoral Implementation Group (CSIG)
1	Disability Federation of Ireland	Represents the interests and the expectations of people with disabilities to be fully included in Irish society. It comprises organisations that represent and support people with disabilities and disabling conditions.
1	Inclusion Ireland	National association for people with an Intellectual Disability
1	Down Syndrome Ireland	Dedicated to being the primary source of information and support to people with Down syndrome, their families and the professional

Number of consultees	Organisation	Role
		community.
1	Irish Autism Action	A charity which provides information on education and intervention support, advocacy, counselling, home based support, research information and advice for families with autism.
1	Children's Rights Alliance	Unites over 100 members working together to make Ireland one of the best places in the world to be a child, by making sure that children's rights are respected and protected.
1	Disability Equality Specialist Support Agency (DESSA)	A national community development organisation, which seeks to develop and deliver social inclusion initiatives to people with disabilities and their families.
3	Brothers of Charity	The Brothers of Charity Services in Ireland provide a variety of services and supports to people with an intellectual disability or autism, and their families, throughout Ireland
1	Enable Ireland	A charitable organisation which provides free support services to children and adults with physical, sensory and intellectual disabilities.

Interviews were conducted with the above stakeholders. In these interviews, we sought to explore stakeholder views on how implementation of AIM is progressing, what is working well and what could be improved. Although at an early stage of implementation, we also wanted to understand to what extent impacts are being seen for children and pre-school settings and their staff as a result of AIM.

Key findings from stakeholder consultations are reported in Sections 3.2 and 3.3. The following approach has been adopted to provide a guide as to the strength of responses:

- All – all consultees.

- Most – at least three quarters but not all consultees.

- Majority – between half and three quarters of consultees.

- Some – between a quarter and a half of consultees.

- A minority – less than a quarter of consultees.

- Very few – 1 or 2 consultees.

3.2 Key Findings – AIM Project Team

The findings presented in this section are based on consultations with those involved in supporting the delivery of AIM, in some cases supplemented with information from reports in the public domain (which is noted where it arises).

3.2.1 Recognition of complex context into which AIM introduced

It is important to note the context into which the AIM model was introduced as this has a bearing on many of the issues arising in consultations. Consultations with stakeholders involved in the delivery of AIM acknowledged these issues. The context in which AIM operates is complex – for example:

- Diverse sector in respect of settings with a variety by setting size, location (urban/rural), geography, type (private, community). This perception amongst most stakeholders is supported by the Pobal sector profile report.

- Diverse workforce in respect of factors including age profile and experience (years), qualifications, etc.

    – This perception amongst stakeholders is supported by the Pobal sector profile report. According to the Early Learning and Care sector profile report 2016-2017, overall, 92% of all staff had a qualification equal to or higher than NFQ Level 5 and a further 63% of all staff had a qualification equal to or higher than NFQ Level 6. This represents an increase on figures reported in 2015/2016 of 4% and 7%, respectively. It should be noted that these figures include staff on employment schemes/other government funded programmes, such as Community Employment (CE). For staff directly employed by the facility, the rate of qualification to NFQ Level 5 or higher is 95% and 67% to NFQ Level 6 or higher. 7% of all staff employed within Early Learning and Care settings in Ireland have no childcare qualification.[42]

- Ongoing, widely recognised need (by some stakeholders) for professionalisation of workforce (to which AIM contributes):

    – The Early Learning and Care sector is still in the process of professionalising, with a few staff with no qualifications and many staff with only NFQ levels 5-6 (below university level). This indicates the presence of some deficit in training and skills.

    – More recently (April 2018), however, the Minister for Children and Youth Affairs announced a new Continuous Professional Development (CPD) initiative[43] including:

        ▪ Better Start National Early Years Quality Development Service will be the national lead for the management and oversight of a new CPD initiative.

---

[42] Pobal (2017), Early Learning and Care Sector Profile, 2016/2017.
[43] https://www.dcya.gov.ie/docs/EN/Press-Releases-copy-dcya-gov-ie-2018/81/4698.htm

- A pilot initiative will be rolled out in 2018 to Early Learning and Care practitioners attending the AIM Hanen Teacher Talk and Lámh training programmes.

- A bursary of €13 per hour for up to 3 days that will be paid directly to the practitioner or the equivalent payment to the service to cover the paid leave of the staff member is envisaged.

- DCYA & Better Start will, over time, develop infrastructure for the future development of CPD supports and funding.

- Historically, there has been a lack of access to Early Learning and Care provision for children with disabilities/additional needs and a lack of consistency in supporting children with disabilities/additional needs. Whilst there was ad hoc (some localised) good practice, many were also excluded. This issue was raised by some stakeholders. It is also articulated and described in more detail in various papers including, specifically, the NDA Briefing Paper (2011) and other sources.

  - The NDA paper reflected on the following: In 2009, the provision of pre-school services for children with disabilities in Ireland was 'a varied tapestry' with some excellent provision in some areas and some settings and in others, some evidence of bad practice, including some evidence that some children with disabilities were being denied their pre-school place simply because they had a disability.44

  - Despite its popularity, ECCE was not designed for children with disabilities and additional needs and no specific support was offered to these children within the original programme. [45] Additionally, the funding and structure of support available varied across the country. This led to a situation where there were areas with disability specific services, or no services available at all. In other areas, there were long waiting lists, with impacts on outcomes for children with disabilities [46.] ECCE also offered other opportunities which were not being taken. For example, ECCE (like other universal programmes) provided an opportunity to screen and identify children with delays or who were at risk of developing special education needs. This opportunity was not being taken, according to the IDG report in 2015.[47]

- A perception (by some stakeholders) that the Early Learning and Care sector is under-funded/resourced, underpaid, over-regulated but also flexible and responsive.

- Competing demands on staff time in Early Learning and Care settings for training/development including, for example, Child Protection, GDPR, Síolta, Aistear – an issue raised by a few stakeholders.

---

[44] NDA (2011). Briefing Paper. Inclusion of Children with Disabilities in Mainstream Early Childhood and Education: The Lessons from Research and International Practice.
[45] Ibid.
[46] The National Reference Group on multidisciplinary disability services for children aged 5 to 18 years, 2009
[47] DCYA, 'Report of Inter-Departmental Working Group: Future Investment in Childcare in Ireland', 2015

It is widely recognised by stakeholders that AIM closely complements work in a number of policy areas including health, social care and education. The interface between AIM and these is critical; recent policy developments in these related sectors (briefly described below and drawing on published sources where referenced) are relevant to the future of AIM:

- Education: supporting as seamless a transition between pre-school and primary school as possible is something that AIM can contribute to, for pupils with additional needs. Whilst there is somewhat of a mismatch between the AIM model of support in pre-schools and the support currently available in primary schools for children with additional needs[48], the recent review of the Special Needs Assistant (SNA) scheme proposes a change in the format which would be more closely allied to AIM. Some stakeholders specifically mentioned that AIM was not designed to be an SNA model. The NCSE review (2018) of the current SNA model[49] concluded that a better model of support is required. The report recommends that DES introduce an improved model of support for pupils with additional care needs. A frontloaded allocation model is recommended to ensure that SNA posts are in school and available immediately upon arrival, alongside the adoption of a continuum of support framework that can provide individualised support, as indicated by the child's identified level of need. Suggestions are also made to increase the availability of training for staff in schools to help them better support children with additional needs, alongside a better availability of support to children through the development of NCSE Regional Support Teams. Furthermore, a recommendation is made to rename Special Needs Assistants as 'Inclusion Support Assistants' in an attempt to better reflect the increased focus on developing pupil independence. If the proposed model is implemented, the NCSE is confident that schools will be better able to support pupils with additional needs to achieve better outcomes through a support service that is more available and delivered by appropriately qualified and trained personnel.

- Health/Therapeutic Interventions: The Health Service Executive (HSE), which provides support through Early Intervention Teams as well as health interventions under AIM, is a large and diverse organisation. Structures and working practices vary across the country and the organisation is also undergoing internal re-organisation.

Thus, it is clear that AIM operates at the interface between different organisations, sectors and interest groups. At a policy level, this includes those with an interest in childcare, education and health; at a delivery level this includes both statutory and voluntary organisations.

---

[48] The current Special Needs Assistant (SNA) scheme funds schools to recruit adult support to enable pupils with additional care needs to attend school. The scheme currently supports 34,600 pupils in primary, post-primary and special settings

[49] NCSE, 'Comprehensive Review of the Special Needs Assistant Scheme, A new school inclusion model to deliver the right supports at the right time to students with additional care needs', 2018.

- Despite this complexity, with significant investment supporting the initiative, AIM was developed and launched in relatively short timeframe – necessitating a rapid pace of change within the sector.

3.2.2 Areas that are working well

All of the stakeholders consulted who were involved in the delivery of AIM were very supportive of AIM, citing many advantages and benefits of the way it had been developed and implemented.

As a national programme available to all settings offering the ECCE programme, it provides a **consistent and uniform approach** to supporting children with additional needs in Early Learning and Care settings. With **inclusivity** at its core, the model is deemed to be **accessible and equitable**. Other important and positively-regarded features of the intervention are that it is **child-centred** and **non-diagnosis-led** (specifically mentioned by some consultees).

Some stakeholders also welcomed the levels of support available through AIM with **graduated support to address identified needs**, ensuring that supports are tailored to each individual's specific requirements, rather than a 'one size fits all' approach.

Stakeholders involved in the AIM Project Team and/or associated Working Groups reported extremely positive experiences of **collaboration and co-operation** across departments, agencies, organisations and sectors. There was felt to be a willingness to engage and make things work and the structures in place (including the CSIG, AIM Project Team and Working Groups) to assist with implementation were positively regarded. Many stakeholders commented on the model/approach and how they would be keen to see it work in other areas. They were particularly complimentary about the way in which the **AIM Project Team has been run and the intervention implemented,** commenting on:

- The effectiveness of the DCYA leadership.

- The commitment and engagement of team members.

- The AIM Project Team and implementation of the intervention being tightly run, well managed and fast paced.

- Having appropriate people on the AIM Project Team by design (with the authority to make prompt decisions).

- The responsiveness and practical approach adopted as issues emerged during the roll out of AIM was welcomed - with pragmatism and problem solving in evidence.

There was also a wide range of positive feedback on the specific interventions offered through AIM.

- **AIM Levels 1 – 3: Universal Supports**
  - In general, the information, material and training provided was regarded as being useful in terms of raising awareness, sharing information/signposting and underpinning

capacity development. It was also regarded positively as addressing in part wider needs for CPD and upskilling.

– Some stakeholders specifically referred to the EDI training in very positive terms – working well and receiving positive feedback and good levels of interest/uptake.

– There was very positive feedback on the delivery of LINC with some stakeholders (those more familiar with it) commenting on the low level of drop out; evidence of increasing interest and demand for the programme (case for expansion) and its support for the professionalisation of the sector.

– LINC is the subject of ongoing evaluation and the LINC programme delivery team indicated that they were responsive to this and seek to deliver continuous improvement.

– Mary Immaculate College (MIC) is due to publish a paper on best practice (culture, practice and pedagogy) that has emerged through delivery of LINC. LINC has provided an opportunity to capture and disseminate this practice.

- **AIM Level 4 – Early Years Specialists**

  – This relatively new team of specialists has developed and implemented approaches learning from good inclusive practice.

  – They seek to play a positive/supporting role for Early Learning and Care practitioners (helping to build their capacity) as well as for parents. Some stakeholders stated that, in some cases, through the Early Years Specialist (EYS), this may be first time that a parent heard positive feedback about what their child can do and welcomed the use of language that was strengths-based, rather than deficit-based.

  – As well as supporting practitioners and parents, the EYS have a role to play in signposting to/accessing other supports. Key to this, during the early stages of AIM, has been the development of understanding and relationships with colleagues in HSE in relation to the respective knowledge, skills, roles and supports they offer. Whilst there had been some initial misunderstanding and perhaps trepidation about roles overlapping or straying into each other's territory (an issue acknowledged by both Better Start and HSE), a number of joint presentations (delivered on Community Health Organisation (CHO) area by area basis by HSE staff, Better Start staff and CCCs) were given to clarify aspects of the roles and consolidate the complementary and mutually supportive nature of these.

- **AIM Level 5 – Equipment/Minor Alterations and AIM Level 7 – Additional Capitation**

  – Supports under AIM Levels 5 and 7 are accessed through similar application processes. Applications are subject to a rigorous assessment process undertaken by Pobal with quality assurance and learning processes built in. This includes: regular meetings to review scoring, provide moderation and ensure consistency in scoring and peer review (where Pobal staff assess applications and their colleagues/peers within Pobal review these (all in the case of AIM Level 5 applications and a sample in the

case of AIM Level 7 applications)). There is also an upward review process. The processes were felt to be working well and Pobal has been and continues to be responsive to requests to amend/streamline the process where practical to do so as the intervention was implemented and 'bedding in' issues arose.

- **AIM Level 6 – Therapeutic supports**

  – Additional resources provided to HSE to facilitate the provision of therapeutic supports were welcomed.

  – As described above under AIM Level 4, joint presentations (delivered on CHO area by area basis by HSE staff, Better Start staff and CCCs) to build knowledge and understanding between those who provide health and Early Learning and Care interventions (HSE and Better Start) to counter misunderstanding/perception, etc.

- **Other**

  – AIM Inclusive Play resource packs (not part of initial plans). Some stakeholders commented on these – indicating that they generated a lot of good will and were felt to contain high quality material and guidance which helped with awareness raising.

  – Some stakeholders felt that AIM helped with strategies for transition from pre-school to primary school and supports communication between pre-school and primary, etc.

3.2.3 Areas for development

Stakeholders identified a number of broad areas in which there was scope for improvement

- Due to the universal nature of AIM, one stakeholder noted there is a **lack of control group** against which the progress/performance of AIM may be compared.

- Due to the rapid pace at which AIM was implemented, it was not possible to develop a **bespoke IT system.** An existing Pobal system has been adapted for AIM, though it has had some teething problems which have been resolved on an ongoing basis. (These issues were highlighted by those most directly involved including, Pobal and Better Start).

- **Communication** is a fundamental issue underpinning the ongoing success of AIM. This was recognised and raised by most stakeholders. Whilst there is a wealth of information available about AIM, it is timely to consider some improvements including:

  – Language/terminology/definitions: the use of 'disability' is potentially misleading and can be contentious/divisive. 'Additional needs' provides a broader term which some stakeholders and parents are more accepting of.

  – There is mixed experience in terms of what parents understand to be available through AIM. Whilst the AIM website offers a plethora of information, it is relatively dense and can be difficult to navigate for parents/guardians.

- Due to the rapid pace at which AIM was implemented, not every setting may fully embrace the intervention yet. It is important to engage widely and ensure AIM reaches the **broadest possible range of settings,** including, for example, smaller settings, rural

settings, those who may be 'fearful' of change (this issue was mentioned by a minority of stakeholders).

- Scope of AIM

  - There are implications of including children with **very complex and/or medical needs** in pre-school settings, both for the child and for others in the setting. It is important that these are fully considered in terms of practicality/feasibility of the child participating in the pre-school setting so that all necessary supports are in place for all involved. This includes situations where the nature of support required is nursing intervention and, in rare cases, support following the death of a child with complex needs. The issue of catering for children with complex needs was mentioned by the majority of stakeholders consulted.

  - AIM is currently available as part of ECCE provision – there is an argument that, to build on the foundations of an inclusive culture, **AIM should be expanded** and made available for more hours/weeks in the year. This was mentioned by the majority of stakeholders.

  - Whilst AIM provides a wide range of supports centred on the child, there may be merit in introducing a '**family support' element** to complement the provision for children in line with other models of good practice. This issue was mentioned by a few stakeholders.

Reflecting on more specific issues associated with the different supports/interventions on offer through AIM, stakeholders identified the following areas for improvement

- **EDI Training/Other Training**

  - There is a need to ensure that the coverage/uptake of training covers all geographies. A minority of stakeholders mentioned this.

- **LINC**

  - Eligibility for LINC is limited to 1 trainee per setting: consideration for exceptions to this would be welcome in larger settings; also, in instances where the practitioner who had been trained then moved on.

  - Building community of practice in relation to LINC – having invested in training practitioners, there is felt to be scope to provide ongoing support for INCOs in their new role and help them to develop in that. A minority of stakeholders mentioned this.

- **AIM Level 4 – Early Years Specialists**

  - The need to continue to build and develop relationships/understanding with others in the sector, particularly with HSE around AIM Level 6 is apparent, according to some stakeholders.

- **AIM Level 5 – Equipment/Minor Alterations**

- Some stakeholders mentioned some areas for improvement focused on process including: reduce timescales between: approval and equipment being provided; equipment provided and available to use (which may require sign-off on installation by a therapist and perhaps training etc.).

- Consideration of an asset management function was proposed by one stakeholder in terms of dealing with equipment after a child leaves the pre-school setting (and whether the equipment may perhaps be available to recycle/re-use).

- **AIM Level 6 – therapeutic supports**

  - As noted under AIM Level 4, some stakeholders said there is a need to continue to build understanding between those who provide health and Early Learning and Care interventions (HSE and Better Start).

  - Some stakeholders said there is a need for greater accountability in relation to the additional resources from AIM which were allocated to HSE. It is worth noting that HSE has begun a process of developing KPIs to measure its activities in relation to AIM; this process was introduced after the period with which this review is concerned.

- **AIM Level 7 – Additional Capitation**

  - Areas cited for improvement under this Level are not all within the remit of AIM. The key issue (mentioned by the majority of stakeholders) is delays experienced between accessing funding and appointing staff due to difficulties with recruitment issues to fill part time posts. One solution proposed was to introduce panels on a local/regional basis.

  - The majority of stakeholders also indicated that there is also a need to raise awareness/understanding of how AIM Level 7 operates in practice so that settings recognise that, while a separate AIM Level 7 application must be made in respect of every child in the setting who may require AIM Level 7 support[50], in some cases, it may be found that a shared allocation of additional capitation is sufficient to support the participation of more than one child in the same setting.

  - Where it is used to fund an additional staff member in the pre-school room, AIM Level 7 additional capitation is a shared resource for all children in the setting, rather than a one-on-one assistant, as was the case under previous Special Needs Assistant (SNA) models.

  - There is also a need to educate parents who may misunderstand the application and provision of AIM Level 7 support; it was reported by some stakeholders that some parents believe that if AIM Level 7 support is not provided at pre-school they will not be able to access an SNA at primary school for example.

---

[50] This allows the needs of each individual child to be assessed.

3.2.4 Perceived Impact of AIM

Despite the rapid pace at which AIM was introduced and it being relatively early in terms of its implementation, most stakeholders identified broad areas in which it was perceived to be having a positive impact (albeit qualitative). These included:

- Within the sector/within settings:
  - More inclusive culture amongst staff and in settings.
  - Increasing capacity and confidence – upskilling and empowering staff in the sector to support children with disabilities/additional needs.
  - Beginning to bring about changes in attitudes, environments, etc.
  - Greater consistency and accessibility.
- Impacts on children with additional needs who are being supported through AIM – in terms of inclusion/access to pre-school settings and consequent impacts on parents/families and other children.
- Building positive relationships and understanding between those who support children in pre-school settings in a variety of departments/agencies/organisations.
- A model of collaborative working which had benefits for all of those involved and is widely regarded as offering a model of good practice.
- Putting in place the groundwork for longer term societal change.

With the introduction of a nationwide consistent approach to interventions to support children with additional needs in pre-school settings, it is possible that services offered by some private therapists/support groups may be displaced. This was only mentioned by some stakeholders.

3.3   Key Findings - Disability Sector

All of the findings presented in this section are based on interviews with disability sector representative organisations or those involved in service delivery to people with disabilities including children.

3.3.1 Rationale for AIM

All consultees in the disability sector (umbrella bodies and provider organisations) welcomed and supported the rationale for AIM. They felt it reflected best practice, it was 'admirable' and 'the right thing to do.' Most consultees recognised the complexity and diversity in the sector and the issues that these would pose. They did, however, introduce a note of caution, with one reflecting on the rapid pace with which significant changes had been introduced, but also on the need to allow time for impacts to be realised:

> *'We need to give it time, we need to allow society to change their attitudes a bit, too. One thing I noticed is that, once the (AIM) team got the wind in their sails, they were moving forward come Hell or high water. They took it from track to line in 18 months or 2 years. That's great, but you can't expect the results to be that fast.'*

Some stakeholders expressed concerns that AIM's goals are 'too high level and idealistic' and that a 'good model' is being laid over a 'problematic sector'; also, that there was a need for concerted and ongoing substantial support.

Summing up the perspectives, one stakeholder commented:

> *'Lofty is a nice way to describe these goals. A lot of it is above my head and I have been working in this area for years. The basic idea of an inclusive culture is a lovely notion and a lovely idea and it's what we strive for. At the end of the day, we want all our children included. But the appropriate interventions and supports have to be put in place to achieve that. It's not good enough to have a coordinator giving generalised goals to staff and then walking away and leaving them to it.'*

3.3.2 Areas that are working well

Stakeholders were very supportive of AIM, citing many advantages and benefits of the way it had been developed and implemented.

- **Cross-Departmental Working**: Most consultees described AIM as a 'model of good practice' from inception, development, roll-out and through cross-department/agency working. This was manifested in the 'can do' attitude of the working group, who 'refused to take no for an answer', 'expected to see progress on key issues and if there was no progress, it would be escalated.' Most stakeholders reported 'exceptional' and 'unprecedented' level of working across different agencies to achieve common goal. In particular, they provided specific and positive feedback in relation to:

  – Investment provided by the government, which 'sent the right signal about AIM.'

- Different departments working together with others to create and deliver training, website and other aspects.

- How the chair set expectations and followed them up with progress reports.

- Involvement of representatives of stakeholder groups 'as equals,' and willingness of the team to take their views and concerns seriously.

- Authority level of individuals involved in the group: individuals at high enough level in their organisation to make decisions/enact changes and policies as required. If authority not in the room, individuals were willing to take prompt action to ensure that desired outcomes would be achieved.

- **Coverage of AIM**: Some consultees reported that most pre-school staff do seem to know about AIM, but there was a perception that some types of settings (for example, the smaller, single sole trader services) would be less likely to know about AIM or not taking part in AIM. However, stakeholders report that nearly all the businesses and staff throughout the sector know at least the basics about the AIM.

- **Information (including website/dissemination of leaflets/telephone service):** There is a widely held perception - by most consultees - that those in the sector and parents have gained a good level of knowledge about AIM in a short period of time.

  - AIM has done '*a lot in a short time'* and that standard of communication has contributed.

  - *'AIM has changed the landscape for disabled children in Ireland.'*

  - *'Pre-schools now feel empowered to take on a child with a disability because AIM has let them know that the support is there.'*

  - '*The way that disability is talked about in pre-schools has done a complete '180'. Well, maybe not a complete '180', but it has changed a lot in a very short space of time.'*

  - Communication, including the AIM website, was fairly well regarded, although the website was considered to be a better tool for communicating with the sector than with parents. Some consultees had seen leaflets and posters disseminated to Early Learning and Care settings. These were regarded as helpful and informative with many pre-schools reported to be displaying them. These were felt to provide positive reinforcement and 'send a message' regarding inclusion to parents and staff.

- **Application processes:** Most consultees described the processes having had '*teething problems*' but were now speeding up. Generally, decision-making processes perceived to be transparent, fair and equitable.

- **Responsive to need:** The fact that AIM is led by needs, not diagnosis, is generally viewed as positive by some stakeholders in the disability sector.

- **Access to Health Intervention:** Feedback also indicated that the health/therapeutic supports were regarded as vital.

3.3.3 Areas for development

Stakeholders in the disability sector proposed several areas in which they felt AIM could be developed or improved. It is important to put these findings in context, in that some of those consulted are not directly involved in the day-to-day operation and delivery of AIM.

- **Coverage of AIM**: Some stakeholders expressed some concerns about the '*coverage*' of the AIM programme amongst pre-schools with some stakeholders reporting:

    - people being turned away from a pre-school because they had a disability, with pre-school leaders saying they don't have the resources, or that another setting might be more appropriate.

    - meeting pre-school leaders who didn't know about AIM.

    - meeting pre-school leaders who said, '*we provide ECCE, but we don't deliver AIM.*'

- **Website/Dissemination of leaflets/Telephone service:**

    - Some stakeholders had concerns about getting access to '*clear and definitive*' information on AIM from a 'central source.'

    - Communication (with parents in particular) was not perceived to be at an appropriate level and this was reported by the majority of stakeholders:

    - Some suggested a more '*practical guide*' should be developed, to make the website more accessible to parents seeking support.

    - *'It is not easy to find out how to talk to a real person, the contact details are hidden.'*

    - **Telephone service perceived to be of benefit to parents** in particular as the service currently available is for '*technical advice on filling in forms.*'

    - Parents struggled to get clear, definitive advice regarding AIM '*from a real person.*'

    - Particular '*information gaps*' where parents felt they were '*in limbo*' and would struggle to get good information locally and a central telephone line would be helpful – particularly in situations such as child about to start pre-school, transitioning to primary school; considering moving child to mainstream.

- **Managing expectations/communication/awareness raising.** Many of the issues below reflect stakeholder perceptions and/or perceptions reported to them by pre-school practitioners, staff and others. Underlying many of these issues is the need for clarity and improved understanding about support available, eligibility and processes for accessing this.

    - What AIM supports/eligibility for support.

    - Regarding AIM Level 6 in particular, most consultees reported that there is some confusion amongst parents about whether health supports fall under AIM or not. Some therapists see parents who think that being in ECCE means they can '*jump*' a waiting list.

- Some stakeholders reported that some parents had expectations raised by the pre-school in terms of help available for their child. When an application/request is subsequently rejected, this can lead to ill-will.

- Some stakeholders feel that there is a perceived lack of clarity/consistency regarding eligibility for different levels of support; this can cause confusion for parents and pre-schools. This may be reflected in differing opinions amongst professionals (e.g. Early Learning and Care staff including Inclusion Co-ordinators as well as therapeutic staff such as psychologists, etc.). In summary, there was a view that a pre-school with better facilities or more experience may be able to include a child without AIM Level 7 support. The same child in a different setting may need AIM Level 7 support. Lack of understanding of these issues amongst parents and pre-school staff, may lead to perceptions of unfairness. This may be evident in a child moving to a different pre-school and not getting the same level of support as before.

  One stakeholder commented:

    'I'm aware of a child who applied for AIM and was granted AIM Level 7 in a local pre-school. Then he moved pre-school. In fairness, the pre-school leader at the new place made the application for AIM straight away and said, "he'll be granted AIM Level 7 again," but the next thing was at reassessment they were told he didn't qualify for AIM Level 7, so they had to appeal it. He did get it. This was very confusing and difficult for the parents and everybody involved.'

- Transparency in decision-making.

  - Most stakeholders felt that a wider range of opinion should be included in decision-making about accessing support. Parental input was regarded as key.

  - Some stakeholders felt that feedback given on declined applications was not clear enough.

  - Some stakeholders felt that parents and staff required more '*handholding*' i.e. not just to be informed about the decision, but to be walked through it by professionals with some understanding of their situation.

- Implications of application being rejected

  - A minority of stakeholders reported that in some cases where a child attending mainstream ECCE has been turned down for what parents and the pre-school deem necessary support (usually AIM Level 7), parents then have two options:

    - Move child to a special pre-school.

    - Leave child in place and be subject to delays, processes and appeals, with no guarantee of a successful outcome.

  - According to some stakeholders, these parents feel that the AIM processes have left them in 'an impossible dilemma.'

- **Application processes (AIM Level 5, AIM Level 7).** All stakeholders would welcome streamlining of application processes and faster turnaround times if possible '*without compromising fairness or quality of decision making*.' Whilst there has been evidence of improvement, the current timescales are still regarded as being too long by some stakeholders. The application process allows for support to be applied for if the child is or will be availing of the ECCE Programme. Stakeholders also recognised that, whilst support may be approved relatively quickly, there can be a delay until it is in place/available to use. Stakeholders reported the longest delays in relation to AIM Level 5 supports, though there were felt to be regional variations.

- **Application for AIM Level 7 supports/recruitment difficulties.** Once AIM Level 7 support has been approved, it can be difficult to recruit staff for relatively few hours to fill the support needs of a child.

  - Most stakeholders suggested a '*central database*' of staff that could be drawn on to provide AIM Level 7 support.

  - Most stakeholders reported that pre-schools were paying the AIM Level 7 support extra hours in order to improve retention.

  - Some stakeholders reported that some parents felt that they were being short-changed by the system with funding being provided for an AIM Level 7 support worker but none being put in place (due to recruitment difficulties for a 10-15 hour a week role). This in turn has the potential to undermine trust in the pre-school setting and AIM.

  - AIM is not diagnosis-led. Some stakeholders mentioned this issue in particular, saying that this may lead to a lack of accurate, detailed information about specific disabilities, which can be vital to providers supporting children and families.

- **Access to therapeutic intervention supports (AIM Level 6):**

  - All consultees identified that there were difficulties getting access to health supports. These were discussed initially in the context of Health Services more generally, with stakeholders commenting on HSE being '*underfunded, understaffed, characterised by waiting lists of a year or more for children to get access to therapy*.' There is widespread recognition of underlying issues with the provision of health services to children, for example, speech and language therapy and long waiting lists/delays in accessing services. There are perceived to be variable waiting lists for these services across the country. Service levels (for AIM Level 6) indicate that there should be an assessment of a child's needs within 3 months and then supports should be in place within another 3 months.[51]

---

[51] Level 6, Joint Working Protocol between HSE/HSE funded Service Providers, Better Start Access and Inclusion Specialists and the Department of Children and Youth Affairs for provision of health supports for children with a disability under AIM, Issue date July 22, 2016

- With regards to the therapeutic supports offered under AIM specifically, stakeholders reported that the funding allocated under AIM for additional HSE staff/resources would have a limited impact on HSE's ability to provide services/support children to participate in ECCE. The newly created posts were not 'ring-fenced' for ECCE and this reduced their potential impact.

  - One stakeholder commented that additional funds provided for therapists were '*a drop in the ocean.*'

  - Another stakeholder reported seeing '*absolutely zero 'bounce' from the funds, in terms of ability to see children.'*

  - Another stakeholder summed this up as follows: '*It may be in that particular area, AIM is only as good as the services foundation on which it is built and the health and social care services that are there. There have been issues with getting access to speech and language [therapy] promptly. It can be frustrating for providers, parents, children.'*

- **Processes:** Some stakeholders perceived some concerns regarding the responsiveness of HSE (and, to a lesser extent, Pobal) and how this fitted with the overall ethos of AIM:

  - They were perceived to be less flexible/responsive, tending to move more slowly than the pace at which AIM rolled out; and less responsive to new requirements by changing the way they do things.

  - They were perceived to be overly bureaucratic and needing 'every form in triplicate before they can sign off on anything.'

- **Transition to Primary School.** Whilst most stakeholders feel that AIM does, in general, help children transition to mainstream primary school, in some cases, some pre-schools do not link with national schools and full information/reports may not be shared – although these could help to ease the transition process.

3.3.4 AIM links with other disability supports/services

All stakeholders in the disability sector (umbrella bodies and provider organisations) discussed the interface between AIM and other (local) organisations providing disability services to pre-school aged children.

- **Engagement between AIM and other organisations providing disability services to children.** Stakeholders expressed mixed views about AIM:

  - There were some examples of engagement with local service delivery providers. One example (cited by a local service delivery organisation) was a meeting between Inclusion Co-ordinators and a local voluntary sector provider of supports to children with disabilities to understand each other's perspectives at an early stage, with further involvement welcomed. Another example (cited by a local service delivery organisation) argued for more collaboration, given that a child was supported both by the voluntary organisation on some days and in a pre-school setting through AIM on

other days. Having sought a meeting with the Inclusion Co-ordinator, this was yet to take place.

- These examples were indicative of a perception that, generally, AIM did not '*mesh*' with local and national disability organisations, and of some duplication between AIM and their work. There were also some concerns that funding would be cut and local services currently helping children with disabilities will be told to '*leave it all to AIM.*'

- **Some stakeholders (between a quarter and a half) felt that AIM staff needed to be 'more proactive'** in bringing local supports and services together; coordinating other supports in the best interests of the child; seeking out information about specific disabilities, finding out about provisions already in place and avoiding duplication.

- **Other stakeholders felt that AIM *should* take over the role of publicly funded disability organisations.** AIM was not designed to '*replace*' or '*roll back*' local services, however, duplicating services is a waste of money. There is potential for confusion (e.g. one set of goals and support from a charity and another for AIM/differing advice) which should be addressed/minimised. Ongoing evaluation of AIM's readiness to take over from local organisations should be carried out with a view to, in the medium term, these services being rolled back, as AIM's capacity to take over from them increases.

- **Future role for AIM in supporting children with disabilities.** The stakeholders from organisations delivering disability services to pre-school aged children expressed serious concerns about stepping back in order for AIM to take over their role. They reported that:

  - AIM does not have the scope or coverage to take over from local services. It is not designed to reach all children (for example, those pre- or post- the age which ECCE supports or those of ECCE age outside the hours of ECCE provision) as it is only involved with pre-school children in ECCE.

  - Removing funding from local charities will reduce their ability to help populations not in ECCE as well.

  - Perceptions were that local services were in contact with children with disabilities from birth onwards.

  - There was a perception of insufficient capacity/skills in the workforce and that the (AIM) processes have not yet had enough time to demonstrate effectiveness.

3.3.5 Perceived Impact of AIM

Most stakeholders were able to comment on broad areas in which AIM was perceived to be having a positive impact.

Overall, there was a positive view of AIM, particularly with regards to **challenging and changing prevailing culture and attitudes** towards disability and inclusion in the pre-school sector. Most stakeholders have **high expectations of AIM and what it can go on to achieve**, based on initial successes. It is **helping large numbers of children to access**

ECCE provision who might otherwise may be excluded due to disabilities. It sends a *'positive signal'* about the Government's willingness to invest in this issue.

In terms of more specific impacts, stakeholders identified the following.

- **Early Learning and Care Sector**

  - **Sector.** All stakeholders reported that AIM has raised awareness of disability inclusion in pre-schools; it has '*opened up*' the pre-school sector to discussions around disability, additional needs and diversity. It is changing culture in pre-schools, including through the provision of staff training (staff who are most effective in bringing change). Significant changes are evident in attitudes in the sector towards disability and inclusion since the start of AIM. AIM has supported providers to say '*yes, we can take this child*'.

  - **Skills.** All stakeholders reported that AIM is contributing to the process of professionalising the Early Learning and Care sector, which, in the main, is being embraced by staff and providers. It has also helped to '*raise the bar*' for Early Learning and Care staff in terms of aspirations, skills, experiences and capabilities.

  - **Improved quality of ECCE provision**. All stakeholders reported that AIM has opened access to ECCE for children with disabilities. It has improved the quality of the experience for other children in many ways: '*enriching their education'* and *'helping peers learn about acceptance and inclusion'.*

  - Most stakeholders reported that AIM has '*made a very good start*' on **tackling inclusion issues in the sector**:

    - AIM has provided training, which has been well received and impactful.

    - AIM has provided investment in AIM to resolve some resource issues. Whilst there are still some difficulties in getting access to support in a timely fashion, the expectation is now that, if support is needed, it will be provided.

    - recognition of AIM as a *'graduated system of supports'* offering tailored supports that are responsive to needs.

- **Parents.** Most stakeholders reported that AIM has had a positive impact on parents who are empowered to seek help for their child; parents are reported to feel more confident that help will be there when they ask.

- **Other Stakeholders.** Around half of stakeholders hoped that children growing up with AIM might have more inclusive values embedded in their education and that this would have an impact on attitudes to disability more widely. Whilst AIM is focused on children with disabilities/additional needs, there are also positive changes/impacts for other children in the pre-school setting, staff, parents and the wider community.

- **Transition to Primary School**. Most stakeholders reported that AIM does, in general, help children transition to mainstream primary school – for example, equipment can go

with the child to primary school; Access and Inclusion Profile/Plan may be shared with the primary school.

- **Increasing Queries to Disability Sector Organisations.** Most stakeholders reported that disability services organisations were now dealing with queries regarding AIM. Most of these were concerned with accessing services, application processes, or how to help a particular child. Typically, parents were requesting information and clarification; requesting support in the application or appeals process (including form-filling and help to follow up); seeking information on their rights or how to get involved. Typically, pre-school staff/coordinators were requesting information regarding a specific disability; seeking information on how to strengthen an application for specific supports; and liaising with staff across agencies in connection with an individual child (e.g. providing pre-schools with disability specific information or setting up meetings between a child's private therapist and the Inclusion Co-ordinator and/or Early Years Specialist).

4. EARLY LEARNING AND CARE SETTINGS - SURVEY FINDINGS

4.1 Introduction

This section sets out the findings of a survey completed by Early Learning and Care practitioners and staff members at Early Learning and Care settings across Ireland. It is structured around the key headings within the survey.

The target group for the survey was settings in receipt of AIM support; this covers the first year of AIM implementation (i.e. September 2016 to June 2017) and part of second year of AIM implementation (from September 2017). The survey was issued via email issued by Pobal to a random sample of 20% of these settings (899). Initially, 50 settings were invited as a pilot in April 2018 and, subsequently, 849 were invited on 14th May 2018. An invitation was issued by Pobal to a further random sample of 20% (899 settings) in the week commencing 4th June 2018.

Therefore, a total of 1798 Early Learning and Care settings were invited to participate in the survey. The response rate was 9.5%. The baseline for the survey is 171 respondents, unless otherwise stated.

Full details of the methodology, response rate and a discussion on representativeness can be found in Appendix 2.

4.2 AIM Overall – impact to date

This section contained questions concerned with respondents' overall assessment of AIM.

4.2.1 Overall – Difference made by AIM

Respondents were asked about the difference AIM has made in the period since September 2016, when AIM first began to operate in pre-schools (AIM had been launched in June 2016 for the pre-school year beginning September 2016). Table 3 overleaf shows to what extent respondents agreed with a number of statements about the difference that AIM has made.

Table 3 shows that the majority of respondents Agreed or Strongly Agreed with all of the statements (at least 76.3%). The statement with the highest proportion of respondents strongly agreeing or agreeing is '**AIM has started to change the way we do things when it comes to inclusion**' with 90.6% (n=154) of respondents in agreement. The statement with the highest proportion of respondents strongly disagreeing or disagreeing is '**AIM has changed the culture at our pre-school, so it is a more inclusive culture'** with 18.9% (n=32) of respondents in disagreement.

Table 3: What difference has AIM made?

Statement	Strongly Agree & Agree	Strongly Disagree & Disagree	Don't Know or N/A
AIM has started to change the way we do things when it comes to inclusion	90.6%	7.6%	1.8%
Because of AIM, we are more able to communicate effectively about disability/additional needs and inclusion in our pre-school	87.1%	10.0%	2.9%
AIM has helped the pre-school include a child/children with disabilities/additional needs in their pre-school room.	84.7%	7.1%	8.2%
AIM has helped a child at this pre-school get the most out of their ECCE provision	85.3%	6.5%	8.2%
Learning from AIM has changed our practice around the inclusion of children with disabilities/additional needs in the pre-school room	81.8%	14.1%	4.1%
AIM has helped staff communicate with parents/guardians about inclusion and disability/additional needs	81.8%	12.4%	5.9%
AIM has changed the culture at our pre-school, so it is a more inclusive culture	76.3%	18.9%	4.7%
AIM has increased your ability to promote children's access to and participation in Aistear.	84.5%	11.9%	3.6%

Source: Review of AIM – survey of Early Learning and Care settings - RSM 2018

Note: 170 respondents answered this question.

Base: 1 response skipped the question, base is 170.

4.2.2 Overall – Extent to which AIM benefits children and people

The table overleaf depicts to what extent respondents indicated that there were benefits from AIM for various groups of people.

Table 4 below shows that the majority of respondents believe there is either substantial or some benefit for all groups (at least 78.6% up to a maximum of 91.2%). There is relatively little variation in the proportion of respondents who indicated there is limited benefit for any of the groups (ranging from 5.8% to 10.15). However, for the "other staff in pre-school group", 11.3% of respondents did not know if there was a benefit (compared to around 3% or less who didn't know for other groups).

Table 4: To what extent does AIM benefit the following children and people?

Statement	Substantial benefit & some benefit	Limited benefit	Don't Know or N/A
Children with disabilities/additional needs in the pre-school	91.2%	5.8%	2.9%
Other children in the pre-school	87.0%	9.9%	3.1%
Parents and guardians	89.8%	7.8%	2.4%
Pre-school practitioners	91.6%	7.2%	1.2%
Other staff in pre-schools	78.6%	10.1%	11.3%

Source: Review of (AIM) – survey of Early Learning and Care settings - RSM 2018

Note: All respondents answered this question.

Base: base is 171.

4.2.3 Overall – Main benefits of AIM

Respondents were asked what the main benefits of AIM were for various groups including children with disabilities in the pre-school, other children in the pre-school, parents and guardians of children, pre-school practitioners and other staff in the pre-school that their child attends. Overall, 165 respondents provided details of benefits, with 625 relevant responses in total that were categorised. A number of key themes emerged regarding the main benefits for the different groups of people.

Children with disabilities/additional needs in your pre-school

There were 156 responses that defined the main benefits of AIM for children with disabilities or additional needs in pre-school. The key themes identified are outlined below.

- **Inclusion support (25.6%, n=40):** 40 comments highlighted how AIM helped improve their inclusion in the pre-school.

- **Better adult-to-child ratio (21.8%, n=34):** 34 comments highlighted that improving the adult-to-child ratio improved the service in the pre-school.

- **Better access to additional support (14.7%, n=23):** 23 comments noted that better access to additional support offered by AIM was a benefit.

These were the main themes identified, however, additional comments were made, including:

- **Greater awareness and acceptance of the support available (11.5%, n=30)**

- **Overall general positive benefit of support for a child (11.5%, n=30)**

- **Access to additional resources, equipment and support for children (7.7%, n=12)**

- **Allowed children to achieve goals and to develop skills further with support (4.5%, n=7).**

One response stated: *'AIM also enabled us to teach the children about the importance of inclusion and being aware that we are not all the same and that everyone is welcome in our setting. The importance of providing an environment that supports all children. AIM also helped us not only provide additional care, but also helped us gain more knowledge & understanding and helped us foster a culture throughout of inclusion and diversity in our setting.'*

Other children in your pre-school

There were 153 responses that defined the main benefits of AIM for other children with disabilities or additional needs in the pre-school. The key themes identified are outlined below.

- **Better adult-to-child ratio (23.5%, n=36):** 36 comments highlighted how improving the adult-to-child ratio improved the service in the pre-school.

- **Greater awareness and acceptance of the support available (22.2%, n=34)**: 34 comments stated that the support provided greater acceptance and increased awareness of the available support.

- **Inclusion support (20.3%, n=31):** 31 comments highlighted how AIM helped improve their inclusion in the pre-school.

- **Overall general positive benefit of support for a child (13.1%, n=20):** 20 comments noted that AIM was of benefit overall in terms of supporting a child.

These were the main themes identified, however, additional comments were made including:

- **Better access to additional support (24.4%, n=19)**

- **Allowed children to achieve goals and to develop skills further with support (n=8)**

- **Access to additional resources, equipment and support for children (n=3)**

One response stated: *'In our case, the other children were nervous of the child and him having a full-time assistant helped the other children to grow confidence around him and they learned to communicate and understand his reasons for his behaviour.'*

Parents and guardians in your pre-school

There were 154 responses that defined the main benefits of AIM for parents and guardian in the pre-school. The key themes identified are outlined below.

- **Overall general positive benefit of support for a child (29.2%, n=45):** 45 comments noted that AIM was of benefit overall in terms of supporting a child.

- **Inclusion support (24.7%, n=38):** 38 comments highlighted how AIM helped improve their child's inclusion in the pre-school.

- **Greater awareness and acceptance of the support available (22.7%, n=35)**: 34 comments stated that the support provided greater acceptance and increased awareness of the available support.

- **Better adult-to-child ratio (9.7%, n=15):** 15 comments highlighted how improving the adult-to-child ratio improved the service in the pre-school.

These were the main themes identified, however, additional comments were made, including:

- **Better access to additional support (8.4%, n=13)**

- **Access to additional resources, equipment and support for children (n=1).**

One response stated*: 'Parents are aware that there is extra support for their child, which is encouraging in itself. We can also pass on ideas for activities to support their child's learning. Parents can sometimes feel overwhelmed by their child's additional needs and lose sight of the progress that is being made. Looking back at older AIM reports is an effective way of highlighting their child's strengths and progress.'*

Pre-school practitioners in your pre-school

There were 154 responses that defined the main benefits of AIM for pre-school practitioners in the pre-school. The key themes identified are outlined below.

- **Overall general positive benefit of support for a child (22.7%, n=35):** 35 comments noted that AIM was of benefit overall in terms of supporting a child.

- **Better adult-to-child ratio (20.8%, n=32):** 32 comments highlighted how improving the adult-to-child ratio improved the service in the pre-school.

- **Inclusion support (14.9%, n=23):** 23 comments highlighted how AIM helped improve their inclusion in the pre-school.

- **Greater awareness and acceptance of the support available (13.6%, n=21)**: 21 comments stated that the support provided greater acceptance and increased awareness of the available support.

These were the main themes identified, however, additional comments were made including:

- **Access to additional training and funding for staff (n=19)**

- **Better access to additional support (n=14)**

- **Access to additional resources, equipment and support for children (n=5)**

One response stated: *'This has been one of the best moves we did in the pre-school as my two employees felt under pressure as they felt the other children were losing out as their time was taken up with the other children. Since we employed an AIM staff member it has worked wonders as they are able to do their normal daily duties and still play with the children and also play a big part with the children receiving the AIM also.'*

Other staff in your pre-school

There were 90 responses that defined the main benefits of AIM for other staff in the pre-school. The key themes identified are outlined below.

- **Overall general positive benefit of support for a child (27.8%, n=25):** 25 comments noted that AIM was of benefit overall in terms of supporting a child.

- **Access to additional training and funding for staff (16.7%, n=15):** 15 comments stated that there was a benefit with access to additional training and funding for staff.

- **Inclusion support (16.7%, n=15):** 15 comments highlighted how AIM helped improve their inclusion in the pre-school.

- **Better adult-to-child ratio (12.2%, n=11):** 11 comments highlighted how improving the adult-to-child ratio improved the service in the pre-school.

These were the main themes identified, however, additional comments were made including: Greater awareness and acceptance of the support available (12.2%, n=11), Better access to additional support (12.2%, n=11) and Access to additional resources, equipment and support for children (n=1).

One response stated: *'staff saw how effective use of all the resources helped the service to deliver a good quality pre-school session.'*

4.3   AIM Level 1: Universal Supports in your Pre-school

4.3.1   AIM Level 1: An inclusive culture adopting the Inclusion Charter and Policies

The respondents were asked if their pre-school has adopted the Inclusion Charter for the Early Learning and Care Sector. Of the 168 respondents who answered, most (85.7%, n=144) have adopted this. The vast majority of respondents (92.7%, n=153), also stated that their setting is implementing a policy in line with the Diversity, Equality and Inclusion Guidelines.

Of the 153 responses received regarding the Inclusion Charter for the Early Learning and Care Sector and implementation of policy in accordance to DEI guidelines, there were 127 relevant responses explaining how this influenced the service. The key themes are identified and outlined below.

- Supported inclusion (23.0%, n=32).

- Greater awareness and understanding of Diversity and Equality and Inclusion (EDI) (20.1%, n=28).

- Updated access and inclusion policy (13.7%, n=19).

- Increased communication with parents and staff regarding inclusion and equality (12.9%, n=18).

- Supporting family/parents and the wider community (8.6%, n=12).

There was a very small minority of comments (8.6%, n=12) which indicated that adopting the charter and/or implementing the guidelines did not change or influence the whole service.

4.3.2   AIM Level 1: An inclusive culture. Rating the adoption of an Inclusive Culture in the Early Learning and Care Setting

Respondents were asked to what extent they agreed with statements regarding the culture of their setting. Table 5 below shows the extent to which respondents agreed with the following statements.

Table 5 below shows that the majority of respondents strongly agreed with all the statements (at least 75.1%). The statement with the highest proportion of respondents strongly agreeing is **'The inclusive culture at this pre-school helps children with disabilities/additional needs to get the most out of their ECCE provision**' (85.1%, n=143).

The statements with the highest proportion of respondents disagreeing are **'Staff at this pre-school can recognise when children require additional supports, often involving other professionals**' (22.8%, n=39). A similar proportion mentioned: **'Staff at this pre-school are proactive in seeking outside help and support for children with disabilities/additional needs (such as advice from Early Years Specialists, grants for equipment/alterations, health service support (e.g. therapy and nursing support), additional support in the pre-school room)'** (22.8%, n=39).

Table 5: To what extent do you agree with the following statements?

Statement	Strongly agree	Agree	Strongly disagree & Disagree	Don't know or N/A
This pre-school proactively engages and works in partnership with the parents/guardians of children with disabilities/additional needs	81.3%	18.1%	0.0%	0.6%
Conversations with parents/guardians about children with disabilities/additional needs are handled in a sensitive manner	84.8%	14.0%	0.0%	1.2%
Conversations with parents/guardians about children with disabilities/additional needs take place in a timely way	75.1%	22.5%	1.8%	0.6%
Staff at this pre-school can recognise when children require additional supports, often involving other professionals	77.2%	22.8%	0.0%	0.0%
Staff at this pre-school are proactive in seeking outside help and support for children with disabilities/additional needs (such as advice from Early Years Specialists, grants for equipment/alterations, health service support (e.g. therapy and nursing support), additional support in the pre-school room)	77.2%	22.8%	0.0%	0.0%
Children with disabilities /additional needs are included in the pre-school room and	75.7%	22.5%	1.8%	0.0%

Statement	Strongly agree	Agree	Strongly disagree & Disagree	Don't know or N/A
supported to fully participate in the curriculum				
All children at this pre-school are included in the pre-school room and supported to fully participate in the curriculum	80.7%	17.5%	0.6%	1.2%
The inclusive culture at this pre-school helps children with disabilities/additional needs to get the most out of their ECCE provision	85.1%	14.3%	0.0%	0.6%
Participating in AIM has contributed to a culture change at our pre-school, so it is more inclusive	82.9%	15.3%	0.0%	1.8%

Source: Review of (AIM) – survey of Early Learning and Care settings - RSM 2018

Note: All respondents answered this question.

Base: base is 171.

4.3.3 AIM Level 1: An inclusive culture – main reasons for undertaking the Diversity, Equality and Inclusion (EDI) training

Respondents were asked if they were aware of Diversity, Equality and Inclusion (EDI) training offered by the CCCs. Overall, there were 171 responses and the vast majority (98.2%, n=168) were aware. Respondents were asked if they had any ECCE staff at their pre-school participating in Diversity Equality and Inclusion training offered by CCCs. Overall, there were 168 responses, with a majority (72.0%, n=121) of pre-schools stating that some staff had participated in training. Many pre-school settings have had one member of staff in training (30.6%, n=37); some other pre-schools had 2 (30.6%, n=37), 3 (12.4%, n=15) or 4 (10.7%, n=13) or more (or number not specified) members of staff who have participated in training.

Respondents were asked about the main reasons for staff undertaking the Diversity, Equality and Inclusion training. The top three reasons are as follows. '**Continuing Professional Development/Career Development for staff**' was the main reason (91.7%, n=111), followed by '**To improve the inclusive culture at the pre-school**' (86.8%, n=105) and '**To find out more about diversity, equality and inclusion**' (78.5%, n=95). '**Child/children with disabilities/additional needs due to start at the pre-school**' had the lowest response for undertaking the training (28.1%, n=34). There were four respondents who provided other

reasons for partaking in the training which included: advised by the CCCs, to enhance and extend the knowledge and understanding of diversity training. Table 6 below illustrates the responses.

Table 6: What were the main reason(s) for ECCE staff undertaking Diversity, Equality and Inclusion training?

Statement	Response Percent	Response Total
Continuing Professional Development/ Career Development for staff	**91.7%**	**111**
To improve the inclusive culture at the pre-school	**86.8%**	**105**
To find out more about diversity, equality and inclusion	**78.5%**	**95**
Child(ren) with disabilities/additional needs already enrolled at the pre-school	**59.5%**	**72**
Participation in DEI training identified in ECCE contract	**39.7%**	**48**
Child(ren) with disabilities/additional needs due to start at the pre-school	**28.1%**	**34**
Other (please specify):	**3.3%**	**4**

Source: Review of (AIM) – survey of Early Learning and Care settings - RSM 2018

Note: 121 respondents answered this question.

Base: 50 responses skipped the question, base is 121.

4.3.4 AIM Level 1: An inclusive culture – rating the statements for Diversity, Equality and Inclusion (EDI) training

Respondents were invited to rate various statements about the training offered by the CCCs.

Table 7: To what extent do you agree with the following statements?

Statement	Strongly Agree & Agree	Strongly Disagree & Disagree	Don't Know or N/A
The training changed the practice of the staff member(s) who attended	89.8%	8.5%	1.7%
Learning from the training has been effectively shared within the pre-school	97.5%	1.7%	0.8%
Learning from the training helped our pre-	80.8%	11.7%	7.5%

Statement	Strongly Agree & Agree	Strongly Disagree & Disagree	Don't Know or N/A
school to include a child/children with disabilities/additional needs in their pre-school room.			
The training has helped a child/children with disabilities/additional needs at this pre-school get the most out of their ECCE provision	83.3%	7.5%	9.2%
Learning from this training is benefiting all children, not just children with disabilities/additional needs	98.3%	1.7%	0.0%
The training has improved the way that staff communicate with parents/guardians about disability/additional needs	85.0%	10.0%	5.0%
Learning from the training has contributed to a culture change at our pre-school, so it is more inclusive	83.2%	12.6%	4.2%
The training helped to foster awareness about diversity, equality and inclusion in this setting	92.4%	5.9%	1.7%
The training challenged thinking on attitudes and values and how they affect this setting	89.9%	6.7%	3.4%
The training encouraged and supported staff in this setting to actively advocate for diversity, equality and inclusion for all children and their families	90.8%	6.7%	2.5%
The training provided useful guidance for practice in this setting	95.0%	3.4%	1.7%
The training provided staff in this setting with the tools to deal with challenging issues, including discrimination and bias	89.8%	6.8%	3.4%
EDI training should be provided to staff in non-ECCE rooms	92.5%	1.7%	5.8%

Source: Review of (AIM) – survey of Early Learning and Care settings - RSM 2018

Note: 121 respondents answered this question.

Base: 50 responses skipped the question, base is 121.

Table 7 above shows that the majority of respondents strongly agree or agree with all the statements (at least 80.8%) about the EDI training. The statement with the highest proportion of respondents strongly agreeing and agreeing was **'Learning from this training is benefiting all children, not just children with disabilities/additional needs'** (98.3%, n=117). The statement '**Learning from the training has been effectively shared within the pre-school**' was the second highest (97.5%, n=117). The statement with the highest proportion of respondents who strongly disagreed or disagreed was '**Learning from the training has contributed to a culture change at our pre-school, so it is more inclusive**' (12.6%, n=15).

4.3.5 AIM Level 1: An inclusive culture – LINC Programme

Awareness of LINC Programme

All respondents were asked if they were aware of the LINC programme. Of the 171 that answered, almost all respondents (98.8%, n=169) were aware of the programme.

Staff enrolment

Respondents were asked if any staff in their pre-school were enrolled in the LINC Programme. Table 8 below shows that 2017/18 had the largest intake (29.0%, n=49), with a slight increase from the previous year of 2016/17 (28.4%, n=48) – amongst those who responded to this survey. There was a small proportion of settings who had staff enrolled in both years (3.6%, n=6) and a larger proportion of settings who had not had staff enrolled in the LINC programme in 2016/17 and 2017/18 (39.1%, n=66). Of the 48 respondents who had staff enrolled in the LINC Programme for 2016/17, the vast majority (91.6%, n=44) completed the LINC programme.

Table 8: Did any staff from your pre-school enrol in the LINC Programme?

Answer choice	Response Percent
Enrolled in 2016/17 only	28.4%
Enrolled in 2017/18 only	29.0%
Enrolled in both 2016/17 and 2017/18	3.6%
No staff enrolled in the LINC Programme in 2016/17 or 2017/18	39.1%

Source: Review of (AIM) – survey of Early Learning and Care settings - RSM 2018

Note: 169 respondents answered this question.

Base: 2 responses skipped the question, base is 169.

Respondents were asked about the main reasons for enrolling in the LINC Programme. Table 9 below displays the main reasons for taking the training. The top four reasons for staff undertaking the training are: '**Continuing Professional Development/Career Development for staff**' (89.6%, n=95), '**To improve the inclusive culture at the pre-school**' (69.8%,

n=74), 'To find out more about inclusion' and 'To provide staff with inclusive pedagogical strategies' (64.2%, n=68). 'Child(ren) with disabilities/additional needs due to start at the pre-school' had the lowest response for undertaking the training (34.9%, n=37). There were 6 respondents (5.7%) who provided other reasons for partaking in the training, which included: advised by the CCCs, to keep up to date with current research and to try to get the best help for children with needs and their families.

Table 9: What were the main reason(s) for staff enrolling in the LINC programme?

Statement	Response Percent	Response Total
Continuing Professional Development/ Career Development for staff	**89.6%**	95
To improve the inclusive culture at the pre-school	**69.8%**	74
To provide staff with inclusive pedagogical strategies	**64.2%**	68
To find out more about inclusion	**64.2%**	68
Additional funding available (capitation)	**58.5%**	62
Formal qualification - Special Purpose Level 6 Award	**46.2%**	49
Child(ren) with disabilities/additional needs already enrolled at the pre-school	**51.9%**	55
Child(ren) with disabilities/additional needs due to start at the pre-school	**34.9%**	37
Other (please specify):	**5.7%**	6

Source: Review of (AIM) – survey of Early Learning and Care settings - RSM 2018

Note: 106 respondents answered this question.

Base: 65 responses skipped the question, base is 106.

Respondents were asked about the difference made by the LINC Programme – responses are summarised in the table overleaf.

Table 10 shows that the majority of respondents strongly agree or agree with all of the statements (at least 77.2%) about the difference made by the LINC programme. The statement with the highest proportion of respondents strongly agreeing or agreeing was **'Learning from the training has been effectively shared within the pre-school'** (89.1%, n=82) followed by '**The training changed the practice of the staff member(s) who attended**'. The statement with the highest proportion of respondents who strongly disagreed or disagreed was '**Learning from the training has contributed to a culture change at our pre-school, so it is more inclusive**' with (14.1%, n=13) of respondents.

Table 10: What difference has the LINC Programme made?

Statement	Strongly Agree & Agree	Strongly Disagree & Disagree	Don't Know or N/A
The training changed the practice of the staff member(s) who attended	81.9%	12.8%	5.3%
Learning from the training has been effectively shared within the pre-school	89.1%	6.5%	4.3%
The training provided has helped our pre-school include a child/children with disabilities/additional needs in their pre-school room.	78.5%	11.8%	9.7%
The training has helped a child/children with disabilities/additional needs at this pre-school get the most out of their ECCE provision	81.5%	7.6%	10.9%
The training has improved the way that staff communicate with parents/guardians about disability/additional needs	81.5%	9.8%	8.7%
Learning from the training has contributed to a culture change at our pre-school, so it is more inclusive	77.2%	14.1%	8.7%

Source: Review of (AIM) – survey of Early Learning and Care settings - RSM 2018

Note: 94 respondents answered this question.

Base: 79 responses skipped the question, base is 94.

Graduate(s) of the LINC Programme 2016/17 and/or the student(s) of the current LINC Programme 2017/18 were asked how satisfied or dissatisfied they were with a number of aspects. Their responses are summarised in the table overleaf.

Table 11 below shows that the majority of respondents were very satisfied or satisfied with all the aspects of the programme (at least 78.3%). The aspect with the highest proportion of respondents who were very satisfied or satisfied was **'How easy it was to find out about and enrol on the programme**' (96.9%, n=95) followed by '**Relevance to inclusion/appropriateness to ensuring all children are included in my pre-school**' (91.6%, n=87). The statement with the highest proportion of respondents who were very dissatisfied or dissatisfied was '**Time commitment required by staff member(s)**' with (17.4%, n=16) of respondents.

Table 11: Level of satisfaction of the graduate(s) of the LINC Programme 2016/17

Statement	Very Satisfied or Satisfied	Very Dissatisfied or Dissatisfied	Don't Know or N/A
How easy it was to find out about and enrol on the programme	96.9%	0.0%	3.1%
Time commitment required by staff member(s)	78.3%	17.4%	4.3%
Location of training	86.6%	10.3%	3.1%
Quality of teaching/knowledge and skills of the tutor	90.3%	3.2%	6.5%
Delivery method (e.g. online, face-to-face, small groups etc.)	90.3%	4.3%	5.4%
Supporting resources (e.g. papers, websites, etc.)	88.3%	6.4%	5.3%
Relevance to inclusion/appropriateness to ensuring all children are included in my pre-school	91.6%	1.1%	7.4%
At a time convenient for staff to attend	91.2%	2.2%	6.6%

Source: Review of (AIM) – survey of Early Learning and Care settings - RSM 2018

Note: 98 respondents answered this question.

Base: 73 responses skipped the question, base is 98.

LINC Programme in the future

Respondents were asked if staff in the pre-school intend to enrol in the LINC programme in future. There were 167 responses, of which the majority – around two thirds (64.7%, n=108) – agreed that the staff within the pre-school do intend to enrol in the LINC programme in the future and the remainder would not (35.3%, n=59).

Respondents were invited to provide further details in terms of when staff intended to enrol in the LINC programme in the future (if they indicated an intention to do so) or to provide reasons for staff not enrolling in future (if they indicated that was the case). Overall, there were 163 responses. Of the 163 respondents, there were 108 comments relating to those who intended to enrol in the LINC programme in the future and 56 comments relating to those who did not.

The responses were categorised into a number of key themes emerging regarding the main explanations.

If Yes - when?

The key themes identified are outlined below.

- **Sep-18 (2018/19 - class) (41.7%, n=45):** they will partake in the LINC Programme in 2018/19.

- **Have not specified a time (38.9%, n=43):** have not specified a time for starting the LINC programme.

- **Next year 2019 (2019/20 - class) (13.0%, n=14):** they will partake in the LINC Programme in 2019/20.

- **Pending a response (four respondents):** they are waiting for a response if they have been accepted on the LINC Programme.

- **Year 2020 (two respondents):** they will partake in the LINC programme in the 2020/21 school year.

The respondents who do not intend to enrol in the LINC programme in the future also provided an explanation for why not. There were 56 relevant responses in total that were categorised, with a number of key themes emerging regarding the main explanations.

If Not – why not?

The key themes identified are outlined below.

- **Only one person allowed per service (35.7%, n=20):** specified that pre-schools can only have one staff member enrol in the LINC programme.

- **Too time consuming (11 respondents):** felt that the LINC Programme is too time consuming.

- **Already have an Inclusion Co-ordinator (10 respondents)**

- **Staff members highly qualified to level 8 & 9 (eight respondents):** they have a highly qualified workforce.

- **Other (seven respondents):** 7 comments noted other reasons for not partaking in the LINC programme, e.g. because they felt it was not necessary or beneficial.

Awareness of the role of Inclusion Co-ordinator

All respondents were asked about their awareness of the role of the Inclusion Co-ordinator. Of the 169 respondents who answered, 92.3% (n=156) of respondents stated their awareness of the role.

LINC Programme Graduates

Respondents were asked if a graduate had taken on the role of Inclusion Co-ordinator in the pre-school setting. Overall there were 158 responses, with 65 respondents (41.1%) indicating that a graduate had taken on the role of Inclusion Co-ordinator.

Respondents who have an Inclusion Co-ordinator (41.1%, n=65) were asked how the pre-school used the additional capitation received. There were 64 relevant responses, with key themes outlined below.

- To fund salary increases of Inclusion Co-ordinators /others – (54.7%, n=35).

- To contribute to overheads – (37.5%, n=24).

- To purchase additional equipment – (35.9%, n=23).

- Other – (21.9%, n=14) reasons included: have applied for and not received the additional funding and waiting to complete LINC in 2018.

Table 12 below presents how well respondents in settings with an Inclusion Co-ordinator felt that the INCO was leading on the three elements (inclusive culture, inclusive pedagogy and inclusive practice) that LINC is based on. Respondents were very positive about the Inclusion Co-ordinators; the vast majority (84.4%, n=54) indicated that they were leading on all three elements extremely well or very well.

Table 12: How well has the Inclusion Co-ordinator been leading on the following three elements that LINC is based on?

Statement	Extremely Well or Very Well	Moderately Well or Not well at all	Don't Know or N/A
Inclusive Culture	84.4%	10.9%	4.7%
Inclusive Pedagogy	84.4%	10.9%	4.7%
Inclusive Practice	84.4%	9.4%	6.3%

Source: Review of (AIM) – survey of Early Learning and Care settings - RSM 2018

Note: 64 respondents answered this question.

Base: 109 responses skipped the question, base is 64.

The 84 respondents who indicated that they did not have a graduate take on the role of Inclusion Co-ordinator in the pre-school settings were asked to explain why. The responses were categorised, with a number of key themes emerging.

If Not – why not?

The key themes identified are outlined below.

- **Currently has not graduated or will graduate later this year (44.0%, n=37):** the staff member has not currently finished the LINC programme.

- **No one is trained (39.3%, n=33):** the pre-school does not have a member of staff qualified or trained.

- **Waiting to be enrolled on the LINC Programme (16.7%, n=14):** they are waiting to be enrolled on the LINC programme.

4.3.6 AIM Level 1: Impact

Respondents were asked which aspects of AIM Level 1 had the most impact on how their pre-school delivers pre-school education. Overall, 133 respondents provided details of impacts, with 369 relevant responses in total that were categorised. A number of key themes emerged regarding the main impacts for AIM Level1. There were 133 comments identifying impacts in one area, 136 in two areas and 100 in three areas. These have been categorised and the key themes that emerged are outlined below.

- **Knowledge sharing/collaboration with parent/family/staff (18.7%, n=69):** 69 comments noted that it has improved the level of communication and sharing between the pre-school and the families involved.

- **Improved Inclusion of practice (17.1%, n= 63):** 63 comments highlighted how AIM helped improved the inclusion of the pre-school.

- **Provides adequate support (funding, resources, information and training) (12.7%, n=43)**: 47 comments described how there is additional support available in pre-school to support children through the assistance of extra funding, equipment and training.

- **Supporting/meeting the individual needs of all children (12.5%, n=46)**: 46 comments highlighted how the support was meeting the needs of all children in the setting.

- **Greater awareness/understanding of information/inclusion (11.7%, n=43):** 43 **comments** described that there was now a greater understanding and awareness due to the information provided by AIM.

- **Inclusion Co-ordinator and Training (10.3%, n=38):** 38 comments highlighted the positive impact of the Inclusion Co-ordinator.

- **Impact on Policy/curriculum (9.2%, n=34):** 34 comments noted the positive impact AIM level on had on the setting's policies and curriculum.

These were the main themes identified; a small number of other comments were made which were not relevant to the question.

4.3.7 AIM Level 1: Improvements

Respondents were asked to suggest improvements that could be made to Level 1 of AIM. Overall, 91 respondents provided details of improvements, with 193 relevant responses in total that were categorised. A number of key themes emerged regarding the main improvements for AIM Level1. There were 91 comments identifying impacts in one area, 54

in two areas and 44 in three areas. These have been categorised and the key themes that emerged are outlined below.

- **More training/funding for staff and parents (25.4%, n=49): 49** comments highlighted how there could be more training and funding available to improve the support in pre-schools.

- **Better availability of support (23.3%, n=45):** 45 comments noted that there should be better availability of support in the pre-school.

- **Improve training content/structure/support (13.5%, n=26)**: 26 comments described how the process and structure of the training could be improved to support staff working in pre-schools.

- **Greater involvement from Parents/Staff (13.0%, n=25)**: 25 comments highlighted the need for increased involvement for parents and staff.

These were the main themes identified, however, additional comments were made, including: **expand the remit of AIM (6.7%, n=13)**, **Better communication from AIM** (6.2%, n=12**) and Impact on Policy/curriculum (9.2%, n=34**) and a small number of other comments which were not relevant to the question.

4.4 AIM Level 2: Information sources

4.4.1 AIM Level 2: Where staff get information about pre-school services and supports for children with a disability/additional needs

Table 13 below presents responses to questions about where staff at pre-schools get information.

Table 13: Where do staff at your pre-school get information about pre-school services and supports for children with a disability/additional needs?

Statement	Response Percent	Response Total
City / County Childcare Committees (CCCs)	80.7%	130
AIM website (www.aim.gov.ie)	73.9%	119
Co-workers and manager at my pre-school	59.0%	95
Via Inclusion Coordinator	44.1%	71
Better Start (for example: www.pobal.ie/BetterStart, social media, client services, staff)	39.8%	64
ECCE Contract	8.7%	14
LINC Programme Team (for example website: www.lincprogramme.ie, by email, social media, etc.)	24.8%	40
HSE and/or Disability Voluntary Agency (for example, www. hse.ie, social media, client service, staff)	22.4%	36
Pobal (for example: www.pobal.ie, social media, client services, staff)	21.1%	34
ECCE Contract	8.7%	14
Other (please specify):	14.9%	24

Source: Review of (AIM) – survey of Early Learning and Care settings - RSM 2018

Note: 161 respondents answered this question.

Base: 10 responses skipped the question, base is 161.

Respondents were asked where staff at their pre-school get information about pre-school services and supports for children with a disability/additional needs. Table 12 above displays the main information sources. The top three sources of information were from: '**City/County Childcare Committees (CCCs)**' with 80.7% (n=130), followed by '**AIM website (www.aim.gov.ie)**' with 73.9% (n=119) and '**Co-workers and manager at my pre-school**' (59.0%, n=95). '**ECCE Contract**' had the lowest response as a source of information (8.7%,

n=14). Finally, 14.9% (n=24) of respondents provided other sources of information, including disability organisations such as Enable Ireland and linking with other professionals.

4.4.2 AIM Level 2: The process of getting information about pre-school services and support for children with a disability/additional needs.

Respondents were asked if the information met their needs. There were 156 responses to the question; the majority (79.5%, n=124) indicated that the information did meet their needs.

Respondents were asked to describe the information they looked for regarding pre-school services and supports for children with a disability/additional needs. Overall, there were 135 respondents, with 138 comments identifying information they looked for. These have been categorised and the key themes that emerged are outlined below.

- **Available information about AIM Support (50.7%, n=70):** they searched for information on the types of support available through AIM support.

- **Extra Service & Support available (12.3%, n=17):** they searched for information to get further information on the support and services available.

- **Support for Therapy (10.1%, n=14):** they searched for information on additional support regarding therapy.

These were the main themes identified, however, additional comments were made including: **Support for equipment (7.2%, n=10), extra support for parents (6.5%, n=9) and information for additional staff (5.8%, n=8**). There were some other comments (7.2%, n=10) that provided no relevant information.

Respondents were also asked to describe if there was any information that they would like about supports and services for children with a disability/additional needs that they are not currently able to access. Overall, there was 81 respondents, with 82 comments received describing what information of services and support are not currently available. These have been categorised and the key themes that emerged are outlined below.

- **More information on general support (19.5%, n=16):** they would like additional information on the general support available for children with a disability/additional needs.

- **More detailed information on specific needs e.g. speech and language therapy (18.3%, n=15):** they would like additional information on the specific supports and services available for children with a disability/additional needs.

- **Support for Therapy (10.1%, n=14):** they searched for information on additional support regarding therapy.

- **More information about the equipment available to pre-schools (7.3%, n=6):** they would like information on the availability of equipment.

- **More information for parents (6.1%, n=5):** they would like more information to support parents.

These were the main themes identified, with other comments not indicating any information they would like to see (48.8%, n=40).

4.4.3 AIM Level 2: Information provided on pre-School services and supports

Table 14: To what extent you do agree with the following statements about the information provided on pre-school services and supports for children with disabilities/additional needs.

Statement	Strongly Agree & Agree	Strongly Disagree & disagree
Since AIM was launched, there has been more information available to our pre-school on pre-school services and supports for children with disabilities/additional needs	88.3%	11.7%
AIM makes it easy to find the information we need about pre-school services and supports for children with disabilities/additional needs	85.0%	15.0%
AIM provides clear and consistent information about pre-school services and supports for children with disabilities/additional needs	83.2%	16.8%
AIM provides information which is appropriate practical and relevant to meeting the needs of children with disabilities/additional needs in this pre-school	87.8%	12.2%
The information about AIM has contributed to a culture change at our pre-school, so it is more inclusive	83.8%	16.3%

Source: Review of (AIM) – survey of Early Learning and Care settings - RSM 2018

Note: 162 respondents answered this question.

Base: 9 responses skipped the question, base is 162.

Table 14 above presents the extent to which respondents agreed with a range of statements about information provided on pre-school services and supports. The majority of respondents agreed or strongly agreed with all the statements (at least 83.2%). The statement with the highest proportion of respondents strongly agreeing or agreeing is '**Since AIM was launched, there has been more information available to our pre-school on pre-school services and supports for children with disabilities/additional needs**' with (88.3%, n=143) of respondents in agreement. The statement with the highest proportion of respondents strongly disagreeing or disagreeing is '**AIM provides clear and consistent**

information about pre-school services and supports for children with disabilities/additional needs' with (16.8%, n=26) of respondents in disagreement.

4.4.4 AIM Level 2: Impact

Respondents were asked what aspects of AIM Level 2 had the most impact on how their child's pre-school delivers pre-school education. Overall, 99 respondents provided details of impacts, with 208 relevant responses in total that were categorised. A number of key themes emerged regarding the main impacts for AIM Level 2. There were 93 comments identifying impacts in one, 66 in two and 49 in three areas. These have been categorised and the key themes that emerged are outlined below.

- **Knowledge sharing/collaboration with parent/family/staff (23.1%, n=48):** these noted that it has improved the level of communication and sharing between the pre-school and the families involved.

- **Availability and easy access to information (18.3%, n=38):** these noted that information was easily accessed and available for all to access.

- **Ability to provide adequate support (via funding, resources and training) (19.7%, n=41)**: described the availability of support through funding, equipment and training.

- **Greater awareness/understanding of information and inclusion (10.6%, n=22)**: highlighted how there was a greater understanding and of information and inclusion.

- **More inclusive practices (9.1%, n=19):** noted that there was a benefit to having a more inclusive practice.

These were the main themes identified, however, additional comments were made including: having an Inclusion Co-ordinator and the available training (6.3%, n=13), Supporting/meeting the individual needs of all children (5.3%, n=11), impact on policy and the curriculum (n=3) and a small number of other comments which were not relevant to the question.

4.4.5 AIM Level 2: Improvements

Respondents were also asked to suggest improvements that could be made to Level 2 of AIM. Overall, 69 respondents provided details of improvements with 112 relevant responses in total that were categorised: a number of key themes emerged regarding the main improvements for AIM Level 2. There were 64 comments identifying impacts in one area, 29 in two areas and 19 in three areas. These have been categorised and the key themes that emerged are outlined below.

- **Better availability of support (34.8%, n=39):** noted that there should be better availability of support in the pre-school.

- **Improve communication with parents (15.2%, n=17):** noted that there should be increased communication with parents.

- **More training/funding for staff and parents (15.2%, n=17):** highlighted how there could be more training and funding available to improve the support in pre-schools.

- **Greater involvement from Parents/Staff (10.9%, n=10)**: highlighted that there should be greater involvement from parents and staff.

- **Improve the training support (6.3%, n= 7):** stated that there should be more training provided for staff in their pre-school, but also to improve the delivery of the training available.

These were the main themes identified, however, additional comments were made including: expand the remit of AIM (n=7), better communication from AIM (n=3) and there were 2 comments which suggested improving the language on the information from 'child with disability' to 'children with a disability/additional needs'. There were also other comments that were not relevant to the question.

4.5 AIM Level 3: A qualified and confident workforce

4.5.1 AIM Level 3: Awareness of Level 3 Support

All respondents were asked about their awareness of AIM training that was rolled out in 2018. Just over three quarters of respondents (76%, n=125) were aware of Lámh training and 67% of respondents (n=110) were aware of the Hanen Programmes for Early Childhood Educators.

4.5.2 AIM Level 3: Interest in participating in AIM training being rolled out later in 2018

Respondents were asked if they were interested in participating in AIM training later in 2018; there were 165 responses to this question. There is a high level of willingness to participate in the following three training courses:

- Lámh training – willing to participate (90.7%, n=146).

- Learning Language and Loving It and Teacher Talk - Hanen Programmes for Early Childhood Educators – willing to participate (91.3%, n=147).

- Sensory Processing training – willing to participate (98.2%, n=162).

4.5.3 AIM Level 3: Other training courses for Early Learning and Care settings staff

Respondents were asked if there are there any other training courses for Early Learning and Care setting staff that they thought should be funded under AIM in future. Those who responded (n=100) about other training courses provided 111 relevant responses. The comments were categorised into key training courses, which can be seen below.

- **Behavioural courses (anger, management, emotional needs) (22.5%, n=25):** noted that there should be additional training courses which deal with the behavioural needs of children.

- **Autism Studies & Down Syndrome studies (20.7%, n=23):** noted that there should be increased training courses devoted to the specific needs of children with disabilities/additional needs.

- **Increase training & funding (19.8%, n=22):** highlighted the need to increase the amount of funding and resources.

- **Increase the number of specific training courses (17.1%, n=19):** note how there should be more specialised training available (like Lámh training and Sensory Processing).

- **Practical training in use of items (e.g. play therapy, play box) (9.0%, n=10):** highlighted the need to increase training in practical aspects such as play therapy.

These were the main themes identified, however, some additional comments were made, including: **Speech and Language training** (n=7) and **First Aid training** (n=5).

4.6   AIM Level 4: Expert early years educational advice & support

4.6.1 AIM Level 4: Awareness of AIM Level 4 Support

All respondents were asked about their awareness of the expert early years educational advice and support offered under AIM Level 4. The vast majority of respondents (89.5%, n=153) indicated that they were aware of the educational advice and support offered under AIM Level 4.

4.6.2 AIM Level 4: Did the pre-school access support from an Early Years Specialist

Respondents were asked to state if their pre-school had accessed support from an Early Years Specialist (Access and Inclusion). More than **three quarters** of the 153 responses **(76.5%, n=117)** stated that their pre-school had accessed this support.

Respondents provided information on the number of children who have accessed support and advice from an Early Years Specialist. There were 120 responses; the list below shows the frequency of the number of children who have received support, with '1 child' the most frequent response and 'no support' the least frequent.

- 1 child – (31.7%, n=37).

- 2 children – (19.2%, n=23).

- 3 children – (20.8%, n=25).

- 4 children – (9.2%, n=11).

- 5 or more children – (16.7%, n=20).

- No support – (2.5%, n=3).

4.6.3 AIM Level 4: What were the main reasons for accessing the EYS

Respondents who stated that their child's pre-school had accessed an Early Learning and Care support were asked to state the main reasons for accessing this support – as presented in the figure overleaf.

Table 15 below displays the main reasons for accessing the Early Years Specialist. The top three reasons for accessing the support were: '**An Access and Inclusion Profile (AIP) was filled in as we were aware additional support was required for the child to access and participate in the ECCE Programme**' (82.9%, n=97). '**Child(ren) with disabilities/additional needs already enrolled at the pre-school**' (70.1%, n=82) and '**To get access to other supports (e.g. health service support (i.e. therapy and nursing support) or additional support in the pre-school room**' (53.0%, n=62). '**A parent/guardian suggested that we contact Better Start or the Early Years Specialists (Access and Inclusion) in relation to their child**' had the lowest response as a reason for accessing the support (7.7%, n=9).

Table 15: What were the main reason(s) for accessing the Early Years Specialists (Access and Inclusion)?

Statement	Response Percent	Response Total
An Access and Inclusion Profile (AIP) was filled in as we were aware additional support was required for the child to access and participate in the ECCE Programme	82.9%	97
Child(ren) with disabilities/additional needs already enrolled at the pre-school	70.1%	82
To get access to other supports (e.g. health service support (i.e. therapy and nursing support) or additional classroom support)	53.0%	62
To get information and advice on access and inclusion	41.9%	49
Child(ren) with disabilities/additional needs due to start at the pre-school	34.2%	40
A parent/guardian suggested that we contact Better Start or the Early Years Specialists (Access and Inclusion) in relation to their child	7.7%	9

Source: Review of (AIM) – survey of Early Learning and Care settings - RSM 2018

Note: 117 respondents answered this question.

Base: 54 responses skipped the question, base is 117.

4.6.4 AIM Level 4: What were the main reasons for accessing the EYS

Respondents were asked to state what type of educational advice and mentoring was provided by the Early Years Specialists, as illustrated in the table overleaf.

Table 16: What type of educational advice and mentoring was provided by the Early Years Specialists (Access and Inclusion)?

Answer Choice	Response Percent
Advice and support on the inclusion of a child/children	83.9%
Information and advice on other supports available through AIM	75.9%
Mentoring and coaching strategies	74.1%
Support to the service to enhance parent partnerships	37.5%
Support to the service to implement practices and strategies in line	40.2%

Answer Choice	Response Percent
with the National Early Childhood Education Frameworks (Aistear and Síolta) to support inclusion	
Liaison with HSE and other Professionals (e.g. Speech and Language Therapists, Psychologists, DES visiting teachers and others) to provide advice on goals for programmes for the child devised by early intervention services	37.5%
Access to health service supports (i.e. therapy and nursing support) critical to a child's access and participation under Level 6 of AIM	16.1%
Other (please specify):	5.4%

Source: Review of (AIM) – survey of Early Learning and Care settings - RSM 2018

Note: 112 respondents answered this question.

Base: 59 responses skipped the question, base is 112.

Table 16 above displays the different types of educational advice and mentoring provided by the Early Years Specialists. The top three types of educational advice and mentoring provided are: '**Advice and support on the inclusion of a child/children**' (83.9%, n=94). '**Information and advice on other supports available through AIM**' (75.9%, n=85) and '**Mentoring and coaching strategies**' (74.1%, n=83). '**Access to health service supports (i.e. therapy and nursing support) critical to a child's access and participation under Level 6 of AIM**' had the lowest response (16.1%, n=18). Finally, there were other comments, **(n=6)** that described how there had been little or no support provided.

4.6.5 AIM Level 4: What type of mentoring and coaching strategies were provided

Respondents were asked to state what type of mentoring and coaching strategies was provided by the early years specialists, as illustrated in the table overleaf.

Table 17: What type of mentoring and coaching strategies were provided to support the child's participation?

Statement	Response Percent
Creating a more inclusive learning environment	56.9%
Adapting the curriculum for learning to ensure the child's meaningful participation	55.0%
Providing information and resources to support inclusive practice (tip sheets, guides to develop visual schedules, choice boards, first and then etc.)	75.2%

Statement	Response Percent
Supporting the development of an Access and Inclusion Plan (AIP)	64.2%
Supporting the development of access and inclusion goals for the child/children	67.9%
Supporting the development of a transition plan for child/children into primary school	41.3%
Other (please specify):	3.7%

Source: Review of (AIM) – survey of Early Learning and Care settings - RSM 2018

Note: 109 respondents answered this question.

Base: 62 responses skipped the question, base is 109.

Table 17 above displays the different types of mentoring and coaching strategies provided by the Early Years Specialists. The top three types of educational advice and mentoring provided are: '**Providing information and resources to support inclusive practice (tip sheets, guides to develop visual schedules, choice boards, first and then etc.)**' (75.2%, n=82). '**Supporting the development of access and inclusion goals for the child/children**' (67.9%, n=74) and '**Supporting the development of an Access and Inclusion Plan (AIP)**' (64.2%, n=70). '**Supporting the development of a transition plan for child/children into primary school**' had the lowest response for the type of mentoring and coaching strategy provided (41.3%, n=45). There were 4 Other responses **(3.7%)** who had described how supportive the mentoring and coaching strategies was.

4.6.6 AIM Level 4: Satisfaction with elements of support

Respondents were asked to state their level of satisfaction with various elements of the support from the Early Years Specialists; this is summarised in the table overleaf.

Table 18 below displays the level of satisfaction with various elements regarding the support from the Early Years Specialists. The majority of respondents were very satisfied or satisfied with all elements (at least 85.2%). The element with the highest proportion of respondents who were very satisfied or satisfied was '**How easy it was to access/apply for advice and support**' (95.6%, n=109). The statement with the highest proportion of respondents who were very dissatisfied or dissatisfied was '**Timeframe between seeking advice/support and the advice/support being provided'** (12.2%, n=14).

Table 18: How satisfied you were with the following elements

Statement	Very Satisfied & Satisfied	Very Dissatisfied & Dissatisfied
How easy it was to access/apply for advice and support	95.6%	2.6%
Timeframe between seeking advice/support and the advice/support being provided	85.2%	12.2%
Quality of the advice/skills and knowledge of the Early Years Specialist (Access and Inclusion)	91.3%	6.1%
How suitable the advice/support was in meeting the needs of the child/children with disabilities/additional needs in this pre-school	88.6%	7.0%
How easy it was to apply the advice/support in context at this pre-school	90.3%	5.3%
How useful the advice/support was in helping to include a child/children with disabilities/additional needs	89.2%	5.4%
Relationship between the Early Years Specialist (Access and Inclusion) and the pre-school (i.e. quality of working relationship)	92.2%	4.3%

Source: Review of (AIM) – survey of Early Learning and Care settings - RSM 2018

Note: 115 respondents answered this question.

Base: 56 responses skipped the question, base is 115.

4.6.7 AIM Level 4: Impact

Respondents were asked what aspects of AIM Level 4 had the most impact on how the pre-school delivers pre-school education. Overall, 89 respondents provided details of impacts and 204 relevant responses in total were categorised. There were 90 comments identifying impacts in one area, 64 in two areas and 50 in three areas. These have been categorised and the key themes that emerged are outlined below.

- Ability to provide adequate support (via funding, resources and training) (41.7%, n=85): 85 comments described how pre-schools provide adequate support.

- Knowledge sharing/collaboration with parent/family/staff (23.5%, n=48): 48 comments noted that it has improved the level of communication and sharing between the pre-school and the families involved.

- Supporting/meeting the individual needs of all children (19.1%, n=39): 39 comments noted that the available support from Early Years Specialists benefited children.

- Availability and easy access to information (5.4%, n=11): 38 comments noted that information was easily accessed and available for all to access.

- More inclusive practices (3.4%, n=7): 7 responses noted that AIM Level 4 was of benefit in terms of developing more inclusive practice.

These were the main themes identified, however, additional comments were made including: **Greater awareness/understanding of information and inclusion** (n=4), **the impact on policy ant the curriculum** (n=3) and a small number of other comments which were not relevant to the question.

4.6.8 AIM Level 4: Improvements

Respondents were also asked to suggest improvements that could be made to Level 4 of AIM. Overall, 57 respondents provided details of improvements and 103 relevant responses in total were categorised: a number of key themes emerged regarding the main improvements for AIM Level 4. There were 56 comments identifying impacts in one area , 29 in two areas and 18 in three area. These have been categorised and the key themes that emerged are outlined below.

- **Better availability of support (35.9%, n=37):** there should be better availability of support in the pre-school.

- **Greater involvement from parents/staff (18.4%, n=19)**: there should be greater involvement from parents and staff.

- **Improve communication with parents (12.6%, n=13):** there should be increased communication with parents.

- **More training/funding for staff and parents (12.6%, n=13):** there could be more training and funding available to improve the support in pre-schools.

- **Shorter waiting times on process/decisions (8.7%, n= 9):** there should be a shorter process time from initial application to the delivery of support.

These were the main themes identified, however, additional comments were made including: **expand the remit of AIM** (n=2) and **improve training support available** (n=1).

4.7   AIM Level 5: Equipment, appliances and minor alterations grants

4.7.1 AIM Level 5: Respondent Awareness

All respondents were asked about their awareness of grants offered under AIM Level 5 for equipment, appliances and minor alterations. The vast majority of the respondents (88.9%, n=152) stated that they were aware of the grants.

4.7.2 AIM Level 5: Has an application been made for a grant (for equipment, appliances or minor alteration)

Respondents were asked whether they had made an application for a grant for equipment, appliances or minor alteration to support a child/children with disabilities/additional needs at their pre-school. Out of the 152 respondents that answered, 15.1% (n=23) indicated that they had done so.

The 129 (84.9%) respondents who indicated they had not applied for equipment, appliances or minor alteration, were asked to explain why not. Overall, 87 respondents provided an explanation for not applying for equipment, appliances or minor alteration, 88 comments provided by the respondents. These comments have been categorised with key themes below.

- Did not need the support – (80.7%, n=71).
- Waiting for a response or filling out documents – (11.4%, n=10).
- Applied for support next year – (n=5).
- Need extra support staff – (n=2).

4.7.3 AIM Level 5: Main reasons for applying for a grant (for equipment, appliances or minor alteration)

Those respondents (n=23) who have applied for equipment, appliances or minor alteration were asked to state the main reasons for accessing this support, which is presented in table 198 below.

Table 19: What were the main reasons for applying for equipment, appliances or minor alteration

Statement	Response Percent
The pre-school suggested a need for additional practical support (equipment, alterations, etc.) for a child/children	39.1%
An Access and Inclusion Profile (AIP) was filled in and it became clear that we needed equipment, appliances or minor alterations	52.2%
A parent/guardian suggested a need for additional practical support (equipment, alterations, etc.) for their child	26.1%

Statement	Response Percent
An Early Years Specialist suggested a need for practical support (equipment, alterations, etc.) for a child/children	73.9%
A healthcare professional identified a need for equipment, minor alterations whilst working with a child/children	52.2%
A DES Visiting Teacher identified a need for equipment whilst working with a child/children	4.3%
Access to funding for specific practical supports (e.g. equipment, appliances, minor alterations)	17.4%
Child(ren) with disabilities/additional needs already enrolled at the pre-school	47.8%
Child(ren) with disabilities/additional needs due to start at the pre-school	13.0%
Other (please specify):	4.3%

Source: Review of (AIM) – survey of Early Learning and Care settings - RSM 2018

Note: 23 respondents answered this question.

Base: 148 responses skipped the question, base is 23.

The top three reasons for applying for equipment, appliances or minor alteration were:

- '**An Early Years Specialist suggested a need for practical support (equipment, alterations, etc.) for a child/children'** (73.9%, n=17)

- '**An Access and Inclusion Profile (AIP) was filled in and it became clear that we needed equipment, appliances or minor alterations'** (52.2%, n=12)

- '**A healthcare professional identified a need for equipment, minor alterations whilst working with a child/children'** (52.2%, n=12).

'**A DES Visiting Teacher identified a need for equipment whilst working with a child/children'** was the category with the lowest response (n=1).

4.7.4 AIM Level 5: Minor Alteration Grants – Capital funding

Respondents were asked if any of the applications for capital funding towards minor alterations were successful. Overall, there were 23 responses, for which almost half (47.8%, n=11) stated that they had successfully received capital funding towards minor alterations; almost half (47.8%, n=11) had not received capital funding and one respondent (4.3%) indicated that they were waiting for a decision.

The 11 respondents who indicated that they were unsuccessful in their application for capital funding were asked to explain why. Of the 11 respondents, 9 answered (81.8%). These answers were categorised, as shown below.

- Of the 2 application processes available under AIM Level 5 support (minor alteration grant and equipment/appliances), 7 applicants were not successful as they did not apply for this particular support for minor alterations (n=7).

- Filling out documents (n=1).

- Did not receive funding (n=1).

4.7.5 AIM Level 5: Minor Alteration Grants – what support has been provided to your pre-school

The respondents who were successful in the application for capital funding were then asked what support had been provided to their pre-school through the grant(s). Table 20 below presents the information.

Table20: What support has been provided to your pre-school through the grant(s)?

Statement	Response Percent
Minor alterations associated with access in/out of the pre-school setting	36.4%
Minor alterations associated with access to and from play areas	27.3%
Minor alterations associated with the reconfiguration of toilet and changing areas	45.5%
Minor alterations associated with the reconfiguration within the ECCE room to facilitate ease of access and quiet space	27.3%
Other as specified by the applicant (exceptional cases that fall outside the above categories and which are considered on a case by case basis)	27.3%
Other (please specify):	9.1%

Source: Review of (AIM) – survey of Early Learning and Care settings - RSM 2018

Note: 11 respondents answered this question.

Base: 160 responses skipped the question, base is 11.

Respondents mentioned 5 different types of support received. The top two supports that have been provided were: '**Minor alterations associated with the reconfiguration of toilet and changing areas**' (n=5).and '**Minor alterations associated with access in/out of the pre-school setting**' (n=4). The other response described how the funding ensured they received a 'specific changing table and high low chairs'.

4.7.6 AIM Level 5: Minor Alteration Grants – satisfaction with support

Respondents were asked to state their level of satisfaction with elements involving support provided for minor alteration grants; this is outlined below.

Table 21: How satisfied you were with the following elements for minor alterations?

Statement	Very Satisfied & Satisfied	Very Dissatisfied & Dissatisfied	Don't Know or N/A
Availability of/access to healthcare professionals to assess child/children within the pre-school environment for minor alternations (as required)	80.0%	20.0%	0.0%
Availability of/access to healthcare professionals to complete AIM Level 5 Capital Report to accompany applications	70.0%	30.0%	0.0%
Timeframe to secure AIM Level 5 Capital Report from healthcare professionals to accompany applications	63.6%	36.4%	0.0%
How easy it was to apply for a minor alterations grant	90.0%	10.0%	0.0%
The decision-making process	63.6%	36.4%	0.0%
The timeframe from application to payment	63.6%	36.4%	0.0%
The expenditure reporting process	63.6%	18.2%	18.2%

Source: Review of (AIM) – survey of Early Learning and Care settings - RSM 2018

Note: 11 respondents answered this question.

Base: 160 responses skipped the question, base is 11.

Table 21 above displays the level of satisfaction with various elements regarding minor alterations. The majority of respondents were very satisfied or satisfied with all the statements (at least 63.6%). The statement with the highest proportion of respondents who were very satisfied or satisfied was '**How easy it was to apply for a minor alterations grant**' (90.0%, n=9). The statements with the highest proportion of respondents who were very dissatisfied or dissatisfied were '**Timeframe to secure AIM Level 5 Capital Report from healthcare professionals to accompany applications'** (36.5%, n=4) and **'The decision-making process'** (36.5%, n=4).

4.7.7 AIM Level 5: Equipment/Appliances

Respondents were asked if any of the applications for equipment and appliances were successful. Overall, there were 23 responses, of which 78.3% (n=18) stated that they had received the equipment and appliances.

The remainder did not receive equipment and appliances. These 5 respondents who indicated that they were not successful in their application were asked to explain why. Three provided a response:

- Did not receive the correct resources or provide adequate support (two respondents).

- Of the two application processes available in AIM Level 5 support (minor alteration grant and equipment/appliances), one respondent was not successful as the respondent did not apply for this particular support for equipment and appliances (one respondent).

4.7.8 AIM Level 5: Equipment/Appliances - what support has been provided to your pre-school

Respondents were asked what support has been provided to their pre-school through the grant(s). Table 22 below presents the information.

Table 22: What support has been provided to your pre-school through the grant(s)?

Answer choice	Response Percent
Portable Ramp - Portable or temporary threshold type ramps	0.0%
Specialised Chairs - Adjustable chairs with accessories – i.e. footrests, armrests, backrests, pommel seats, pelvic cushions or adjustable benches	43.8%
Changing Table/Nursing Bench - Height-adjustable changing table or nursing bench	31.3%
Hoists and Slings - Mobile hoists and slings for transferring children.	0.0%
Positioning Supports - Corner chairs, wedges, rolls, move-n-sit cushions	6.3%
Toileting Supports - Toileting supports, such as; adapted toilet seats, toilet support cushions, adjustable arm rests and footrests, aperture ring reducers, over-toilet chair, potty and commode – stand alone with arms and footrests	6.3%
Health service support (i.e. therapy and nursing support) items - Therapy mats/Items to develop balance or coordination (therapy/peanut balls etc.)/Multi-sensory items.	12.5%
Gait trainers, standers and standing frames - Gait trainers designed to develop balance and help children to learn to walk	6.3%

Answer choice	Response Percent
unassisted/Standers and standing frames to support children with significant mobility issues to stand for periods of the day.	
Assistive Technology & Equipment for children who are deaf/hard of hearing or blind/visually impaired. - Equipment for pupils who have been assessed as blind/visually impaired or deaf/hard of hearing and that require specialist equipment in order to access the ECCE curriculum.	18.8%
Duplicate Items - In general items which a child requires outside the ECCE setting will not be eligible under this scheme. However, where a piece of equipment is critical to a child's participation in the ECCE programme but cannot be transported from home a duplicate item may be eligible.	6.3%
Play & Learning Material - While it is expected that the ECCE setting will have a range of toys and learning material suitable for all children, including children less developed in some areas of development that their peers, adapted or therapy related toys and learning material may be eligible under this scheme.	25.0%
Other - Equipment not listed under the categories above should be applied for under this category.	12.5%

Source: Review of (AIM) – survey of Early Learning and Care settings - RSM 2018

Note: 16 respondents answered this question.

Base: 155 responses skipped the question, base is 16.

The top three supports that have been provided were: **'Specialised Chairs - Adjustable chairs with accessories'** (n=7) **'Changing Table/Nursing Bench - Height-adjustable changing table or nursing bench'** (n=5) and **'Play & Learning Material'** (n=4). Two other responses include a slanted writing board and outdoor play equipment such as a trike.

4.7.9 AIM Level 5: Equipment/Appliances – satisfaction of support

Respondents were asked to state their level of satisfaction with elements involving support provided for equipment and applications; this is outlined below.

Table 23: How satisfied were you with the following elements for equipment and appliances?

Statement	Very Satisfied & Satisfied	Very Dissatisfied & Dissatisfied	Don't Know or N/A
Availability of/access to healthcare professionals to assess child/children within the pre-school environment for clinically appropriate equipment (as required)	82.4%	17.6%	0.0%
Availability of/access to healthcare professionals to prescribe equipment and complete AIM Level 5 Capital Report to accompany applications	83.3%	16.7%	0.0%
Timeframe to secure prescriptions for equipment and AIM Level 5 Capital Report from healthcare professionals to accompany applications	55.6%	27.8%	16.7%
Availability of/access to DES Visiting Teachers to prepare Letter of Recommendations to accompany applications for children with sensory disability/additional needs (e.g. blind/visually impaired/deaf/hard of hearing)	33.3%	11.1%	55.6%
Timeframe to secure Letter of Recommendations for equipment from DES Visiting Teachers to accompany applications for children with sensory disability/additional needs (e.g. blind/visually impaired/deaf/hard of hearing)	35.3%	5.9%	58.8%
How easy it was to apply for the equipment	77.8%	11.1%	11.1%
The decision-making process	83.3%	11.1%	5.6%
Timeframe from application to approval	55.6%	33.3%	11.1%
Timeframe from approval to delivery	66.7%	22.2%	11.1%
Timeframe from delivery to sign off by OT for use	61.1%	16.7%	22.2%
Quality of the equipment	88.2%	5.9%	5.9%

Statement	Very Satisfied & Satisfied	Very Dissatisfied & Dissatisfied	Don't Know or N/A
Support (e.g. training/guidelines) to set up and use the equipment from supplier	61.1%	16.7%	22.2%
Additional training to use the equipment provided by healthcare professionals as appropriate	55.6%	5.6%	38.9%
Suitability of the equipment: meeting the needs of the child in the setting	82.4%	11.8%	5.9%
Ongoing monitoring of use of equipment by healthcare professionals	52.9%	23.5%	23.5%
Transfer of ownership of equipment (if the child has left the service)	35.3%	5.9%	58.8%

Source: Review of (AIM) – survey of Early Learning and Care settings - RSM 2018

Note: 16 respondents answered this question.

Base: 155 responses skipped the question, base is 16.

Table 23 above displays the level of satisfaction with various elements regarding equipment and appliances. The level of satisfaction is quite varied:

- There are 6 statements with which at least 77% of respondents were satisfied or very satisfied. The statement with the highest proportion of respondents who were very satisfied or satisfied was '**Quality of the equipment**' with 88.2% (n=15) of respondents. The other statements related to the suitability of equipment, the application process and support from healthcare professionals.

- There are 7 statements with which between 52% and 66% of respondents were satisfied or very satisfied. These related to timescales (to secure prescriptions and from application to approval, approval to delivery and delivery to sign off for use) and support/training to use the equipment as well as ongoing monitoring of use.

- The statement with the highest proportion of respondents who were very dissatisfied or dissatisfied was '**Timeframe from application to approval' (33.3%, n=6).**

- There are 3 statements with which only around one third of respondents were satisfied or very satisfied; however, in these cases the majority of respondents (almost 60%) responded 'don't know or n/a'.

4.7.10 AIM Level 5: Equipment/Appliances – how was the equipment being used

Respondents were asked how the equipment was being used at the end of the year. From the 18 respondents who had received equipment/appliances, the following responses were received. The equipment has:

- been transferred with the child – (n=8).

- stayed with the pre-school – (n=6).

- been recycled through the HSE – (n=1).

4.7.11 AIM Level 5: Impact

Respondents were asked what aspects of AIM Level 5 had the most impact on how their pre-school delivers pre-school education. Overall, 13 respondents provided details of impacts and 26 relevant responses in total were categorised. A number of key themes emerged regarding the main impacts of AIM Level 4. There were 13 comments identifying impacts in one area, 8 in two areas and 5 in three areas. These have been categorised and the key themes that emerged are outlined below.

- **Support was provided through equipment, appliances and minor alterations grants (n=12):** highlighted the overall benefit the setting experienced due to improved supports that were able to needs.

- **Equipment, appliances and minor alterations grants improved Access and inclusion (n=9):** described the children's access and inclusion within the setting improved because of the support provided through AIM Level 5.

- **Improved safety (n=4):** noted that the support provided in AIM Level 5 resulted in a safer environment within the setting.

These were the main themes identified; there was a small number of other responses that were not relevant to the question.

4.7.12 AIM Level 5: Improvements

Respondents were also asked to suggest improvements that could be made to Level 5 of AIM. Overall, 11 respondents provided details of improvements and 20 relevant responses in total were categorised. A number of key themes emerged regarding improvements to AIM Level 4. There were 11 comments identifying impacts in one area, 6 in two areas and 3 in three areas. These have been categorised and the key themes that emerged are outlined below.

- **Improve the knowledge and support of advisors** (seven respondents): stated that officials involved with AIM support should be generally more knowledgeable on the impact of the required equipment on the setting.

- **Speed up the process** (five respondents): described how the application process should be more timely.

- **Expand the range of equipment and alterations grants** (three respondents)**:** noted that there should be more alteration grants and the provision of more equipment to further support the children in the setting.

- **Expand the number of providers for equipment** (three respondents): highlighted the need for settings to be able to acquire the required equipment themselves rather than waiting on it to be delivered to them and for there to be accessible equipment providers used to allow them to be serviced quicker.

These were the main themes identified; there was a small number of other responses that were not relevant to the question.

4.8   AIM Level 6: Health Service Intervention (i.e. therapy and nursing support)

4.8.1   AIM Level 6: Awareness of AIM Level 6 Support

Of the 171 respondents, over two thirds **(67.3%, n=115)** were aware of the health service interventions that are offered under AIM Level 6 where critical to the child's participation in the ECCE programme.

4.8.2   AIM Level 6: Children in Early Learning and Care setting who require and receive Support

Of the 115 respondents who were aware of AIM Level 6 support, over two thirds **(70.4%, n=81)** of respondents stated that there are children in their pre-school setting who *require* health service interventions.

Furthermore, of the 81 respondents who indicated that children require health service interventions, over three quarters **(80.5%, n=66)** stated that there are children in the pre-school setting who are *receiving* health service interventions.

Of these 66 respondents who indicated that children are receiving health service interventions, the vast majority **(97.0%, n=64)** stated that this support was received directly through HSE/Disability Voluntary Organisations, whereas only **3.0%(n=2)** noted that they had received support through referral through AIM Level 6 based on an Access and Inclusion profile.

4.8.3   AIM Level 6: What type of health service intervention(s) (i.e. therapy and nursing support) have been provided?

Of the 2 respondents who accessed support though a referral through AIM Level 6, both stated that they received information and advice (on inclusion more generally) over the phone, email or in person regarding universal advice.

In regard to targeted advice and support to assist individual children, both respondents were asked to state the type of advice and support provided. Both received advice and support in the form of Access and Inclusion Plans and pre-school visits for one-to-one work with a child and pre-school leader when required. One respondent also received professional advice on the phone, prescription of individualised equipment and individualised behaviour support plans.

4.8.4   AIM Level 6: Main Reasons for accessing health service interventions

Both respondents that received AIM Level 6 support stated the main reasons for accessing health service interventions. The most common reasons were due to a child in the setting experiencing functioning challenges to participation and the children with disabilities/additional needs were already enrolled at the pre-school.

4.8.5 AIM Level 6: Satisfaction with elements

Respondents were also asked to indicate their satisfaction with various elements associated with accessing AIM Level 6 support. Both respondents were either satisfied or very satisfied with all of the elements, which are detailed below:

- How easy was it to access health service intervention(s) (i.e. therapy and nursing support).

- Timeframe to secure health service intervention (i.e. therapy and nursing support).

- Quality of the health service intervention(s) (i.e. therapy and nursing support e.g. skills of professional providing it).

- Suitability of health service intervention(s) (i.e. therapy and nursing support): meeting the needs of the child/children with disabilities/additional needs in my pre-school.

- Usefulness of health service intervention (i.e. therapy and nursing support - extent to which it helped to include a child/children with disabilities/additional needs).

- Relationship between professional(s) providing health service intervention(s) (i.e. therapy and nursing support) and the pre-school (i.e. quality of working relationship).

4.8.6 AIM Level 6: Agreement with AIM Level 6 Statements

Both respondents were asked to state the extent to which they agreed with various statements about their experience in receiving AIM Level 6 support. Both agreed or strongly agreed with four statements:

- The health service intervention (i.e. therapy and nursing support) helped the pre-school include a child/children with disabilities/additional needs in their pre-school room.

- The health service intervention (i.e. therapy and nursing support) helped a child/children with disabilities/additional needs at this pre-school get the most out of their ECCE provision.

- The health service intervention (i.e. therapy and nursing support) has changed our practice in how we include children with disabilities/additional needs in the pre-school room.

- The health service intervention (e.g. therapy and nursing support) improved the way that staff in the pre-school communicate with parents/guardians about inclusion and disability/additional needs.

Regarding the remaining statement, **'The health service intervention (i.e. therapy and nursing support) has contributed to a culture change at our pre-school, so it is more inclusive'**, one respondent strongly agreed and the other did not know.

4.8.7 AIM Level 6: Impact

Respondents were asked what aspects of AIM Level 6 had the most impact on how their pre-school delivers pre-school education. Two respondents provided details of impacts and four

relevant responses in total were categorised: a number of key themes emerged regarding the main impacts for AIM Level 6.

- **Staff and parents happier with support** (two respondents) described how both staff and parents are happier with the support as a result of AIM Level 6.

- **More confident** (one respondent): highlighted the overall benefit of being more confident as a result of the support.

- **Benefit to the child** (one respondent): noted that the child benefited individually from the support that was provided to them.

4.8.8 AIM Level 6: Improvements

Respondents were also asked to suggest improvements that could be made to AIM Level 6: one respondent stated that the support should provide more frequent individualised therapies to the children within the setting.

4.9 AIM Level 7: Additional assistance in pre-school room

4.9.1 AIM Level 7: Awareness of AIM Level 7 Support

All respondents **(n=171)** were asked if they aware of AIM Level 7 support, with the vast majority of respondents **(91.2%, n=156)** indicating that they were. Of the 156 respondents who were aware of the support, just over three quarters **(76.3%, n=119)** confirmed that they had sought support for children within their setting.

4.9.2 AIM Level 7: Reasons for applying for support

The 119 respondents who indicated that they had applied for support were asked to state the main reasons for applying, which are outlined below.

Table 24: What were the main reason(s) for applying for AIM Level 7 support in the pre-school room?

Statement	Response Percent	Response Total
An Access and Inclusion Profile (AIP) was filled in as additional assistance was needed in the pre-school to support a child's/children's participation	85.7%	102
A parent/guardian suggested a need for additional assistance for their child	29.4%	35
A Better Start Early Years Specialist suggested a need for additional assistance for a child/children	33.6%	40
Additional capitation	11.8%	14
Child(ren) with disabilities/additional needs already enrolled at the pre-school	67.2%	80
Child(ren) with disabilities/additional needs due to start at the pre-school	31.9%	38
Advice from HSE healthcare professional	13.4%	16
Other (please specify):	0.8%	1

Source: Review of (AIM) – survey of Early Learning and Care settings - RSM 2018

Note: 119 respondents answered this question.

Base: 52 responses skipped the question, base is 119.

Table 24 above illustrates that the most common reason for applying for AIM Level 7 support was that an Access and Inclusion Profile (AIP) was filled in as additional assistance was needed in the pre-school to support the child's/children's participation **(85.7%, n=102)**. The

least common, relevant reason stated by participants was for additional capitation **(11.8%, n=14).**

4.9.3 AIM Level 7: Additional Capitation

Respondents who applied for AIM Level 7 support were also asked if they received additional capitation, with the vast majority of the 119 respondents **(89.1%, n=106)** stating that they did. Of these 106 respondents, the large majority **(88.7%, n=94)** stated that the capitation was used to buy in additional assistance i.e. recruit additional staff, while **8.5% (n=9)** used it both to enrol fewer children without financial loss AND to buy in additional assistance and **2.8%(n=3)** only to enrol fewer children without financial loss.

4.9.4 AIM Level 7: Respondents' experience of recruiting additional staff

Respondents were asked to describe their experience in recruiting additional staff, including any challenges faced in doing so. Of the 106 eligible respondents, 98 respondents provided details. In total, 128 comments were categorised. A number of key themes emerged from this, which are outlined below.

- **Difficult to find and recruit staff (39.0%, n=28)**: highlighted the difficulty experienced by the setting in trying to find staff that were suitable to provide the additional support.

- **Employment of new staff (22.0%, n= 27):** provided details of their experience in employing new staff, with some highlighting it as *'extremely lucky that we found assistance'* and a number of respondents, although stating their positive experience in employing new staff, also acknowledging that other settings would find it difficult to recruit.

- **Better availability of support (13.8%, n=17):** highlighted the importance of the support in being able to ensure additional assistance was required to provide support to the child in need. One respondent in particular emphasised its importance to the setting, stating that *'we would be lost without it now'*.

- **Additional hours offered to current staff (11.4%, n=14):** noted that the additional hours funded by AIM were used to recruit internally within the setting, where current staff were able to take on more work if they wished.

These were the main themes identified, however, there were a number of other themes with a small number of responses including: **Funding is low to pay staff (n=8), No challenge in recruiting staff (n=6), Waiting on approval (n=1) and** a small number of other comments that were not relevant to the question.

4.9.5 AIM Level 7: Satisfaction with Support

The 106 respondents were asked to describe their satisfaction with various elements of the AIM Level 7 support process.

Table 25 highlights how at least **82.1% (n=87)** of respondents were satisfied with all elements of AIM Level 7 support. The element with the highest level of satisfaction was the **usefulness**

of AIM Level 7 support in helping to include the child/children with disabilities/additional needs, with **98.1% (n=104) of respondents** expressing satisfaction.

Table 25: Level of satisfaction with AIM Level 7 Support

Statement	Very Satisfied & Satisfied	Dissatisfied	Very Dissatisfied	Don't Know
How easy it was to access/apply for AIM Level 7 support	94.3%	2.9%	2.9%	0.0%
Fairness of decision making process	97.1%	1.9%	1.0%	0.0%
Time between submitting application for AIM Level 7 support and a decision	84.8%	10.5%	4.8%	0.0%
Time between the decision until the additional assistance was in place	82.1%	12.3%	5.7%	0.0%
Suitability of the additional assistance: meeting the needs of the child/children with disabilities/additional needs the pre-school	93.4%	5.7%	0.0%	0.9%
Usefulness of AIM Level 7 support: helping to include a child/children with a disability/additional needs	98.1%	0.9%	0.0%	0.9%
Relationships between staff providing additional assistance (if any) and other adults in the pre-school room (i.e. quality of working relationships)	92.9%	0.0%	0.0%	7.1%

Source: Review of (AIM) – survey of Early Learning and Care settings - RSM 2018

Note: 106 respondents answered this question.

Base: 65 responses skipped the question, base is 106.

4.9.6 AIM Level 7: Difference made by AIM Level 7 support

Respondents were asked to state the difference that the support made to the setting, as outlined in the table overleaf.

Table 26 below shows that at least **87.7% (n=93)** of respondents agreed with all the statements regarding the difference made to the setting. The statement with the highest level of agreement was that AIM Level 7 support had helped a child/children with disability/additional needs at their pre-school get the most out of their ECCE provision **(98.1%, n=104).**

Table 26: Extent of Agreement with statements concerning the difference AIM Level 7 support has made

Statement	Strongly Agree & Agree	Disagree	Strongly Disagree	Don't Know
AIM Level 7 support has changed practices around inclusion in the pre-school room where the adult-to-child ratio has changed	95.3%	1.9%	0.0%	2.8%
AIM Level 7 support has helped the pre-school include a child/children with a disability/additional needs in their pre-school room.	97.1%	1.0%	1.0%	1.0%
AIM Level 7 support has helped a child/children with a disability/additional needs at this pre-school get the most out of their ECCE provision	98.1%	0.9%	0.0%	0.9%
AIM Level 7 support has contributed to a culture change at our pre-school, so it is more inclusive	87.7%	7.5%	2.8%	1.9%

Source: Review of (AIM) – survey of Early Learning and Care settings - RSM 2018

Note: 106 respondents answered this question.

Base: 65 responses skipped the question, base is 106.

4.9.7 AIM Level 7: Impact of AIM Level 7 Support on attendance

Of the 106 respondents who answered this question, the clear majority (96.2%, n=102) indicated that the support provided by AIM Level 7 of AIM had a positive impact on the attendance of the child/children with disabilities in the setting.

4.9.8 AIM Level 7: Impact

Respondents were asked what aspects of AIM Level 7 had the most impact on how their pre-school delivers pre-school education. Overall, 108 respondents provided details of impacts and 268 relevant responses in total were categorised. A number of key themes emerged regarding the main impacts for AIM Level 7. There were 109 comments identifying impacts in one area, 87 in two areas and 72 in three areas. These have been categorised and the key themes that emerged are outlined below.

- **Overall general positive benefit of support for a child** (34.0%, n=91): highlighted how there was an overall general positive benefit.

- **Better adult-to-child ratio** (19.4%, n=52): highlighted the benefit of having a better adult-to-child ratio now due to the additional assistance provided by AIM.

- **Inclusion support** (13.1%, n=35): noted that the additional support provided promoted the inclusion of the child within the setting.

- **Access to additional training and funding for staff** (13.1%, n=35): described how staff now had access to additional training and funding due to the AIM Level 7 support.

- **Greater awareness and acceptance of the support available** (10.8%, n=29): noted that there was now a greater awareness and acceptance of the child's needs within the setting.

- **Improved communication and relationship with parent** (6%, n=16): noted that because of the support provided, there was an improved level of communication and relationship with the parents.

These were the main themes identified; there were other themes with very few responses which were not relevant.

4.9.9 AIM Level 7: Improvements

Respondents were also asked to suggest improvements that could be made to Level 7 of AIM. Overall, 79 respondents provided details of improvements and 154 relevant responses in total were categorised. A number of key themes emerged regarding improvements to AIM Level 7. There were 83 comments identifying impacts in one area, 41 in two areas and 30 in three areas. These have been categorised and the key themes that emerged are outlined below.

- **Expand the availability of support (24.7%, n=38):** described that there should be an increase in the availability of AIM Level 7 support to more children and settings.

- **Increase the number of qualified staff (improve recruitment) (22.1%, n= 34):** stated that there should be was a need for more staff with the appropriate qualifications to provide the additional assistance provided by Level 7 of AIM.

- **Reduce the process time (18.8%, n=29):** highlighted the importance in reducing the time it takes to process applications for support to provide a better quality of service to the setting.

- **Increase funding for additional support staff (18.2%, n=28)**: noted that there should be increased funding to allow for the recruitment of additional support staff within the setting.

- **Extend the hours allocated for children on long days (7.1%, n=11):** described how there should be an extension in the number of hours that can be allocated to supporting children within the setting.

- **Improve communication with parent/guardian (4.5%, n=7):** noted that there should be improved communication between AIM and the parents of the child receiving support.

These were the main themes identified, however, there was a small number of other responses that were not categorised – those these indicated that there were no improvements to be made.

5. PARENT/CARER SURVEY FINDINGS

5.1 Introduction

This section sets out the findings of a survey conducted with parents and guardians of children who are in receipt of AIM support in Ireland. It is structured around the key headings within the survey.

The target group for the survey was parents/guardians of children in receipt of AIM support; this covers the first year of AIM implementation (i.e. September 2016 to June 2017) and part of second year of AIM implementation (from September 2017). The survey was issued (via email issued by Pobal) to a random sample of 800 parents/guardians. The sample was selected at random by Pobal from those who had completed an Access and Inclusion Profile as part of the application for AIM. Initially, 50 settings were invited as a pilot in April 2018 and, subsequently, the remaining 750 were invited on 9th May 2018.

Therefore, a total of 800 parents/guardians were invited to participate in the survey. The response rate was 11.3%. The baseline for the survey is 90 respondents, unless otherwise stated.

Full details of the methodology, response rate and a discussion on representativeness can be found in Appendix 3.

5.2 AIM Overall

This section contained questions concerned with the respondents' overall opinion on AIM.

5.2.1 Benefit of AIM for various groups of children and people

Respondents were asked what the main benefits of AIM were for various groups of children and people.

Table 27: To what extent does AIM benefit the following children and people

Group	Substantial & Some Benefit	Limited Benefit	Not at All	Don't Know
Your child	77.5%	3.4%	9.0%	10.1%
You	75.9%	2.3%	12.6%	9.2%
Other children with disabilities/additional needs/additional needs in the pre-school	54.7%	0.0%	5.8%	39.5%
Other children in the pre-school	62.5%	3.4%	4.5%	29.5%
Other parents and guardians	45.3%	10.5%	4.7%	39.5%

Group	Substantial & Some Benefit	Limited Benefit	Not at All	Don't Know
Pre-school practitioners	75.0%	1.1%	2.3%	21.6%
Other staff in the pre-school	73.9%	1.1%	2.3%	22.7%

Source: DCYA Evaluation of AIM – Survey of Parents and Guardians, RSM 2018

Note: All respondents could answer this question and respondents could choose more than one option.

Base: One respondent skipped this question, therefore the base is 89

Table 27 above shows that at least three quarters of respondents held the opinion that AIM had substantial or some benefit for their child (77.5%, n=69), the parent /guardian of the child (75.9%, n=66) and the pre-school practitioners (75.0% n=66). However, less than half of respondents (45.3%, n=39) held the view that AIM had substantial or some benefits for the parents/guardians of other children within the setting. This is not surprising as individual parents/guardians are unlikely to be as familiar with the experiences of other parents/guardians/children in the setting.

5.2.2 Areas of the support provided to your child (through AIM in the pre-school) that have had the greatest impact on them

Respondents were asked to identify three areas of support provided by AIM that had the greatest impact on their child. Overall, 200 comments were recorded regarding main benefits, with 80 identifying one area, 64 identifying two areas and 56 identifying three areas. These responses have been categorised and key themes identified, as well as the number of comments received regarding each theme are outlined below.

- **Additional assistance (resources or equipment) that has been provided by AIM to meet individual needs (35.5%, n=71)** - highlighted the extra assistance (through extra staff, advice and equipment in helping to meet the needs of their child) as having had the greatest impact on them.

- **Development of the child's skills (25.5%, n=51) -** identified the development of their child's skills as a result of AIM support, with development of social skills and concentration within the classroom being highlighted as having the greatest impact.

- **Improvement in participation and inclusion (11.5%, n=23) -** highlighted their child's inclusion in the setting as an area that has had a great impact on them.

- **Support for individual needs (10.5%, n=21) -** noted that support that catered for their child's specific needs that was provided by AIM was of great impact.

While these were the main areas of impact identified in the respondents' comments, a number of other areas were highlighted by respondents, including **Individual Planning**

(n=5), **Benefit to Others (n=4).** A number of responses were also provided which did not highlight any positive impacts and/or were irrelevant to the content of the question (n=25).

5.2.3 Areas of the support provided (through AIM in the pre-school) that have had the greatest impact on you

Respondents were also asked to identify three areas of support from AIM that have had the greatest on them as a parent or guardian. In total, 176 comments were received, with 74 identifying one area, 55 identifying two areas and 47 identifying three areas. These have been categorised and the key themes that emerged are outlined below.

- **Adequate support provided to meet needs (31.8%, n=56)** - noted that the additional support provided by AIM was adequate in meeting the needs of their child.

- **Personal Development of their child (23.3%, n=41) -** highlighted how their child's development has improved as a result of the support provided.

- **Enhanced well-being of the parent/guardian and child (11.4%, n=20) -** identified an improvement in their own and their child's well-being as a result of AIM providing reassurance regarding previously held concerns about their child's involvement in the pre-school.

- **Communication with staff at the pre-school (10.2%, n=18) -** described how the communication from the pre-school in the form of updates and feedback were of benefit to them.

- **Improvement in participation and inclusion (9.1%, n=16) -** noted that there was an observed improvement in their child's participation and inclusion within the setting due to AIM support.

While these were the main areas of impact identified within the respondents' comments, there were a small number of other comments (n=25) that were not relevant to the question.

5.2.4 Main benefits of AIM for specific groups of people

Respondents were asked what the main benefits of AIM were for various groups of people including: children with disabilities in the pre-school, other children in the pre-school, parents and guardians of children, pre-school practitioners and other staff in the pre-school that their child attends. There were 309 responses in total that were categorised, with a number of key themes emerging regarding the main benefits for the different children and people.

Children with disabilities/additional needs in the pre-school

There were 66 responses that defined the main benefits of AIM for children with disabilities or additional needs the pre-school. The key themes identified are outlined below.

- **Inclusion support (24.2%, n= 16):** highlighted how AIM helped improve their inclusion in the pre-school.

- **Better access to additional support (37.9%, n=25):** noted that a benefit of AIM was better access to additional support offered by AIM.

- **General positive benefit to the child (13.6%, n=9)**: described an overall positive benefit experienced by their child.

These were the main themes identified, however, additional comments were made including: **Greater awareness and acceptance (n=5), Better adult-to-child ratio (n=2)**, **Less Disruption (n=1)** and a small number of other comments which were not relevant to the question.

Other children in the pre-school that my child attends/attended

The respondents were asked about the main benefits to other children within the pre-school that their child attends. There were 64 comments and the key themes identified are outlined below:

- **Inclusion support (14.3%, n=9):** defined overall support for inclusion of their child within the pre-school setting as a benefit to other children.

- **Better access to additional support (15.9%, n=10)**: noted that the provision of additional support provided by AIM was of benefit to other children within the pre-school.

- **Greater awareness and acceptance (23.8%, n=15)**: highlighted how other children now had a greater awareness of the nature of disabilities and an acceptance of children with a disability/additional need.

- **Less Disruption (12.7%, n=8)**: noted that other children within the pre-school experienced less disruption as a result of the support provided by AIM.

While these were the main benefits identified, there were some other themes with fewer responses including: **Better adult-to-child ratio (n=4), General positive impact (n=4), Safer environment (n=4)** and a small number of other comments which were not relevant to the question.

Parents and Guardians of children in the pre-school

The respondents were asked about the main benefits to parents and guardians of children within the pre-school that their child attends. There were 55 comments and the key themes identified are outlined below:

- **Inclusion support (16.4%, n=9) -** stated that AIM benefited them in aiding their child's inclusion in the setting.

- **Better access to additional support (14.5%, n=8)** - noted the overall positive impact due to the provision of additional support by AIM.

- **Greater awareness and acceptance (16.4%, n=9)** - highlighted how there was now greater awareness of the nature of disabilities and an acceptance of children with a disability/additional needs.

- **Enhanced Well-being (10.9%, n=6)** - noted that the parents experienced an improvement in their own well-being as a result of AIM providing reassurance regarding any concerns that were held prior to the provision of support.

While these were the main benefits identified, there were some others that received fewer responses, including: **General positive impact (n=5), Safer environment (n=1)** and other comments that were irrelevant to the question.

Pre-school practitioners in the pre-school that my child attends/attended

The respondents were asked about the main benefits to pre-school practitioners within the pre-school that their child attends. There were 65 comments and the key themes identified are outlined below:

- **Better access to additional support (40%, n=26)** - noted that the provision of additional support provided to pre-school practitioners was the greatest benefit within the pre-school.

- **Better Adult-to-child ratio (16.9%, n=11)** - described how a better adult-to-child ratio was of benefit to practitioners, allowing them to teach more effectively.

- **Improved knowledge and skills to support children with additional needs as a result of extra training (12.3%, n=8)** - highlighted that the extra training provided by AIM provided support, guidance, new ideas, new skills to apply in the pre-school.

- **Enhanced Well-being (7.7%, n=5)** - noted that the pre-school practitioners were less stressed and more reassured in the setting due to the additional support and advice given by AIM.

While these were the main benefits identified, there were some other themes with fewer responses including: **General positive impact (n=2), Greater awareness and acceptance (n=2)** and other comments **(n=7)** that were irrelevant to the question.

Other staff in the pre-school

The respondents were asked about the main benefits to other staff within the pre-school that their child attends. There were 59 comments and the key themes identified are outlined below:

- **Better access to additional support (33.9%, n=20)**- noted that the additional support provided to other pre-school staff was the greatest benefit within the pre-school.

- **Enhanced Well-being (n=5)**- noted that the pre-school practitioners were less stressed and more reassured in the setting due to the additional support and advice given by AIM.

- **Greater awareness and acceptance (n=4)**- described how the support provided by AIM resulted in a greater awareness and acceptance of children with disabilities/additional needs.

- **Inclusion Support (n=4)**- highlighted how the support from AIM ensured support was provided by staff to promote inclusion of children with disabilities in the pre-school environment.

While these were the main benefits identified, there were some other themes with fewer responses including: **Better adult-to-child ratio (n=3), General positive impact (n=3), Less Disruption (n=2), Personal Development (n=2)** and other comments that were irrelevant to the question.

5.3 AIM Level 1

5.3.1 AIM Level 1: An inclusive culture. Adopting the Inclusion Charter and Policies

Respondents were asked to indicate if the pre-school that their child attends or attended has adopted the 'Inclusion Charter for the Early Learning and Care Sector'. Just over half of respondents (56.3%, n=49) said that their pre-school has adopted this, while over half (58.1%, n=50) of respondents stated that their pre-school has also implemented a policy in line with Diversity, Equality and Inclusion Guidelines.

Respondents were asked to rate the extent to which they agreed with nine statements regarding the culture of their child's pre-school. At least **77% (n=67)** agreed with all of the statements, with the highest number of respondents **97.7% (n=86)** agreeing that their conversations with staff about their child's disability/additional needs are handled in a sensitive manner.

Table 28: To what extent do you agree with the following statements

Statement	Strongly Agree & Agree	Disagree	Strongly Disagree	Don't Know
I know who I should talk to at my child's pre-school when it comes to issues of access and inclusion	92.0%	1.1%	1.1%	5.7%
Staff at my child's pre-school proactively engage and work in partnership with me as a parent/guardian of a child with a disability/additional needs	92.0%	3.4%	2.3%	2.3%
Conversations with staff about my child's disability/additional needs are handled in a sensitive manner	97.7%	1.1%	0.0%	1.1%
Conversations with staff about my child's disability/additional needs take place in a timely way	87.5%	11.4%	0.0%	1.1%
Staff at my child's pre-school recognise when my child requires additional supports, often involving other professionals	88.5%	6.9%	1.1%	3.4%
Staff at my child's pre-school are proactive in seeking outside help and support for my child (such as advice	77.0%	10.3%	1.1%	11.5%

Statement	Strongly Agree & Agree	Disagree	Strongly Disagree	Don't Know
from Early Years Specialists, grants for equipment/alterations, health service support (e.g. therapy and nursing support), additional support in the pre-school room)				
Staff at my child's pre-school take the lead in making sure my child gets the most out of ECCE provision	85.2%	3.4%	1.1%	10.2%
My child is included in the pre-school room and supported to fully participate in the curriculum	94.3%	3.4%	1.1%	1.1%
There is an inclusive culture at my child's pre-school:	92.0%	3.4%	1.1%	8.0%

Source: DCYA Evaluation of AIM – Survey of Parents and Guardians, RSM 2018

Note: All respondents could answer this question and respondents could choose more than one option.

Base: Two respondents skipped this question, therefore the base is 88

5.3.2 AIM Level 1: Awareness of LINC Inclusion Co-ordinators

Just over a quarter (26.4%, n=25) of the 90 respondents who answered stated that they were aware of LINC Inclusion Co-ordinators. Of those that were aware of LINC Inclusion Co-ordinators (n=25), over two-thirds (68.7%, n=17) noted that there was an Inclusion Co-ordinator in their child's pre-school.

5.3.3 AIM Level 1: Participation of pre-school in EDI training

Just under three quarters (73.0%, n=65) of respondents stated that they didn't know if staff in their child's pre-school setting participated in EDI training.

5.3.4 AIM Level 1: Whom Parents/Guardians Have Discussed Their Child's Needs With

Respondents were asked to state whom they have discussed their child's disability/additional needs with. 89 respondents answered the question, with one respondent skipping.

Most parents/guardians indicated that they spoke to staff working with their child at the pre-school **(88.8%, n=79)**; this percentage was about twice as high as the other responses. A sizeable minority indicated that they spoke to management staff not working with their child **(44.9%, n=40),** while almost a fifth noted that they had spoken to other staff at their school

(18%, n=16). Respondents also noted having discussions with other parties regarding their child, such as HSE Early Intervention Teams.

Table 29: Whom Parent/Guardians have discussed their child's needs with

Statement	Response Percent	Response Total
Inclusion Co-ordinator at my child's pre-school	36.0%	32
Staff working with children at my child's pre-school	88.8%	79
Management staff, not working with children at my child's pre-school	40.4%	36
Other staff at my child's pre-school	18.0%	16
Other (please specify):	10.1%	9

Source: DCYA Evaluation of AIM – Survey of Parents and Guardians, RSM 2018

Note: All respondents could answer this question and respondents could choose more than one option.

Base: One respondent skipped this question, therefore the base is 89

5.3.5 AIM Level 1: Impact

Respondents were asked what the aspects of AIM Level 1 had the most impact on how their child's pre-school delivers pre-school education. In total, 62 respondents answered the question. Overall,114 responses were received, with 53 identifying one area, 35 identifying two areas and 26 identifying three areas. These have been categorised and the key themes that emerged are outlined below.

- **Better availability of support to meet their child's needs (37.7%, n=43)**: described how the greatest impact was the additional assistance provided by AIM, in the form of extra staff or equipment, that was able to address the needs of their child.

- **Improved Participation and Inclusion (21.1%, n= 24):** highlighted how AIM helped improve their child's participation and inclusion within the pre-school.

- **Higher quality educational environment (14.9%, n=17):** noted that a benefit of AIM was a better learning experience within the classroom due to the support through higher quality teaching and resources being implemented in the classroom.

- **Greater knowledge and understanding of their child's needs (8.8%, n=10)**: highlighted a greater understanding and acceptance of their child's disability due to the knowledge imparted by AIM.

These were the main themes identified, however, additional comments were made including: **Benefit of AIM to other children within the pre-school (n=5)** and a small number of other comments which were not relevant to the question.

5.3.6 AIM Level 1: Improvements

Respondents were also asked to suggest improvements that could be made to Level 1 of AIM. Overall, 72 respondents provided responses. 93 responses were received in total, with 45 identifying comments in one area, 28 in two areas and 20 in three areas. The comments were then categorised into key themes, as described below.

- **Further improvement of support for children (40.7%, n=37):** highlighted how AIM could improve support by dedicating more time to their child or making it more available to children who may need it.

- **Better collaboration from AIM (18.5%, n=17):** noted that there should be better collaboration and involvement between AIM and parents/guardians, staff in their child's pre-school and other organisations such as their child's private support.

- **Better communication from AIM (15.2%, n=14):** described how there should be better communication by AIM with parents, such as more frequent contact.

- **A more efficient and fair application process (10.9%, n=10):** highlighted the application process when applying for support should be fairer and more timely in their decision-making.

- **More training for staff and parents (8.7%, n= 8):** stated that more training should be provided for both staff in their pre-school and parents to better adapt to their child's needs.

These were the main themes identified; there were also a small number of other comments which were not relevant to the question.

5.4 AIM Level 2

5.4.1 AIM Level 2: Where parents/guardians get information about pre-schools supports for children with a disability/additional needs

Table 30 below outlines parents' and guardians' sources of information about the pre-school supports available for children with a disability/additional needs.

The most common source from which parents received information was other staff at their child's pre-school, with just over a half of respondents **(52.3%, n=45**) stating this was so. The next most common response was the AIM website **(40.7%, n=35),** followed by three other responses selected by a sizeable minority of respondents: Inclusion Co-ordinator **(29.1%, n=25),** Other Parents/Guardians **(26.7%, n=23)** and disability clinical service providers **(24.4%, n= 21).**

The least common source was from the LINC programme team **(2.3%, n=2).**

Table 30: Where parents/guardians get information about pre-school supports for children with a disability/additional needs

Statement	Response Percent	Response Total
AIM website (www.aim.gov.ie)	40.7%	35
City / County Childcare Committees (CCCs)	5.8%	5
Inclusion Coordinator at my child's pre-school	29.1%	25
Other staff at my child's pre-school	52.3%	45
Other parents/guardians in similar situations (e.g. through support groups)	26.7%	23
LINC Programme Team (for example: website: www.lincprogramme.ie, by email, social media, etc.)	2.3%	2
Better Start (for example: www.pobal.ie/BetterStart, social media, client services, staff)	8.1%	7
Pobal (for example: www.pobal.ie, social media, client services, staff)	7.0%	6
Disability clinical service providers including the HSE (Disability and Primary Care) and Voluntary organisations (for example, www.hse.ie, social media, client services, staff)	24.4%	21
Disability sector organisations whose primary function is advocacy	7.0%	6
Other (please specify):	17.4%	15

Source: DCYA Evaluation of AIM – Survey of Parents and Guardians, RSM 2018
Note: All respondents could answer this question; they could choose more than one option
Base: Four respondents skipped this question; therefore the base is 86

5.4.2 AIM Level 2: The process of getting information about pre-school supports for children with a disability/additional needs.

Respondents were asked to describe the process of getting information about pre-school supports for their child. 59 responses describing the process were received in total. These have been categorised and the key themes that emerged are outlined below.

- **What support was available to their child (42.4%, n= 25):** stated that they searched for information on the types of support that was available to their child.

- **Information already gathered by the pre-school (22.0%, n=13):** described how information was given to them by the pre-school regarding the support available from AIM.

- **General information about AIM (13.6%, n=8):** described how they searched for information to get a general description of what AIM was.

These were the main themes identified, however, additional comments were made including: **Information regarding equipment (n=3)**, **Information online (n=2), Information on suitable settings (n=2), Benefits of AIM to their child (n=2)** and a small number of other comments which were not relevant to the question.

Following this, respondents were asked whether the information that they found met their needs. Over half of the 81 respondents who answered **(58.0%, n=47)** agreed that their needs were met.

Respondents further stated what information they would like to access, that is not currently available. There were 41 responses received in total and the key themes found are outlined below.

- **Better communication from AIM (26.8%, n=11)**: described how they would like to receive a better quality of communication from AIM. Respondents described how information received from AIM could be difficult to understand and the communication wasn't more common. A notable quote from within this theme is: *'I found the AIM website really confusing as someone with not much knowledge in this area'.*

- **Better information regarding what additional support their child can avail of (24.4%, n= 10):** stated they would like to receive better information regarding what support their child can receive. A notable comment within this theme was *'Exactly what my child is entitled to while receiving AIM support'.*

- **Information on the application process (12.2%, n=5):** described how they would like to receive better information and advice regarding applying for support for AIM.

5.4.3 AIM Level 2: How parents/guardians prefer information about pre-school supports for children with a disability/additional needs to be made available.

Respondents were asked to state how they would prefer to receive information regarding pre-school supports their children. Their responses are illustrated in table 31 below.

Table 31: How would you prefer information about pre-school supports for children with a disability/additional needs to be made available

Statement	Response Percent	Response Total
Online	**57.5%**	**50**
Email	**63.2%**	**55**
On paper	**31.0%**	**27**
Training courses	**39.1%**	34
Word of mouth	**5.7%**	5
Pre-school staff	**67.8%**	59
Other (please specify):	**8.0%**	7

Source: DCYA Evaluation of AIM – Survey of Parents and Guardians, RSM 2018

Note: All respondents could answer this question and respondents could choose more than one option.

Base: Three respondents skipped this question, therefore the base is 87.

Over two-thirds of respondents stated that they would prefer to receive information from staff in their pre-school (**67.8%, n=59**). Over half of respondents agreed that they would like to see information made available to them through Email (**63.2%, n= 55**) and Online **(57.5%, n=50).** The least preferable form of communication is through word of mouth, with only **5.7% (n=5)** stating they would prefer this.

5.4.4 AIM Level 2: Information Provided on pre-school services and supports

Table 32: To what extent do you agree with the following statements about the information provided on pre-school services and supports for children with disabilities/additional needs

Statement	Strongly Agree & Agree	Disagree	Strongly Disagree	Don't Know
Since AIM was launched, there has been more information available for parents/guardians on pre-school services and supports for children with disabilities/additional needs	48.9%	21.6%	8.0%	21.6%
AIM makes it easy to find the information parents/guardians need about pre-school supports for children with disabilities/additional needs	44.3%	25.0%	11.4%	19.3%
AIM provides clear and consistent information about pre-school supports for children with disabilities/additional needs	46.6%	22.7%	10.2%	20.5%
AIM provides information which is appropriate, practical and relevant to meeting the needs of children with disabilities/additional needs in pre-school settings	47.7%	19.3%	11.4%	21.6%
The information about AIM has contributed to a culture change at my child's pre-school, so it is more inclusive	61.8%	11.2%	4.5%	22.5%

Source: DCYA Evaluation of AIM – Survey of Parents and Guardians, RSM 2018

Note: All respondents could answer this question.

Base: One respondent skipped this question, therefore the base is 89

Responses to this question were mixed: whilst more respondents agreed or strongly agreed with each statement than disagreed or strongly disagreed, there was still a sizeable minority in the latter category. At least **44.3%** of respondents agreed with the statements regarding the information provided on pre-school services and supports for their children. Most of the respondents were in agreement that information from AIM has contributed to a more inclusive culture at their child's pre-school **(61.8%, n=55).**

5.4.5   AIM Level 2: Impact

Respondents were asked what aspects of AIM Level 2 had the most impact on how their child's pre-school delivers pre-school education. Overall, 35 respondents provided responses. 92 responses were received in total, with 44 comments identifying impacts in one area, 33 in two areas and 15 in three areas. These have been categorised and the key themes that emerged are outlined below.

- **Better availability of support and advice to meet their child's needs (28.3%, n=26)**: described how the greatest impact was the additional assistance provided by AIM, in the form of extra '*resources and advice regarding activities and approaches'* for their child.

- **Greater knowledge and understanding of their child's needs (19.6%, n=18)**: highlighted how there was now a greater understanding and acceptance from staff about their child's needs and a greater awareness from parents of the services available from AIM.

- **Improved Participation and Inclusion (10.9%, n= 10):** highlighted how AIM helped improve their child's participation and inclusion within the pre-school.

- **Higher quality of educational environment (10.9%, n=10):** noted that a benefit of AIM provided a better learning experience within the pre-school room due contributing factors such as a *'cultural change in the pre-school'* or *'more time available to differentiate the curriculum'*.

- **Benefit of AIM to other children within the pre-school (8.7%, n=8):** noted that there was a benefit to other children in AIM's support, with one respondent noting it as '*less stressful for other children'*.

These were the main themes identified; there were also a small number of other comments which were not relevant to the question.

5.4.6   AIM Level 2: Improvements

Respondents were asked to suggest improvements that could be made to Level 2 of AIM. Overall, 35 respondents provided responses. 63 responses were received in total, with 34 comments identifying one area, 16 identifying two areas and 13 identifying three areas. The comments were then categorised in to key themes, which can be seen below.

- **Further improvement of availability support for children (36.5%, n=23):** highlighted how AIM could improve support by making it available for younger children and for a wider number of pre-schools.

- **Better communication from AIM (19.0%, n=12):** described how there should be better communication by AIM with parents, such as '*maybe a printed handbook for parents'* and *'sending information to all parents by email when their child registers for ECCE so that if AIM is relevant to them they will know in advance'*.

- **Better collaboration by AIM with parents (15.9%, n=10):** noted that there should be better involvement of parents in AIM. Notable comments from respondents called for more '*involvement in the planning process'* and for there to be *'more proactive meetings with parents'*.

- **A more efficient, fair and transparent application process (10.9%, n=10)**: highlighted that the application process when applying for support should be fairer and more timely in their decision-making.

- **More training for staff and parents (9.5%, n= 6):** stated that there should be more training provided for both staff in their pre-school and the parents to acquire more knowledge about the needs of their child.
  - **'***More training courses for parents on access, inclusion and on developing individual education plans with providers'.*

These were the main themes identified; there were also a small number of other comments which were not relevant to the question.

5.5   AIM Level 3 - Staff Including Inclusion Co-ordinator

Respondents were invited to comment on whether there were other specific training courses for Early Learning and Care setting staff that they believed should be funded under AIM in the future. Just under half of the 78 respondents who answered (47.4%, n=37) agreed that there were courses that they would suggest.

Those who agreed were asked to specify what particular training courses AIM should fund in the future. There were 37 responses and these were categorised, as outlined below – the responses described the types of training that the respondents perceived that AIM should fund; the question did not ask respondents to detail how they should be provided.

- **Child specific training (21.6%, n=8):** highlighted that training should be funded through AIM that is more specific to the individual needs or skills of their child. For example*: 'specific training for attention/listening/behaviour…. Hanen is worthwhile although very sensory focused ' and 'programmes for gross motor, psychomotor and fine motor function'.*

- **Staff and parent training and involvement (18.9%, n=7)**: noted that there should be more training for staff and parents provided through AIM and more parental involvement in the process. Notable comments within this area include*: 'the most important course that AIM could invest in is providing a programme to support parents in dealing with their child's emotional wellbeing*' and *'parents should be brought in to a meeting to discuss what is happening and what will be provided for my child'.*

- **Training specific to autism (16.2%, n=6)**: described how programmes such as the 'Early Bird programme' should be included to increase awareness of autism.

These were the main themes identified, however, additional comments were made including: **Training that was already mentioned in the question** (n=7), **Applied behaviour analysis** (n=2), **Improvement to teaching methods** (n=2), **Link in with external support providers** (n=1) and a small number of other comments which were not relevant to the question.

5.6 AIM Level 4

5.6.1 Awareness of expert early years educational advice and support offered under AIM Level 4.

All 90 respondents were asked whether they were aware of the expert early years educational advice and support offered under AIM Level 4. Of those 90 respondents, **40% (n=36)** stated that they were aware of the educational advice and support offered under Level 4.

5.6.2 AIM Level 4: Did the pre-school access support from an Early Years Specialist

Respondents were asked to state if their child's pre-school had accessed support from an Early Years Specialist (Access and Inclusion). Almost **two thirds** of the 36 respondents **(63.9%, n=23)** noted that their pre-school had accessed this support.

5.6.3 AIM Level 4: What were the main reasons for accessing the Early Years Specialist

Those respondents who noted that their child's pre-school had accessed an early years support were then asked to state the main reasons for accessing this support, which are outlined in table 33.

Table 33: Main reasons for accessing Early Years Specialists for their Child

Statement	Response Percent	Response Total
An Access and Inclusion Profile (AIP) was filled in for my child as I was aware additional support was required for my child to access and participate in the ECCE Programme	**61.9%**	**13**
I suggested that the pre-school contact Better Start or the Early Years Specialists (Access and Inclusion) in relation to my child's needs	**28.6%**	**6**
A member of staff at the pre-school suggested that they contact Better Start or the Early Years Specialists (Access and Inclusion) in relation to my child's needs	**28.6%**	**6**
To get information and advice on access and inclusion	**14.3%**	**3**
To get access to other supports (e.g. health service support (e.g. therapy and nursing support) or additional classroom support)	**14.3%**	**3**

Source: DCYA Evaluation of AIM – Survey of Parents and Guardians, RSM 2018

Note: 23 respondents could answer this question.

Base: 2 respondents skipped this question, therefore the base is 21

The most common reason that parents/guardians stated for accessing the early years specialists was from **an Access and Inclusion Profile that was filled in for their child due to an awareness of additional support required for their child to participate in the ECCE programme (61.9%, n=13)**. None of the other reasons was mentioned by any more than around one quarter of respondents as shown in table 33 above.

5.6.4 AIM Level 4: What type of educational advice and mentoring was provided

Parents/guardians were asked to state what type of educational advice and mentoring was provided by the early years specialists, which is illustrated below in table 34.

Table 34: Type of educational advice and mentoring that was provided to the parents/guardians by the Early Years Specialists

Statement	Response Percent	Response Total
Advice and support on the inclusion of my child	**59.1%**	**13**
Information and advice on other supports available through AIM	**54.5%**	**12**
Mentoring and coaching strategies to support my child's participation	**63.6%**	**14**
Support to the service to enhance parent partnerships	**36.4%**	**8**
Support to the service to implement practices and strategies in line with the National Early Childhood Education Frameworks (Aistear and Síolta) to support inclusion	**40.9%**	**9**
Liaison with HSE and other Professionals (e.g. Speech and Language Therapists, Psychologists, DES visiting teachers and others) to provide advice on goals for programmes for the child devised by early intervention services	**22.7%**	**5**
Access to health service supports (e.g. therapy and nursing support) critical my child's access and participation under Level 6 of AIM	**0.0%**	**0**
Other (please specify):	**9.1%**	**2**

Source: DCYA Evaluation of AIM – Survey of Parents and Guardians, RSM 2018
Note: 23 respondents could answer this question.
Base: 2 respondents skipped this question, therefore the base is 21

Parents/guardians were invited to indicate which of seven different types of educational advice and mentoring were provided to them by the Early Years Specialists. Three types of advice / mentoring were mentioned more frequently than others. Each was mentioned by

over half of the respondents. The most common type of educational advice and mentoring that the parents/guardians noted was **mentoring and coaching strategies to support their child's participation,** with just under two thirds of respondents **(63.6%, n=14)** mentioning this. This was closely followed by two other types: **Advice and support on the inclusion of their child (59.1%, n=13)** and **Information and advice on the other supports available through AIM (54.5%, n=12).** Two further types of support were mentioned by over one third of respondents: **Support for the service to implement practices and strategies in line with the National Early Childhood Education Frameworks (Aistear and Síolta) to support inclusion** and **Support to the service to enhance partnerships,** mentioned by **40.9% (n=9) and 36.4% (n=8)** respectively.

The least common advice noted was the **liaison with HSE and other professionals in providing advice on goals for programmes for their child (n=5)**. Just under 10% of the responses (**n=2)** were classified as **other** and contained comments regarding a general lack of support from the specialist.

5.6.5 AIM Level 4: What type of mentoring and coaching strategies were provided

Those who received support from an Early Years Specialist (n=23) were asked to describe the type of strategies provided to support their child's participation. This is outlined below in table 35:

Table 35: What type of mentoring and coaching strategies were provided to support the child's participation

Statement	Response Percent	Response Total
Creating a more inclusive learning environment	**57.1%**	**8**
Adapting the curriculum for learning to ensure my child's meaningful participation	**71.4%**	**10**
Providing information and resources to support inclusive practice (tip sheets, guides to develop visual schedules, choice boards, first and then etc.)	**78.6%**	**11**
Supporting the development of an Access and Inclusion Plan (AIP)	**50.0%**	**7**
Supporting the development of access and inclusion goals for my child/children	**57.1%**	**8**
Supporting the development of a transition plan for child/children into primary school	**28.6%**	**4**

Source: DCYA Evaluation of AIM – Survey of Parents and Guardians, RSM 2018
Note: 23 respondents could answer this question.
Base: 9 respondents skipped this question, therefore the base is 14

There was a wide variety of responses – with all of the mentoring and coaching strategies mentioned by at least 28% of respondents. Over three quarters of responses **(78.6%, n=11)** highlighted that information and resources were provided to support inclusive practice, while just over a quarter of responses **(28.6%, n=4),** stated that there was support available for the development of a transition plan for their child into primary school.

5.6.6 AIM Level 4: Satisfaction with elements of support

Respondents were asked to state their level of satisfaction with various elements of the support from the Early Years Specialists, which is presented in the table 36 overleaf.

At least **72.7%** of respondents were satisfied with all aspects of the Early Years Specialists' (Access and Inclusion) support. The highest level of satisfaction was with how helpful the pre-school was during the initial process of completing the Access and Inclusion Profile **(95.5%, n=21)** and how quickly the pre-school reacted (e.g. how quickly they spoke to parents about their child's needs, completed Access and Inclusion Profile, etc.) **(95.5%, n=21)**.

Table 36: Thinking about the support from the Early Years Specialist (Access and Inclusion) for your child, please indicate how satisfied you were with the following elements.

Statement	Very Satisfied & Satisfied	Dissatisfied	Very Dissatisfied	Don't Know
How helpful the pre-school was during the initial process (e.g. completing Access and Inclusion Profile)	95.5%	4.5%	0.0%	0.0%
How quickly the pre-school reacted (e.g. how quickly they spoke with you about your child's needs, completed Access and Inclusion Profile etc.)	95.5%	4.5%	0.0%	0.0%
How easy it was to access/apply for advice and support	86.4%	9.1%	4.5%	0.0%
Timeframe between seeking advice/support and the advice/support being	77.3%	13.6%	9.1%	0.0%

Statement	Very Satisfied & Satisfied	Dissatisfied	Very Dissatisfied	Don't Know
provided				
Quality of the advice/skills and knowledge of the Early Years Specialist (Access and Inclusion)	86.4%	4.5%	4.5%	4.5%
How suitable the advice/support was in meeting the needs of my child in the pre-school	77.3%	9.1%	4.5%	9.1%
How easy it was to apply the advice/support in context at my child's pre-school	81.8%	9.1%	0.0%	9.1%
How useful the advice/support was in helping my child to get the most out of their ECCE provision	75.0%	5.0%	10.0%	10.0%
Quality of relationship between you, the Early Years Specialist (Access and Inclusion) and the pre-school (the way in which you all worked together throughout the process)	72.7%	9.1%	9.1%	9.1%

Source: DCYA Evaluation of AIM – Survey of Parents and Guardians, RSM 2018
Note: 23 respondents could answer this question.

Base: One respondent skipped this question, therefore the base is 22

5.6.7 AIM Level 4: Difference made by Level 4 support

Respondents were asked to state the extent to which they agreed with a number of statements regarding the support received from their Early Years Specialist, which can be seen below in table 37.

Table 37: Thinking about when AIM was launched and all the support received from an Early Years Specialist (Access and Inclusion) in relation to your child, what

Statement	Strongly Agreed & Agreed	Strongly Disagreed & Disagreed	Don't Know
The support and advice helped the pre-school to include my child in their pre-school room.	81.8%	9.1%	9.1%
The support and advice helped my child to get the most out of their ECCE provision	81.0%	14.3%	4.8%
The support and advice improved the way that staff communicate with me about inclusion and disability/additional needs	81.8%	9.1%	9.1%
The support and advice has contributed to a culture change at my child's pre-school, so it is more inclusive	86.4%	4.5%	9.1%
Staff kept me well informed about what the Early Years Specialist (Access and Inclusion) advised	90.9%	4.5%	4.5%
I learned something from the Early Years Specialist (Access and Inclusion), about inclusion, disability/additional needs and/or my child, that I could put into practice	72.7%	18.2%	9.1%

Source: DCYA Evaluation of AIM – Survey of Parents and Guardians, RSM 2018

Note: 23 respondents could answer this question.

Base: One respondent skipped this question, therefore the base is 22

Of the 23 respondents who received support from an Early Years Specialist, at least **72.7%** of respondents agreed with every statement regarding the difference made from the support. The statement with the highest level of agreement was that staff kept the parents and guardians well informed about what the Early Years Specialist advised (**90.9%, n=20).**

5.6.8 AIM Level 4: Impact

Respondents were asked what aspects of AIM Level 4 had the most impact on how their child's pre-school delivers pre-school education. Overall, 10 respondents provided responses, with each respondent invited to provide details of up to three comments. Eighteen

comments were received in total, with 11 comments identifying impacts for one area, 4 in two areas and 3 in three areas. These have been categorised and the key themes that emerged are outlined below.

- **Better availability of support and advice to meet their child's needs (33.3%, n=6):** described how the greatest impact was the additional assistance provided by AIM.

- **Greater knowledge and understanding of their child's needs** (three respondents): highlighted that there was now a greater understanding and acceptance from staff of their child's needs and a greater awareness from parents of the services available from AIM.

- **Higher quality of educational environment (**two respondents**):** noted that a benefit of AIM was a better learning experience within the pre-school room due contributing factors such as the new opportunity to '*adapt the curriculum to their child'*.

- **Improved Participation and Inclusion (5.6%, n= 1):** highlighted that AIM helped ensure inclusion of their child within their pre-school.

These were the main themes identified, there were also a small number of other comments which were not relevant to the question.

5.6.9 AIM Level 4: Improvements

Respondents were also asked to suggest improvements that could be made to Level 4 of AIM. Overall, 8 respondents provided responses. There were 15 responses received in total, with 10 comments in one area, 3 in two areas and 2 in three areas. The comments were then categorised in to key themes, which can be seen below.

- **Better collaboration between AIM and others (n=5):** noted that there should be better collaboration between AIM and other service providers and a greater involvement of the parent with the process.

- **Further improvement of availability support for children (n=4):** highlighted that AIM could improve support by increasing the amount of time spent with their child- '*need day to day help',* alongside a better review process, with one respondent stating the need for monthly reviews to take place.

- **Better communication from AIM (n=2):** described how there should be more communication from AIM to the parents and more information should be provided to them when they are applying for support.

- **More training for staff and parents (n= 1):** stated that more education should be provided to parents at the initial stages of the process.

These were the main themes identified there were also a small number of other comments which were not relevant to the question.

5.7 AIM Level 5

5.7.1 Awareness of grants towards equipment, appliances and minor alterations offered under AIM Level 5.

All 90 respondents were asked whether they were aware of the grants for equipment, appliances and minor alterations available under AIM Level 5. Over half of respondents **(52.2%, n=47)** of the respondents stated that they were aware of this.

5.7.2 AIM Level 5: Has an application been made for a grant (for equipment, appliances or minor alteration)

Respondents were asked were asked whether they had made an application for a grant for equipment, appliances or minor alteration to support their child at their pre-school. Of the 47 respondents that answered, just over a quarter **(25.5%, n=12)** stated that they had done so.

5.7.3 AIM Level 5: Main reasons for applying for a grant (for equipment, appliances or minor alteration)

The 12 respondents who had applied for a grant were then asked to describe the main reasons for applying, which are outlined below in table 38:

Table 38: The main reasons for applying for an equipment, appliances and minor alterations grant or grants.

Statement	Response Percent	Response Total
The pre-school suggested a need for additional practical support (equipment, alterations, etc.) for my child	72.7%	8
An Access and Inclusion Profile (AIP) was filled in and it became clear that my child needed equipment, appliances or minor alterations	18.2%	2
I suggested a need for additional practical support (equipment, alterations, etc.) for my child	18.2%	2
An Early Years Specialist suggested a need for practical support (equipment, alterations, etc.) for my child	18.2%	2
A healthcare professional identified a need for equipment, minor alterations whilst working with my child	45.5%	5
A DES Visiting Teacher identified a need for equipment whilst working with my child	0.0%	0

Source: DCYA Evaluation of AIM – Survey of Parents and Guardians, RSM 2018
Note: 12 respondents could answer this question.

Base: One respondent skipped this question, therefore the base is 11

Just under three quarters of respondents **(72.7%, n=8)** described that the main reason for

applying for a grant was because the pre-school suggested a need for additional practical support for their child. Almost half **(45.5%, n=5)** of parents/guardians also cited a healthcare professional identifying the need for equipment or minor alterations whilst working with their child as a reason.

5.7.4 AIM Level 5: Minor Alterations Grants- Success for grants & what support has been provided to their child at pre-school through the grants.

Respondents were asked if any of their applications for capital funding towards minor alterations had been successful. Of 12 respondents that answered, under a quarter (three respondents), noted that their applications had been successful.

Those respondents who had successful applications were then asked to describe what supports had been provided to their child at their pre-school through the grants. These included minor alterations associated with the reconfiguration of toilet and changing areas (one respondent), minor alterations associated with the reconfiguration within the ECCE room to facilitate ease of access and quiet space (one respondent) and other supports the respondents felt fell outside the specified categories, which were equipment to 'support games activities' and a 'soft mat for seizures' (two respondents)

5.7.5 AIM Level 5: Minor Alterations Grant - Satisfaction with support

The respondents were asked to state the level of satisfaction with elements involving support provided for minor alteration grants, which is outlined below. These elements were:

- How quickly the pre-school identified that additional support was needed.

- How proactive the pre-school was in the process of applying for the support.

- How supportive the pre-school was throughout the process of applying.

- How easy it was to apply for a minor alterations grant.

- The decision-making process.

- Timeframe from application to alteration being put in place.

- Quality of alteration(s).

- Suitability of alteration (meeting the needs of my child in the setting).

- Usefulness of the alteration (extent to which it helped the pre-school include my child).

Of the 3 respondents who could answer this question, at least two thirds of respondents (two respondents) were satisfied with all of the elements of support provided for minor alteration grants, with all three respondents being satisfied with six[52] of the nine defined elements.

---

[52] How quickly the pre-school identified that additional support was needed; How proactive the pre-school was in the process of applying for the support; How supportive the pre-school was throughout the process of applying; The decision-making process; Suitability of alteration (meeting the needs of my child in the setting);

5.7.6 AIM Level 5: Minor Alterations Grant - Difference made

Regarding the difference made by the minor alterations grants received for their child, all three respondents agreed that the alteration helped the pre-school include their child in the pre-school room and helped their child get the most out of their ECCE provision. Two respondents agreed that the alteration contributed to a culture change at their child's pre-school that made it more inclusive.

5.7.7 AIM Level 5: Equipment/Appliances - Success of application and what support has been provided

The respondents were also asked whether any of their applications for equipment or appliances had been successful. Of the 12 respondents that answered, over half of respondents (58.3%, n=7) noted that they had been successful.

These 7 respondents were then asked what support had been granted to their child at the pre-school. Of the 7 respondents that answered, over half of respondents (four) stated that they received play and learning materials. Under a half of respondents noted that they had received specialised chairs (three respondents) and changing tables/nursing benches (one respondent).

5.7.8 AIM Level 5: Equipment/Appliances - Satisfaction with elements of support

The seven respondents who received support for equipment and appliances were asked about their satisfaction with various elements within the process. These elements were:

- How quickly the pre-school realised that additional support was needed

- How proactive the pre-school was in the process of applying for the support

- How supportive the pre-school was throughout the process of applying

- How easy it was to apply for an equipment/appliances grant

- The decision-making process

- Timeframe from application to approval

- Timeframe from approval to delivery

- Timeframe from delivery to sign off by OT for use

- Quality of equipment/appliance

- Suitability of equipment/appliance (meeting the needs of my child in the setting)

- Usefulness of the equipment/appliance (extent to which it helped the pre-school include my child)

- Support (e.g. training/guidelines) to set up and use the equipment from supplier

and Usefulness of the alteration (extent to which it helped the pre-school include my child).

- Additional training to use the equipment provided by healthcare professionals as appropriate

Out of the seven respondents that answered this question, at least three respondents were satisfied with all of the elements of this process. All respondents were satisfied or very satisfied with three elements[53]: **how quickly the pre-school realised that additional support was needed, how proactive the pre-school was in the process of applying for the support** and **how supportive the pre-school was throughout the process of applying** (all seven respondents).

5.7.9 AIM Level 5: Equipment/Appliances. Statements agreed with

The seven respondents who received support in the form of equipment and appliances were asked about the difference that was made by the equipment and appliances received for their child. Of the seven respondents who answered, all agreed that the equipment/appliance **helped the pre-school include their child in their pre-school room** and **helped their child get the most out of their ECCE provision**. Finally, five respondents agreed that the **equipment/appliance provided contributed to a culture change at their child's pre-school that made it more inclusive**.

5.7.10 AIM Level 5: Impact

Respondents were asked what aspects of AIM Level 5 had the most impact on how their child's pre-school delivers pre-school education. 29 responses were received in total, with 18 comments identifying impacts in one area, 6 in two areas and 5 in three areas. These have been categorised and the key themes that emerged are outlined below.

- **Better availability of support and advice to meet their child's needs (n=9)**: described how the greatest impact was the additional assistance provided by AIM, with one respondent commenting, '*AIM pack materials encourage my child's play'*.

- **Higher quality of educational environment (n=5):** noted that a benefit of AIM was a better classroom environment, where the setting is better equipped to cater for needs and help their child's learning and understanding.

- **Improved Participation (n= 2):** highlighted that AIM helped ensure that their child could better participate in the pre-school room.

- **Benefit to all children in the setting (n=1):** One comment highlighted that the equipment received for their child would have an impact on all of the children within the setting.

These were the main themes identified there were also a small number of other comments which were not relevant to the question.

---

[53] How quickly the pre-school realised that additional support was needed; How proactive the pre-school was in the process of applying for the support and How supportive the pre-school was throughout the process of applying.

5.7.11 AIM Level 5: Improvements

Respondents were also asked to suggest improvements that could be made to Level 5 of AIM. 20 responses were received in total, with 13 comments identifying one area, 4 in two areas and 3 in three areas. The comments were then categorised in to key themes, which can be seen below.

- **Further improvement of availability support for children (n=6):** highlighted how AIM could improve support by providing extra resources for their child and supplying a wider variety of materials to further improve support.

- **A more efficient and fair application process (n= 4):** highlighted that the application process for support should be fairer and quicker in accepting their child, with one particular comment noting, '*speed up the applications process as I am aware that my friend's child is waiting 6 months for a piece of equipment. She is due to finish pre-school soon*!'

- **Better communication from AIM (n=2)**: described how there should be more communication from AIM with parents regarding the support for their child.

These were the main themes identified, however, additional comments were made, including: **Better collaboration between AIM and others (n=1)** and a small number of other comments which were not relevant to the question.

5.8 AIM Level 6

Overall, there were very few respondents who answered questions about AIM Level 6. This is perhaps a reflection of a relatively low uptake of support in this area, or a possible indication of a lack of awareness or understanding of this level of support.

5.8.1 AIM Level 6: Awareness and receiving of health service interventions offered under AIM Level 6

All of the parents and guardians in the survey were asked about their awareness of health service interventions that are offered under AIM Level 6. Of the 90 respondents who answered, just under a quarter **(23.3%, n=21)** were aware of supports offered under AIM Level 6.

Of the 21 respondents who were aware, over half **(n=12)** stated that their child required such health care interventions. Of the 12 parents and guardians who had children that required support, over three quarters **(n=10)** stated that their child received health service interventions. All of these **(n=10),** were provided directly through HSE/voluntary organisations.

As none of the health service interventions were received through AIM, no respondents answered any further questions in this area.

5.9 AIM Level 7

5.9.1 AIM Level 7: Has an application been made for Level 7 support

Of the 63 respondents who were aware of AIM Level 7 support **(70% of total respondents)** over three quarters **(84.1%, n=53)** stated that an application for support had been made for their child. These respondents were also asked to state the main reasons for applying for AIM Level 7 support, illustrated below in table 39:

Table 39: What were the main reasons for applying for AIM Level 7 support

Statement	Response Percent	Response Total
An Access and Inclusion Profile (AIP) was filled in as additional assistance was needed in the pre-school to support my child's participation	43.4%	23
I suggested a need for additional assistance for my child	37.7%	20
A Better Start Early Years Specialist suggested a need for additional assistance for my child	13.2%	7
A member of staff at the pre-school suggested that my child needed additional assistance	69.8%	37
Advice from HSE healthcare professional	24.5%	13
Other (please specify):	1.9%	1

Source: DCYA Evaluation of AIM – Survey of Parents and Guardians, RSM 2018

Note: 53 respondents could answer this question.

Base: No respondents skipped this question, therefore the base is 53

Table 39 above shows that the most common response (over two thirds of the respondents **(69.8%, n=37)** stated that a member of staff at the pre-school suggested that their child needed additional assistance. Other common responses referred to the Access and Inclusion Profile **(43.4%, n= 23),** the parent/guardian suggesting a need **(37.7%, n=20)** and advice from HSE staff **(24.5%, n=13).** The least common reason was a Better Start Early Years Specialist suggesting a need for additional assistance (**13.2%, n=7).**

5.9.2 AIM Level 7: Additional capitation

The respondents were further asked if their pre-school received additional capitation for their child, with over three quarters of the 53 respondents **(77.4%, n=41)**, agreeing that their pre-school received the additional capitation. The majority of these respondents **(87.8%, n=36)**, stated that the capitation was used to buy in additional assistance for their child. The remaining respondents indicated that they did not know how the additional capitation was used **(n=3),** followed by enrolling fewer children without financial loss **(n=1)** and both to enrol

fewer children without financial loss and to buy in additional assistance **(n=1)**.

5.9.3 AIM Level 7: Satisfaction

The respondents were asked to state the level of satisfaction with elements involving support provided for additional assistance through AIM Level 7, as detailed below.

Table 40: Satisfaction with elements of Level 7 support

Statement	Very Satisfied & Satisfied	Dissatisfied	Very Dissatisfied	Don't Know
How quickly the pre-school identified that additional assistance in the pre-school room was needed	92.5%	5.7%	1.9%	0.0%
How proactive the pre-school was in the process of applying for the support	**96.2%**	**3.8%**	**0.0%**	**0.0%**
How easy it was to access/apply for AIM Level 7 support	84.6%	9.6%	3.8%	1.9%
Fairness of decision making process	92.0%	2.0%	6.0%	0.0%
Time between submitting application for AIM Level 7 support and a decision	79.2%	15.1%	1.9%	3.8%
Time between the decision until the additional assistance was in place	71.2%	9.6%	7.7%	11.5%
Suitability of the additional assistance: meeting the needs of my child in the pre-school	77.4%	3.8%	1.9%	17.0%
Usefulness of AIM Level 7 support: helping to include my child	81.1%	1.9%	0.0%	17.0%
Relationships between staff providing additional assistance (if any) and other	79.2%	1.9%	0.0%	18.9%

Statement	Very Satisfied & Satisfied	Dissatisfied	Very Dissatisfied	Don't Know
adults in the pre-school room (i.e. quality of working relationships)				

Table 40 above shows that at least **71.2%** of respondents were satisfied with all elements of the support provided by AIM Level 7 assistance. Furthermore, the respondents were most satisfied with how proactive the pre-school was in the process of applying for the support **(96.2%)**. For all aspects, there were generally very low levels of dissatisfaction. Though in two areas, at least 17% of respondents indicated they were either dissatisfied or very dissatisfied with the support. These both related to timescales (between submitting an application and a decision; and between a decision and assistance in place).

5.9.4 AIM Level 7: Difference made by Level 7 support

The respondents were asked to comment on the difference that AIM Level 7 support made to their child.

Table 41: Extent of Agreement with statements concerning the difference Level 7 support has made

Statement	Strongly Agree & Agree	Disagree	Strongly Disagree	Don't Know
AIM Level 7 support has helped the pre-school include my child in their pre-school room	84.9%	0.0%	1.9%	13.2%
AIM Level 7 support has helped my child get the most out of their ECCE provision	81.1%	1.9%	3.8%	13.2%
AIM Level 7 support has contributed to a culture change at my child's pre-school, so it is more inclusive	75.0%	3.8%	0.0%	21.2%

Table 41 illustrates how at least three quarters of respondents **(75.0%)** agreed that AIM Level 7 made a difference to their child. The statement that the highest proportion of parents/guardians agreed with (in terms of the difference was that AIM Level 7 support had made to their child), was that AIM Level 7 support had helped the pre-school include their child in their pre-school room **(84.9%).**

5.9.5 AIM Level 7: Impact of AIM Level 7 Support on attendance

Overall, of the 50 respondents that answered, the vast majority **(88.0%, n=44)** agreed that AIM Level 7 support had a positive impact on the attendance of their child.

5.9.6 AIM Level 7: Impact

Respondents were asked what aspects of AIM Level 7 had the most impact on how their child's pre-school delivers pre-school education. Overall, 35 respondents provided responses. 94 responses were received in total, with 41 comments identifying impacts in one area, 30 in two areas and 23 in three areas. These have been categorised and the key themes that emerged are outlined below.

- **Better availability of support and advice to meet their child's needs (54.3%, n=51)**: described how the greatest impact was the additional time and resources that could be used for their child. *'My child now has someone to assist home with daily challenges in the setting'*.

- **Improved Participation and Inclusion (25.5%, n= 24):** highlighted that AIM helped ensure their child could better participate and now be fully included in all activities in the pre-school room. One respondent noted that their child now has *'the ability to stay in mainstream where he learns best'*.

- **Higher quality of educational environment (n=7):** noted that a benefit of AIM was a better educational environment, with one respondent stating that the additional support ensured a *'calmer environment'*.

- **Greater knowledge and understanding of child's needs (n=5):** highlighted that there is now a greater understanding of their child's needs, with one respondent noting that *'it highlights to the other children in a positive way that all children are different and have different needs'*.

- **Benefit to all children in the setting (n=4):** highlighted that the additional assistance received for their child had a positive impact on other children within the setting, with one respondent saying, *'It allowed more time for my child and the other children I would guess as the practitioner: child ratio has been positively impacted'*.

These were the main themes identified; there were also a small number of other comments which were not relevant to the question.

5.9.7 AIM Level 7: Improvements

Respondents were also asked to suggest improvements that could be made to Level 7 of

AIM. Overall, 29 respondents provided responses. 65 responses were received in total, with 33 comments in one area, 20 in two areas and 12 in three areas. The comments were then categorised in to key themes, which can be seen below.

- **Further improvement of availability support for children (42.4%, n=28):** highlighted that AIM could further improve support by devoting more time to their child and a better availability of the support for more children who may need it. One parent/guardian also called for a better availability of the staff to support their child: '*Should be a pool of available people on a register for Montessori's or crèches to approach - it took 4-5 months to find someone willing to take the position and at that stage it became only a 5 month contract!'*.

- **A more efficient and fair application process (23.1%, n= 15):** highlighted that the application process for support should be fairer and quicker in accepting their child, with one particular comment recommended: *'Children being assessed well before they start Playschool so that all supports are in place from day one'*

- **Better communication from AIM (12.1%, n=8):** described how there should be more communication from AIM with parents regarding the support for their child, particularly when notifying them of changes in their application for support. Furthermore, one respondent called for *'more progress reports'*.

- **More training for staff (7.6%, n=5):** highlighted that there should be more training for the staff and parents, with one respondent noting that better training for the pre-school staff would ensure that *'they are all on the same page'*.

These were the main themes identified, however, additional comments were made including: **Better collaboration between AIM and parents, staff and other organisations (n=3).** There were also a small number of other comments which were not relevant to the question.

6. CASE STUDIES

6.1 Introduction to Case Studies

6.1.1 The settings

In the surveys of Early Years settings and of parents/guardians, respondents were invited to indicate their interest and willingness to participate in future research to gain more in-depth information that could be presented as a case study. From these responses, a long list of potential case studies was identified and, ultimately, five were selected.

Across these five cases, the research team sought to provide balance in terms of geographical location (county, also urban/rural), type of setting (community/voluntary and private), size of setting, nature of disability of the child with which the case study was concerned and the nature of AIM supports accessed. Given the relatively small number of case studies, it was recognised that it would not be feasible to provide a fully representative sample.

The research team completed five case study site visits centred on specific children with disabilities/additional needs. Each visit entailed one-to-one interviews with all of those who are closely involved with the child including, for example, parents/guardians, staff who support the child in the Early Learning and Care setting and through AIM. For example, that might include: Early Learning and Care practitioner, Inclusion Co-ordinator, Better Start early years specialist, (HSE or other) therapist, etc.

Setting 1 was a private enterprise located in a rural setting supporting 25 children registered in ECCE. The children involved in the case study were twins with complex levels of disability impacting their physical, motor, communication and emotional skills. The children had been attending this setting in both 2016/17 and 2017/18. At the time of the research, the children were attending this mainstream ECCE setting and accessing support through AIM levels 4, 5, 6 and 7.

Setting 2 was a private enterprise in an urban setting with 37 children taking part in the ECCE programme. The child involved in the case study experiences multiple and complex levels of disability impacting their physical and intellectual development. The child had been attending this setting in both 2016/17 and 2017/18. At the time of the research, the child was attending this mainstream ECCE setting and accessing support through AIM levels 4 and 7.

Setting 3 was an urban setting designated as a community/voluntary organisation. The child involved in the case study experiences multiple and complex levels of disability impacting their physical and intellectual development. The child had been attending this setting in both 2016/17 and 2017/18. At the time of the research, the child was attending this mainstream ECCE setting and accessing support through AIM Level 4 and 6.

Setting 4 was a private enterprise in an urban setting; it supported 22 children as part of the ECCE scheme. The child involved in the case study experiences Down Syndrome and has medical, physical and intellectual difficulties. The child had been attending this setting in

2017/18. At the time of the research, the child was attending this mainstream ECCE setting and accessing support through AIM levels 4 and 7.

Setting 5 was a rural setting designated as a community/voluntary organisation and supporting 32 children as part of the ECCE scheme. The child involved in the case study experiences difficulties with speech, communication, regulation and behaviour. The child had been attending this setting in both 2016/17 and 2017/18. At the time of the research, the child was attending this mainstream ECCE setting and accessing support through AIM levels 4 and 7. **Setting 5** described its setting as designated disadvantaged with a very large catchment area and a very high enrolment.

6.1.2 Structure of this section

The following section presents data relating to the central domains in the research: Inclusion Policies (within the services as distinct from national policy), Provision, Experience and Outcomes/Impact. Findings relevant to each of these domains are presented according to the themes relating to the research questions identifying key enablers or obstacles relating to AIM support.

In addition to a focus upon the four key areas of **Inclusion Policies, Provision, Experience and Outcomes,** two other issues of particular importance in these case studies are considered as cross-cutting themes: **communication** and **relationships**. These two areas were at the heart of much of the work witnessed in the pre-schools and thus should be acknowledged as important throughout the case studies.

6.2 Service Inclusion Policies (Cross case analysis of each site related to inclusion and specifically AIM)

6.2.1 Pre-school practitioners' understanding and demonstration of inclusive policy

Pre-school practitioners reported that they often provided copies of the service's Inclusion Policy to their staff and to parents. Copies of the policy were also made available to parents visiting the settings, although in some cases they stated that this was on request. Early Learning and Care practitioners agreed that their admissions policies provided clear criteria for the admission of children with established disabilities as well as those who had not yet presented with additional needs. However, according to parents and pre-school managers, while pre-schools showed a commitment to inclusive admission, many were concerned at not being able to provide the resources necessary to support pupils with disabilities/additional needs. Pre-schools participating in the case studies showed no evidence of reluctance to procure and provide resources and supports through AIM for children and families who approached them.

Settings 1, 2, 3, 4 and 5 provided an overview of a policy of inclusion which existed prior to the onset of AIM. Specifically, **Setting 2** and **Setting 3** emphasised that all children, regardless of need, were welcome to the pre-school prior to the introduction of AIM. Inclusion had always been enshrined in the ethos and philosophy of these settings. The AIM programme has realised the potential of the setting and has enhanced the **inclusive culture**

of the setting. **Setting 1** referred to a considerable workload associated with embracing AIM through its seven levels of support. However, they agreed that AIM has provided a definite course or method of action which indicates a clear improvement compared to previous alternative models.

An inclusive culture was demonstrated through the first-hand knowledge and training of Early Learning and Care staff. **EDI** training was deemed by practitioners to be highly successful in promoting an inclusive culture and in providing supports from Levels 1-3 of AIM. There was a spectrum of **EDI** training and awareness in all five case study settings. This ranged from one setting where the Early Learning and Care staff had not completed this training to another setting where the Early Learning and Care manager provided training through the local Childcare Committee (CC). Decisions regarding the selection of candidates for training were **variable**. There was a **lack of consistency** in the uptake of EDI training; where it was undertaken, benefits were evident through the inclusive discourse in the setting and the staff's increased knowledge and understanding.

LINC was evidently successful in the realisation of policy relevant to the child's meaningful participation in the pre-school setting. LINC is regarded by the participants in the case studies as valuable in supporting the inclusive culture of the pre-school. In **Setting 1**, **LINC** was undertaken by the **manager**, who demonstrated its usefulness in her day-to-day practice but referred to the onerous nature of her involvement in the design of policy and accommodation of practice in her setting due to administration. As accredited training (i.e. Special Purpose Level 6 Award), LINC was very effective in enhancing the existing qualifications of owner/managers who had already obtained Level 8 degrees in Early Childhood Studies and related degree level courses. The manager in **Setting 4** elaborated that since she completed the LINC programme she feels that she should improve her service and '*let all the parents know about AIM - not just the specific parents of the child that needs AIM*'.

6.2.2 Parents' understanding and interpretation of inclusive policy

Parental resistance was evident when confronted with the language of disability on the AIM website. For parents who are only just encountering their children's pervasive developmental needs (where not evident since birth) or whose children were not born with a congenital condition, the language surrounding disability may have negative connotations. The Manager in **Setting 1** affirmed this: '*Very hard to bring in a parent e.g. for going through a profile - for example, wording of a profile e.g. 'disability' - should be worded more inclusively in the profile than defining them as disabilities which is not in line with inclusive nature.*'

The challenge of separate specialist provision versus inclusion was addressed by a number of Early Learning and Care staff and owner/managers. Two parents (**Setting 2; Setting 3)** referred to their strong preference for the inclusive setting, describing difficulties in accessing pre-school placements for their children with established disabilities. One parent referred to her desire for her child to interact with typically developing peers and she suggested that the separate specialist setting may not be the most appropriate for children with complex

behavioural issues. Based on her experience of both settings, she considered the inclusive culture of **Setting 3** to be much more appropriate for her child, who has considerable communication and behavioural needs. In **Setting 2** the parent, alongside the pre-school manager, had decided that her daughter would participate in the inclusive pre-school for five days per week in the upcoming pre-school year. Additional Assistance at AIM Level 7 made this possible. **There has been a strong relationship between the procurement of AIM Level 7 additional capitation and the increased attendance of the child in the inclusive pre-school.** To illustrate this point by considering the four settings in receipt of AIM Level 7 support:

- all respondents in Settings 1 and 4 mentioned improved attendance as a result of AIM;

- some respondents in Settings 2 and 5 mentioned that attendance improved as a result of AIM. Where attendance was mentioned as being lower, this was generally due to "a lot of appointments".

In some instances, enrolment and inclusion policies had recently been or were in the process of being updated, often with further clarification or advice being provided for parents who may have a child with additional needs.

Respondents in **all 5 settings** affirmed the relationship between an inclusive policy that was practically implemented and an inclusive culture in the pre-school with the child's positive and meaningful participation. Parents particularly favoured the geographical location (proximity) of the pre-school and the ability of their child to attend their local pre-school and primary school.

A number of case study settings considered **partnership with parents** to be crucial to children's overall development and participation in pre-school. It was apparent that, in three of the settings, the parent of the child with additional needs was consulted on their opinion regarding their child's needs and strengths, evidencing that parental involvement was regarded as a key indicator of overall success and satisfaction. In these settings, there was a strong relationship between home and pre-school and evidence of implementation of interventions in both settings. These settings illustrated their willingness to engage with parents through displaying their policies in parent handbooks, parent meetings and newsletters. During the case study visits, Early Learning and Care Managers offered sight of these policies; involvement of parents was triangulated during the course of the site visits (through consideration of policies) and through semi-structured interviews (with those who support the child (detailed in Section 6.1.2) as well as with parents). There was a variety of opportunities for parents to be involved in activities within the setting, taking into account the range of parents' circumstances, interests and availability.

Few case study pre-schools have established criteria for evaluating the **effectiveness of their inclusion policies**. Where evaluation measures do exist, they tend to be based upon anecdotal statements by parents or references to parents' responses. They do not state explicit criteria by which these policies are evaluated by other parties such as Better Start.

6.3 Provision (AIM supports provided to the child; the Early Learning and Care practitioners/Management)

This section presents the findings from the case study pre-schools, presenting details of the provision made for children with additional needs and/or disabilities and the way in which this impacts upon the education and care of these children. Provision will also be evaluated in terms of the supports provided by AIM to Early Learning and Care management and practitioners. Provision for children with additional needs and provision for Early Learning and Care staff in pre-schools will be presented as key themes that emerged from the data.

While participants' perspectives on provision for children with additional needs were generally positive, considerable concern was expressed by parents who were previously dissatisfied with provision in alternative pre-school settings, prior to this review – for example a parent in Setting 3 mentioned that in a previous setting, her child was regressing and isolated; a parent in Setting 4 stated that a previous setting had been "less accommodating" . Parents and Early Learning and Care practitioners in **Settings 3 and 4** cited comparisons with current levels of support, expressing their strong satisfaction with AIM provision. One parent in **Setting 4** explained that the previous pre-school knew nothing about AIM when he sought to enrol his child. Importantly, Early Learning and Care practitioners/management expressed satisfaction during case study visits, citing examples of financial measures, specifically **support at AIM Level 7,** provided by AIM that had impacted on their capacity to deliver the level of inclusive service they desired.

6.3.1 Training and Professional Development

All settings affirmed the relevance and usefulness of the **EDI** training provided by the County Childcare Committees (CCC). Owner managers and practitioners agreed as to the appropriateness of EDI training for Early Learning and Care practitioners. Practitioners who had received training in EDI were strongly complimentary as to its application and appropriateness in the creation of an inclusive culture. They expressed their belief that this training was necessary for the inclusion of all children in a diverse, contemporary society. In **Setting 2,** however, only one member of staff had taken part in EDI training. In **Setting 4,** most of the staff had taken part in EDI training and were very satisfied with its relevance to including children with additional needs.

Staff in all five case study pre-schools had participated in **LINC**. It appeared that the owner/manager designated who would undertake the training in each setting. Some owner managers had just completed a Level 8 honours degree in Early Childhood Studies or similar degrees and therefore nominated another member of staff to undertake the **LINC** Level 6 Special Purpose Award course. In all settings there was evidence of an immersive training culture. Participants expressed their interest in further training; while some settings **(Settings 1, 2 and 5**) remarked on the time-consuming nature of intensive training and implementing provision in terms of an inclusive culture. No respondents negated its usefulness or impact.

Many parents were aware of supports at different levels. One parent in **Setting 4** mentioned that, due to the complexity of his child's needs, he had not yet become invested in or

knowledgeable about AIM, nor did he have a significant understanding of the AIM levels of support. However, he was very satisfied with his child's inclusion in the current setting and was ready to embark on any training provided to parents, if available. He referred to his desire for information and training in order for him to gain knowledge of AIM provision and support for his daughter. This parent had previously had negative experiences in other pre-school settings and embraced the culture of inclusion that permeated the environment and community. Similarly, the parent in **Setting 2** applauded the culture of inclusion in her daughter's setting. She referred to her involvement in the process of accessing support and provision for her daughter, though she did not have direct contact with AIM. The parent in **Setting 1** had recently been employed as a staff member under AIM Level 7. She benefited from provision at a parent-child level and from an employment perspective.

6.3.2 Support from the EYS and access to specialist advice and mentoring

Specialist advice and support in the form of mentoring was highly regarded amongst all the settings that participated in the case studies. In **Settings 1 and 2,** the EYS referred to their role primarily as one of observation and support of the child in the pre-school setting. She and other EYS were also involved in setting goals in collaboration with the service. The EYS in **Setting 1** illustrated her level of support as the following: '*During my first visit I help identify strengths and needs in order to identify goals; working towards a strengths-based model'*. According to this EYS, she conducts her first visit to the setting over a 3-hour period to observe and verify the child's strengths and needs. During this visit, the EYS establishes a relationship with the personnel in the setting. The EYS assumed that if the service capacity is high, children are well supported, stating that "*If service capacity is high and children are well supported- and if I know that the* [intervention] *team are coming on a regular basis, I know that the child is getting that support; if I think there isn't regular support- then I will contact and try to link in* [with the intervention team]".

Most of the EYS personnel expressed the view that it is very much about building up services' capacity to do this work by themselves. In some instances, it was evident that initial scaffolding was provided. For example, in **Setting 1,** the EYS documented her role as providing strategies for turn-taking and small group play with less emphasis on table-top activities. She agreed that the level of support was child-dependent, but that some children required more intensive support for example, visual schedules and incremental inclusion.

It is evident that initial scaffolding is removed if the service demonstrates an enhanced capacity to cater for the inclusion of the child with needs. For example, staff in **Setting 5** were distinctly concerned with the lack of ongoing support, monitoring and evaluation. In this case, the original EYS was replaced by another specialist who conducted her observation visit over a 15-minute time period with little or no follow up in terms of suggesting strategies or evaluating interventions to support inclusion and more specifically in this case, supporting a child with significant communication and behaviour needs. The Inclusion Co-ordinator INCO (recently trained in LINC) in **Setting 5** mentioned a lack of support around the child's progress; she desired evaluation and supervision as well as support at the time of transition

to primary school: '*they didn't follow up to see how the child would transition to primary school*'.

In **Setting 2** a similar event had transpired but with a different outcome; the original EYS was replaced by a very enthusiastic and interactive EYS who considered prompt responses to the Early Learning and Care setting her primary goal; despite having a heavy caseload. In **Setting 4,** the Early Years Specialist demonstrated a strong capacity to liaise with all Early Learning and Care setting staff as well as multi-disciplinary team (MDT) members including an external therapist from a national voluntary body. She described this as '*There are connections….* [between different stakeholders supporting the child so that there is a]*…consistent approach by everyone..* [which]*…is great for a child… relationships build up through the different bodies.'*

The manager in **Setting 4** alluded to the mentoring role of the EY Specialists, demonstrating a strong, consistent professional relationship with frequent contact regarding the child with additional needs. Similarly, the mentoring role was referred to by the Early Years Specialist in **Setting 2**. Again, this aligned with a strong relationship with the staff and setting and evidence of regular, frequent support and prompt responses to applications for support to AIM.

When assessing provision at this level (AIM Level 4) parents of children receiving additional support were aware that AIM provided specialist supports to the pre-school setting. All of the parents interviewed were satisfied with this level of provision, especially the nature of the provision in terms of enhancing the inclusive nature of the pre-school. In essence, it was seamless and appeared integral to the setting. However, some parents, whose children had more complex needs, expressed their dissatisfaction with the level of accessibility of support in relation to their needs in the home setting. Parents were aware that the EY Specialist relationship was predominantly that of support for the pre-school staff but occasionally they remained confused as to how to source specialist support and advice that applied to the home setting. According to the Early Learning and Care manager in **Setting 5**, only one parent in that setting knew about AIM (that parent was unable to participate in the interviews conducted in the case study). In **Settings 1, 3 and 4,** parents were aware of the role of the Early Years Specialist and were satisfied with their child's progress.

6.3.3 Making adaptations to environment (additional equipment/accommodations)

Most settings did not require support at AIM Level 5, for example, environmental adaptations or additional equipment. In **Setting 1,** it was apparent that adaptations were made to the environment and additional equipment had been requested. There was a long delay in receiving this. According to the Early Learning and Care staff, it required sign-off by the Occupational Therapist. While this setting may be representative of good practice at many other levels of provision, the long delay meant that the child did not benefit. Neither did the Early Learning and Care practitioners. In most settings, personnel clarified that there was no need for support at AIM Level 5, for example, additional equipment, however, whenever it was required there were delays in obtaining it.

Setting 4 had already made some alterations to improve accessibility for a child who used a wheelchair. They did not require support from AIM to do this.

In settings where there was evidence of excellent practice (as perceived by parent and also informed by consultations with professional staff), appropriate visual aids were created prior to accessing them through an appropriate AIM level, for example, AIM Level 4. The pre-school management and staff in **Setting 3** displayed particular expertise in making adaptations more generally. This highlights the inherent ability of the setting to design and implement these visual supports and necessary changes – which may apply at AIM Level 4. **Setting 3** was an example of excellent, evidence-informed practice: this was regarded as excellent in general due to observations of the environment as well as being informed by the interviews. The manager created and used appropriate visual supports, showing an awareness of cognitive, communicative, executive function and social effects of visual aids on the child, that were appropriate to the child's strengths, needs and levels of functioning. The surrounding environment displayed an impressive poster on inclusion: this was regarded as such as it did not mention the term 'disability'; there was also as well as an extensive array of children's art.

6.3.4 Support for therapeutic needs – AIM Level 6 Therapeutic support

Setting 1 had a strong connection with a senior physiotherapist from the local HSE Early Intervention (EI) Multi-Disciplinary Team (MDT) with clear evidence of support provided for the children in the case study. This therapist became involved with other children in pre-school settings through the EI MDT, where initial contact was made by the physiotherapist. In this setting, there was evidence of a dynamic and responsive approach to liaison and collaboration; if any new challenges arose for the child or the Early Learning and Care practitioners, the manager would contact individual members of the EI MDT or therapists from an alternative external agency in the locality. Equally, she would alert the EY Specialist (EYS) to the need for any programmes the Early Learning and Care staff might want to implement. According to the EYS supporting **Setting 1,** there was a significant level of engagement with the child. The manager in **Setting 1** affirmed this. The EYS illustrated this further: '*If I know that the team (EI MDT) are coming on a regular basis, I know that the child is getting that support*'. The EYS in **Setting 1** also added: '*If I think there isn't regular support, then I will contact and try to link in'.* However, she went on to describe the challenges for young children with additional needs and their families*: 'Funding is an issue – Speech and Language Therapist (SLT) and Occupational Therapist (OT) on leave and not getting replacements, so I can't be in contact and make progress on that until they are present again.*'

In **Setting 3,** according to the EYS: '*there hasn't been a need for AIM Level 6 - they've all (*children requiring AIM support) *been linked in anyway. AIM Level 6 would be where we would link in if the child needs… and get involved*'. However, she added that, following her intervention, the children's place on the waiting list for intervention, remains the same. '*We don't push child up the list*.' She went on to add: '*AIM Level 6 referral would be flagged…and*

can be looked at whether the child has had previous support. Colleagues say AIM Level 6 application support helps.'

Parents in **Settings 2, 3 and 4** spent much time attending other clinical appointments that were medical and therapeutic in nature. These parents experienced difficulties with the varying degrees of availability of therapeutic supports as well as time-limited provision when they did access therapeutic intervention. These parents felt that it was as a result of their efforts in lobbying and advocacy whether or not therapeutic provision would materialise. The parent in **Setting 4** described this situation: '*having a child with special needs will take up resources - AIM provides the extra resources…*'. Most parents concurred that therapies did not come through AIM. Where therapeutic supports did have a relationship with the Early Learning and Care setting and appeared to be provided through the AIM framework of support in **Setting 1**, a chain of communication and relationships was evident. The parent had established relationships with the EI MDT, who, in turn, collaborated with the Early Learning and Care manager and visited the pre-school when it was deemed necessary to actively support the child in the setting. The parent in **Setting 1,** however, was not clear as to whether it was the presence of AIM that instigated external agency support in the pre-school, or if it was the positive interactions and engagement on the part of the Early Learning and Care manager. The parent in **Setting 4,** whose child's needs had warranted intensive medical and therapeutic support since birth, referred to their existing relationship with a national external agency (HSE) where they received minimal support, but also the availability of additional SLT through a national voluntary organisation who were not members of the child's EI MDT and where there was no liaison or collaboration.

6.3.5 Additional Assistance

All participants who had obtained AIM Level 7 (four settings) cited the usefulness of **AIM Level 7** provision in providing access and support for the child with additional needs to attend the pre-school service. This additional funding enabled pre-schools to provide an appropriate level of support for all children including the child with additional needs. Within the case studies, all pre-schools (n=5) agreed that the current inclusion provision at AIM Level 7 (additional assistance) was satisfactory within their pre-school.

6.3.6 Communication and Relationships

There are examples of somewhat established relationships with a range of external agencies in two of the case study settings (**Setting 1, Setting 4**). In contrast to this good provision, **Settings 2, 3 and 5** provided limited evidence of external support; or where it was available it was scant.

During the case studies, Early Learning and Care practitioners were asked about challenges; there was general agreement that having no communication or relationships with external therapeutic specialist was an extreme challenge. This is illustrated by the manager in **Setting 1,** where there was evidence of good practice regarding therapeutic liaison with an external physiotherapist, where ongoing physiotherapy was provided: '*If it wasn't for relationship with*

other therapists with the school, this support may not be provided - have to fight for additional support.' In this case, the perception in the setting was that, whilst additional therapeutic supports may be identified by the EYS, these were not provided through AIM and it was only through existing relationships with therapists that the setting could access these. Otherwise, it would have to 'fight' to access them.

It is also evident that access to these clinical professionals can be limited, difficult to obtain and influenced by demographic and geographical variables such as the Health Service Executive (HSE) area and the location of the family. As referred to by the management and staff in a number of settings, the limited availability of therapeutic professionals, combined with restricted access to therapies, can influence provision, experience and outcomes in relation to AIM (this is consistent with best practice evidence in literature).

Communication with the parent seems to be minimal or is addressed through the Early Learning and Care manager/INCO in the Early Learning and Care setting. There was a reported sense of need for more communication regarding the AIM process with parents by the parents in the majority of these case studies. This was also reported amongst Early Learning and Care staff. One manager suggested that communication with the parent should be considered by Better Start, especially at the early stages of the AIM process when parents are vulnerable.

In the absence of therapeutic supports or any direct involvement from external agencies or HSE, a parent in **Setting 3** noted: '*her need for direct involvement – to ensure a level of consistency – parental knowledge of the child's needs must be incorporated at all times and particularly during transitions…*'

6.4   Experience (practical experience of accessing and securing support; using this support day-to-day)

This section will describe participants' perspectives on their experience of support for children with additional needs/disabilities in relation to the following:

6.4.1 Training and professional development (EDI, LINC)

Staff acknowledged the relevance and usefulness of the EDI training in their day-to-day work. In relation to LINC, the manager of **Setting 4** proudly referred to the fact that she would be an Inclusion Co-ordinator(INCO) in September and that she valued her relationship with her EYS mentor. She had made EDI training available to all members of her staff. During the case studies, a sense of professionalism in terms of the new role of the INCO was seen to emerge – pride in this new role encouraged a level of knowledge and expertise to be acknowledged. In **Setting 5,** the manager suggested a need for additional personnel rather than training.

In all settings, there was general agreement on the need for professionalisation of the Early Learning and Care staff cohort and, more specifically, according to management in the settings (**Settings 1, 3, 5**), the need for recognition of highly qualified staff who were now leaving these positions (a wider issue for the sector rather than in these case study settings

at the time of writing). There was a palpable sense of fear of losing an Early Learning and Care practitioner who was well trained and knowledgeable on inclusion. Managers reaffirmed that there is a pressing need for acknowledgement of role identity and operationalisation of full time staff and associated salary scales reflecting staff's knowledge, training and skills. This was especially evident in the case of **Setting 3**, where all staff had achieved a Level 8 qualification. To this end, it is worth noting the variability in uptake of EDI training. In **Setting 3,** it was confirmed by the EYS and manager that all staff had received EDI training. The staff in this setting were an example of a highly qualified team; the minimum level qualification amongst staff was a Level 8 degree. In contrast, **Setting 2,** which was also deemed to have an inclusive culture, was an example of a setting where staff did not highlight training as a professional goal.

6.4.2 Support from the EYS and the role of specialist advice and mentoring

All settings praised the support provided by the EYS. Early Learning and Care management and practitioners in turn saw a need for their continued presence in the Early Learning and Care setting. It is worth noting that only two settings noted the mentorship role provided by the EYS. Prior to support from the EYS through AIM, **Setting 3** was using an array of visual supports for example a 'First-Then' card and a visual schedule for a child who experienced difficulty with waiting and had challenges with Executive Functioning. Further development of supports was enhanced by the collaborative relationship with the EYS. Consequently, the EYS supporting **Setting 3** commented that: '*there hasn't been much need to intervene as they were already doing everything that was being recommended*'. **Setting 5,** however, acknowledged that there had been limited support from the new EYS and they had resorted to developing their own resources which were not entirely appropriate to the child's needs.

Generally, settings which already had been inclusive in terms of practice coped well with the reduction in scaffolding of support provided by the EYS but all settings agreed that this was child dependent. If a child encountered new difficulties or a new behavioural challenge occurred, there was a renewed need for EYS support.

Discrepancies between the advice of the originally assigned EYS and that of her replacement were evident in two settings. This could be dependent on the background qualifications and expertise of the EYS. All EYS personnel in the case studies were complimentary of the training provided to them by Better Start. It was representative of highly appropriate and relevant training in the support of children with varying and complex needs. However, implementation of their expertise on-site in the Early Learning and Care settings was variable. One EYS referred to her preferred method of supporting as modelling appropriate inclusion strategies to the Early Learning and Care staff, while another EYS in **Setting 3** referred to the quality of inclusion as dependent on AIM Level 7 funding. It is worth noting that this EYS had minimal contact with this setting due to the high quality of the setting, the significant, degree-level qualifications of all staff and the manager's extensive expertise. This is also at odds with settings who affirmed their continued need and desire for some level of support and mentoring in the day-to-day lives of the children with additional needs and the Early Learning and Care staff, especially with a view towards transitioning to primary school.

6.4.3 Additional equipment/accommodations

According to pre-school staff in a number of settings, very effective accommodations were produced as part of the AIM Inclusive Play resource pack. For example, **Setting 1** and **Setting 5** highlighted the usefulness of the 'black out tent', which offered an excellent idea to support the sensory preferences of children who may be deemed to have an Autism Spectrum Disorder and/or Sensory Integration Disorder.

Some settings did, however, report long delays – even for the AIM Inclusive Play pack in one setting (**Setting 1)**. Delays in accessing support proved especially problematic in relation to tendering processes (for example in relation to equipment or alterations) when children with complex needs are dependent on this system. It was unclear if a delay in obtaining the HSE therapists' sign-off was delaying this process.

Where alterations were undertaken and special equipment received, this made the day-to-day running of the pre-schools requiring these modifications much easier. In the case of **Setting 1**, an adapted table helped staff to carry out nappy changing safely, avoiding possible injury to their backs while lifting, supporting and positioning the children it was required for.

Alterations to existing buildings that were not recently built were necessary for accessibility for a child who was a wheelchair user. In one instance this had been carried out prior to the case study visit and it was explained by the pre-school staff in two settings that there was some other funding source available for this prior to AIM.

6.4.4 Support for therapeutic needs

The day-to-day experience of procuring additional therapeutic supports was challenging. Even where the child had previously received Early Intervention services from an MDT, or had some connections with a children's hospital, as in the case of **Setting 4**, the manger mentioned that, to her knowledge, AIM does not provide therapeutic supports: '*My understanding- AIM Level 6 goes through the EY Specialist - who has to seek the support.*' In this case, the EYS explained that therapeutic support was provided by an organisation that already had links with the setting/the child '*it doesn't go through AIM - was linked with before…'*. A level of incongruence was evident – there was no clarification in terms of accessibility or entitlement deemed necessary by the child's diagnosis, or the likelihood of intervention from external agencies such as EI MDTs.

In **Setting 3,** the EYS explained that inclusion supports outside of the pre-school are not facilitated through AIM. She claimed that external therapeutic supports can fit in well with the AIM model - '*if the communication is linked and therapists and other professionals are working well… although it's not easy to have that there.'* The manager in **Setting 4** expressed an interest in further support - *'[I] would like to engage more with the other experts that are involved with the child – [we] have to discuss child as a team.* In **Setting 4,** the EYS has offered to facilitate future meetings to support this.

Day-to-day experiences of therapeutic support, when available, were positive. In **Setting 1**, the children who were the focus of the case study availed of external therapeutic support prior to AIM. The parent was under the impression that there was '*No support for children when parent not there. The local EI MDT is connected to HSE and they provide support to others.*'. The parent explained that '*6 weeks may be spent on speech therapy for example… this is done alongside the playschool… supporting inclusion services in playschool.*' She described that, on occasion, physiotherapy and SLT were conducted in a pre-school room setting with other pre-school children present. During the case study visit, a senior therapist on the EI team confirmed her involvement with the pre-school but also expressed interest in having more contact with the EYS and an eagerness to engage in a collaborative style of work. Visits by an OT were referred to by the Early Learning and Care staff, which were noted to have caused conflict for the practitioners; confusion arose as to whether they should focus on individual therapist's goals or focus on inclusion and play orientated group work. The Early Learning and Care manager in **Setting 1** described this succinctly: '*Goals from Better Start team may not agree with the goals of all of the other therapists*'. This was reflected in a number of settings if therapeutic support was involved. This was an example of what this Early Learning and Care manager referred to as inconsistency of communication: '*Inconsistencies, in that structure is required for certain needs of a child, yet emphasis to promote a free and fluid style which conflicts.*' She went on to clarify this from her perspective. '*Therapist needs to see template to ensure goals are met, Better Start do not want that as they believe there shouldn't be one*'

6.4.5 Additional Assistance

Funding secured through AIM Level 7 was used to employ an additional person to work with the room leader to support the child receiving AIM support. They occasionally worked with a smaller group, including the target child in that group. In two case study settings, it was felt that the funding and salaries situation was so poor that the extra hours provided by additional assistance were badly needed by management. However, it was always used to fund more personnel or to offer additional hours to somebody who was working on a low hours' contract, if they had a contract.

Many of the case studies mentioned having difficulties recruiting staff, especially someone with the skills to work in additional assistance. It seemed that many of the settings were using the existing workforce, but on some occasions they didn't have the skills around inclusion. Although it is not a regulatory requirement, the manager in **Setting 3** emphasised the effectiveness of hiring staff who had a minimum Level 8 degree as a starting point. Management in a number of settings (**Settings 1, 3 and 5**) emphasised their preference for a Level 8 degree holder to promote inclusion in their settings and to provide an overview of how additional assistance support would be provided especially if this was to involve the implementation of therapeutic intervention.

The experience of AIM Level 7 Additional Assistance support was very positive in all settings. There were differing perspectives as to the benefits of additional assistance; some managers interpreted it as an employment aid; whilst also acknowledging its usefulness regarding

inclusion and reduced ratios. Managers and Early Learning and Care practitioners viewed it positively and effectively in its use to include a child with additional needs. Early Learning and Care practitioners viewed it as an employment opportunity as well as opportunity to work more closely with the child with additional needs. Parents viewed it as a significant opportunity for inclusion where their child spends time with peers in play-orientated situations. Parents in the case studies had a great desire for play-based inclusion.

Early Learning and Care practitioners and managers recognise the need for children to have more adult attention when necessary. However, there was confusion in some settings as to how this could be implemented through optimal support of the child with additional needs.

Early Learning and Care practitioners receive conflicting advice relating to child's goals. **Setting 1** particularly evidenced the provision of a variety of goals from a variety of professionals, some of whom supported the child privately and outside the HSE. If EI MDTs are liaising effectively with Early Learning and Care staff, it is anticipated that a different approach could be adopted in determining goals - for example, a Routines-Based approach or an Activity-Based approach – where goals are identified and devised through a collaborative process involving therapeutic professionals, parents and pre-school staff. A number of the children in the case studies received information from external professionals and agencies.

Early Learning and Care practitioners in a number of the case study settings were confused and conflicted as to whether they should adopt a curriculum template approach to the inclusion of the child identified with needs both individually with the child and in small group work designed to actively including the child. The staff involved in implementing additional assistance were unsure as to whether they should follow and Aistear framework or a template for curriculum design when implementing additional assistance under AIM Level 7. They were uncertain as to what they should prioritise when implementing an Access and Inclusion Plan (AIP). The room leaders in a number of settings – or person who has LINC training – see conflicting recommendations between EYS mentors and therapists – and experienced challenges in operationalising this within the additional assistance space of practice.

6.4.6 Communication and Relationships

Relationships between the Early Learning and Care practitioners/management and parents were considered to be very positive. Usually, owner/managers supported parents through the initial process of applying for support from AIM. Occasionally, this process required empathy, sensitivity and responsiveness on the part of the Early Learning and Care manager or INCO, as this may be the parents' first encounter with their child's additional needs or disability. All parents reported this to be a positive experience, with the exception of noting the word 'disability' as problematic and insensitive. Conversely, parents reported little or no communication with the EYS representing AIM. Similarly, parents appeared to have minimal communication or interaction with external agencies providing therapeutic support services, including HSE professionals. However, when they did interact with these professionals,

interactions were generally positive and their contribution was appreciated by Early Learning and Care practitioners and parents alike.

In the case of Early Learning and Care staff and associated therapists, communication between these stakeholders was minimal or absent. Early Learning and Care practitioners referred to the challenges faced when there was no therapeutic support or continuous guidance regarding intervention strategies. Better Start EYS generally concurred with the lack of communication with therapists; except where a relationship had already been established through the parent or the Early Learning and Care manager's skills at initiation. This lack of collaboration was seen at many stages involving therapeutic expertise. Early Learning and Care practitioners supporting children in playgroups required facilitation with therapists' guidelines and/or programmes. EYS personnel required more interaction and connection with therapists. Essentially, poor communication between the case study pre-schools and therapeutic services was reported in a number of settings. Exceptions existed where a relationship between pre-schools and therapists was established prior to the child's entry to the pre-school. A lack of reciprocity and responsiveness to the child's needs by therapeutic services was evident in **Settings 1, 3, 4 and 5**. This was reported by setting managers to halt the development of positive working relationships. It also impacted the interventions in the Early Learning and Care setting to develop the competence of the child; communicatively, socially or cognitively in order to promote inclusion.

Parents whose children had complex or multiple challenges looked to the Early Learning and Care staff for guidance. At times, this was beyond the competencies of the Early Learning and Care staff. Specific support regarding strategies for pro-social behaviour for one child and physiological and emotional regulation for another child required professional expertise from members of the EI MDT.

Early Learning and Care staff's concerns in **Setting 1** were reported in most settings and were representative of all settings, in that the Early Learning and Care workforce are cognisant of a **disconnect** between AIM and the multiple service providers including the HSE, external private therapeutic supports and national voluntary disability organisations. This affected the provision of inclusive in-class and group intervention. Early Learning and Care practitioners said that they were confused as to their capacity to provide structured support for children who had considerable communication, physical and social needs. Curricular and pedagogical responses were unsupported at times where an apparent clash was evident in what therapists advised and how Better Start advised on implementation of goals. Essentially, Early Learning and Care staff were unclear as to whether they should provide individualised and tailored structured support or promoted a fluid and dynamic group intervention. Ultimately, their major concern was the child's ability to respond and their role in getting it right.

The parent in **Setting 4** wished for a multi-disciplinary setup where AIM is more involved in communication with the parent, where there is more direct involvement as well as regular direct feedback from AIM.

6.5 Outcome/Impact (difference made to child, parent, Early Learning and Care setting staff, other children)

6.5.1 Training and professional development

According to findings from the majority of the case studies, there are positive impacts due to the levels of training specifically at levels 1-4 of AIM, which are comprehensive and effective for the Early Learning and Care staff involved. In most settings, Early Learning and Care practitioners and managers applauded this training. Two settings had recently updated their training; one of these, **Setting 1,** requested a calendar identifying future EDI training availability over the upcoming academic year as well as an extension of the LINC programme, so that other staff could avail of it. Early Learning and Care practitioners and managers felt that they had been invested in and their professional identities were strengthened and empowered.

EDI training benefited all staff who had received it – examples of this were clearly demonstrated through the use of diverse puppets of different ethnic backgrounds in **Setting 5** and comprehensive and appealing posters in **Setting 3**. The puppets represented persons with disabilities and persons of different ethnic backgrounds. In **Setting 5,** the Early Learning and Care practitioner who also worked at the additional assistance AIM Level 7 support level had recently completed Equality and Diversity training, which she reported was provided through her QQI Level 5 training[54]. This is a different format to the training offered through CCCs as part of AIM mentioned in the other case studies. Typically, it was noted amongst the other settings that EDI training is provided effectively and efficiently through the geographically closest City and County Childcare Committee in each county. One example of best practice was discovered in **Setting 3,** which identified the owner/manager as the local champion of inclusion and a passionate and informed CCC trainer of EDI.

Parent perspectives showed evidence of hope and trust in the Early Learning and Care staff. Parents were confident in the practice of the Early Learning and Care settings. One parent in **Setting 4** was interested in finding a parent training model to inform parents who wished for an in-depth knowledge of the framework. In most settings, parents had a limited knowledge of the training on inclusion. Parents also expressed a desire for more parent-friendly information to be provided by AIM.

6.5.2 Support from the EYS and the role of specialist advice and mentoring

The impact of specialist advice and support varied, but not considerably, amongst the settings. Settings that were more competent and confident in including the child with additional needs required less support from the EYS. There are potentially two reasons for this:

---

[54] For example, to achieve a QQI Level 5 Major Award in Early Childhood Care and Education through Early Childhood Ireland a learner must complete eight components which include one on Equality and Diversity https://www.earlychildhoodireland.ie/work/education-training/childcare-courses/

- 1) The previously inclusive nature of the pre-school was generally led by a knowledge manager who was already committed to inclusion; and

- 2). The pre-school that was attempting to support the child with significant and pervasive needs and felt incompetent; such was the level of need experienced by the child.

When optimal relationships were evident between the Early Learning and Care setting and the EYS, there was an inherently collaborative style of working to support the child. In one setting **(Setting 4),** the EYS appeared to go beyond the professional brief represented by other EYS in the case studies, in terms of her determination to invite all parties to meetings to discuss the child's needs and how to address them appropriately. This EYS had a good knowledge of the workings of the Early Learning and Care sector and the roles of all stakeholders. She was also supporting a child with considerable and multiple needs, who had established medical support services. It is worth noting that the parents of this child were very committed and involved in the child's care and support and were happy to have finally identified an inclusive pre-school that would promote their daughter's participation and belonging.

The presence of the EYS in **Setting 2** showed evidence of strong potential regarding communication and relationships with Early Learning and Care staff. The infectious enthusiasm for her role and her willingness to engage, communicate and be pro-active was evident even though she had quite recently replaced the original EYS in taking on the role.

6.5.3 Additional equipment/accommodations

The availability of additional equipment and accommodations had a strong impact on children's wellbeing when and where needed. In **Setting 1,** however, delays in obtaining sign-off for equipment highlighted the continued detrimental physical impact on staff who were challenged by the additional physical needs of the children in question. In **Setting 4,** a request for support around toilet training was supported by visuals. This had a positive impact on the capacity of the staff to support the child in question.

In **Setting 5,** the Early Learning and Care practitioner who received training on Equality and Diversity through a QQI Early Childhood training course had designed visual supports for the case study child. However, these supports were not at the child's communication level and would require more specialised input in their creation and implementation. Creating visual supports for children who are nonverbal or have significant communication delays, without the input of Better Start EYS (incorporating psychological knowledge of childhood communication disorders) was regarded as pre-emptive and subsequently did not conform to good practice. However, this could have been regarded as a well-intentioned effort to address the child's needs and avoid disruption (for example, tantrums and chaos) in the pre-school room. This undoubtedly aligns with the manager's frustration regarding the minimal presence of the EYS – her short, 15-minute period of observation of the child and the setting's incapacity to deal with a child's significant communication and behavioural needs. It may not be surprising that the manager in this setting also specifically suggested that AIM provide more supports at AIM Level 7 and fewer at AIM Level 4.

6.5.4 Support for therapeutic needs

According to the EYS in **Setting 4,** there is a need for improvement- '*I feel like, in relation to AIM Level 6, healthcare professionals need more information. This can be addressed through maybe more presentation. Communication needs to be more inclusiv*e'.

In **Setting 1,** the Early Learning and Care practitioner referred to the need for more consistent support from therapists. While the child was linked in to the EI MDT, her experience was one of discrepancy: '*[In terms of] therapy support, [the child]has the visits,[however, I] would like to see more communication and cooperation between.*' According to a senior EI therapist associated with supporting the needs of the child in **Setting 1**, her role was that of '*working with children who attend school in pre-school and preparation for pre-school.*' The parent in **Setting 1** explained that the pre-school manager had applied for AIM Level 7. She assumed that this included Speech Therapy (SLT), Occupational Therapy (OT), Psychology, Physiotherapy and Play therapy. However, according to the manager, the children in the case study – twins – have received early childhood services (Early Intervention) since they were born and still have connections with that service. However, OT, SLT and physiotherapy are all provided by another source. The manager suggested that Better Start might identify extra support for that. Parents have to be linked to these services – '*Better Start EYS do not do this directly. Better Start EYS doesn't have power to refer children to therapists. Nothing coming that is funded by AIM.*' This manager's experience of the context of wider inclusion for the child is '*that it may not be there. Child might have certain needs and AIM may not provide [support for] this*'.

Some concerns were expressed regarding the time lag that occurs between initial assessments and the provision of necessary resources.

Parents reported what they considered to be a significantly positive impact on their children in a number of domains: general wellbeing, social emotional development, happiness, progression and communicating and playing with peers. In **Setting 1,** the parent described the outcomes: '*Twins [are] going to school very soon, [AIM] helps them better themselves so they are well able for school…'*. She believed that her twin children would do well in a small school in an intimate classroom setting in Junior Infants, not too unlike their current pre-school setting. She defined their success as: '*[being] happy and progressing and getting on with other people and being able to communicate their needs.*'

However, a note of fear and trepidation was expressed by most parents who were preparing to cross over the primary school threshold. The parent in **Setting 1** explained: 'they will be finished with AIM when they leave…'. In **Setting 2,** much planning and assistance through AIM Level 7 support provided an additional staff member with the capacity to visit the primary school that the child was due to attend.

6.5.5 Additional Assistance

All participants cited the successful impact of **AIM Level 7** support in providing access and support for the child with additional needs attending the pre-school service. With this

additional funding, pre-schools were enabled to provide an appropriate level of support for all children including the child with additional needs.

However, whilst the support was of benefit, the limited availability of this additional assistance was also regarded as a challenge in some cases. The child who was the focus of the case study in **Setting 5** spent the entire day in the setting. The additional support provided was not available in the afternoon. The manager indicated that progress in the early part of the day could sometimes be hampered and even regress in the afternoon due to the child's fatigue and ongoing challenges.

6.5.6 Transition to Primary School

Concerns about Transition

The topic of transition to primary school arose frequently in the case studies. Predominantly Early Learning and Care practitioners and managers noted their concern about the lack of appropriate support from the EYS surrounding the child's future transitions. There was rarely any clarity or confirmation regarding which personnel would be involved in the transition process in collaboration with the future primary school personnel. The pre-school staff felt that they were operating in a void and, consequently, that it was obligatory that they initiate these transition processes and work on their own. The role of the EYS in the development of a transition plan for the child was rarely mentioned. Many of the Early Learning and Care respondents outlined that the transition to primary school involved a considerable amount of work and that they would benefit from an opportunity for collaboration and to work more closely with the EYS and in some cases the EI MDT. EYS personnel in two settings confirmed that they had provided some support, however, they seemed confused as to their own role in this process. An EYS in **Setting 3** described potential issues that could arise for the child: '*challenges - his transition - there may be some there for that…further support required for the child…the role for AIM - to do work on transition.*'

What was reported in most case study settings is that the Early Learning and Care workforce is cognisant of a **disconnect** between AIM and the primary school system. In the instances in these case studies, this disconnect is encountered through a lack of collaboration and partnership revealed at the first intersection between Early Learning and Care provision and primary school provision.

While the Early Learning and Care settings focused on the inclusion of the child with additional needs in the pre-school room, a number of participants, including managers, Early Learning and Care practitioners and parents, expressed their concerns about the transition to primary school. These transitions for children with additional needs in the case studies were seen as requiring more intensive and individualised supports to ensure that the children quickly became full participants within their future peer group and could participate meaningfully.

In **Settings 1 and 5,** there had been collaboration between the pre-school, parent and primary school.

The parent in **Setting 1,** who felt very supported by her Early Learning and Care setting and the EI MDT therapists, succinctly described her aspiration as she and her twins approached those tentative steps in the transition to primary school: '*Keep* [the] *parent informed and more advice about both pre-school and home setting*'. The parent in **Setting 4** echoed this aspiration: '*AIM - to have a team that is able to communicate between the parties and inform the primary school equivalent of AIM to ensure the child has what she needs in place to transition to primary school easily*'.

The manager in **Setting 5** referred to the gap between the Early Learning and Care AIM support framework and the primary school support system. She referred specifically to the different assistance model in primary school: '*SNA in primary school is taking away that independence provided under AIM in pre-school*'. This manager also referred to an issue regarding the job description for the role of the INCO: '*I had to make one myself and I wasn't sure if done right - who is responsible for providing that*?'

While the entire staff were highly qualified and a very inclusive culture prevailed in **Setting 3**, the manager stressed that '*There is more support needed for this transition from AIM*'. She emphasised that, despite the fact that she had taken the transition walk to the primary school several times and has developed a relationship with the nearby primary school, there was a role for AIM to be '*more involved and having opportunity to feedback at end of the year for cases*'. She suggested that '*AIM can put in provision to help transition to primary school.*'

In **Setting 3**, the Early Learning and Care staff walked the case study child to the receiving primary school and attempted to familiarise the child with his new setting. The Early Learning and Care settings in the case studies felt that it was incumbent on them to provide a transition pathway and that this was lacking in support from AIM. Very few of the participants in the interviews were aware of the transition template in the Access and Inclusion Profile (AIP).

AIM versus Models of Support In Primary Schools

Some of the case study pre-schools were concerned with the ethos of the primary school and the Special Needs Assistant (SNA) model used there. They saw their model of support as incompatible with that provided by the primary school.

AIM allows for more inclusivity when compared to the SNA model. These conflicting interpretations apply to both the Early Learning and Care setting and the primary school setting. An SNA-type model was applied for a period of time in **Setting 1**. An SNA was utilised for a year and then failed to work effectively under the new AIM model. There is confusion relating to the initial one-to-one scaffolding and support required for a child with severe and complex needs and when to fade it out. This could be an opportunity for more **intensive mentoring** and **individualised support** from the EYS in pre-schools. The EYS relationship is predominantly with the manager of the service; more training and dissemination amongst Early Learning and Care staff is needed when including children with more complex needs.

There is a need to inform EYS and EYS practitioners of the new model of support teaching in primary schools and in particular the **Continuum of Support**. This model would be useful in the initiation and development of relationships with the receiving primary school. Early Learning and Care pre-school staff and Better Start EYS could work more effectively through collaboration and partnership when developing transition pathways for children receiving AIM support. If the child avails of therapeutic supports in pre-school, better linkage and communication may optimise the child's future development and identified need for support in the primary school.

The Department of Education and Skills has set out the **Continuum of Support** framework to assist schools in identifying and responding to pupils' needs. This framework recognises that special educational needs occur along a continuum, ranging from mild to severe and from transient to long term and that pupils require different levels of support depending on their identified educational needs. Using this framework helps to ensure that interventions are incremental, moving from class-based interventions to more intensive and individualised support and that they are informed by careful monitoring of progress. If collaboration between pre-schools and primary schools were established, primary school teachers could be better informed by their Early Learning and Care colleagues as to the individual and group needs of the child.

The Department of Education and Skills promotes an effective provision for pupils with special educational needs, which is situated within an inclusive, whole-school framework emphasising effective teaching and learning for all and good collaboration and engagement between schools, parents/guardians and pupils. An Inclusive Education Framework (NCSE, 2011) recommends that a whole school framework supports the inclusion of the child whilst supporting the child's individual needs to promote engagement and active participation. According to the Irish National Teachers Organisation (INTO), through the **Continuum of Support**, children can be supported immediately rather than having to wait for a diagnosis. Children will not be unnecessarily labelled. School resources are linked to learning needs. Schools can deploy resources considering pupils' individual learning needs without the need for psychological intervention. A more consultative role will come into being with the NEPS psychologist.

All of the pre-schools were unaware of the new **Inclusion Support Assistant model** proposed by the National Council of Special Education (NCSE) in 2018. The Minister for Education and Skills has recently welcomed a review of the SNA role presented by the NCSE. This promotes a re-evaluation of the role as **Inclusion Support Assistants**. Working more closely with the receiving primary school and developing an awareness of the changes being implemented in the primary school system could benefit all stakeholders in the development of a transition pathway for the child currently receiving AIM support. There is an opportunity for primary schools to learn from best practice in Early Learning and Care settings as well as the Early Learning and Care settings ensuring children are as prepared as they can be for the school setting to which they will move.

6.5.7 Communication and Relationships

Early Learning and Care practitioners stressed the importance of a good communication system in the pre-schools. Facilitative relationships could sustain the positive impact of an inclusive culture if they were guided by all stakeholders including Early Learning and Care practitioners, EYS, therapists, primary school personnel and parents during the transition to the primary school.

Positive relationships developed between the Early Learning and Care setting and the parents enhanced the child's support system and inclusion. The impact of positive relationships could be sustained were there a clear role for AIM in the transition to the primary school.

7. KEY FINDINGS AND CONCLUSIONS

7.1 Overall and by Level

7.1.1 Impact Overall

Despite the rapid pace at which AIM was introduced and it being relatively early in terms of its implementation, AIM has been broadly welcomed and well received, with positive feedback from many quarters. Many stakeholders identified broad areas in which AIM was perceived to be having a positive impact as detailed in t able 42 below.

Table 42: Perceived impacts of AIM for stakeholder groups

Stakeholders	Reported impacts of AIM
Within the sector/within settings	• Raised awareness of disability and inclusion and therefore challenged and changed prevailing culture and attitudes in the pre-school sector • More inclusive culture amongst staff and in settings: greater awareness and acceptance of children with disabilities/additional needs. • Increasing confidence to support children with disabilities/additional needs • Greater awareness of the support/resources etc. available • Access to supports to improve inclusion in the pre-school; access to additional training and funding for staff; better adult-to-child ratio • Improved quality of teaching as a result of extra training • Contributing to the process of professionalising the Early Learning and Care sector • Enhanced well-being: pre-school practitioners were less stressed and more reassured due to the additional support and advice given by AIM • Laying foundations to bring about societal changes in attitudes, environments, etc.
Children with disabilities/additional needs supported through AIM	• Helping large numbers of children to access ECCE provision who might otherwise may be excluded due to disabilities • Inclusion/access to pre-school settings and consequent impacts on parents/families and other children • Personal development/development of skills as a result of AIM support, with development of social skills and concentration within the ECCE room • Improved participation and inclusion in the setting

Stakeholders	Reported impacts of AIM
	• Better access to additional supports /resources/equipment (responsive to need)
	• Better adult-to-child ratio and in some cases individualised supports
	• Support transition to Primary School – for example, equipment can go to primary school; Access and Inclusion Profile/Plan may be shared
Other children in pre-school settings	• Improved quality of experience for other children 'enriching their education' and 'helping peers learn about acceptance & inclusion.'
	• More inclusive culture
	• Better adult-to-child ratio
	• Better access to additional support
	• Greater awareness and acceptance of the nature of disabilities and children with a disability/additional need.
	• Less disruption experienced as a result of AIM support
Parents/guardians of children with disabilities/additional needs	• Empowered to seek help for their child; more confident that help will be available
	• Greater awareness and acceptance of the support available
	• Better access to support/resources (including equipment, adult-to-child ratio, etc.) to meet individual children's needs
	• Enhanced well-being of the parent/carer and child as a result of AIM providing reassurance about previously held concerns about child's involvement in pre-school
	• Communication with staff at the pre-school
Stakeholders working to support the Early Learning and Care sector	• Building positive relationships and understanding between those who support children in pre-school settings from variety of departments/agencies/organisations
	• A model of collaborative working which benefits all of those involved and is widely regarded as offering a model of good practice
Private therapists/support groups	• With the introduction of a consistent, nation-wide approach to interventions to support children with additional needs in pre-school settings, it is possible that services offered by some private therapists/support groups may be displaced, though this is likely to be in the longer term

Source: RSM 2018

7.1.2 Impacts – AIM Levels 1 – 3

AIM Levels 1 – 3 are universal supports and provide a mix of awareness raising information and structured training. There is evidence of impact from supports offered under these levels, with the most common reported as follows (from Early Learning and Care settings and parent/carer survey respondents).

- Knowledge sharing/collaboration with parent/family/staff, i.e. improved level of communication and sharing between the pre-school and the families involved.

- Greater awareness/understanding of inclusion due to AIM information.

- Availability and easy access to information.

- Improved inclusion of the practice/pre-school setting, i.e. more inclusive practices.

- Improved inclusion of and participation by children with disabilities/additional needs.

- Better availability/adequate support (funding, resources, information and training), i.e. additional support available in pre-school through extra funding, equipment and training, etc. – to meet the needs of children with disabilities/additional needs.

- Supporting/meeting the individual needs of all children in the setting.

- Greater knowledge and understanding of specific children's needs.

- Inclusion Co-ordinator and training.

- Impact on settings' policies and curriculum.

- Higher quality educational environment due to due to support through higher quality teaching and resources being implemented in the pre-school room.

- Benefit of AIM to other children within the pre-school.

7.1.3 Impacts – AIM Level 4

AIM Level 4 is a targeted support and introduces Early Years Specialists to settings – they can then offer a range of further support and help to access other levels of support. There is evidence of impact from supports offered under AIM Level 4, with the most common reported as follows. These were reported by survey respondents (Early Learning and Care settings and parent/carer survey respondents (relatively few responses from these)):

- Ability to provide adequate support (via funding, resources and training).

- Knowledge sharing/collaboration with parent/family/staff - improved the level of communication and sharing between the pre-school and the families involved.

- Supporting/meeting the individual needs of all children - available support from Early Years Specialists benefited children.

- Availability and easy access to information.

- More inclusive practices.

- Higher quality of educational environment.
- For parents/guardians: greater knowledge and understanding of their child's needs and better availability of support and advice to meet their child's needs.

7.1.4 Impact – AIM Level 5

AIM Level 5 is a targeted support providing equipment/appliances and minor alterations where required. The nature of impacts reported in connection with AIM Level 5 varied, with the most common reported as follows (from Early Learning and Care settings and parent/carer survey respondents):

- Feedback from the survey of Early Learning and Care settings identified the following (most common) impacts:
    - Support provided through equipment, appliances and minor alterations grants.
    - Improved access and inclusion.
    - Improved safety - a safer environment within the setting.
- Feedback from the survey of parents/guardians identified the following impacts – though there were relatively few responses:
    - Better availability of support and advice to meet their child's needs.
    - Higher quality of educational environment: a better ECCE room environment, where the setting is better equipped to cater for needs and help their child's learning and understanding.
    - Improved participation.
    - Benefit to all children in the setting - equipment received for one child would have an impact on all children within the setting.

7.1.5 Impact – AIM Level 6

AIM Level 6 is a targeted support providing therapeutic supports; it is evident from survey responses that there is a lack of clarity in terms of these supports and whether they are provided through AIM or not, hence relatively few responses. The very small number who did respond to the Early Learning and Care settings survey in relation to AIM Level 6 impacts reported:

- Staff and parents happier with support (two respondents).
- More confident (one respondent).
- Benefit to the child (one respondent).

There was no feedback from the survey of parents/guardians in relation to AIM Level 6 impacts.

7.1.6 Impact – AIM Level 7

AIM Level 7 is a targeted support providing additional capitation to the pre-school setting.

Feedback from the survey of Early Learning and Care settings identified the following impacts

- Better adult-to-child ratio.

- Inclusion of child within setting.

- Access to additional funding for staff.

- Greater awareness of support available and acceptance of the child's needs within the setting.

- Improved communication and relationship with parent.

Feedback from the survey of parents/guardians identified the following impacts.

- Better availability of support and advice to meet their child's needs.

- Improved participation and inclusion - AIM helped ensure their child could better participate and now be fully included in all activities in the ECCE room.

- Higher quality of educational environment - a better ECCE room environment, with one respondent stating that the additional support ensured a 'calmer environment'.

- Greater knowledge and understanding of child's needs.

- Benefit to all children in the setting - additional assistance received for their child had a positive impact on other children within the setting.

AIM Level 7 was also reported to have a **positive impact on the attendance of children with disabilities/additional needs at pre-school settings**:

- Of 106 respondents who answered this question in the Early Learning and Care settings survey, the majority (96.2%, n=102) indicated that the support provided by Level 7 of AIM had a positive impact on the attendance of the child/children with disabilities in the setting.

- Of the 50 respondents who answered this question in the parents/guardians survey, the majority (88.0%, n=44) agreed that AIM Level 7 support had a positive impact on the attendance of their child.

7.2 Areas that are working well

7.2.1 Overall

Key areas that are working well within AIM overall include:

- Provision of a national programme offering a **consistent and uniform approach** to supporting children with additional needs in Early Learning and Care settings. With **inclusivity** at its core, the model is deemed to be **accessible and equitable**.

- Concepts underpinning the model: Important and positively-regarded features of the intervention are that it is **child-centred** and **non-diagnosis-led**. The levels of support available through AIM provide **graduated support to address identified needs,** offering support for a wide range of additional needs and ensuring that supports are tailored to each individual's specific requirements, rather than a 'one size fits all' approach.

- Delivery of AIM – many aspects are welcomed, including

  - Investment provided by the government, which 'sent the right signal about AIM.'

  - Widespread recognition of the extremely positive experiences of collaboration and co-operation across departments/agencies/organisations and sectors.

  - Stakeholders' willingness to engage and make things work.

  - AIM has been effectively run and implemented.

  - Generally high levels of awareness reported (in Early Learning and Care settings; less so in parents' surveys).

  - Reasonable to high levels of satisfaction reported with aspects of support provided.

  - Application processes: Processes had 'teething problems' but were now speeding up. Generally, decision-making processes perceived to be transparent, fair and equitable.

- **Information and Communication:** There is a widely held perception that those in the sector and parents have gained a good level of knowledge about AIM in a short period of time. Communication, including the AIM website, was fairly well regarded; although the website was considered to be a better tool for communicating with the sector than with parents.

- Some stakeholders felt that AIM helped with **strategies for transition** from pre-school to primary school and support communication between pre-school and primary, etc.

7.2.2 AIM Levels 1 – 3 overall

There was also a wide range of positive feedback on the specific interventions offered through AIM.

- information, material and training provided was regarded as being useful in terms of raising awareness, sharing information/signposting and underpinning capacity development.

- positive feedback on the delivery of LINC with stakeholders commenting on the low level of drop out; evidence of increasing interest and demand for the programme (case for expansion) and its support for professionalisation of sector.

- Mary Immaculate College (MIC) is due to publish a paper on best practice (culture, practice, pedagogy) that has emerged through delivery of LINC. LINC has provided an opportunity to identify and disseminate information on this practice.

- AIM Inclusive Play Resource Packs (initially unplanned resource made widely available under AIM Level 1, i.e. universal supports designed to make settings more inclusive) – these generated a lot of good will; the material and guidance were regarded as being of high quality.

7.2.3 AIM Level 4 – Early Years Specialists

This relatively new team of specialists has developed and implemented approaches, learning from good inclusive practice. They seek to play a positive/supportive role for Early Learning and Care practitioners (helping to build their capacity) as well as for parents. A striking comment made by one stakeholder was that, through the EYS, this may be first time that a parent heard positive feedback about their child's abilities.

As well as supporting practitioners and parents, the EYS have a role to play in signposting/accessing other supports. There have been positive developments building relationships with counterparts in HSE. Whilst there had been some initial misunderstanding and perhaps trepidation about roles overlapping or straying into each other's territory, a number of joint presentations (delivered on a CHO area basis by HSE staff and Early Learning and Care staff) were held to clarify aspects of the roles and consolidate the complementary and mutually supportive nature of these.

Feedback from both the Early Learning and Care settings survey and the parents/guardians survey was positive in respect of AIM Level 4 supports:

- Early Learning and Care settings survey

  – 76% of respondents had accessed support from EY Specialists.

  – The most common supports accessed were: advice and support on the inclusion of a child/children; information and advice on other supports available through AIM; mentoring & coaching strategies.

  – At least 85% of those who accessed this support were satisfied/very satisfied with aspects of AIM Level 4.

- Parents/guardians survey

  – 64% of respondents reported that the pre-school had accessed support from EY Specialists for their child.

  – The most common supports accessed were: advice and support on the inclusion of a child/children; information and advice on other supports available through AIM; mentoring and coaching strategies.

  – At least 72% of those who had experience of this support were satisfied/very satisfied with aspects of AIM Level 4.

7.2.4 AIM Level 6 – Therapeutic supports

Additional resources provided to HSE to facilitate the provision of therapeutic supports were welcomed. As described above under AIM Level 4, joint presentations (delivered on an area

by area basis by HSE and Better Start Co-ordinators) were introduced to build knowledge and understanding between those who provide health and Early Learning and Care interventions (HSE and Better Start) to counter misunderstanding/misperception, etc.

7.2.5 AIM Level 5 – Equipment/Minor Alterations and Level 7 – Additional Capitation

Supports under Levels 5 and 7 are accessed through similar application processes. These applications are subject to a rigorous assessment process undertaken by Pobal with quality assurance and learning processes built in. This includes regular meetings to review scoring, provide moderation and ensure consistency in scoring; peer review (i.e. where Pobal staff assess applications and their colleagues within Pobal undertake peer review of the assessment (all in the case of AIM Level 5 applications and a sample in the case of AIM Level 7 applications); there is also an upward review process. Feedback on the operation of the processes was broadly positive and Pobal was responsive to requests to amend/streamline the process where practical to do so as the intervention was implemented and 'bedding in' issues arose.

7.3 Areas for development/improvement

7.3.1 Overall

A number of broad areas for improvement/development have been identified – some of these may be addressed in the short term; others may require more long-term consideration.

- Due to the rapid pace at which AIM was implemented, it was not possible to develop a **bespoke IT system**; an existing Pobal system has been adapted – though this has had some teething problems – and some issues around responsiveness/flexibility remain.

- **Communication** is a fundamental issue underpinning the ongoing success of AIM. Areas for development include:

  – Language/terminology/definitions: the use of the word 'disability' is potentially misleading and can be contentious/divisive. 'Additional needs' provides a broader term which stakeholders and parents are more accepting of.

  – There is mixed experience in terms of parents' understanding of the supports available through AIM. Whilst the AIM website offers a plethora of information, it is relatively dense and can be difficult to navigate for parents/guardians.

  – There is scope to improve information in respect of:

    ▪ Managing expectations - a need for clarity and improved/shared understanding about supports available, eligibility and processes for accessing this.

    ▪ Transparency in decision-making including appropriate feedback on rejected applications.

- **Coverage of AIM**: due to the rapid pace at which AIM was implemented, not every setting may fully embrace the intervention yet; it is important to engage widely and ensure that

AIM reaches the **broadest possible range of settings,** including, for example, smaller settings, those who may be 'fearful' of change.

- **Scope of AIM**

  – There are implications of including children with **very complex and/or nursing needs** in pre-school settings, both for the child and for others in the setting. It is important that these are fully considered in terms of practicality/feasibility of the child participating in the pre-school setting so that all necessary supports are in place for all involved.

  – AIM is currently available as part of ECCE provision – there is an argument that, to build on the foundations of an inclusive culture, **AIM should be expanded** and made available for more hours/weeks in the year.

  – Whilst AIM provides a wide range of supports centred on the child, there may be merit in introducing a '**family support' element** to complement the provision for children in line with other models of good practice.

- **Ensuring accurate/sufficiently detailed information about specific disabilities/additional needs:** as AIM is not diagnosis led, there may be a lack of clarity for providers seeking to supporting children and families.

- **Application processes and lead-in time until supports are available (AIM Levels 5 and 7).** Stakeholders would welcome streamlining of application processes and faster turnaround times if possible 'without compromising fairness or quality of decision making.' Whilst there has been evidence of improvement, current timescales are still regarded as being too long. This is exacerbated by the fact that supports cannot be applied for until the child has a place in a pre-school. Stakeholders also recognised that, whilst support may be approved relatively quickly, there can be a delay until it is in place/available to use.

- **Processes:** Stakeholders expressed some concerns regarding the responsiveness of HSE (and, to a lesser extent, Pobal) and how this fitted with the overall ethos of AIM:

  – They were perceived to be less flexible/responsive, tending to move more slowly than the pace at which AIM was rolled out; and less responsive to new requirements by changing the way they do things.

  – They were perceived to be overly bureaucratic

- **Clarifying how AIM links with other (local) provision/services supporting children with disabilities.** Prior to AIM, a wide range of services existed to support children with disabilities (from birth onwards and outside ECCE hours). With the introduction of AIM, there is a perception of some duplication, but also potential for confusion if more than one agency is supporting a child (and which 'goals' are being pursued). There are some concerns that funding will be cut with AIM being expected to fill the gap. With AIM only covering a fixed age-group and fixed hours per week, this is not feasible in the short term. Consideration should be given to how best AIM can co-ordinate with and complement local organisations.

7.3.2 AIM Levels 1 - 3 overall

AIM Levels 1 – 3 are universal supports and provide a mix of awareness raising information and structured training.

Proposed areas for improvement /development were identified under these Levels with the most common reported as follows (from Early Learning and Care settings and parent/carer survey respondents).

- More training for staff and parents.

- Improve training content/structure/delivery to support staff in the pre-school.

- Greater involvement in the delivery/implementation of AIM from parents/staff – for example comments covered the following issues.

    - Ongoing awareness raising amongst parents of inclusive culture in pre-schools (by pre-schools)

    - Continue to encourage parents to complete profile forms online complemented by staff perspective based on observation to reduce potential for conflict and upset.

    - Support parents to be more involved in their child's development and in particular AIM through provision of more (concise, accessible, easy to understand) information and/or packs for parents; more support/guidelines for parents about AIM so they understand what is available; and training if relevant/appropriate.

    - More inclusion of parents – for example, open evenings, meetings between EYS, Early Learning and Care practitioners, parents and other relevant stakeholders/professionals supporting a child, etc.

    - Give appropriate recognition to parents' voice and issues raised in relation to their children's needs and engagement with AIM.

    - Practical support/training/strategies for pre-school staff to engage with parents and manage sensitive conversations.

    - Meetings between Early Learning and Care staff and primary school staff to ease transition process.

- Improve communication with parents.

- Better communication about AIM with parents, including:

    - Simpler, 'jargon-free' language in communication with parents.

    - concise and consistent information for parents (for example, in a handbook or pack, sent directly to parents) to raise awareness on what is available through AIM, how to access it and how it is delivered.

    - information provided to parents in a timely manner, e.g. prior to enrolment.

- More training for staff and parents to support specific needs of their child.

Some specific feedback from stakeholders also proposed other improvements including:

- EDI Training/Other Training: ensuring that the coverage/uptake of training covers all regions.

- Eligibility for LINC is limited to one staff member per setting: consideration for exceptions to this would be welcome in larger settings; also, in instances where the practitioner who had been trained then moved on.

- Building community of practice in relation to LINC, for example, alumni/graduates of the LINC programme maintaining ongoing contact after completing the course to provide mutual support and ongoing learning and development.

7.3.3 AIM Level 4 – Early Years Specialists

AIM Level 4 is a targeted support and introduces Early Years Specialists to settings – they can then offer a range of further support and help to access other Levels of support.

The areas for improvement proposed in the surveys in connection with AIM Level 4 are detailed below – citing the most commonly mentioned in the Early Learning and Care settings and parent/carer surveys

- Better availability of support in the pre-school.

- Greater involvement from parents/staff – examples provided of what this could mean include, for example:

  – With the EY specialist – through more visits, more time and face-to-face/direct contact with the EY specialist (for both staff and parents).

  – Continuing to ensure that parents are present when profiles are being completed.

  – More information for parents.

  – Connections between staff and parents and those providing health interventions.

  – Facilitate more interaction between staff and children (by simplifying paperwork and provision of ideas and activities that practitioners can implement with ease/not time consuming to develop).

  – Regular communication with new ideas and routines associated with children in a specific setting (to share with all staff and parents).

  – Resource/non-contact time available for staff to develop (individual) lesson plans and to review with staff in a structured way.

- Improve communication with parents.

- Better collaboration between AIM and others (other service providers and a greater involvement of the parent with the process).

- Further improvement of support for children by dedicating more time/making more time available to children who may need it within the pre-school setting.

More generally, there is an ongoing need to continue to build and develop relationships/understanding with others in the sector, particularly between EYS support accessed under AIM Level 4 and HSE interventions (AIM Level 6).

7.3.4 AIM Level 5 – Equipment/Minor Alterations

AIM Level 5 is a targeted support providing equipment/appliances and minor alterations as required. The most common suggestions for improvements in connection with AIM Level 5 from Early Learning and Care settings and parent/carer survey respondents are as follows:

- A more efficient (faster) and fairer application process.

- Expand the range of equipment and alterations grants/resources available and provide a wider variety of materials.

- Expand the number of providers of equipment (to enable settings to be able to acquire the required equipment themselves rather than waiting on it to be delivered to them and for there to be accessible equipment providers used to allow them to be serviced quicker).

- Improve the knowledge and support of advisors – they should be generally more knowledgeable about the impact of the required equipment on the setting.

- Better communication from AIM with parents regarding the support for their child.

Feedback from stakeholders focused on areas for improvement in relation to:

- Processes, including reducing timescales between: approval and equipment being provided; equipment provided and available to use (which may require sign-off on installation by a therapist and perhaps training etc.).

- Consideration of an asset management function in terms of dealing with equipment after a child leaves the pre-school setting.

7.3.5 AIM Level 6 – Therapeutic supports

As noted above under AIM Level 4, it was felt that there is an ongoing need to continue to build and develop relationships/understanding with others in the sector, particularly between those who provide health and Early Learning and Care interventions (i.e. HSE interventions at AIM Level 6 and EYS support accessed under AIM Level 4).

Stakeholders identified that there were difficulties in getting access to health supports through AIM. It was also evident that there was a lack of clarity amongst pre-schools and parents/guardians in terms of whether therapeutic interventions were being provided through AIM or not.

There is also a need, according to some respondents, for greater accountability in relation to the additional resources from AIM which were allocated to HSE. It is worth noting that HSE has begun a process of developing KPIs to measure its activities in relation to AIM; this process was introduced beyond the period with which this review is concerned.

7.3.6 Level 7 – Additional Capitation

AIM Level 7 is a targeted support providing additional capitation to the pre-school setting. There are a number of suggested improvements for AIM Level 7 (from Early Learning and Care settings and parent/carer survey respondents), with the most common responses as follows:

- Increase AIM Level 7 support

  - Expand AIM Level 7 support (i.e. make more available through more staff, covering more hours, support outside ECCE).

  - Increase funding for additional support staff - to allow for the recruitment of additional support staff within the setting.

  - Extend the hours allocated to children (on long days).

  - Further improve availability support for children by devoting more time to their child and a better availability of the support for more children who may need it.

- Increase the number of qualified staff (improve recruitment).

- Application process

  - A more efficient and fair application process.

  - Reduce the time to process applications for support to provide a better quality of service.

- Improve communication with parent/guardian. Better communication by AIM with parents regarding the support for their child, particularly when notifying them when there are changes in their application for support.

- More training for staff to ensure that 'they are all on the same page'.

- More staff to support inclusiveness.

Feedback from stakeholders focused on areas for improvement in relation to:

- Recruitment difficulties/delays. Once AIM Level 7 support has been approved, it can be difficult to recruit staff for relatively few hours to fill the support needs of a child. A delay may be experienced between accessing funding and appointing staff. Stakeholders suggested a central database or local/regional panels of staff that could be drawn on to provide AIM Level 7 support.

- Raising awareness/understanding of how AIM Level 7 operates in practice so that settings recognise that, while a separate AIM Level 7 application must be made in respect of every child in the setting who may require AIM Level 7 support[55], in some cases, it may be

---

[55] This allows the needs of each individual child to be assessed.

found that a shared allocation of additional capitation is sufficient to support the participation of more than one child in the same setting. Where it is used to fund an additional staff member in the pre-school room, AIM Level 7 additional capitation is a shared resource for all children in the setting, rather than a one-on-one assistant, as was the case under previous Special Needs Assistant (SNA) models.

- Educate parents who may misunderstand the application and provision of AIM Level 7 support; it was reported by some stakeholders that some parents believe that, if AIM Level 7 support is not provided at pre-school, they will not be able to access SNA at primary school, for example.

- Some called for more transparency in decision-making – particularly on applications that were declined.

8. GLOSSARY

Acronym	Description
AIM	Access and Inclusion Model
AIP	Access and Inclusion Plan, Access and Inclusion Profile or AIM Inclusive Play
BS	Better Start
CCC	City or County Childcare Committee
CPD	Continuous Professional Development
CSIG	Cross-Sectoral Implementation Group
DCYA	Department of Children and Youth Affairs
DES	Department of Education and Skills
DESSA	Disability Equality Specialist Support Agency
DoH	Department of Health
EDI	Equality, Diversity and Inclusion
EI	Early Intervention
EY	Early Years
EYP	Early Years Practitioner
EYS	Early Years Specialist
HSE	Health Service Executive
IDG	Inter-Departmental Group
INCO	Inclusion Co-ordinator
INTO	Irish National Teachers Organisation
KPIs	Key Performance Indicators
LINC	Leadership for Inclusion in the Early Years (Level 6 Special Purpose Award)
MDT	Multi-Disciplinary Team (HSE)
NCSE	National Council for Special Education
NDA	National Disability Authority
NECTAC	National Early Childhood Technical Assistance Centre
NFQ	National Framework of Qualifications
OT	Occupational Therapist

Acronym	Description
QQI	Quality and Qualifications Ireland
SEN	Special Educational Needs
SLT	Speech and Language Therapist/Therapy
SNA	Special Needs Assistant

RSM Ireland

Trinity House
Charleston Road
Ranelagh
Dublin 6
Ireland
T +353 (0)1 496 5388
www.rsmireland.ie

RSM UK

1 Lanyon Quay,
Belfast,
Northern Ireland
T +44 (0)28 9023 4343
www.rsmuk.com