

Supporting Access to the Early Childhood Care and Education (ECCE) Programme for Children with a Disability

**Report of the
Inter-Departmental Group**

September 2015

Content

Acknowledgements

List of acronyms

1.0 Executive Summary

2.0 Introduction, vision, definitions, guiding principles and process

3.0 National and International Context and Prevalence of Disability

4.0 Consultation with Parents, Providers and Others

5.0 Proposed Model

5.1 An Inclusive Culture

5.2 Information for Parents and Providers

5.3 A Qualified and Confident Workforce

5.4 Expert Early Years Educational Advice and Support

5.5 Equipment, Appliances and Minor Alterations Grants

5.6 Therapeutic Intervention

5.7 Additional Assistance in the Pre-School Room

6.0 National Oversight

7.0 Costs and Timeframe for Implementation

8.0 Appendices

8.1 Composition of the Inter-Departmental Group

8.2 IDG on Future investment Executive Summary

8.3 Adjusted Costs

8.4 Report of the Consultation

List of Acronyms

ASD	Autistic Spectrum Disorder
BS	Better Start
CCC	City/County Childcare Committee
CSIG	Cross-Sectoral Implementation Group
CPD	Continuing Professional Development
DCYA	Department of Children and Youth Affairs
DES	Department of Education and Skills
DoH	Department of Health
ECCE	Early Childhood Care and Education
EPSEN	Education for Persons with Special Educational Needs
EYS	Early Years Specialist
EYSS	Early Years Specialist Service
HSE	Health Service Executive
IDG	Inter-Departmental Group
KPI	Key Performance Indicators
LIG	Local Implementation Group
NCSE	National Council for Special Education
NCMT	National Coordination and Management Team
NEYAI	National Early Years Access Initiative
NEYQDS	National Early Years Quality Development Service
NDA	National Disability Authority
NQF	National Qualifications Framework
PDSCYP	Progressing Disability Services for Children and Young People
PIP	Programme Implementations Platform
OMCYA	Office of the Minister for Children and Youth Affairs
SNA	Special Needs Assistant
VCO	Voluntary Childcare Organisation
WTE	Whole Time Equivalent

Acknowledgements

The Inter-Departmental Group (IDG) would like to sincerely thank:

- All those who contributed to the consultation process, including representatives of children with disabilities, parents of children with disabilities, early years providers and practitioners, early years academics and policy makers.
- The National Disability Authority for organising and hosting the consultation event in July.
- Early Childhood Ireland for attending its first meeting and making a presentation.
- Various staff of the HSE, Central Remedial Clinic and County Childcare Committees for sharing their knowledge and experience and helping the IDG test the workability of some elements of the model.
- Meg Stapleton, Graduate Intern

1.0 Executive Summary

1.1 Purpose and Background

The IDG was established in June 2015 to agree a model that would support access to the Early Childhood Care and Education (ECCE) Programme for children with a disability. The IDG included senior officials from the Department of Children and Youth Affairs (DCYA), the Department of Education and Skills (DES) and the Department of Health (DoH). It also included representatives from the Health Service Executive (HSE), the National Early Years Inspectorate at the Child and Family Agency, the National Council for Special Education (NCSE), the National Disability Authority (NDA), Better Start's National Early Years Quality Development Service (NEYQDS) and the City/County Childcare Committees (CCC's).

The IDG based its conclusions on national and international evidence and consulted with a range of key stakeholders. The IDG is satisfied that this is a child (and parent) centred model that will build truly inclusive practice in a workable and sustainable manner and that it will generate effective cross-sectoral working between education and health.

The IDG acknowledges the huge benefits to children with disabilities of attending mainstream pre-schools; however the IDG also recognises that a small number of children will continue to require specialist pre-school services due to very complex needs arising from their disability. The IDG recommends that as this model develops and ECCE settings build their capacity to support children with complex needs, a Cross-Sectoral Implementation Group (CSIG) would monitor progress. The IDG also recommends that the potential for transitioning of services would be formally reviewed after three years.

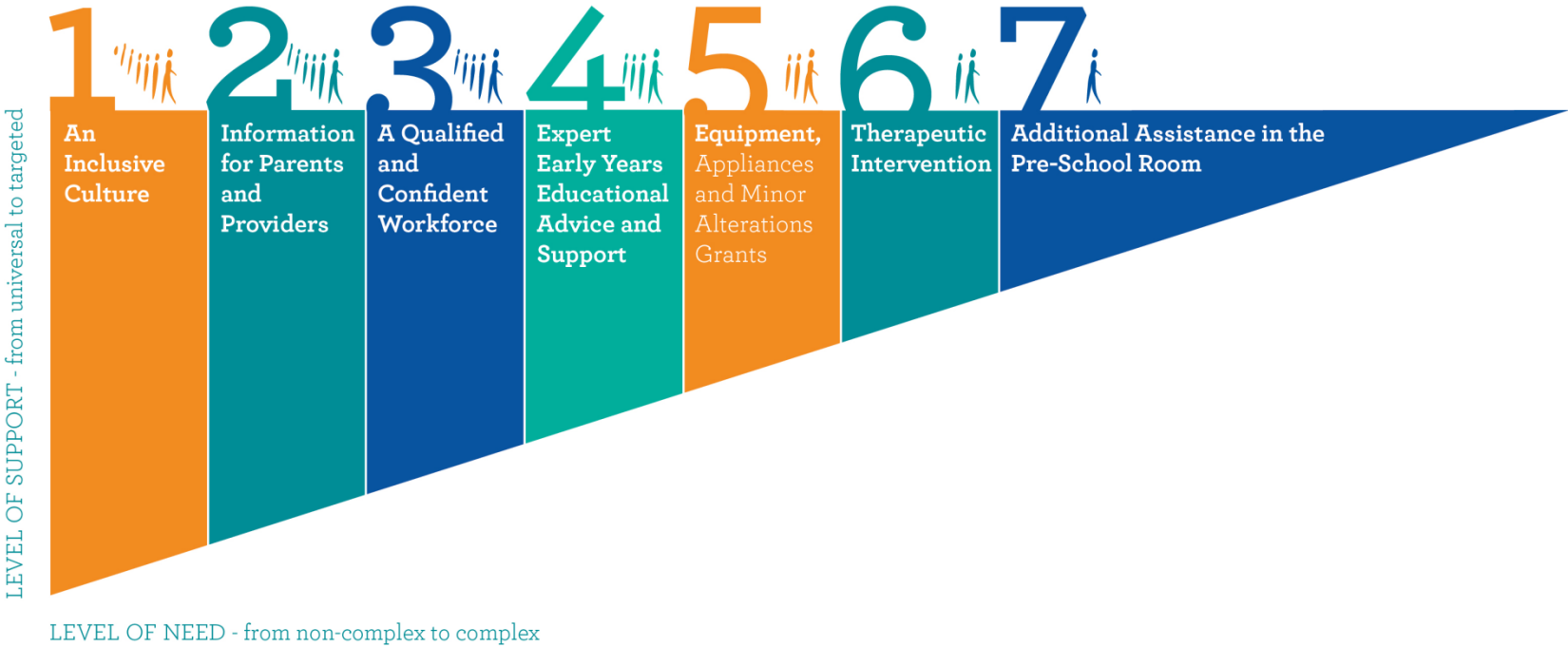
1.2 Recommended Model

The proposed model focuses on the developmental level of children with disabilities, their functional ability and their needs. It does not focus on diagnosis, and in any event, it recognises that many children may not have a formal diagnosis at the time of presenting to pre-school.

The following graphic represents a summary of the agreed model. It demonstrates seven levels of support that the IDG recommends to enable the full inclusion and meaningful participation of children with disabilities in the ECCE Programme. The model progresses from a number of universal supports for all children with a disability (i.e. Levels 1 to 4) to more targeted supports (i.e. Levels 5 to 7) for children with complex needs arising from a disability.

The IDG was clear that this model will take some time to be fully established as capacity needs to be built in the early years sector, but the IDG agrees that front-loaded and on-going investment will result in all children of pre-school age with a disability having their needs met.

A Model to Support Access to the ECCE Programme
for Children with a Disability



Level 1: An Inclusive Culture: This level is the critical foundation for the model. This sets out that a strong culture of inclusion must be fostered and embedded to support all children's maximum participation in the ECCE Programme. Recommendations include the development of a national inclusion policy for ECCE, the identification of Inclusion Co-ordinator in each ECCE setting, funding being made available to provide training in inclusion for these and other early years practitioners, and a small increase in capitation for ECCE settings who meet certain criteria to incentivise fully inclusive practice.

Level 2: Information for Parents and Providers: This level recognises the requirement of parents and providers to have clear, consistent and up to date information accessible to them regarding ECCE services and supports. Recommendations include the development of a national website which is linked from all relevant children's services and the development of information packs which can be provided at local level.

Level 3: A Qualified and Confident Workforce: This level recognises the requirement to continue to develop a qualified workforce that can confidently meet the needs of all children wishing to participate in the ECCE Programme. It supports the recommendation from the IDG on Future Investment in Early Years and School Aged (Including After-School and Out-of-School) Care and Education to continue to raise the minimum qualification for employment in the sector. It also seeks dedicated funding for formal and informal training and a structure to be put in place to ensure same.

Level 4: Expert Educational Advice and Support: This level addresses the needs of early years practitioners across the country to have timely access to advice and support from experts in early years education (and disability in particular) to assist them meet each child's needs. It recommends an enhancement of the Better Start Early Years Specialist Service (EYSS) that was established in 2014.

Level 5: Equipment, Appliances and Minor Alterations Capital Grant: This level recognises that some children require specialised equipment, appliances, assistive technology and/or that some ECCE settings may require minor structural alterations to ensure children with a disability can participate in the ECCE Programme. It recommends the provision of annual funding, the establishment of a grant and an application process to access these supports.

Level 6: Therapeutic Intervention: This level provides for access to therapeutic services where they are critical to enable the child be enrolled, and fully participate, in the ECCE Programme. It recommends further enhancement of HSE Therapy Services to enable priority be given to this important aspect of early intervention.

Level 7: Additional Assistance in the Pre-School Room: This level recognises that a small number of children (approximately 1.0% - 1.5% of those availing of the ECCE Programme) will require more support than is available through Levels 1-6. The IDG recommends the provision of additional capitation to providers where an application process has demonstrated that supports Level 1-6 have not, or will not, by themselves, meet the child's needs. The additional capitation will be agreed with the provider and parent. It can be used by the provider to buy in additional support, to reduce the staff / child ratio, or for other specified purposes, all centred on supporting the pre-school leader to ensure the child's optimal participation.

1.3 Cost, Timeframe and Oversight

It is estimated that the above model will cost €13.75m in 2016, an additional €8.3m in 2017 and an additional €1m in 2018 and in 2019. By 2019, the annual cost of the model is expected to be approximately €24m. The model, once established, will enable redistribution of some education, and health and social care resources to other priorities within those sectors. The IDG was conscious of on-going fiscal challenges in Ireland and hence the costs set out in this Report represent what the IDG believes to be maximum efficiency in the establishment and delivery of a viable and sustainable model of support.

If funding is identified in late 2015, some elements of the model could be in place by September 2016 and built on over 2017 and 2018. It must be emphasised that capacity in the sector will take several years to fully develop. For example, the workforce will take several years of investment and opportunity to improve its qualifications and confidence in fully meeting the needs of all children with complex needs.

A National Co-ordination and Management Team (NCMT) in the DCYA will oversee implementation of this Report under the direction of a Cross Sectoral Implementation Group (CSIG). The latter will be responsible for ensuring maximum effectiveness and efficiency in delivery.

This model assumes no changes to the delivery of the ECCE Programme and has based all costs on the current model of delivery. However, the IDG is cognisant of various options for future investment set out in the recent Report of the Inter-Departmental Group on Future Investment in Early Years and School-Aged Care and Education. Of particular relevance is the option to extend the existing free pre-school provision so that children would qualify for the ECCE Programme from age 3 up until the time they transition to formal schooling (see Appendix 2 for further detail and Appendix 3 for the adjusted costs of this model, which takes account of such extended free pre-school provision).

2.0 Introduction

The current co-ordination and provision of supports for pre-school children with a disability is, in some instances, insufficient to enable children with disabilities to participate in mainstream ECCE settings. Some children cannot access these settings, and some, while attending a pre-school, are not achieving their potential due to deficits in appropriate supports. While some supports are in place (as discussed below), there is inconsistency in the provision of supports across the country.

The early years are critical for all children but especially so for children with a disability. Since 2010, the DCYA has funded the ECCE Programme at an annual cost of €175m in recognition of the importance of early childhood care and education. Over 4,300 services across Ireland are currently funded to provide access to the ECCE Programme. While current figures indicate that 95% of eligible children participate in this Programme, a small number of children with a disability and their families experience difficulties in accessing and sustaining a place on the Programme.

The DCYA is committed to ensuring that all children have the opportunity to access and benefit from the ECCE Programme. Various practical efforts have been made in recent years to support mainstreamed provision for children with a disability. These include: more flexible rules regarding access to the ECCE Programme, the provision on a limited ad hoc basis by the HSE of funding towards the cost of pre-school support assistants in some areas, elective modules on special needs in mandatory courses for early years practitioners, initiatives by various CCC's, HSE / HSE funded services, and by Better Start's EYSS to support providers who need expert advice and guidance. In addition, the on-going reorganisation of disability therapy services into multi-disciplinary geographic-based teams by the HSE under the Progressing Disability Services for Children and Young People (PDSCYP) Programme and the early intervention and support that reconfigured teams provide is of importance in the context of mainstreaming. Nevertheless, there are clear deficits in provision and until now; there has been a lack of agreement across Government Departments on how to ensure equitable and inclusive access to the ECCE Programme.

The 2010 Working Group on the Inclusion of Children with Disabilities in Mainstream Pre-School Settings, which was chaired by the Office of Disability and Mental Health, and included representatives from the Office of the Minister for Children and Youth Affairs (OMCYA) and the DES made some progress. The Group's Policy Framework contained agreement on the policy approach to mainstreaming, but not in relation to the provision of supports. Further work was done on the matter through the Cross-Sectoral Team arrangements that are in place between the DCYA (established in 2011, replacing the OMCYA), the DES, the DoH and their agencies. To address this issue going forward, it was agreed among the Secretaries General of the DCYA, DES and DoH that an IDG be established in June 2015 charged with presenting a model to Government in September. The DCYA agreed to lead on the issue, with full and active support from the DES, the DoH (and their respective agencies).

2.1 Aim

The IDG aimed to develop and agree a fully costed model to support children with a disability to access the ECCE Programme in mainstream pre-school settings. A copy of the membership of the IDG can be found at Appendix 1.

2.2 Vision

All children, including children with a disability, shall be able to meaningfully participate in the ECCE Programme in mainstream pre-school settings (apart from exceptional situations where specialised provision is valid for reasons unavoidable).

2.3 Guiding principles

The Group considered principles from a variety of relevant national and international initiatives and ultimately agreed that the following set of principles would guide development of an appropriate model:-

Consistent:	The provision of ECCE supports and services for children with a disability should be consistent across the country.
Efficient and effective:	Implementation, monitoring and accountability mechanisms and lines of responsibility for the delivery of ECCE supports and services for children with a disability should be in place to drive timely and effective implementation.
Equitable:	All children should have equality of opportunity to access and participate in the ECCE Programme.
Evidence-informed:	ECCE supports and services for children with a disability should be evidence-informed.
High quality:	ECCE supports and services for children with a disability should be of high quality.
Inclusive:	Provision of the ECCE Programme for children with a disability should be on the basis of inclusion within mainstream pre-school settings (apart from exceptional situations where specialised provision is valid for reasons unavoidable).
Integrated:	ECCE supports and services for children with a disability should be designed and delivered in partnership with all stakeholders, including families and pre-school providers.
Needs-driven:	The provision of ECCE supports and services for children with a disability should be needs-driven.

2.4 Definitions

'additional complex needs' mean highly significant difficulties arising from enduring physical, sensory, social, communication, learning, medical, emotional or behavioural needs which have been assessed as complex; where additional adult assistance has been determined as needed to deliver intensive interventions and individualised support; and, without such assistance, participation in pre-school would not be meaningful or safe.

'child' means a child who is aged between 3 years 2 months and 4 years 7 months on 1 September of the year that they enrol in the pre-school setting.

'complex needs' means an exceptional level of need requiring access to HSE children's disability teams or specialist teams.

'[persons with a] disability' means those who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.

'ECCE Programme' means the free pre-school year provided to all eligible children, in the age range 3 years and 2 months to 4 years and 7 months, before they commence primary school.

'pre-school' means settings funded through the ECCE Programme and attended by both typically developing children and those with a disability.

'reasonable accommodation' (per Equal Status Act 2000) requires providers of goods and services to accommodate the needs of people with disabilities through making reasonable changes in what they do and how they do it where, without these changes, it would be very difficult or impossible for people with disabilities to obtain those goods or services (unless it costs more than a nominal cost¹).

'special pre-school' a pre-school service catering exclusively for children with disabilities, which is typically funded by the Health Service Executive or agencies funded by the Health Service Executive under the Health Acts

These definitions assume no changes to the delivery of the ECCE Programme. However, the IDG is cognisant of various options for future investment set out in the recent Report of the Inter-Departmental Group on Future Investment in Early Years and School-Aged Care and Education. Of particular relevance is the option to extend the existing free pre-school provision so that children would qualify for the ECCE Programme from age 3 up until the time they transition to formal schooling (see Appendix 2 for further detail). This option would result in some change to the definition of 'child' and 'ECCE programme'

1 Nominal cost exemption: The meaning of nominal cost will depend on the circumstances of each case. A recent Irish employment case considered "nominal cost". It stated that "nominal [cost] may not be the same for every employer or enterprise and the term may be interpreted in a relative sense. What is nominal cost for a large enterprise employing thousands of people will not be the same as that of a small business with two or three employees". (Source: IHREC)

2.5 Process

The IDG drew on the extensive evidence available, both national and international, to draft a preliminary model to support access to the ECCE Programme for children with a disability. To inform the development of this preliminary model, the IDG also drew on relevant material, which emerged from a recent consultation with parents, members of the public and the early years sector to inform deliberations of the Inter-Departmental Group on Future Investment in Early Years and School-Aged Care and Education (described in Section 4.0).

The preliminary model was subsequently presented to a broad range of stakeholders at a consultation event, which was held in and facilitated by the NDA and attended by the Minister for Children and Youth Affairs. This event was also attended by representatives of children with disabilities, parents of children with disabilities, early years providers, CCCs, Voluntary Childcare Organisations (VCOs), early years academics and policy makers (see Appendix 4).

A number of discussions with staff from CCCs and HSE / HSE funded Voluntary Organisations assisted in assessing how the model would work in practice and the model was refined based on these discussions.

The IDG met fortnightly. Early Childhood Ireland was invited to make a presentation at its first meeting.

3.0 National Context

3.1 The ECCE Programme

Over a quarter of a billion euro is invested annually by the DCYA in early years. The bulk of this investment, about €240m, is directed towards the following national childcare programmes:

- the Community Childcare Subvention (CCS) Programme,
- the Training and Employment Childcare (TEC) Programmes and
- the Early Childhood Care and Education (ECCE) Programme.

The free pre-school year provided under the ECCE Programme was introduced by DCYA in January 2010. The objective of this Programme is to make early learning in a formal setting available to eligible children in the year before they commence primary school. Children currently availing of the Programme must be between the ages of 3 years and 2 months and 4 years and 7 months on September 1st of the year they will enrol in services. Under the Programme, the State pays a capitation fee to participating services. Participating services currently receive a capitation fee of €62.50 per week per qualifying child attending. A higher capitation fee of €73 a week is available to services with more highly qualified staff (i.e. Level 7 Higher Education Award or above). This represents an annual investment of approximately €175 million. Almost every pre-school service (more than 4,300) in the State is participating, with up to 68,000 children, or 95% of the eligible age cohort, expected to avail of the Programme in 2015. The normal pattern of free provision for services is 3 hours a day, 5 days a week, over 38 weeks.

Children with a disability and ECCE

Children with a disability are exempt from the upper age limit for the ECCE Programme (although it is preferable that these children transition to junior infants along with the same age peer group). These children are also entitled to extend the Programme over two years on a pro-rata basis, e.g. attending services for 2 days a week in the first year followed by 3 days a week in the second year. Many children with a disability participate in the ECCE Programme without seeking these exemptions, so while there are 544 children with a disability availing of these exemptions for the current ECCE Programme, the number of children with a disability availing of the ECCE Programme would be far in excess of this. Only limited data is available on the level of the disability of these children.

Figures from the most recent Pobal Annual Survey of Early Years Services suggest there are an estimated 5,507 children with disabilities attending early years services across Ireland. These figures refer to all children attending early years services not just those availing of the ECCE programme. Over half of community providers (52.6%) reported having at least one child with a disability in attendance, compared with 43.8% of private providers. Private providers reported higher numbers of pre-school assistants in their services than community providers. Of 365 services who responded to questions about pre-school assistants, a total of 3,395 hours were reported across 338 services, resulting in an average of 9.3 pre-school assistant hours per service. The largest single category of disability reported was that of Autism Spectrum Disorder (ASD).

3.2 Legislative and policy context

3.2.1 Disability Mainstreaming

The National Disability Strategy launched in 2004 committed to a policy of mainstreaming of public services for people with disabilities. The Strategy was underpinned by a number of pieces of legislation to support mainstreaming, including the Disability Act 2005 and the Education for Persons with Special Educational Needs (EPSEN) Act 2004. The EPSEN Act requires that:

A child with special educational needs shall be educated in an inclusive environment with children who do not have such needs unless the nature or degree of those needs of the child is such that to do so would be inconsistent with:

- *The best interests of the child as determined in accordance with any assessment carried out under this Act;*
- *The effective provision of education for children with whom the child is to be educated.*

The major reviews of the empirical literature comparing children with disabilities across inclusive mainstream settings and segregated settings conclude that children do at least as well in inclusive mainstream settings in terms of developmental outcomes and do better in terms of social and behavioural outcomes in inclusive settings. Earlier research findings came with the caveat that evidence of good outcomes from inclusive mainstream settings were largely based on studies that examined high quality settings. Later research has confirmed that overall pre-school quality is critical to good outcomes for children with disabilities in inclusive mainstream settings. There is no evidence in the published literature that typically-developing children in inclusive pre-school classrooms achieve lower outcomes than their peers in non-inclusive settings.

3.2.2 Equal Status Acts

The Equal Status Acts, 2000 to 2004 prohibit discrimination by service providers (which includes those providing pre-school services) on grounds of disability. These Acts require people with disabilities to be reasonably accommodated, where the cost of doing so would be nominal.

3.2.3 Childcare Act 1991 and Regulations 2006

The Child Care Act 1991 placed legal obligations on pre-school providers to take all reasonable measures to safeguard the health, safety and welfare of pre-school children attending the service and to comply with regulations under the Act. The Child Care (Pre-school) Regulations 2006 require pre-school services to ensure that:

each child's learning, development and well-being is facilitated within the daily life of the service through the provision of the appropriate opportunities, experiences, activities, interaction, materials and equipment, having regard to the age and stage of development of the child and the child's cultural context.

3.2.4 International Legal Instruments

Both the United Nations Convention on the Rights of the Child, which Ireland has ratified and the United Nations Convention on the Rights of People with Disabilities, which Ireland has signed and is preparing to ratify, recognise children's right to receive their education in mainstream settings.

Article 23 of the Convention on the Rights of the Child states that signatories recognise:

the special needs of a disabled child, assistance extended shall be provided free of charge, whenever possible, taking into account the financial resources of the parents or others caring for the child, and shall be designed to ensure that the disabled child has effective access to and receives education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development

Article 24 of the United Nations Convention on the Rights of People with Disabilities states that

Persons with disabilities are not excluded from the general education system on the basis of disability

and

Persons with disabilities receive the support required, within the general education system, to facilitate their effective education

3.2.5 Cross-government strategies

Better Outcomes Brighter Futures: The National Policy Framework for Children and Young People (2014) and the National Disability Strategy Implementation Plan (2013) both contain the commitment that the DCYA, the DES and the DoH will work together to develop a model to support the inclusion of children with disabilities in mainstream pre-school settings.

3.3 Relevant supports and services

3.3.1 The DCYA, in addition to funding the national childcare programmes (including the ECCE Programme), takes lead responsibility (in partnership with the DES) for developing quality in the sector via what it calls the Early Years Quality Agenda.

The Early Years Quality Agenda brings together a range of measures designed to support providers in the challenge of continually improving the quality and standards of early years services throughout the country. These measures include:

- An Early Years Capital Programme (which provided dedicated funding under its 2012 Programme to improve disability access among early years services);
- A Learner Fund, which has supported over 3,000 early years staff to up-grade their qualifications;
- The National Early Years Inspectorate within the Child and Family Agency who have the Statutory authority to inspect early years services to ensure the health, safety and welfare of children within early years settings
- Funding of education focused inspections of early years services delivering the ECCE Programme (which are being conducted by the DES Inspectorate)
- Annual funding to support the work of 30 CCC's and 6 VCO's. These agencies support early years services around the country through training, continuing professional development programmes, networking and cluster-type support groups
- The recently established Better Start EYSS, which provides on-site mentoring to early years services, supporting them in undertaking quality improvement actions.

3.3.2 The DES also provides some supports and services to pre-school children with a disability.

Early Intervention Classes:

There are approximately 95 early intervention classes for children with ASD, with an approximate enrolment of 570 children. Children can be enrolled in these classes from the age of three. Staff child ratios in these pre-schools are 1:3 including 1 teacher and a minimum of 2 Special Needs Assistants (SNAs) qualified to at least FETAC Level 3.

There are also 2 pre-schools for the children who are deaf with an enrolment of approximately 17 children – 1 in Dublin and 1 in Cork. Staff child ratios in these classes are 1:7 including 1 teacher and a minimum of 2 SNAs qualified to at least FETAC Level 3.

Home Tuition Scheme:

The purpose of the Home Tuition Scheme is to provide a compensatory educational service. The preferred approach is that children are educated in school settings where children may have access to fully qualified teachers, individualised education programmes, special needs assistants, school curriculum, with the option, where possible and appropriate, of full or partial integration and interaction with other pupils. Home Tuition is intended as an interim provision only for children for whom a placement is not available and should not be regarded as an optional alternative to a school placement.

The Department's home tuition scheme provides funding for children who, for a number of reasons, are unable to attend school. The scheme also provides a compensatory educational service for children with special educational needs seeking an educational placement. Provision is also made for early educational intervention for children with autism who are unable to access school placements. Provision is made for children from age 2.5 who are too young to enrol in an early intervention class.

Children from the age of 2.5 up to 3 years receive a grant from the Department to provide for 10 hours home tuition per week. Upon reaching the age of 3, and where the child has no school placement, the Department will increase those hours to 20 per week.

The NCSE assists the DES in determining eligibility for the scheme. Tutors must be qualified teachers or hold a qualification of Level 7 or above in a relevant area and be registered by the Teaching Council of Ireland.

The total cost of the scheme in 2014 was €7.5m. Over six hundred children availed of the scheme. Tutors were paid from €14 to €18 per hour.

Visiting Teachers: The DES also provides a network of visiting teachers who support children who are deaf/hearing impaired and visually impaired.

3.3.3 The HSE

The HSE and HSE funded voluntary agencies have traditionally provided a varying range of services across the country to support children with a disability to attend mainstream pre-schools, their parents and the pre-school leaders. These services may include, for example, the provision of general disability or child specific advice and information, screening of pre-school children, assessments, individual and group therapy sessions, and both standardised and locally developed training programmes for parents and pre-school practitioners. Diversity in structure and funding at local levels has traditionally resulted in varying provision and resources across the country. The HSE funded over 300 pre-school assistants in 2013. Additional posts may have been funded through voluntary agencies associated with the HSE.

The HSE funds approximately 15 special pre-schools run by voluntary organisations that cater specifically for children with complex disabilities. Children attending these pre-schools may have conditions which require specialist input, for example, children with tracheostomies or children with severe or profound intellectual disability. The staff child ratio of special pre-schools reflects the complexity of the conditions of the children attending and can be as low as 1:3. Staff may be teachers or nurses and special pre-schools often have regular input from therapy services.

"Progressing Disability Services for Children and Young People" (PDSCYP) is a national programme which aims to address inequity in service provision and achieve a national unified approach to delivering disability health services. Its objectives are:-

- One clear pathway to services for all children with disabilities, according to their need and regardless of their diagnosis, where they live or where they go to school.
- Available resources used to their optimum benefit for children and their families

- Equity in access to services for all children with disability across the country
- Health and Education working together and in partnership with parents to support children in achieving their potential

The Programme is led by the HSE in partnership with non-statutory disability organisations, the DoH, the DES and associated agencies. A national working group guides and oversees the programme and 24 Local Implementation Groups, (LIG) representative of services and parents, consider how services can be reorganised to achieve improved structure in their area. The Programme strives to ensure that services for children with disabilities are based on a child's needs rather than diagnosis, and that children and families have services available wherever they live. Children with non-complex needs will access their local Primary Care Network whilst Early Intervention and School Age teams will work with children with more complex needs and their families. Both teams will be supported by specialist services when a high level of expertise is required.

The Programme is currently at different stages of implementation across the country, with a number of areas aligned to the structure and currently progressing the aims and objectives of the programme, with full implementation nationwide by late 2016. It is up to individual LIGs to decide how they will phase in the changes according to local conditions, and in partnership with all local key stakeholders. Over 1,000 therapists are currently involved in the provision of services covered by the PDSCYP Programme. In excess of eight million euro was invested in 2014 and 2015 to support the programmes implementation. The NDA recently completed a study pointing to the need for further investment in therapy services to meet international comparisons.

3.4 Local initiatives/ models of good practice

A number of local initiatives and models of good practice have been developed around the country. Agencies such as the Central Remedial Clinic, Cheeverstown, St. Michael's House, Brothers of Charity and Enable Ireland have worked effectively with pre-schools to assist with the meaningful inclusion of individual children. Unfortunately, there is no consistency in the level or type of service available, leading to great inequity across the country. PDSCYA aims to address this.

Examples of models of good practice include:

Mayo Guide for Inclusion Planning in Early Years Settings in Mayo

A Guide for Inclusion Planning in Early Years Settings in Mayo, developed by the Early Years Disability / Social Inclusion Working Group in collaboration with early years providers for children attending Mayo Early Intervention Services and the Mayo Autism Team.

Roscommon 'Protocol for Inclusion'

A protocol of inclusion has been developed in County Roscommon (based on the Mayo protocol), by the Brothers of Charity Early Childhood Service (BoC), Roscommon Early Intervention Service (REIS) and Roscommon County Childcare Committee promoting a multidisciplinary approach to developing inclusive practice for all pre-school children. The Protocol for Inclusion, now re-titled *Welcome to Pre-School; Supporting the Child with Additional Needs* outlines the parent's and each relevant agencies roles and responsibilities in ensuring the child is fully included in the pre-school setting. It aims to meet the child's needs in the service through the provision of supports (for example, training or additional assistance in the room) and encourages optimal communication between all parties involved to support the inclusion of the child.

Galway operates a similar model.

Mid-West Model

Since 2008, Enable Ireland has been contracted by the HSE to provide the Pre-school Assistant Service in the Mid-West region. The aim of the service is to support the inclusion and integration of young children within the mainstream or local pre-school setting of choice. In Limerick, Enable Ireland works in close co-operation with HSE Children's Services. These include Blackberry, Treehouse, East Limerick and West Limerick Early Intervention Teams and St. Joseph's Foundation, Charleville.

Pre-school 'support hours' are allocated to individual children by the relevant Early Intervention Team according to determined need and available resources. In turn, Enable Ireland liaises with the family, team and pre-school to assign a suitable assistant from a pool of qualified and experienced pre-school assistants (PSA's). Throughout the duration of the PSA / child assignment, Enable Ireland maintains close links with the family, pre-school, Early Intervention Team and PSA to support a successful and inclusive pre-school experience for the child. Continuous training and development for PSA's is also provided.

Role of the PSA

- Actively promote the child's inclusion in pre-school activities.
- Support the child's integration and relationships with all adults and children at pre-school.
- Work in partnership with the family, the Early Intervention Team and pre-school.
- Assist the child with personal and intimate care needs where necessary
- Help to implement aspects of the child's individual development plan as advised by the Early Intervention Team.
- Observe and respond to the child's individual needs.

3.5 International Context

There are a number of international models of inclusion of children with disabilities in mainstream pre-school settings. Two international funding models and two international support models are outlined below.

3.5.1 New South Wales, Australia

The Pre-school Disability Support Programme (PSDSP) supports the inclusion of children with a disability in community pre-schools in New South Wales (NSW). This programme consists of four elements:

- (1) A funding programme whereby services can apply for assistance on behalf of individual children based on the provision of 600 hours of care a year. This funding is based on children assessed as requiring moderate, considerable, or intensive support.
- (2) A universal disability loading to all community pre-schools based on total number of children included in the Pre-school Funding Model. In 2015, metropolitan pre-schools will receive \$60 per eligible child per week while rural or remote pre-schools will receive \$75 per eligible child per week. Pre-schools do not have to apply for this loading.
- (3) Support for pre-schools by a state-wide programme manager. This management body provides telephone and online support for community pre-schools. This includes advice on applications and how to access support, training and resources to help pre-schools improve educational outcomes for children with disability.
- (4) Scholarships for post-graduate study. The scholarship programme provides funding to support pre-school practitioners to complete post-graduate study to assist children with additional needs.

PDSP funding must be used to directly support the children with additional needs in pre-schools. Funds can be used for additional staff, CPD, minor capital improvements, and the purchase of equipment. It may not be used for payment of fees, assessments, or medical equipment. Services in receipt of PDSP funding must report twice per year, stating that each funded child has an Individual Learning Plan, and whether previously agreed educational objectives have been met. Services must also submit an annual report, certifying that funds have been spent in accordance with the programme guidelines. The PDSP programme manager also conducts an annual audit to ensure that pre-schools are following funding guidelines.

3.5.2 New Zealand

Early years services in New Zealand operate on an equity funding model. Services are in receipt of capitation for 20 hours of care and education for children aged 3-6. Equity funds are additional targeted funding for licensed early childhood education services. Services in receipt of this funding are generally located in isolated and/or low socio-economic communities, and are those that may have significant numbers of children with special education needs or from non-English speaking backgrounds.

For children with special additional needs, eligibility for additional funding is determined by an Equity Index (EQI) value. The EQI is based on enrolled children's addresses and information taken from the New Zealand Census. The EQI is updated every five years, in line with the New Zealand census cycle. The Ministry of Education calculates the EQI for each service and notifies services that are eligible for funding. Funding is not based on

individual children; rather it is calculated according to an EQI value and the actual Funded Child Hours (FCHs) claimed by a service. Each FCH is multiplied by the relevant funding rate, ranging from \$0.19 for services with lower proportions of children with special needs, to \$0.47 for services with the highest proportions. These funds may be used for additional staff time with children and their families, purchase of relevant teaching and learning resources, provision of specialist support, CPD for practitioners, and support for children's transitions before and after pre-school.

3.5.3 England

All 3 to 4-year-olds in England are entitled to 570 hours of free early education or childcare per year. This is usually taken as 15 hours each week for 38 weeks of the year. Similar to Ireland, entrance to the scheme depends on the child's date of birth. Some 2-year-olds are also eligible for free early care, including those with special educational needs or disability (SEND), an education health and care plan (issued after an EHC needs assessment), and those in receipt of disability living allowance. Local Authorities fund this provision of ECCE and services in receipt of this funding are required to follow the SEN Code of Practice (2014). This code includes the provision that children with SEND engage in activities alongside other children in the service.

All services must also appoint a SENCO, a teacher responsible for co-ordinating SEND provision. SENCOs must be suitably qualified and experienced and are tasked with ensuring all practitioners understand their responsibilities to children with SEND, and the service's approach to identifying and meeting these needs. Furthermore, all services are required to prepare a report on the implementation of their SEND policy, their arrangements for the admission of disabled children, steps taken to promote inclusion and equality, and the facilities provided to enable access to the service for disabled children. If there is a concern around a child's potential developmental delay, a targeted plan to support the child must be developed, usually with the SENCO. Special educational provision must be based on a child's particular strengths and needs and should seek to address them all through evidence-informed interventions and specialist equipment. Finally, a profile must be completed for all children in their final term to inform plans for future learning, and in the case of SEND, any additional needs for support.

3.5.4 Finland

Early childhood education and care (ECEC) is available for children aged 0-6 in Finland. All forms of ECEC receive funding which is based on family income and the number of children in each family. This includes a home care allowance paid to parents who remain at home to care for their child up until the age of three. Day-care costs are capped at €264 a month for one child, with a decrease for families with more children. Parental contributions for ECEC cover around 15% of the total cost. Day-care services are provided for free for low-income families. The remainder of costs are covered by a combination of local municipalities and the central government.

All Finnish municipalities offer a pre-school education year for six year-olds consisting of at least 700 hours spread out over a maximum of four days a week and no more than 4 hours a day. From August 2015 this pre-school year will be mandatory for all children, though current take-up rates are practically universal. This pre-school year is free to all families and includes meals, healthcare and travel costs. Children who require additional support in the pre-school year are assessed by practitioners who then develop

individualised special support plans. These plans are focused on enabling children to participate in group activities as fully as possible. Children with additional needs are also entitled to begin the pre-school year one year earlier, at age five, or defer the pre-school year instead.

3.5.5 Summary of Learning from International Models

While acknowledging that each country has a distinct approach, a number of elements common to the funding and support models outlined above informed the development of the IDG proposed model:

- An inclusive culture
- A graduated approach in response to needs of the child/ren
- Support for workforce development including qualifications and Continuing Professional Development (CPD)
- Targeted funding for additional resources – equipment and/or specialist support
- Individual assessments or plans for each child
- State or national coordinated approach

3.6 Prevalence of Disability

Drawing from a range of Census, survey and administrative data, Table 1 below presents various estimates on the number of children with disabilities in Ireland. From this data, the number of ECCE children with disabilities is also estimated. These estimates range from 670 ECCE children or 1% of the ECCE population (according to Growing Up in Ireland data) who are “*severely hampered in their daily activities*”, to over 4,000 ECCE children or 6% of the ECCE population (according to data from the Census of the Population).

Indicator	Data source	Year	Number/Proportion	Estimated number in ECCE age cohort
Number of children aged 0-4 with a disability	Census of the Population	2011	10,084	4,033
Proportion of children aged 3 who are severely hampered in their daily activities by an on-going chronic physical or mental health problem, illness of disability (parent report)	Growing Up in Ireland	2011	1%	670

Table 2 presents estimated proportions of children with disabilities requiring additional supports in mainstream pre-school settings from various sources, specifically, the Working Group and Cross-Sectoral Team on the Inclusion of Children with Disabilities in Mainstream Pre-school Settings, the NCSE and the HSE. According to the latter, 3.5% of ECCE children are estimated to have a disability. However, it suggests that just one third of this cohort (i.e. approximately 782) would require additional supports.

Table 2: Estimated proportion of children with disabilities requiring additional supports in mainstream pre-school settings		
Source	Proportion	Estimated number in ECCE age cohort
Estimated from the Working Group and Cross-Sectoral Team on the Inclusion of Children with Disabilities in Mainstream Pre-school Settings (2011 and 2015)	1.36 to 2.5%	911-1,675
Progressing Disability Services (HSE, 2014)	3.5% estimated to have a disability, one third of whom require additional supports	2,345 of which one third equals 782
Estimated number of children aged 5 (i.e. in Junior Infants) accessing SNA support in primary schools at end October (NCSE, 2014)	<ul style="list-style-type: none"> ▪ 1,009 were in mainstream classes ▪ 200 were in special classes and ▪ 450 were in special schools 	1,209

Drawing on this data, the IDG made an assumption that, while the majority of children with a disability can access mainstream pre-schools without requiring additional supports, there will be a cohort of children (approximately 1.0% to 1.5% of the ECCE cohort) who will require additional supports.

4.0 Consultation

To inform the development of a preliminary model, the IDG drew on relevant findings, which emerged from a recent consultation with parents, members of the public and the early years sector to inform deliberations of the Inter-Departmental Group on Future Investment in Early Years and School-Aged Care and Education. A summary of these findings are presented below:

4.1 Summary of relevant findings from consultation on future investment in early years and school-aged care and education

A number of suggestions on how to improve the affordability, accessibility and quality of early-years and school-age care and education for children with a disability needs were made as part of this consultation.

The most common suggestion made by respondents was that the increased placement of pre-school assistants in pre-school settings (or funding to recruit ones) should be seen as a priority, as this would provide more support for the children and also allow more children to enrol in services. It was also proposed that services should be provided with funding to purchase necessary equipment and resources so that children with a disability can realise their rights and access more services.

Some respondents made suggestions as to how the ECCE Programme could be adjusted to better cater for children with a disability. It was proposed by a private provider that services be allowed to provide three days per week instead of five to children with additional needs and then use the extra two days funding to pay for SNAs. A community provider suggested that a second year of the ECCE scheme would benefit these children provided that the second year incorporated collaborative work between the pre-school and primary school in order to support the children's transitions. It was suggested by another respondent that the higher capitation fee of the ECCE Programme should be redirected from staff qualifications to providing a better service for children with additional needs. In contrast, an occupational therapist suggested that the 'money needs to follow the child and not the service' so that families can use it to fund transport to special educational settings or fund SNAs in home learning programmes. It was also suggested in a submission independent of the online survey that the Government should introduce a national inclusion policy for children with additional needs, so as to ensure equality in access to additional supports and to give guidance on the delivery of supports.

The IDG also held a consultation event to seek the views on the preliminary model from a broad range of stakeholders. This event, which was held in and facilitated by the NDA, was attended by the Minister for Children and Youth Affairs and by representatives of children with disabilities, parents of children with disabilities, early years providers, early years academics and policy makers. A summary of these findings are presented below and a full report on the consultation event can be found at Appendix 4.

4.2 Summary of findings from consultation on the emerging model to support the inclusion of children with disabilities in the ECCE Programme

There was consensus among participants as a whole on a number of points. These included:

- Support for the policy ambition and for the proposed model of support
- A concern that extending the duration of free pre-school provision for children with disabilities was not an element of the proposed model
- The view that the definition of disability for the proposed model needed to relate to the child's capacity to participate within the pre-school setting rather than his or her capacity to function in other environments
- The view that special pre-schools would continue to be required as part of a continuum of provision for a small number of children with disabilities
- A concern that any model of support for children with disabilities in pre-school must take into account that some children with disabilities will not have engaged with health services prior to commencing in the ECCE Programme
- A strong recommendation that any assessment or support application process introduced as part of the proposed model must prioritise timeliness

In addition to the points common to all participants, pre-school providers expressed consensus on a number of points. These included:

- The view that pre-school providers should be central to assessing the needs of children in their services who have or may have a disability
- A concern that any increased regulatory or contractual requirements for providers would precede the introduction of appropriate supports
- The clear expression of the value that pre-school providers place on the information and guidance that they receive from health service staff in relation to supporting children with disabilities in general or particular children

In addition to the points common to all participants, parents expressed consensus on a number of points. These included:

- A strongly expressed view that separating children with disabilities at a very young age was not in the child's best interests in the vast majority of cases
- A concern that children without any diagnosed disability would not be de facto excluded from the proposed model of support
- The view that there should be stricter requirements on providers of the ECCE Programme to make accommodations to include children with disabilities
- That planning for the child's transition into the ECCE Programme should commence early to ensure that parents know what supports will be in place in September

5.0 Proposed Model

In developing the model described below, the IDG sought to consider all the challenges faced by children with disabilities, parents and providers, and to create a comprehensive model that would be built over time to provide the best outcomes for all, in a sustainable manner. Particular attention was paid to feedback on the SNA Model currently in existence in Irish Primary Schools. The SNA model is the one most familiar to parents and providers in Ireland and some expectation has built over time that its replication for pre-school children would meet their needs. Whilst the model has had much success, various commentators have cautioned about the risk of automatically mirroring this model in pre-schools, which operate in a very different context, without reflecting on alternative and more comprehensive options. Commentators have recognised significant value to children and schools from this model but suggested that such a model can, on occasion, thwart true inclusion, single out children as different and reduce the child's level of engagement with the teacher and with their peer group.

The model proposed by the IDG advocates a graduated approach with seven levels of support moving from universal to highly targeted supports based on the needs of the child, which range from non-complex to complex. The seven levels of support are:

1. Inclusive Culture
2. Information for Parents and Providers
3. A Qualified and Confident Workforce
4. Expert Early Years Educational Advice and Support
5. Equipment, Appliances and Minor Alterations Grants
6. Therapeutic Intervention
7. Additional Assistance in the Pre-School Room

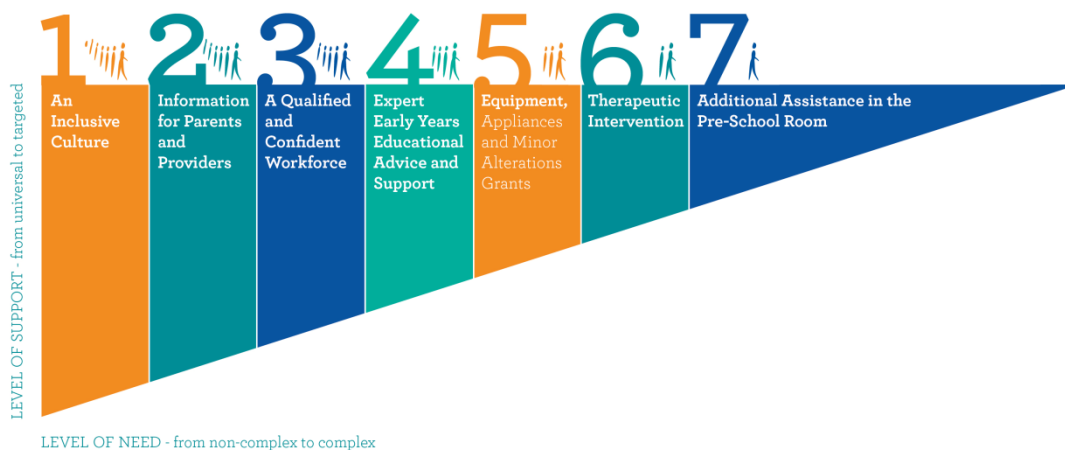
The IDG suggests that the majority of children with a disability will be fully enabled to participate in the ECCE Programme with the supports available from Levels 1-4. The more targeted levels of support (i.e. Levels 5-7) are considered resources for a small group of children with highly complex needs. The proportion of children eligible for these targeted ECCE supports is estimated to start at 3% (i.e. for Level 5 support) and decrease to around 1.0%-1.5% (i.e. for Level 7 support).

The model aims to provide appropriate support to children and families in order to access mainstream ECCE settings. The model reflects the vision set out that all children with a disability will be able to attend mainstream pre-schools as part of the ECCE Programme unless the nature or degree of their disability makes this counter to the best interests of the child. The model also sets out to achieve all ECCE settings providing inclusive care and education and building their capacity to support children with a disability consistently over time.

The model assumes no changes to the delivery of the ECCE Programme and has based all costs on the current model of delivery. However, the IDG is cognisant of various options for future investment set out in the recent Report of the Inter-Departmental Group on Future Investment in Early Years and School-Aged Care and Education. Of particular relevance is the option to extend the existing free pre-school provision so that children would qualify for the ECCE Programme from age 3 up until the time they transition to formal schooling (see Appendix 2 for further detail and Appendix 3 for adjusted costs of this model, which takes account of such extended free pre-school provision).

The following graphic summarises the proposed model. (Please see full Executive Summary at Section 1.2 for full page graphic.)

A Model to Support Access to the ECCE Programme
for Children with a Disability



5.1 Level 1: An Inclusive Culture

Supporting access and participation for children with disabilities to the ECCE Programme is predicated on the assumption that:

- The vast majority of children with disabilities can be reasonably accommodated to participate in mainstream pre-school settings
- Inclusive practice supports the removal of barriers to meaningful participation, responding to each child's emerging needs and interests and supporting their learning through developmentally appropriate practice
- Inclusive practice is beneficial to all children in mainstream pre-school settings, not just those with disabilities or additional needs.

Inclusive practice is already a requirement of pre-school services. For example, the Child Care (Pre-school) Regulations 2006 require pre-school services to ensure that:

each child's learning, development and well-being is facilitated within the daily life of the service through the provision of the appropriate opportunities, experiences, activities, interaction, materials and equipment, having regard to the age and stage of development of the child and the child's cultural context.

In addition, Síolta: the National Quality Framework for Early Childhood Education contains specific standards in relation to inclusive practice - particularly for children with a disability. Aistear: the Early Childhood Curriculum Framework has been universally designed to ensure a wide range of learners can access it, including children with a disability. There are also Diversity and Equality Guidelines for Childcare Providers in place, which were published by the OMCYA in 2006. Elective modules on special needs in mandatory courses for early years practitioners are also now commonplace.

Recommendation

The IDG recognises that existing efforts need to be strengthened. As part of this model, the IDG recommends that the Diversity and Equality Guidelines for Childcare Providers be updated and a National Code of Inclusive Practice developed. It also recommends that ECCE settings in receipt of funding to deliver the ECCE Programme should be required to adopt this Code. This requirement should form part of the ECCE contract between the DYCA and pre-school services and it should be reviewed as part of ECCE compliance visits undertaken by Pobal on behalf of the DCYA. In addition, and in line with the forthcoming National Standards for Early Years Services, pre-school services should be required to have an Inclusion Policy in place.

The IDG also recommends training in inclusion for early years practitioners through the national roll out of the Equality and Diversity Programme (or equivalent).

A significant step forward is the recommendation that every pre-school service should be encouraged to appoint an Inclusion Co-Ordinator (IC). The IC would have a special interest in disability and be required to hold a Level 6 (Higher Education) Award in Inclusion of Children with a Disability in Mainstream Pre-school. The IC should be supported to achieve this through a dedicated educational fund (Learner Fund). On completion and award of this qualification, the ECCE setting would be recognised for its

commitment and capacity to cater for children with a disability through additional capitation. The estimated costs of training and capitation are set out below.

The DES has secured funding and plans to commission the development of this Higher Education Award by end 2015. It is estimated that an average of 20% of ECCE settings might seek to participate in this training each year for the next four years. The additional costs of a predicted 80% take up are set out below. The 80% take up reflects turnover and other factors in the sector.

Detail	Unit cost	Estimated take-up	Cost
2016	€1,500	20%	€1,290,000
2017	€1,500	20%	€1,290,000
2018	€1,500	20%	€1,290,000
2019	€1,500	20%	€1,290,000

The IDG also recommends that consideration be given to incentivising individuals to complete the course through the provision of a €200 bursary to assist with covering expenses arising from participation on this programme. This would cost an approximately €200,000 per annum over the period 2016-2019.

ECCE settings would be incentivised to upskill in inclusion and to appoint an IC because of access to a new capitation. The IDG considers that a small amount of additional capitation will both incentivise and recognise inclusive practice, assisting with the vision of creating a strong culture of inclusion across all services. The estimated annual cost of the additional capitation is set out below. It would increase the current levels of basic capitation and higher capitation by an additional €2 per child.

Weekly unit cost per child	Estimated take-up (year)	Cost
€2	20% (2017)	€1,018,400
€2	40% (2018)	€2,036,800
€2	60% (2019)	€3,055,200
€2	80% (2020 and onward)	€4,073,600

The IDG also recommends:

- Improvement to data systems, including the compilation of:
 - an enhancement of the Programme Implementations Platform (PIP) to identify children with disabilities at registration / pre-registration.
 - a detailed profile of all ECCE environments to establish pre-school services with inclusive ECCE environments
 - a comprehensive inventory of existing supports to children with disabilities accessing ECCE

Costs:	€0.1m per annum	(Equality and Diversity training)
	€1.5m per annum for 4 years	(Inclusion Co-Ordinator training)
	€1.02m in 2017 rising to €4.08m	(Capitation)

5.2 Level 2: Information for Parents and Providers

Timely and relevant information is essential for parents and early years providers. Frequently, parents and providers contact CCCs and NVCOs regarding various issues which arise for them. CCCs often act as a link/bridge/support to both the parent and the provider. The EYSS and the VCOs also play a support role in the provision of information to parents and to providers, as do early intervention services, both statutory and voluntary.

Recommendation

The IDG recommends that these efforts are strengthened and streamlined to ensure that clear, consistent and accurate information for parents and providers is available through these support agencies.

To advance this, the IDG recommends that a single website be developed for parents and providers with content approved by a dedicated working group, which will comprise members from CCC's, VCO's and the EYSS.

Costs:	€0.05m in 2016	(Set up costs)
	€0.015m per annum	(Maintenance costs)

5.3 Level 3: A Qualified and Confident Workforce

Evidence demonstrates that the most reliable indicator of the quality of early years services is the qualifications of early years practitioners. This is relevant in the area of disability also.

Major progress has been made in improving qualifications in this sector in the past 5 years. Prior to the introduction of the ECCE Programme in 2010, there was no minimum qualification for staff working in the early years sector. Under the ECCE programme, all pre-school leaders were required to hold a Level 5 qualification. In addition, pre-school services could qualify for a higher capitation rate where all the pre-school leaders, in the ECCE room, held a Level 7 qualification, and all the pre-school assistants held a Level 5 qualification. This represented a major step forward in improving the quality of early years services.

When the Early Years Quality Agenda was introduced in 2013, in order to further improve quality in pre-school services, one of the items to be progressed was the introduction of a requirement that all staff working with children in early years services should hold a qualification in early childhood care and education at a minimum of Level 5 on the National Qualifications Framework (NQF) or equivalent and that pre-school leaders in ECCE settings would be required to hold a minimum Level 6 qualification, or equivalent. These requirements will be fully introduced in 2016 following the publication of new Childcare Regulations.

In order to support existing staff to achieve these minimum qualifications, the Government introduced a Learner Fund. €3m has been provided under this Fund since 2014 and almost 3,000 staff have completed (or are currently completing training) to allow them to meet the minimum requirements.

These initiatives and this investment have resulted in significant increases in the number of ECCE services under contract to deliver the ECCE Programme who now meet higher capitation criteria.

- In 2010, a total of 3,787 ECCE services were under contract to deliver the ECCE Programme. Of these:
 - 82.0% met the basic capitation criteria, and
 - 11.0% met the higher capitation criteria.
- In 2015, a total of 4,371 ECCE services are under contract to deliver the ECCE Programme. Of these:
 - 72.0% meet the basic capitation criteria, and
 - 28.0% met the higher capitation criteria.

Additionally, according to the findings from the Annual Survey of Early Years Services undertaken by Pobal on the Department's behalf, there have also been significant increases in the number of staff in early years services who hold a qualification equal to or higher than NFQ Level 5 over the same time period:

- In 2010, 71.4% of staff had a qualification equal to or higher than NFQ Level 5, and
- In 2014, 86.8% of staff had a qualification equal to or higher than NFQ Level 5.

Recommendation

Continued support of initiatives to improve the level of qualification of the early years workforce is an essential element of this model and, the Report of the Inter-Departmental Group on Future Investment in Early Years and School-Aged Care and Education sets out a number of options/ recommendations in relation to advancing efforts to professionalise the early years sector.

As well as gradually increasing the minimum required general qualification to practice for all early years practitioners, this IDG acknowledges that training and education in relation to disability and non-typical development, often associated with complex needs is under developed in the early years sector in Ireland and this level of capacity needs to be built systematically. To address this, staff in pre-school settings will be encouraged and supported to complete training in inclusion of children with disabilities. Training should consist of a combination of formal (accredited) and informal training as described below.

In addition to the recommendation outlined in Section 5.1 concerning the ICr, the IDG also recommends developing and/or supporting the delivery of a suite of standardised training courses (e.g. understanding and managing behaviour, understanding ASD, visual impairment, hearing impairment, motor co-ordination difficulties, speech language and communication needs) and tailored training to meet specific needs of early years practitioners. The development and delivery of this training would involve a range of stakeholders, including the CCC's, VCO's and the HSE.

With regard to informal training, examples of excellent practice are available from across the country and include workshops for early years practitioners by HSE Speech and Language Therapists, Psychologists and Occupational Therapists or by early years experts (practitioners or academics). This local, less formal, training has been found to also assist with improving communication between the early years workforce and health and social care services, thus enabling greater access and engagement when support is required. In many instances, the CCC's have assisted in the co-ordination, planning or provision of these events.

The IDG is recommending that a list of training needs / topics is developed and approved (some work has already been done on this by CCCs) and resource tools already in place should be collated, documented and published. Where training needs are identified and no resource tool developed to support their delivery across the country, services would be contracted to develop these tools and they should be made available for delivery (and customisation where appropriate) by local experts.

Costs: €0.2m per annum

5.4 Level 4: Expert Early Years Educational Advice and Support

Early years practitioners sometimes require support and advice from external early years educational experts to assist them in enabling truly inclusive practice and the optimal participation of a child with disability in the pre-school room. The value of mentoring to support professional development is well established and has been demonstrated to good effect through a number of initiatives such as the National Early Years Access Initiative (NEYAI)².

Recommendation

Better Start can provide expert educational advice through its Early Years Specialists (EYS) working directly with providers. EYS are qualified early years professionals with a minimum of five years professional experience. The team members currently in place provide information, advice and coaching, where required, to early years practitioners based on an in-depth knowledge of child development and of high quality early years practice. In addition, through supporting services to document a child's functioning in the setting, mapped to the developmental milestones, additional supports that may be required to adequately meet children's needs in the setting can be objectively identified. In exceptional circumstances for children with very complex needs, specialist clinical advice would be sought from HSE early intervention services.

EYS would support ECCE services through:

- Providing guidance and support on undertaking a developmental profile of the child within the ECCE setting (before or after enrolment) in order to prepare, respond and adapt to the child's needs and abilities
- Supporting and mentoring providers in the development of enriched learning environments to support all children's participation and implementation of planned Early Intervention (EI) programmes, where appropriate to enhance the child's learning and development
- Modelling and coaching providers in strategies to enable participation of children with disabilities
- Working in partnership with parents
- Facilitating engagement in peer learning at local or regional level
- Liaison with HSE professionals and others as required to support the child and family
- Liaison with the NCSE with regard to supporting the child's transition into primary school

Points of engagement and timing of response

The EYS, CCCs and Pobal should work together to identify need and respond to requests from services and / or parents for support in accommodating children with disabilities before and / or after enrolment. A response time of 4 – 6 weeks would be targeted for children enrolled in services. Identifying children prior to enrolment would be highly

² Mentoring for Quality Practice in Early Childhood Education and Care – An Implementation Guide 2014

desirable; ideally this would take place between March and June prior to the child's enrolment in September (if there are no changes to the current delivery of the ECCE Programme). Appropriate liaison with the HSE should also take place.

Resource required

The EYSS currently employs 30 Whole Time Equivalents (WTEs) to provide general advice, supporting and mentoring to pre-school services. This team should be enhanced to make expert educational advice and support accessible to every service seeking to maximise the participation of a child with complex needs in a timely and responsive manner. The team would include an appropriate skill mix, with, for example, some experts in behavioural management, to ensure the needs of services can be addressed and the capacity of the team developed. This enhanced team would play a central role in building capacity in an evolving sector.

These additional resources will be organised to ensure national leadership and consistency, but with local engagement and integration. The current management structure would be enhanced to support the larger organisation.

It is estimated that an additional 50 posts would be required to meet needs.

Costs: €4m in 2016 rising to €6m per annum from 2017

5.5 Level 5: Equipment, Appliances and Minor Alterations Grant

The IDG has considered the question of potential minor capital requirements arising from the inclusion of children with disabilities in mainstream pre-schools and has explored relevant issues with the DES, DoH and the HSE.

It is clear that some children with disabilities require specialised equipment to enable their inclusion in pre-school or, on occasion, minor alterations to the physical environment. Such minor capital requirements can range from a portable wheelchair ramp, provision of a quiet space with appropriate soft furnishings and lighting, to assistive technology for a child with severe communication deficits. ECCE settings committed to inclusive practice have expressed difficulties in the past accessing the required financial assistance to support individual children.

Many children with such needs currently have their needs met through the HSE (and associated Voluntary Agencies), however some do not, or, delays involved may be detrimental to the appropriate inclusion of the child. The IDG is clear that whatever action might be taken to address these issues, for example, the establishment of a minor capital grant scheme, should not replace the current role of the HSE (and associated agencies), but should instead supplement it. This scheme would only be used for alterations or equipment critical to the child's enrolment or inclusion in pre-school. So, for example, if a child needs a portable communication device to communicate at home and this device is normally provided by the HSE, then the HSE would continue to be expected to provide this for the child for use at home and any other environment the child might use, including the pre-school setting.

Children who need highly specialised physical environment

The IDG also considered children whose needs were so complex as to require a highly specialised physical environment. At present many children with very complex disabilities attend HSE funded special pre-schools. The IDG was challenged with the question of whether all mainstream pre-schools should be required to meet very complex environmental needs and whether this would be financially viable or physically possible. (The IDG acknowledged that up to 1,500 pre-schools cater for less than eleven children in any year.)

Ultimately, the IDG agreed that whilst some investment should be sought, and this is dealt with later Section 5.5, as part of Level 1, information should be collated on the physical access and inclusive features of all existing pre-schools (including special pre-schools), so that parents, CCCs and others can be properly informed regarding any choices that are available.

If a situation arises where a parent, with the assistance of the CCC, believes no reasonable option is available to their child, the DCYA should be notified so that it can liaise with appropriate agencies regarding this perceived gap in service.

DES and HSE Capital Funding

The DES provides funding for capital works to primary schools each year. In 2014, this amounted to some €2.7m (this included DES funded early intervention classes and pre-schools based in Primary Schools). Typically, the works funded by DES included new lifts, ramps, toilets, drop-off parking areas, widening doors and other access related works. In addition, DES also paid out in excess of €1.4m in 2014 on furniture and equipment for individual special needs pupils enrolled in mainstream classes.

The DES also operates an Assistive Technology Scheme. In order to qualify for equipment under this Scheme, a child must have been diagnosed with a physical or communicative disability and must also have a recommendation in a professional assessment that the equipment is essential in order to allow the child to access the curriculum. It must also be clear that the existing I.T. equipment in the school is insufficient to meet the child's needs. The scheme (at primary level) costs about €1.3m and caters for some 1,000 children.

Direct comparisons between ECCE services and the primary school sector cannot be made for a number of reasons. For example, pre-school children will only attend a facility for one year, whereas in the primary cycle, a child with access issues will typically spend some 8 years in the school. Due to the higher enrolment levels in primary schools, it is likely that any significant investment will benefit other children with disabilities at some stage. Also, pre-schools, by their nature, are designed for smaller, more dependent children and for lower staff / child ratios and hence, the environment may not be as physically challenging as that of a large primary school.

The HSE (and associated voluntary agencies) has also, on an ad hoc basis, provided specialised equipment for use by children in pre-schools. Detailed information with regard to the level or cost of this provision was not available to the IDG.

Recommendation

A national system should be put in place to respond to providers / parents requests for equipment or minor alterations they deem essential to support a particular child's inclusion in an ECCE setting. There will be clear advertising of the availability of the grant and the specific criteria applying. A timeframe for processing will be set out. The application will require input from both the parent and the pre-school. Where appropriate, support for the application will be sought from the local CCC, HSE service or the EYSS.

A national inventory of investment will be maintained and shared with the CCCs, and, where the equipment was required on a temporary basis only, and can be recycled for use with another child, a system of recycling will be explored and established.

Costs: €1.5 m per annum (to include overhead and administration cost)

5.6 Level 6: Therapeutic Support

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. However, some children and providers currently cannot access this support and therefore the child may suffer the regrettable consequences of having their participation and inclusion severely constrained.

The HSE's *PDSCYP* recognises that, from a child and family outcomes perspective, health services should be supporting all children with a complex disability to access an appropriate pre-school, starting transition planning, where possible, a year before commencing pre-school (*Framework for Collaborative Working between Education and Health* (2012)). The full reconfiguration of children's disability services into network teams under PDSCY in 2016 and the commencement of implementation of its *Outcomes for Children and their Families Framework* will drive a more consistent model of collaborative working nationally.

The PDSCYP's National Access Policy will provide clear pathways to signpost families and pre-schools based on each child's need.

The IDG decided to focus on the provision of therapeutic supports which are critical to the child's enrolment and participation in the ECCE Programme. The IDG understands that the HSE continues to work to have the appropriate resources available to meet the needs of all children with disabilities wherever or however their needs arise.

The IDG acknowledges a range of excellent initiatives in recent years around the country by the HSE and associated voluntary agencies, CCCs, individual providers and other organisations to make therapy services available, to maximise the outcome from finite therapy resources, to take a proactive approach to addressing the child's needs, and to empower parents and pre-school leaders to deliver a generic or customised intervention programme. The IDG agreed that gaps in service delivery continue and additional investment is required to deliver comprehensive and timely early intervention services that would optimise the participation of every child with a disability in the ECCE Programme on a consistent basis across the country.

Methods for delivery of therapy or psychological interventions

Children who require therapeutic intervention to ensure their participation in pre-schools can have their needs addressed in a number of ways; it does not always require one to one sessions with the child in the pre-school room. Successful interventions include:-

1. provision of information, advice packs and practical guidelines to assist children, parents and pre-school leaders with common areas of challenge
2. training of parents or pre-school leaders (either in one to one or group sessions) to understand the child's needs and to respond appropriately
3. the provision of a customised programme or strategy in the local health centre to assist the pre-school leader respond to specific needs or behaviours
4. professional advice and support on the phone or by email
5. one to one working with the child and pre-school leader in the pre-school setting
6. screening of a pre-school group

Regarding item 1 above, many standardised training programmes for parents or pre-school staff (for example, Hanen, ELKLAN, Lamh) have been found to be of major benefit to children, parents and provider. If provided as part of a structured continuous professional development programme, they can deliver better functional outcomes for children, whilst also optimising the efficient use of finite resources. The IDG agreed that as well as one to one intervention with children and their pre-school leaders, significant value could be gained by the development of nationally agreed, universal strategies for provision of general training, information and support for children with a disability, and targeted level strategies for specific children with special needs.

The IDG also accepted the HSE's advice that not all children about whom there is a concern should be referred to disability specialist services. Some children may be more appropriate for referral to the Primary Care Team. This needs to be made clear to parents and pre-schools. The IDG agreed that the HSE should work with the early years sector in making available appropriate information on the pathway of referral and access to relevant Primary Care and Disability Teams as per the HSE National Access policy (pending) and in developing suitable training tools. The IDG recognised that CCCs and NVCOs play a critical role in communicating with parents and providers and in facilitating training opportunities between ECCE providers and the HSE / HSE funded services.

The IDG also agreed that Better Start (EYSS and CCCs) should continue to develop strong links with local HSE / HSE funded services. (Many CCC Boards have representatives from the HSE / HSE funded services where constructive relationships have been built, resulting in positive outcomes for children, parents and providers.)

Recommendation

After much discussion on different options (including that of contracting therapy services from an existing voluntary agency for co-location within Better Start), the IDG agreed that additional therapy posts should be funded for the HSE. It recommends that the HSE Service Plan should emphasise early intervention services and, as part of that, record a requirement for a level of priority to be given to facilitating inclusion in pre-schools. These additional therapy posts would facilitate implementation of PDSCYP with emphasis on early intervention for optimal achievement of outcomes for children and their families. This model would include a focus on development and enhancement of collaborative working with families and pre-schools to support children with complex disability to access main stream pre-school where appropriate. The investment would be supported and monitored by new quarterly Key Performance Indicators (KPIs) to record progress on provision of support to parents and pre-school staff.

The IDG recommends that some investment be given to the HSE for development of educational resources for use with ECCE staff (in collaboration with CCCs and others).

A small therapy resource would be required to contribute to the application processes under Level 5 and Level 7 of this model (as discussed in Sections 5.5 and 5.7).

Resources required / costs

ECCE settings have identified the need for access to Speech and Language Therapy, Occupational Therapy and Psychology.

Approximately 50 WTEs, at a total cost of €3m, will be required. €0.5m of this funding will be used to assist with the establishment of training modules (Level 3 and 6) and application activities (Levels 5 and 7) in association with Better Start.

Posts will be provided to the Community Healthcare Organisations (CHOs) within the HSE to enhance existing Early Intervention Teams. Rather than the individual post holders responding to needs, a whole team, inter-disciplinary approach will be taken, hence ensuring the best, most appropriate and responsive service possible.

5.7 Level 7: Additional Assistance in the Pre-School Room

International and national evidence shows that the supports listed from 5.1 to 5.6 (when properly developed) are sufficient to meet the needs of most children with disabilities. However, for a small number of children, estimated to be between 1% and 1.5% of the ECCE cohort, additional assistance in the pre-school room will be necessary.

Evidence has shown the importance to the child of clearly differentiating those children who need this additional support from those who do not, and the importance of a clear vision for the additional person in the pre-school room so that they do not reduce the child's exposure to the pre-school leader or to the child's peers.

Various delivery mechanisms for the additional assistance in the pre-school room were considered by the IDG. These included: - increased capitation for children with complex needs (with the level of capitation depending on the complexity of disability); reduced pre-school staff / child ratios from 1:11 currently, to 1:8; and the establishment of a panel of assistants that pre-school services could draw from.

Ultimately, and following consultation, the IDG agreed that additional capitation to the ECCE provider was the preferred option. Factors influencing this choice included the wish to focus in a responsive manner on the child's needs, wishes expressed by the early years sector to have greater autonomy in managing its service, and the fact that such a system represented value for money. The additional capitation provided, which will depend on the child's need, are set out in the table below:

Table 5: Additional Capitation		
	Additional Capitation	Details
Children with non-complex needs	n/a	n/a
Children with complex needs	€130 per child per week	Equivalent to 10 hours of additional assistance per week at €13 per hour
Children with highly-complex needs	€195 per child per week	Equivalent to 15 hours of additional assistance per week at €13 per hour

In summary, an additional capitation fee of *up to* €195 per week (on top of the standard capitation fees) is proposed. This additional capitation fee would be used by pre-schools to buy in additional assistance to the pre-school room in the vast majority of instances, but, depending on the needs of the child, and if agreed with the various parties involved, it could be used to facilitate the pre-school service to reduce ratios from 1:11 to 1:8 without financial losses to the service and where the safety and well-being of the child is protected.

Any additional assistance in the pre-school would not constitute part of the staff / child ratios for the purposes of the Childcare Regulations. This is to safeguard the use of this resource to meet the particular needs for which it was funded.

The cost of this additional capitation would be in the region of €8 million per annum (assuming that approximately 1.5% of children attending ECCE settings would require this level of support). An additional overhead cost for administration of the scheme would be required and is discussed under 5.7.2.

Clear guidelines for the use of the funding by providers would be established. These would set out the contribution of the parent to the decision making. Compliance arrangements and strong oversight/reporting mechanisms would also be put in place to ensure appropriate use of this additional capitation.

5.7.1 Issues for consideration:

Home Tuition Grant: Under present arrangements, children who participate in the ECCE Programme are still eligible for the Home Tuition Grant but at a reduced rate reflecting their level of attendance in their pre-school. Consideration now needs to be given to the future arrangements. In particular, it is important to consider whether parents should be presented with a choice of either home tuition or ECCE, or as an alternative, whether home tuition should be refused where pre-school placements with support are available. This is currently the case for children who may avail of the Department's early intervention placements or placements in schools.

If the decision is taken to discontinue the Home Tuition Grant on the basis that a supported pre-school placement is available, this would lead to a significant reduction of demand for home tuition corresponding to the number of placements available.

The DES recognises that real and tangible savings could be achieved from its Home Tuition Grant budget. From a financial governance perspective, it is understood that such savings cannot be allocated from one Department to another. Instead the savings need to be declared and the relevant Departments' Budgets needs to be adjusted.

The IDG recommends that time be given to establishing this new model before any decision is made regarding the future of the Home Tuition Grant. The matter should however remain on the agenda of the CSIG discussed later in Section 6.0 and form part of the terms of reference of a formal review after three years.

Special Pre-Schools and Early Intervention Pre-Schools: Just as the roll out of this model may likely result in less demand for the Home Tuition Scheme, with the potential for a transfer of financial and overhead resources, so too may enrolment numbers in special pre-schools and early intervention pre-schools reduce.

The IDG cautions strongly that such reductions in enrolment should not be encouraged until the model is well established and has proven itself successful in meeting the needs of children with lower levels of disability. However, the IDG acknowledges that there may be a very small number of children who are inappropriately placed in special pre-schools or early intervention classes who may seek to transition across in the early stages to mainstream pre-schools. As stated above, the CCIG should monitor this closely and this should be included in the terms of reference of the review to be conducted after three years. It should also be recognised that many parents will continue to opt for these special pre-schools due to the higher qualifications of their staff (generally) and their lower staff / child ratios.

Further data collection on the current system will be required to ensure an accurate baseline is recorded. The DCYA plans to commission a baseline audit of quality and will explore the potential to include data collection in this area.

5.7.2 Application process for additional assistance in the pre-school room

In order to use a finite national resource where it is most needed, an application and monitoring process will be required to identify children (and pre-schools) who require additional assistance on top of the range of supports already available (5.1 to 5.6). The monitoring process will enable the child and pre-school's progress to be tracked so that the resource can be reduced or increased as required.

The application process will be overseen nationally and will be robust, objective and transparent. It will integrate with the current IT system used nationally for ECCE settings (i.e. Programme Implementations Platform). Clear information on the process, relevant criteria, timeframes etc. will be published and available from a variety of sources. An appeals system will be in place and, those dissatisfied with the outcome of the application process will have ultimate recourse under law to the Ombudsman.

The application will focus on the child's level of functioning as relevant to their participation in pre-school. It will not focus on diagnosis. A standardised profile of function, relevant to pre-school children, will be used to objectively identify where the child's needs are so complex as to require additional supports. The application form and any related tools will be developed as part of a collaborative initiative between DCYA, DoH, the EYSS and the HSE.

The application process will be accessible from February to June and again from September to November under the current ECCE Programme (and year round should the ECCE Programme be extended in accordance with the Inter-Departmental Group on Future Investment). Applications for children with the highest level of need will be encouraged 7 months before expected enrolment, currently February. Where the needs of children only become apparent after enrolment, the application process will once again be accessible.

The process will enable a graduated approach to responding to the child's needs, that is, some children may qualify immediately for the additional resource, others may be directed into a high support structure (under Level 4 and / or 6), and, if this fails to meet their needs, they will be fast-tracked for further assessment of their need for additional assistance.

Experience indicates that parents and pre-school practitioners often have good insight into what the child needs to participate in pre-school and their views and input are crucial. The process will therefore reflect this. Experience in other sectors also shows the importance of oversight from professionals unknown to the child, family or provider in order to ensure a fully objective and transparent assessment. This experience will also be reflected in the design of the application process.

Where necessary, the HSE will contribute to the decision on whether additional supports are required, including making arrangements for therapy input as required.

5.7.3 Transport

The matter of transport to and from ECCE settings for children with disabilities was raised during the consultation process. The IDG gave this issue significant consideration and acknowledged the difficulties experienced by some children and parents.

Ultimately the IDG decided not to provide for transport needs under this model. It based its decision on many factors, including the fact that children would continue to have access to special pre-schools and associated transport services, and the closer proximity of mainstream ECCE settings supported by this model. The IDG recommends that the matter of transport be kept under review by the CSIG and form part of the Independent Review after three years.

5.7.4 Recommendation

The IDG recommends that annual funding of up to €8.5 million be provided to establish a system of additional capitation for children whose needs cannot be met via Levels 1 - 6 of this model. A robust, transparent and objective process will be established to support this application and decision making process. Clear information, criteria etc. will be published.

Costs: €4.5m in 2016 rising to €8.5m per annum from 2017 (to include overhead and administration cost)

5.7.5 Larger ECCE Services and exploration of a Block Grant Model

The IDG strongly believes that the above capitation model is the most appropriate model when one considers the large number of very small ECCE settings across the country. The IDG considered "anticipatory" models that exist internationally, but concluded that the small size of many ECCE settings in Ireland currently prevents any accurate forecasting of the number of children with very complex needs who will present in an ECCE setting in any particular year. Whilst such models may have the potential to work in larger primary schools, for example, the nature of the ECCE sector means that such a model might result in over resourcing one year (when no child with complex needs presents) and under-resourcing the next (when a child with complex needs presents).

However, the IDG also believed that it was worth exploring whether larger ECCE settings could operate under such a model. The IDG considered that it would be worth commissioning an independent evaluation of a demonstration model. One or more larger settings could be asked to profile their population base and seek to predict the number of children with very complex needs who might attend. The setting would then design a service to meet these needs. Their forecasting would be based on any available demographic data, plus their own previous enrolment information. A block grant would be provided which would be expected to meet all their inclusion needs (including additional assistance in the classroom and equipment or appliances).

The short timeframe available to the IDG did not allow such a model to be fully developed, however, the IDG recommends that, if funding for Level 7 is provided, the IDG be given discretion to commission such a model with one or more settings and evaluate whether this anticipatory model could be extended to a cohort of larger settings.

6.0 National Oversight Structure

If the report of the IDG is accepted and funded, a National Co-ordination and Management Team (NCMT) will be put in place in the DCYA to implement its recommendations and to provide national oversight and management of the new model, in continued collaboration with the DES and DoH and other relevant stakeholders. The NCMT will establish a Cross Sectoral Implementation Group (CSIG) to agree a project plan, to monitor progress and ensure appropriate action is taken.

All ECCE settings are expected to offer inclusive care and education and to build their capacity to support children with special needs consistently over time. This NCMT will ensure that the range of supports (5.1 to 5.7) will be put in place, building them over time, to support children with a disability and ECCE settings. The NCMT will, most likely, build on information systems already in place for the ECCE Programme. The NCMT may decide to outsource the administration of the Level 5 and Level 7 application and decision making processes to an appropriate agency, but the NCMT and the CSIG will retain overall responsibility.

The NCMT should ensure that a baseline audit of services is commissioned in 2016 and a formal and independent evaluation of the model taking place after three years.

The NCMT will work with the CSIG to agree a process of communication with the early years sector over a period of months prior to the introduction of the model.

Costs: €0.2 million per annum

7.0 Summary of Costs and timeframe for implementation

The following table summarises the total costs involved in introducing and embedding this model.

Some elements of the model can be introduced in September 2016, using the intervening months for establishment of systems, recruitment of staff etc. (Levels 2, 4, 5, 6 and 7). Others, Level 1 and 3 in particular, require capacity building which will commence in 2016 but which will take several years to reach optimal levels.

A September 2016 start for the introduction of the model, on a phased basis, is ambitious but reasonable. 2016 costs would therefore not involve full year costs. A minimum of 13.75m is critical in 2016 to adequately develop the model, to demonstrate commitment to meeting the needs of children with a disability and to acknowledge the challenges faced generally by the early years sector.

Table 6: Costs						
	Element of model	2016 (m)	2017 (m)	2018 (m)	2019 (m)	2020 (m)
1.	An Inclusive Culture	1.6	2.6	3.6	4.6	4.1
2.	Information for Parents and Providers	0.05	0.015	0.015	0.015	0.015
3.	A Qualified and Confident Workforce Learner	0.2	0.2	0.2	0.2	0.2
4.	Expert Early Years Educational Advice and Support	4.0	6.0	6.0	6.0	6.0
5.	Equipment, Appliances and Minor Alterations Grants and application process	1.2	1.5	1.5	1.5	1.5
6.	Therapeutic Intervention*	2.0	3.0	3.0	3.0	3.0
7.	Additional Assistance in the Pre-School Room and Application Process	4.5	8.5	8.5	8.5	8.5
8.	National Oversight	0.2	0.2	0.2	0.2	0.2
	TOTAL COST PER ANNUM	13.75	22.02	23.02	24.02	23.52
	TOTAL ADDITIONAL PER ANNUM	13.75	8.27	1.0	1.0	-0.5

* refers to Department of Health costs

Note:

This model assumes no changes to the delivery of the ECCE Programme and has based all costs on the current model of delivery. However, the IDG is cognisant of various options for future investment set out in the recent Report of the Inter-Departmental Group on Future Investment in Early Years and School-Aged Care and Education. Of particular relevance is the option to extend the existing free pre-school provision so that children would qualify for the ECCE Programme from age 3 up until the time they transition to formal schooling. See appendix 2 for further detail and Appendix 3 for the adjusted costs of this model, which takes account of such extended free pre-school provision).

Appendix 1

Composition of the Inter-Departmental Group

Bernie McNally (Chair)	Department of Children and Youth Affairs
Anne-Marie Brooks	Department of Children and Youth Affairs
Mairead O' Neill (Secretary)	Department of Children and Youth Affairs
Jim Mulkerrins	Department of Education and Skills
Aoife Conduit	Department of Education and Skills
Kieran Smyth	Department of Health
Joe Rynn	Dublin City Childcare Committee
Ann Bourke	Health Service Executive
Teresa Griffin	National Council for Special Education
Dharragh Hunt	National Disability Authority
Fiona McDonnell	National Early Years Inspectorate, Child and Family Agency
Margaret Rogers	National Early Years Specialist Service, Better Start

Appendix 2:

IDG on Future Investment in Early Years and School Aged Care and Education: Executive Summary

The Report as a starting point for further work

The Inter-Departmental Group began its work in late January. The timeframe for the development of the Report has been particularly challenging. With that in mind, the Group is anxious to emphasise that the Report provides, at this point, a discussion document for a proposed platform for investment. Subject to the views of Government, each of the individual options, the pace of their implementation and the transition from existing arrangements will need considerable additional work in order to prepare detailed plans for implementation, specific rules for the schemes and more detailed costings.

The drivers for change

The Group also wish to emphasise that determining and generating consensus for the principles/policy objectives which should inform investment decisions in this area is complex. The Terms of Reference of the IDG indicate that Government acknowledges that there have been dual drivers of reform to date, namely:

- Recognition of the value of early years provision in ensuring that children get the best start, alongside
- Recognition that the availability of affordable childcare is either a barrier to or incentive for labour market participation.

There are a number of explicit aims of the Government's current investment in early years:

- To promote optimal development for all children and to narrow the gap in attainment between more and less advantaged children, through the provision of quality early childhood care and education services. This is pursued at present, for example, through the Early Childhood Care and Education (ECCE) programme;
- To enable parents to prepare for a return to paid employment by participating in training, education and other activation measures. At present this is pursued under the suite of Training and Education Childcare (TEC) Programmes; and
- To support families, particularly those in low paid employment, in making work pay. Currently the Community Childcare Subvention (CCS) programme aims to do this.

Implicit in these objectives is a further objective of poverty reduction. Many of these programmes work in conjunction with other income support measures (both universal such as Child Benefit and targeted such as job seekers, family income supplement and lone parents' payments) and are being utilised to leverage labour market activation and reduce the reliance on income supports.

The IDG is of the view that these four objectives are all valid and are interrelated. There is some argument for suggesting that children's developmental outcomes, from a societal point of view, should be first among equals in these objectives. The IDG is of the view that these objectives can and should work in a complementary way. However, there is an

inherent potential for tension between them. The work of the IDG has been focused on ensuring that these objectives can be held in balance and the possible trade-offs between different policy options are kept to a minimum in assessing and making recommendations on possible future investment options.

Key messages: evidence and consultation processes

There is a multiplicity of evidence that investment in early years improves outcomes for children and families. This not only brings specific developmental benefits to children but also compensates, to a degree, for other factors relating to disadvantage and parental income.

Affordability must be a policy priority. Availability and affordability of childcare remain critical barriers to seeking employment for many parents. Costs of childcare in Ireland are high and are not offset, as in some other countries, by benefits in the form of subsidies, direct payments etc. Parents tell us that affordability of childcare is a barrier to employment and is resulting in restricted working hours; turning down or leaving work; or being prevented from looking for work.

Embedded in research and increasingly a focus of Government and international initiatives is the importance of quality. Both parents and the wider public highlight the need for greater regulation and inspection. Professionalisation of the workforce is a key proxy for quality in terms of the international evidence. The need for a better recognised and qualified workforce was a common theme across the parental and public consultation processes.

Parents want choice and flexibility. This means looking at a wide range of options to support them, including extended parental leave benefits; and greater work place flexibility in respect of career breaks and job-sharing to enable them additional choice to remain at home. Evidence from international review highlights more extensive provision both of leave and paid benefits to parents, particularly in the very early years from infancy.

Accessibility of services was also a theme. The fragmented nature of provision in Ireland and the fact that there are a diverse and wide range of providers is clear. Also, the lack of a clear model of provision, especially for school-age childcare was highlighted. Both consultations pointed to the need to improve access and reduce the requirement for transportation by parents. They emphasised the need to establish links both to make services practically accessible for parents, and to ensure children have a positive experience of services. Continuity of approach and smooth transitions between services (both school and non-school) was seen as important.

How to invest is the subject of a number of international reviews. Most jurisdictions use more than one mechanism to support parents with a mixture of operational funding; fee subsidies; benefits and other tax based measures. On balance, there is a shift towards supply side measures which are seen as more optimal in terms of driving reform and quality improvement. Parents and the public had less homogenous views here but it is clear that the universal provision of subsidised pre-school year was seen as a key strength in terms of existing investments due to its universal provision and contribution to affordability.

Finally, there was a very strong focus on the need for inclusive provision. Again, both parents and the wider public consultations emphasised the need to ensure that services are fully accessible to children with additional needs, and that providers are well-equipped to provide the best possible service. This is seen as essential in order to ensure that children with additional needs can reap the full benefits of provision. While parents saw jobless and low income parents as a priority, the most popular priority overall was children with disabilities.

Policy objectives for future investment

The IDG proposes that two high-level primary goals are agreed:

Supporting children's outcomes

Supporting children's outcomes in early years care and education and after-school care is about having the right kind of care options and services which are good for children, available when and where children need them and delivered to a quality standard. This means identifying the right models (including for those families and children who have particular needs) and putting in place the various levers for good governance, quality and regulation which support effective implementation of the model of support.

Objectives include:

- Identifying Inclusive Models of Care that Deliver Good Outcomes for All Children
- Ensuring Supply and Demand are Aligned
- Building Quality Capacity in Provision and the Profession
- Developing Governance and Regulation for Continuous Improvement
-

Supporting families in raising their children to reach their full potential

There are a number of ways in which families can promote good outcomes for children. Parents are the primary educators of their children, and their interaction with them provides the most important protective factor for a child's longer term outcomes. Parents' own economic security, education level and approach to parenting all have a potentially significant impact on a child's development. Parents need to be supported to make choices which are good for children, such as being able to take on the role of primary caregiver when that is best (under the age of 1); and having the possibility of flexible patterns of work when their children are young.

As children grow, parents' opportunity to participate in the workplace provides an important protective factor against child poverty and related child outcomes. This means it is critical for parents to have access to services that respond to their needs when they choose to work, removing barriers to employment and career progression. Finally, supporting families is about giving parents confidence in their understanding of the best options for their children and their family and what good quality services look like.

Objectives include:

- Supporting parental choice and removing barriers to work
- Making services affordable and responsive to the needs of parents
- Building parents understanding of and demand for quality

Summary of Options

Option	Description/Comment	Estimated Additional Cost
Introduce paid parental leave (Parental Benefit) for parents of children under age one as an extension to Maternity Benefit provision.	Additional paid parental leave (which can be taken by either parent) to immediately follow paid maternity leave.	For each additional:
		Week: €10.5m
	The period of additional paid parental leave should increase incrementally over time and, as resources allow, result in one year of paid parental care for children under one.	Month: €42m
	Costs are based on current Maternity Benefit rate.	6 Months: €273m
	Currently, many employers, including the State as an employer, provide a 'top-up' to employees on Maternity Benefit. In the public sector the cost of the top-up is estimated at around €11.5 million per week based on the current cost of Maternity Benefit top up. There is no statutory requirement to top-up and the provision of this additional benefit does not necessarily involve a top-up. This would have to be considered separately and the Group is not proposing any automatic assumption that top-up would apply in the case of additional parental leave/benefit. For the public sector replacement costs would also impact in certain front-line public services and this would have to be costed separately.	

Extension of pre-school provision (the Early Childhood Care and Education (ECCE) programme) for all children	<p>Extended ECCE provision to children from:</p> <ul style="list-style-type: none"> ▪ age three, or ▪ age three and a half, <p>and until they transition to primary school <u>or</u> reach five and a half years.</p> <p>Enrolment would be open from September–June , depending on the child’s month of birth and school starting age:</p> <ul style="list-style-type: none"> ▪ Eligibility from age three means that the range of entitlement is: <ul style="list-style-type: none"> – 33 weeks for children born in September who start school <u>aged four</u>; – 95 weeks for children born in January who start school <u>aged five</u>. ▪ Eligibility from age three and a half means that the range of entitlement is: <ul style="list-style-type: none"> – 15 weeks for children born in September who start school <u>aged four</u>; – 76 weeks for children born in January who start school <u>aged five</u>. <p>Parents can choose the point of entry (and therefore the level of benefit) having regard to their child’s month of birth and their own preference regarding primary school starting age. This is subject to an outside parameter of a child starting school no later than 5 years and 6 months.</p> <p>Costs include the scope for some funded non-contact time (i.e. one hour per week) and are based on various capitation rates as follows:</p> <ul style="list-style-type: none"> ▪ Existing weekly rate i.e. basic: €62.50; higher: €73 ▪ Restored weekly rate i.e. basic: €64.50; higher: €75 ▪ New weekly rate i.e. basic: €67.50; higher: €82.50 	Capitation rate	Age 3: cost pa	Age 3.5: cost pa
		Existing rates		
		Exc. non-contact time	€121m	€72m
		Inc. non-contact time	€141m	€88m
		Restored rates		
		Exc. non-contact time	€130m	€79m
		Inc. non-contact time	€150m	€96m
		New rates		
		Exc. non-contact time	€150m	€96m
		Inc. non-contact time	€171m	€114m

Subvented child care provision for children of for children aged up to 12	1) A single childcare subvention scheme (to replace CCS and TEC) for parents who need childcare in order to participate in education, training or work.			Option	Stage1	Stage 2
	2) Subvented provision would also be given where there is a concern for a child’s welfare and childcare has been identified as a necessary family support for families not otherwise eligible.			1	€79m	€86m
	3) The programme would be open to both community /not-for-profit and private providers.			2	€118m	€124m
	In general, the subvention would be available for up to 40 hours a week, less the time spent in ECCE or school, eg:			3		€166m
	For pre-school children: up to 25 hours per week during the ECCE term, and up to 40 hours outside of term time;			4		€174m
	For school age children: up to 20 hours per week during the school term, and up to 40 hours outside of term time;			5	€97m	€106m
	Four options with different maximum hourly parental contributions in four low income Bands (i.e. Bands A-D) are costed. Options are also included in relation to a fifth band (Band E) which would include all working parents above those thresholds.			6	€135m	€144m
		Lower rate	Higher rate	7		€200m
	Band A (lowest income group)	€0.75	€1.00	8		€208m
Band B	€1.50	€2.00				
Band C	€2.25	€3.00				
Band D	€3.00	€4.00				
Band E (All others price cap only)	€4.25	€4.50				
Band E (All others with subvention)	€3.75	€4.00				
Each option is costed based on two different fee structures.						
Stage 1 costings are based on Band A to D with <u>no subvention or price cap</u> for Band E.						
Stage 2 costings are based on <u>extending support to all families</u> i.e. including Band E						

Assessing future demand for places and available infrastructure	<ul style="list-style-type: none"> ▪ A range of recommended actions include: ▪ Cross-Departmental work to develop a planning system to predict and assess demand for and supply of childcare. This will have regard to existing investment infrastructure, and potential for displacement while also taking note of Competition Authority advice ▪ DCYA and DECLG to consider the need for any revisions to the planning guidelines ▪ DES to carry out an initial survey of schools on the current provision of after-school services on school premises and the willingness of schools to consider future after-school provision. ▪ DCYA to explore the role of youth sector in future after-school provision 	
	<ul style="list-style-type: none"> ▪ A once-off capital fund to be introduced to support development of after-school services using school facilities with community and private partner providers 	€3m (for capital funding)
Ensuring development of appropriate after-school services for school-aged children	A range of actions for DCYA, including:	
	<ul style="list-style-type: none"> ▪ The development of a model of care having regard to available models of provision for this age group in Ireland and international models and standards of delivery 	
	<ul style="list-style-type: none"> ▪ Introduce a system of self-assessed quality standards for afterschool provision 	€300k
	<ul style="list-style-type: none"> ▪ Develop regulation/inspection 	€1m
	<ul style="list-style-type: none"> ▪ Commissioned research on views of children re their after-school preferences 	€20k (once-off)

Embedding quality in the sector	A range of new / extended quality initiatives, including:	
	▪ Audit of Quality in Early Years settings	€50k (develop tool)/ €400k triennially
	▪ Resource development to support professional practice	€200k per annum
	▪ Extended Learner Fund to support CPD and professionalisation	€5m per annum for five years
	▪ Expansion of <i>Better Start</i>	€1m per annum
	▪ Professionalisation of centre-based early years workers	€10m
	▪ Capacity building of CCC and VCO to carry out mentoring activity including with non-formal childcare sector	€1m
	▪ Introduction of a self-evaluation process in 10% of early years settings – Sólta Quality Assurance Programme (QAP)	€800k per annum
	▪ Introduction of quality standards and regulation for the childminding sector	€750k per annum (Tusla)
	▪ Enhancing existing inspection processes	€750k per annum (DES)
	▪ Supporting parents in assessing and demanding quality	€100k (once-off)

Appendix 3 Adjusted Costs

The following table presents adjusted costs of the model to reflect an extended ECCE Programme (i.e. from age 3 until a child makes the transition to primary school). These costs account for some change to school starting age from 2017 and a 34% increase in ECCE weeks in 2016 and 68% increase in ECCE weeks from 2017.

Table 7: Adjusted Costs						
	Element of model	2016 (m)	2017 (m)	2018 (m)	2019 (m)	2020 (m)
1.	An Inclusive Culture	1.6	3.3	5.0	6.7	6.9
2.	Information for Parents and Providers	0.05	0.015	0.015	0.015	0.015
3.	A Qualified and Confident Workforce	0.2	0.2	0.2	0.2	0.2
4.	Expert Early Years Educational Advice and Support	5.4	10.1	10.1	10.1	10.1
5.	Equipment, Appliances and Minor Alterations Grants and application process	1.6	2.5	2.5	2.5	2.5
6.	Therapeutic Intervention*	2.7	5	5	5	5
7.	Additional Assistance in the Pre-School Room and Application Process	5.5	14	14	14	14
8.	National Oversight	0.2	0.2	0.2	0.2	0.2
	TOTAL COST PER ANNUM	17.25	35.32	37.02	38.72	38.92

* refers to Department of Health costs

Appendix 4 Report on the Consultation on the Emerging Model to Support Access to the ECCE Programme for Children with a Disability: 17th of July 2015

Summary of key findings

There was consensus among participants as a whole on a number of points. These included -

- Support for the policy ambition and for the proposed model of support
- A concern that extending the duration of free pre-school provision for children with disabilities was not an element of the proposed model
- The view that the definition of disability for the proposed model needed to relate to the child's capacity to participate within the pre-school setting rather than his or her capacity to function in other environments
- The view that special pre-schools would be continue to be required as part of a continuum of provision for a small number of children with disabilities
- A concern that any model of support for children with disabilities in pre-school must take into account that some children with disabilities will not have engaged with health services prior to commencing the ECCE Programme
- A strong recommendation that any assessment or support application process introduced as part of the proposed model must prioritise timeliness

In addition to the points common to all participants, pre-school providers expressed consensus on a number of points. These included -

- The view that pre-school providers should be central to assessing the needs of children in their services who have or may have a disability
- A concern that any increased regulatory or contractual requirements for providers would precede the introduction of appropriate supports
- The clear expression of the value that pre-school providers place on the information and guidance that they receive from health service staff in relation to supporting children with disabilities in general or particular children

In addition to the points common to all participants, parents expressed consensus on a number of points. These included:

- A strongly expressed view that separating children with disabilities at a very young age was not in the child's best interests in the vast majority of cases
- A concern that children without any diagnosed disability would not be de facto excluded from the proposed model of support
- The view that there should be stricter requirements on providers of the ECCE Programme to make accommodations to include children with disabilities
- That planning for the child's transition into the ECCE Programme should commence early to ensure that parents know what supports will be in place

Minister Reilly's opening address

Dr. James Reilly T.D. Minister for Children and Youth Affairs opened the consultation event and thanked participants for attending.

Minister Reilly described the importance of being able to access high quality pre-school for young children and their families and noted that the Inter-Departmental Group on Future Investment in Early Years and School Age Care and Education was working to address the affordability, quality and accessibility of early years services.

Minister Reilly noted that despite measures currently in place to accommodate children with disabilities in the ECCE Programme and efforts made locally by pre-school providers and Health Service Executive, that co-ordination and provision of appropriate supports must be improved, and that the Government has acknowledged this.

To address this issue, Minister Reilly explained, the Department of Children and Youth Affairs and the Departments of Education and Skills, and Health, are working together to develop a new model of supports for pre-school children with a disability. Minister Reilly and his Ministerial colleagues support this work.

Minister Reilly welcomed the opportunity to hear the views of stakeholders on the emerging model of supports for pre-school children with a disability.

Elements of the proposed model

Bernie McNally of the Department of Children and Youth Affairs and Chairperson of the Inter-Departmental Group made a presentation on the emerging model to support access to the ECCE Programme for children with a disability.

Ms McNally noted that the ambition was to develop a workable model that enables children with disabilities or complex additional needs to participate in the ECCE Programme and to assist providers to deliver an inclusive service. Ms McNally explained that it was hoped that the model could be delivered in a basic form in 2016 and 2017 and then built on over time.

Ms McNally cautioned that the proposed new model:

- would require investment to implement, which wasn't guaranteed
- would take time to implement
- was somewhat dependent on associated, critical developments elsewhere
- would cover the ECCE Programme only

The elements of the proposed new model outlined by Ms McNally were:

- Creating an inclusive culture and environment within pre-schools
- Providing clear and accurate information to parents and providers
- Developing a capacity and competence in the early years workforce around inclusion
- Facilitating access to therapy services for those children for whom therapy is critical for enrolment and participation in the ECCE Programme
- Providing providers (and the child) with access to expert educational advice and support
- Funding small grants for aids, appliances and minor alterations
- Providing additional assistance for the pre-school room, where necessary

Ms McNally explained that the Inter-Departmental Group saw the provision of additional assistance for the pre-school room as being required for a small proportion of children with disabilities because other elements of the proposed model should significantly enhance providers' capacity to support children with a disability.

Ms McNally noted that the Inter-Departmental Group was not proposing to recommend that existing special pre-schools cease operating.

Consultation findings

Support for model as outlined

The tiered approach set out in the emerging model was broadly welcomed. Participants expressed the view that the emerging model as outlined was comprehensive and appropriate but that it would require resources to be successful.

Policy ambition and whether there are children for whom mainstream pre-school is not an option

Participants agreed that the policy ambition is the correct one provided it focuses on ensuring children can participate in the ECCE Programme, rather than 'just attend'. However, participants suggested that there will be a minority of children with disabilities who will be more appropriately placed in specialist pre-school settings. Some participants believed that there should be continuum of provision allowing children in specialist pre-school settings to transition to mainstream pre-schools or be supported to participate in mainstream part-time on a dual placement basis.

In terms of placing more children with complex needs in mainstream pre-schools some participants argued that many early years settings would not have the appropriate equipment, such as changing facilities for older children, or their size or physical environment might not be suitable to accommodate some children with disabilities.

Participants suggested that including children with more complex disabilities requires very good inter-agency working at a local level.

One participant noted that the main requirement for including a child with more complex needs in a mainstream early years setting is having staff in those settings with very specialised training.

Parents emphasised that it is the ambition of the vast majority of parents of children with a disability to have their child in a mainstream pre-school because there are negative consequences to separating a child from his or her peers so early. The negative consequences of separating children with autism in their early years were cited by some participants.

Some participants argued that there should be no further closures of special pre-schools while the proposed model is being developed.

Definition

A number of participants expressed the view that the definition of disability in the emerging model needed to be much clearer. It was noted that definition is very important and can range from mild special educational needs (SEN) to complex disabilities. Some participants suggested that as the aim is universal pre-school provision, a broader definition of disability is required. One participant cautioned that too narrow a focus can exclude other needs such as social and emotional and family issues. Another participant suggested that a broad definition of disability to promote inclusion should be the aim but that the model must begin with a targeted approach to be expanded.

Many participants agreed that there is a need to define disability in the *context of pre-schools*.

A lot of children are only identified as having a disability after they start pre-schools. There was a concern that a medical model of disability would be used, based on

diagnosis. Problems occur, many participants noted, where a child does not have a diagnosis. Moving away from a diagnosis / medical approach can only happen in tandem with support / expert advice / resources being available to pre-schools.

A query was raised as to whether a child with significant support needs but perhaps no disability could receive support in the model as set out. An example of child with significant behavioural issues but perhaps no underlying disability was cited.

Assessments

Participants agreed that assessments should be provided in a timely manner and should be needs-based. Provider representatives argued that pre-school staff should be included in the assessment process due to their knowledge of *the child*. Moreover, they argued that assessments should be for a particular context and in this case the context is the support that the child's needs to participate in pre-school.

One participant, agreeing that pre-school providers are best placed to assess children's needs, suggested that perhaps the 'assessment' referred to in the emerging model was in fact less of an assessment and more of an 'application for support'.

Many participants agreed that there is a requirement for standardised pathways and a streamlined system of assessment in order to support the child and enable planning. Participants also cautioned that many children joining pre-school do not have a known need and this must be acknowledged in the design of a model of support.

Participants emphasised that parents needed to be involved in any assessment process.

Criticism of limiting model to the ECCE Programme and support at a younger age

There was broad agreement that support should be provided to children with disabilities in early years settings regardless of whether they were participating in the ECCE Programme or not. A number of participants noted that some children with disabilities who may not have had appropriate supports prior to the ECCE Programme will have difficulties participating. One participant suggested that if supports were provided earlier in the child's pre-school experience then there may be a need less support required for that child later in pre-school or in schools.

A number of participants stated that they believed that the ECCE year should be increased to two full (52 weeks) years. However, some providers noted that services operate different models and a 52 week pre-school year would not suit all providers.

In addition to younger children in early years settings, participants noted that there are children with disabilities in after-school services and being cared by childminders.

It was noted by some participants the model outlined would not support those children.

What are the key things which determine whether or not a child with a disability will have a positive experience of pre-school?

A number of determinants of positive experiences were agreed upon by participants:

- Partnership between pre-school providers and parents is crucial
- Partnership between pre-school providers and other professionals (Speech and Language therapists (SLTs), Occupational Therapists (OTs) etc.) is critical
- Training for staff in relation to caring for a child with a disability and working in partnership with their families, along with on-going support and mentoring
- Providing non-contact time for staff to plan for how they will include children with disabilities in activities and engage with experts

- Provision of an “extra pair of hands” that would support both practitioners and other children in the service to improve inclusion, before stepping back
- Staff with better qualifications, which will require incentivising staff to upskill and remain in the sector
- Guidance / training for staff around communicating with parents in relation to children who they think may have a disability
- Pre-school providers and parents need a clear referral pathway for children who they think may have a disability
- The provision of a minimum level of information on disability, on inclusion strategies, on approaches to take in relation to children with certain disabilities
- Quality of adult – child interactions
- Ethos of pre-school and the attitude of the manager in particular

Code that all pre-schools sign up to or certification approach

A number of participants, both parents and providers, suggested that a code around inclusion that all providers must sign up to should be introduced to avoid some providers not accepting children with disabilities while others make great efforts to include children with disabilities.

Another suggestion was the development of a certification system whereby providers had to put certain things in place to get certified that they are an inclusive service and that over time this could be a regulatory / funding requirement.

Some providers cautioned against using regulations / ECCE contract to drive inclusion until an appropriate support model was bedded down.

Some participants felt that there is a need for a national policy on inclusion in pre-school. It was argued that it would be wrong to ask small providers to have a policy if there's no national one. However, other participants cautioned that having a national policy would put a lot of pressure on small operators if appropriate supports were not also available.

Clarity on supports available

Participants indicated that there needs to be greater consistency regarding support available to pre-school providers to support children with disabilities, as this provision varies from area to area.

Transitions

Some providers suggested that children transitioning from other services should have a report or profile carried out in order to prepare the new service for any potential supports or issues that may arise. These reports would only be shared with parent's permission. However, some participants noted some parents may be reluctant to share such information.

Extra pair of hands

Participants were broadly supportive of having an extra pair of hands as a means of support. Some providers suggested that services should receive funding directly so that they could decide what is needed for a particular child. One provider noted that funders would need to provide clarity on the role of an extra pair of hands support and why this support was being provided.

Some participants expressed concern that unless extra support is fully covered by a grant, services may still have to cover PRSI and annual leave for additional support staff.

Pool of assistants

A minority of participants suggested that a panel of support workers should be available locally to all services as this approach, it was argued, would ensure support is available and protect against any potential misuse of funds.

However, the method of funding of such a panel was not agreed among participants, with some participants suggesting that funding would be based on how often support would be needed. Participants queried who would provide / administer the panel, and what the hourly rate of pay would be. Some providers argued that having staff in pre-schools who do not directly report to pre-school management could create governance issues.

Lower staff / child ratios

Many participants noted that child / staff ratios needed to be lowered whether or not there is a child with a disability in the group. Moreover, participants agreed that a lower ratio could be a way of supporting a child with a complex disability to participate in pre-school. However, other participants suggested that this wouldn't suit all services and that it would not meet the needs of all children with a complex disability. It was argued that there will be some children who require a one-on-one support for part of the day, even just around toileting needs for example, and that a lower ratio would not facilitate this in some circumstances.

Increased capitation / grant to provider

Again, participants agreed that this option could work in some circumstances but that there would need to be guidance developed on what the capitation is going to be used for. A governance framework would need to be developed to ensure that funding is allocated appropriately and that additional staff recruited to provide supports share the values of the service provider.]

One participant suggested that services delivering the ECCE Programme are already funded to provide a specific service and so extra financial support related to the inclusion of a particular child should not be directly attached to the Programme. However, some participants suggested that increased capitation should be provided through the ECCE Programme and that services should consult with parents on how best to use it. A number of participants responded that parents and services are often initially unaware that there is an issue with a child and that there can be difficulties acknowledging and addressing the child's needs once they emerge.

Many participants agreed a local fund should be provided on a needs basis. However, this was accompanied by the recommendation that the criteria for additional support must be clarified. There was broad support for a proposal that a national-level fund be provided through County Child Care Committees who could then assign a number of additional support hours at an agreed rate. However, some participants noted that County Child Care Committees are already overworked and this function would add to their workload. Some participants acknowledged that there is a need for an oversight mechanism as the funding would be public money. There was a discussion around cases of inappropriate diagnosis and of the provision of extra support where it is not needed. This recognition by participants of the need for monitoring of compliance led to a discussion of the need for criteria for receiving support and for clarity on the definition of disability. However, other participants suggested that the expertise and professionalism of providers should be trusted and respected.

Some participants suggested that the use of additional funds should be monitored through on-going inspections of services by TUSLA / Pobal. There was a suggestion that applications for additional funding should be carried out in collaboration by services, parents and the Early Intervention Teams (EIT). One participant noted that EITs are not

available in every county which impacts on the development of partnership between parents, providers and the HSE.

Training / CPD

Some participants felt that there had to be a holistic approach to training for pre-school staff in relation to disability, and that a module in inclusion / disability is not the answer. Inclusion and diversity training should be a key element of all early years education courses. CPD training should be much more focused on preparing providers to meet individual children's needs in a flexible and responsive way.

Many participants believed that engaging with other professionals such as therapists working with children was the best means of developing competence to meet a particular child's needs. Health funded therapists needed to be involved in mentoring and coaching of pre-school staff in relation to individual children's needs, according to some provider representatives.

The focus of training should be on the individual child and not on general training.

Some participants noted that the focus of training, at basic training around disability competence, should not just be for the pre-school leader but for all staff in a pre-school setting.

Some participants noted that if well-trained staff are key to inclusion then pay and career progression across the sector will need to be considered.

Coordination and referrals

Participants stated that it was crucial that there are links between pre-school staff, parents and children's disability (therapy) services so that children with disabilities get the necessary supports.

The value of programmes where professionals (therapists) provided support / guidance / screening in relation to whole pre-school classes were mentioned by some participants. These were mainly speech and language programmes.

Participants believed that each pre-school service should have a list of contacts for their local network of experts/specialists that can support them to provide high quality supports to children with disabilities. At present many providers and parents find that information on appropriate local referrals very hard to find.

Participants noted that it is important that pre-schools link in with the child's key worker/ therapists as well intentioned but misguided approaches to inclusion by pre-school staff could run contrary to the approach to support which the child is receiving outside the pre-school.

Participants stated that parents / providers needed a clear pathway regarding how therapy services can be accessed.

Participants noted that children in pre-schools with multiple disabilities are frequently only receiving support / intervention for one disability, for example if a child is diagnosed with autism, but also has attention deficit disorder or mental health issues, the child may only receive therapy services for the primary diagnosis - autism. In such situations, the pre-school may be receiving no guidance or support in relation to the child's other needs. It is important, participants argued, that referral pathways for the child with multiple disabilities and his/her parents are structured so that the child can receive adequate supports / interventions.

Information for parents

There needs to a more co-ordinated approach to communicating information to parents regarding existing services for children with disabilities and examples of good practice in different areas. Parents also require clear information on what are the next steps for the child as they move onto primary school.

Some participants suggested that a one-stop-shop service is set up in each county to provide parents with accurate and up to date information on available supports for children.

A specialist disability network should be established to support children with disabilities and their parents, some participants suggested.

Equipment, toy, resource library

Some counties have equipment, toy and resource libraries which facilitate pre-school providers borrowing resources to meet an individual child's needs. Participants suggested that this could be replicated in other areas.

Table 8: List of Participants	
Name	Organisation
Anne Bourke	Health Service Executive
Anne-Marie Brooks	Department of Children and Youth Affairs
Annette Kearns	Early Childhood Ireland
Bernie Coughlan	Parent/Meath
Bernie Griffiths	Childminding Ireland
Bernie McNally	Department of Children and Youth Affairs
Carol McDonnell	Meath Childcare Provider/Meath
Caroline McDonnell	Association of Childhood Professionals
Ciairin de Buis	Start Strong
Ciaran Madden	Department of Children and Youth Affairs
Clare Tyrrell Smith	Parent
Danielle O'Callaghan	Parent/Meath
Deborah Brady	Parent / Autism action Ireland
Delia Goodman	Better Start
Denise McCormilla	National Childhood Network
Dharragh Hunt	National Disability Authority
Dorothy Watson	ESRI
Emily Cunningham	Better Start
Emma Mangan	Meath Childcare Provider/Meath
Fiona Hassett	South central LCRS/Ballyfermot Partnership
Fiona Healy	Manager/Meath County Childcare Committee
Geraldine O'Driscoll	Ballyfermot Star
Heino Schonfeld	Barnardos
Jadwiga Kondracka	Irish Steiner Kindergarten Association
Jenny Corcoran	Jennys Montessori /Waterford City
Jim Mulkerrins	Department of Education and Skills
Joanne McCarthy	Disability Federation of Ireland
Joe Rynn	Dublin City Childcare Committee
Julie McNamara	Kildare County Childcare Committee

Table 8 (continued): List of Participants	
Karen Folan	Parent & Childcare Provider
Karen O Sullivan	Cork County Childcare
Kay O'Sullivan	St Nicholas Montessori College
Kieran Kennedy	National Parents and Siblings Alliance
Kieran Smyth	Department of Health
Larry Fleming	Irish Primary Principals' Network
Laura Whittaker	Inclusion Ireland /Parent
Lorraine Dempsey	Special Needs Parents Association
Louise Hill	Provider/Wexford County Childcare Committee
Mairead O'Neill	Department of Children and Youth Affairs
Majella McGovern	Roscommon County Childcare Committee
Marion Luby	Cappoquin Childcare Facility/Waterford
Mark O'Connor	Inclusion Ireland
Mary Byrne	National Council for Special Education
Mary Cronin	Down Syndrome Ireland
Mary Doherty	Down Syndrome Ireland
Mary Moloney	Mary Immaculate College
Meg Stapleton	Centre for Effective Services
Mick Kenny	Association of Childhood Professionals
Niamh Corrigan	Inclusion Ireland / Parent
Niamh Fawl	National Disability Authority
Rachael Duff	Mellow Spring Childcare Centre/Finglas Dublin
Regina Bushell	Grovelands Childcare/Athlone Co Roscommon
Rosarie McCarthy	National Disability Authority
Ruth Cullen	Association of Childhood Professionals
Shannon Eidman	Irish Autism Action
Sheena O'Brien	Childs Play/Blackpitts Dublin 8
Sheila Garrity	UNESCO Child & Family Research Centre, NUIG
Siobhan Keegan	Better Start
Tanya Malone	Parent/Meath
Teresa Heeney	Early Childhood Ireland
Toby Wolfe	Start Strong
Una Caffrey	Fingal County Childcare