End of Year Three Evaluation of the Access and Inclusion Model (AIM)

Executive Summary

University of Derby: Prof. Deborah Robinson, Dr Sophia Gowers, Dr Geraldene Codina, Jane Artess, Dr Marco Antonio Delgado Fuentes, Dr Katherine Mycock, Sarwat Qureshi, Dr Rosemary Shepherd: IFF:

An Roinn Leanaí, Comhionannais, Míchumais, Lánpháirtíochta agus Óige
Department of Children, Equality, Disability, Integration and Youth

UNIVERSITY OF DERBY

IFF Research

Acknowledgements

The research team would like to thank the Department of Children, Equality, Disability, Integration, and Youth (DCEDIY), members of the Evaluation Oversight Committee, and AIM's Cross-Sectoral Implementation Group (CSIG) for their guidance and critical friendship during this research. The research team would like to give special thanks to Mary Walsh, Paul Gleeson, and Matthew Day who have provided the research team with practical support and counsel throughout the study.

Practitioner Researchers contributing to this study

Supporting the evaluation were 19 Practitioner Co-Researchers (PRs) whose expertise as providers enabled rich case studies of pre-schools to be developed, and whose engagement with PR training enriched our understanding of close-to-practice evaluation in the context of Ireland's Early Learning and Care (ELC) sector and AIM. The AIM PRs engaged in the project were:
Caroline Hillick
Carolyn Marx
Denise Sheridan
Gerardine Connolly
Linda Browne
Liz Byrne
Louise McCabe
Lucy Lawton
Maria Mullins-Kelly
Michelle Larkin
Miriam O'Sullivan
Nancy Mullen
Nicole Nolan
Nora Custy
Orlaith Sarsfield
Rachel Cronin
Rebecca Leeson
Sarah Twohig
Tanya Woodruffe

Settings and Participants contributing to this study

We would like to extend our appreciation to the 14 pre-schools, children, and families that participated in the evaluation to contribute illuminating case studies about how AIM is operating in and impacting on pre-schools, children, families, and staff. Finally, we would like to thank the (over 2,000) participants who contributed to this evaluation as survey respondents and interviewees. We hope that when they read the reports, they see their voices represented in them.

To cite this publication
Robinson, D., Gowers, S.J., Codina, G., Artess, J., Antonio Delgado Fuentes, M., Mycock, K., Qureshi, S., Shepherd, R., and Ni Luanaigh, I., (2022). *End of Year Three Evaluation of the Access and Inclusion Model (AIM): Executive Summary.* Inclusion and SEND Research Cluster: University of Derby, Institute of Education.

The views expressed in this report are those of the authors and do not necessarily reflect the views of the funders or the institutions involved in preparing the report.

Sensitivity: Internal

Executive Summary: End of Year Three Evaluation of the Access and Inclusion Model

Contents

(i) Context for the evaluation 4
Rationale for the evaluation 4
Research questions 4
AIM and the Early Childhood Care and Education (ECCE) Programme 5
About the Access and Inclusion Model 5

(ii) Methodological approach 7
Rationale 7

iii) Headline conclusions 8
Conclusions to the four evaluation questions 8

iv) Thematic summary of findings 8
1. The impact of AIM on the full inclusion and meaningful participation of children with disabilities in pre-school 10
2. The appropriateness of AIM in the National context 11
3. AIM and the location of pre-schools 19
4. The importance of cross-sectoral working and multidisciplinary specialism 20
5. Governance and oversight 22
6. Workforce development for inclusion, working conditions and the role of the INCO 22
7. Partnership with and support for parent/carers 23
8. The valorisation of targeted supports within AIM 23
9. AIM and transition to primary school 24
10. The phased expansion of AIM 24

Appendices

Appendix a) Visual summary of survey findings
Appendix b) Glossary of abbreviations

The outcomes of the evaluation are also reported in the **Abridged Research Report** and the **Full Research and Technical Report.**

Sensitivity: Internal

Executive Summary: End of Year-Three evaluation of the Access and Inclusion Model (AIM)

This executive summary outlines the context, rationale, objectives, methodological approach, and headline conclusions arising from the evaluation. It then moves to summarise the findings in more detail.

(i) Context for the evaluation

The Department of Children, Equality, Disability, Integration, and Youth (DCEDIY) commissioned this evaluation. Its purpose was to investigate the implementation and impact of the Access and Inclusion Model (AIM), from the perspective of multiple stakeholders. The findings of the evaluation would inform the continuous improvement of AIM within the contemporaneous policy context. The evaluation was led by the University of Derby (UoD) consortium and took place between December 2020 and December 2021.

Substantive evidence about the implementation and impact of AIM was gathered in this evaluation. Evidence is drawn from the participation of over 2,000 stakeholders and the analysis of over 140 documents. The sample for the study has comprised:

- 50 sources of documentary evidence (policy documents, agency reports, statistics, websites)
- 94 sources from the research and academic literature
- 1,157 parent/carers in an online survey
- 732 providers in an online survey
- 79 stakeholders (AIM delivery partners and agencies, disability sector, parent/carers, and ELC practitioners)
- 14 children who are supported by AIM
- 14 pre-school settings that are engaged with AIM

The rationale for the evaluation

The End of Year Three evaluation of AIM was commissioned to investigate the implementation and impact of the programme. This independent evaluation would inform policy and practice such that Ireland could continue to catalyse educational equity and social inclusion through a focus on Early Learning and Care (ELC) and School-Age Childcare (SAC). This was in the context of the *First 5 strategy for babies, young children, and their families* (Government of Ireland, 2018[1])

Research questions

The evaluation sought to answer four key questions relevant to the continuous improvement of AIM within the context of the *First 5 strategy*:

1. Is AIM effective and achieving its intended outcomes of enabling the meaningful participation and full inclusion of children with disabilities and additional needs?

[1] Government of Ireland (2018) *First 5: A Whole-of-Government Strategy for Babies, Young Children, and their Families 2019-2028*. Government of Ireland. [Online]. Available at: https://first5.gov.ie/userfiles/pdf/5223_4966_DCYA_EarlyYears_INTERACTIVE_Booklet_280x215_v1.pdf#view=fit. Accessed 01/01/2021.

Sensitivity: Internal

2. Has AIM influenced practice, or increased the capacity of the workforce to include children with disabilities and additional needs?
3. Is the current approach appropriate in the National context: What is working well and what needs to be improved overall and across all levels of AIM from the perspective of varied stakeholders?
4. To what extent should AIM be scaled up and out to include younger children, ELC outside Early Childhood Care and Education (ECCE) hours, and School Aged Childcare (SAC)?[2]

AIM and the Early Childhood Care and Education (ECCE) Programme

The Department of Children and Youth Affairs (DCYA) now the Department of Children, Equality, Disability, Integration, and Youth (DCEDIY), worked with a wide range of stakeholders to form an evidence-based, award-winning model for inclusion in the (ECCE) programme in the form of AIM[3]. AIM was developed to support the inclusive practice of pre-school providers.

The ECCE programme seeks to provide children with their first formal experience of early learning, and all children within the eligible age group are entitled to this state-funded ECCE programme as part of the Irish Government's commitment to social inclusion and equity[4]. In this context, AIM will support children who do not have a formal diagnosis, as well as those children who do. Within AIM, the focus is not on diagnosis.[5]

About the Access and Inclusion Model

AIM defines its intended outcomes as the full inclusion and meaningful participation of all children in the ECCE Programme[6]. AIM is about the belonging, engagement, and learning of children with disabilities and additional needs in the context of the inclusion of *all* children. AIM sits within a developing ecosystem of policies (e.g., *First 5*) that are designed to improve outcomes for young children and their families in the areas of health, economic well-being, and learning. AIM is a 7-level model that builds as its foundation, a quality-first approach to inclusive practice, and contains 3 universal supports (Levels 1-3) and 4 targeted supports (Levels 4-7) as follows:

Universal Supports

- AIM Level 1 provides a €2 uplift in the weekly capitation rate per child for pre-schools that have a qualified Inclusion Co-ordinator (INCO) on their staff team. It also includes funded Equality, Diversity, and Inclusion (EDI) training for pre-school staff, AIM Inclusive Play resources and guides (distributed to over 4,000 providers in 2018)[7], and the Universal Design

[2] A glossary of acronyms is provided in Appendix (b)
[3] Government of Ireland (2020) *AIM programme wins global award for innovative policy.* [Online], Available at: https://www.gov.ie/en/press-release/f0f26a-aim-programme-wins-global-award-for-innovative-policy/. Accessed: 15th May 2020
[4] Government of Ireland (2019) *Roadmap for Social Inclusion, 2020-2025: Ambition, Goals, Commitments.* [Online], Available at: https://assets.gov.ie/46557/bf7011904ede4562b925f98b15c4f1b5.pdf (Accessed 20th January 2021)
[5] and [6] DCYA (2016) *Access and Inclusion Model: policy on the operation of the Access and Inclusion Mode*l. [Online]. Available at: https://aim.gov.ie/app/uploads/2016/06/AIM-Policy.pdf. Accessed 05/04/2020
[7] DCYA (2018) *AIM Inclusive Play Information Guide.* [Online], Available at: https://longfordchildcare.ie/wp-content/uploads/2018/11/Aim-Inclusive-Play-Information-Guide.pdf. Accessed 12/12/2021

Sensitivity: Internal

Guidelines (DCYA and CEUD-NDA, 2021).[8] A qualified INCO is a practitioner who is a graduate of the 'Leadership for Inclusion in Early Years' (LINC) programme.

- The INCO's role is to lead the development of inclusive practice and to mentor other staff[9]. Level 1 of AIM is also supported by the DCYA (now DCEDIY) and the Diversity, Equality, and Inclusion (DEI) Charter and Guidelines for ECCE[10], a resource that promotes an anti-discriminatory approach and provides advice about inclusive practice.
- AIM Level 2 provides national and local information for parent/carers and providers. The most substantive site for this information is DCEDIY's AIM website (aim.gov.ie) which was updated in 2021 to be more accessible and user-friendly. This was in response to recommendations in the end of year one review of AIM.
- AIM Level 3 supports are in the form of fully funded Continuing Professional Development (CPD) to support inclusive practice for children with specific needs. At the time of this evaluation, the CPD programmes available to pre-schools were Hanen (training focused on how to enable communication in an inclusive framework), Lámh (a manual sign system used by children and adults with intellectual disabilities and communication needs in Ireland) and SPEL (Sensory Processing e-Learning programme). These programmes are delivered and hosted by Better Start.

Targeted Supports

- AIM Level 4 is delivered by the Better Start Early Years Specialists Service (EYSS) which provides practical early learning advice to the pre-school, to enable a child's participation, based on their strengths and interests. The advice provided by the EYSS is based on the child's needs and is not diagnosis-led. Providers are supported to build their capacity and create an inclusive setting for all children. The EYSS support pre-schools in developing an access and inclusion plan for children with disabilities, including those that are not yet diagnosed. The AIM Early Years Specialists (EYSs) use the national framework of *Aistear* and *Síolta* to develop specific goals in an Access and Inclusion Plan to support a child in the pre-school as this would be the profile that identifies the need for Level 5 or Level 7 targeted support. The plan is developed by providers working with the child in partnership with the child's parent/carer and in consultation with relevant professionals.
- AIM Level 5 funds minor building alterations (capital grants), appliances, and specialist equipment (e.g., assistive technology for deaf and hard of hearing children) and are administered by Pobal with support from HSE, as necessary.
- AIM Level 6 is in the form of information, advice, and (in some cases) therapeutic support for children with disabilities/additional needs. This is to be supportive of full inclusion within the pre-school context. Level 6 is delivered by Ireland's Health Service Executive (HSE) and its funded service providers. HSE supports could be through a Children's Disability Network Team (CDNT), HSE Disability Service, HSE-funded Voluntary Organisation, or HSE Primary Care Services.
- AIM Level 7 provides additional funding to pre-schools that have a child whose needs warrant this kind of extra support. The funding can be used to reduce the child-to-adult ratio in the

---

[8] DCYA and CEUD-NDA (2021) *Universal design guidelines for ELC settings.* [Online]. Available at: https://aim.gov.ie/app/uploads/2021/05/universal-design-guidelines-for-elc-settings-introduction-1.pdf. Accessed 10/03/2022

[9] Mary Immaculate College (February 2018) The role of the Inclusion Co-ordinator explained. [Online]. Available at: https://lincprogramme.ie/blog/the-role-of-inclusion-co-ordinator-explained. Accessed 03/12/21.

[10] Department of Children and Youth Affairs (2016) *Diversity, Equality and Inclusion Charter and Guidelines for Early Childhood and Care Education*. [Online]. Available at: https://assets.gov.ie/38186/c9e90d89d94b41d3bf00201c98b2ef6a.pdf. Accessed 05/12/2020

Sensitivity: Internal

pre-school room or fund an additional member of staff to achieve the same. Level 7 is not imagined as 1:1 support but as a shared resource with other children to facilitate optimal participation for the child who has additional needs.

(ii) Methodological approach

Five core methods of data capture were deployed, and these were designed into three research phases. Figure 1.1 summarises the phases, methods, sample sizes, and sequence of the research.

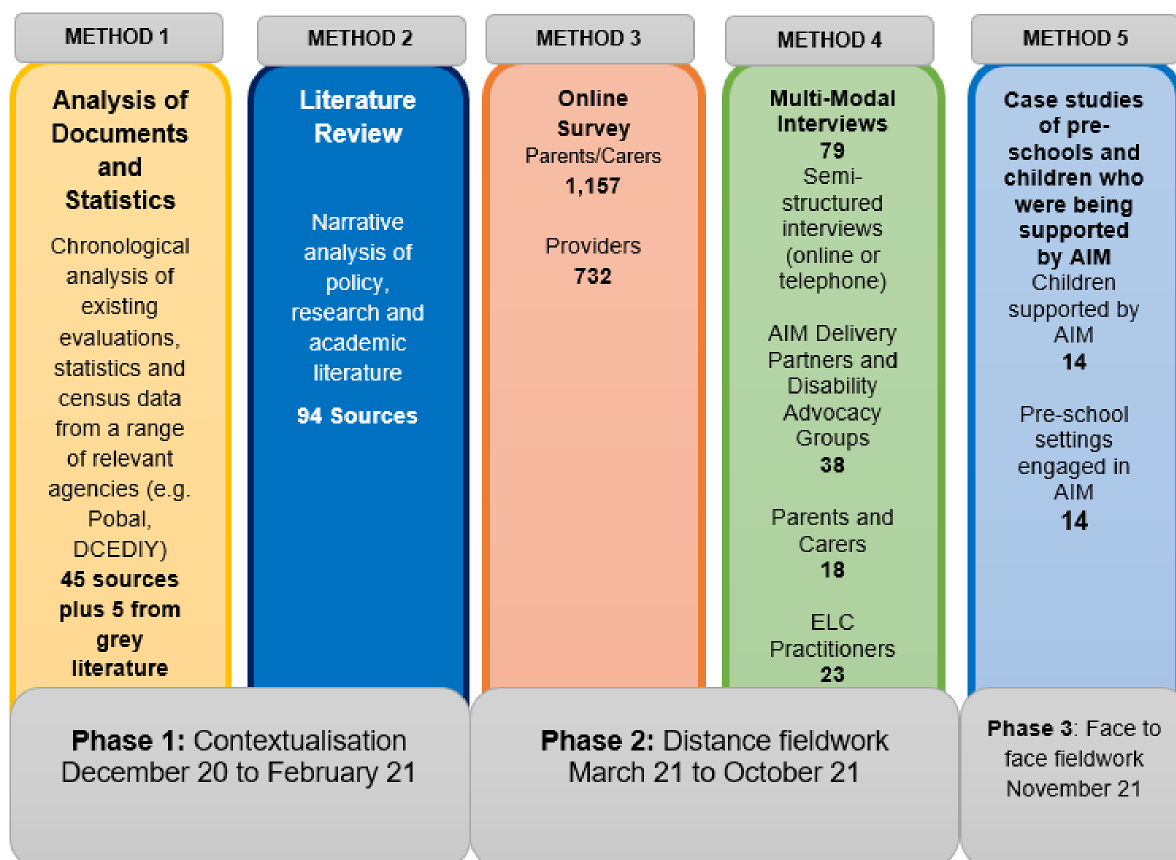


Figure 1.1: Summary of research design

Rationale

A mixed methods approach was adopted to reach as many stakeholders and pre-school settings as possible whilst ensuring a low burden for participants. The methods combined to capture multiple perspectives on AIM's principles, processes, outcomes, and impacts at a general and individual level. This was important given the complex, cross-sectoral nature of the AIM delivery model, and the importance of narrating AIM at the National level, as well as at the level of individual children, families, and pre-schools.

Distance methods of data capture were planned for phases 1 and 2. Face-to-face fieldwork was delayed until October and November 2021. This was to manage the risks posed by the COVID 19 pandemic.

Fuller reporting on methodology and methods is provided in the **Summary Report**. The **Full Technical and Research Report** provides a complete account, defence, and rationale.

Sensitivity: Internal

iii) Headline conclusions

AIM has been perceived by most stakeholders as an effective strategy for change. It has enabled many young children with disabilities to attend, be fully included, and meaningfully participate in the ECCE programme in mainstream pre-schools.

AIM has catalysed the development of more inclusive cultures and practices in pre-schools and developed the confidence of the workforce in their capacity to include children with disabilities. Though the picture is positive overall, participants perceive some variability in impact according to types of disability and location. The evaluation has also identified areas where the model can improve. However, there is every reason to believe that AIM will continue to be effective as a model for enabling inclusion in mainstream pre-schools in a context where there is continuous, cross-sectoral improvement.

Conclusions to the four evaluation questions

1. ***Is AIM effective and achieving its intended outcomes of enabling the meaningful participation and full inclusion of children with disabilities and additional needs?***
Yes, AIM has been effective in achieving its intended outcomes of full inclusion and meaningful participation for the majority of the children it supports. It also brings benefits to most of the children it supports, the majority of parents/carers, and many siblings. However, the impacts are not reported by parent/cares to be equal for all children, and those with less visible disabilities (ASD, and to a lesser extent, emotional disturbance and speech and language difficulty) and complex disabilities are not perceived to be gaining as much from AIM, as those with other types of disability. Almost all parent/carers of children with physical and sensory disabilities perceive AIM positively. This signals a need for continual vigilance in the development of AIM to ensure that all children are supported by it. There is a need to sustain and build all parent/carers' trust in AIM's ability to meet their child's needs, and to work with them in ways that strengthen the impact of AIM on children's inclusion. A smoother and more supported transition to primary school following AIM can help to improve families' experience of the inclusive benefits of AIM.

2. ***Has AIM influenced practice, or increased the capacity of the workforce to include children with disabilities?***
Yes, AIM has influenced practice and increased the capacity of the workforce to include children with disabilities. The impact is perceived to be positive and substantial by a range of stakeholders. There is a need to continually revisit the CPD offer, and to ensure that there is additional focus on disabilities related to cognitive, social, emotional, and mental health needs, and on working in partnership with parent/carers. The EYS and INCO roles will be crucial to the sustainability of this development, as will improvements to the pay and conditions of the workforce in the sector. There is a need to develop the CPD portfolio, so it is more responsive and personalised to the varied contexts and needs of providers and children. Cross-sectoral working and multidisciplinary specialisms within AIM are among its most innovative aspects and a reason that stakeholders give for its successful design and implementation. However, there is room for cross-sectoral working and the sharing of multidisciplinary expertise to be strengthened so that the workforce can intensify inclusive outcomes for children. Though the majority of providers believe that the changes made to inclusive practice in their settings are sustainable, those in rural and town locations are more likely to believe in sustainability than those in cities/large urban areas. Data indicate that these perceptions may be related to the higher number of children with ASD in pre-schools in cities. We do not assume the problem to be within this group of children and do not identify this group of children to have deficits. Instead, we apply a social model and draw from the

Sensitivity: Internal

wider evidence (parent/carer surveys, interviews with stakeholders, case studies) indications of a continuing need for training and development (including mentoring and coaching) focussed on inclusive practice for children with less visible disabilities. Children with physical and sensory disabilities were more prevalent in the sampled population of parent/carers whose children attended pre-schools in rural areas (the group who were more likely to report positive experiences of AIM).

3. ***Is the current approach appropriate in the National context: What is working well and what needs to be improved overall and across all levels of AIM from the perspective of varied stakeholders?***
Yes, there is broad support for AIM across varied stakeholders. Stakeholders understand the principles and rationale of AIM and believe it to be the right model for Ireland. Though all levels of AIM are contributing to the realisation of the model's intentions and are key to its success, continuous improvement of each is needed, and this includes improved systems of oversight and governance focussed on fidelity, quality, and impact. Raising parent/carers' awareness of the contribution that AIM Level 1-3 makes to their children's inclusion will be an important way to manage the valorisation of targeted supports (particularly Level 7).

4. ***To what extent should AIM be scaled up and out to include younger children, ELC outside ECCE hours, and School Aged Childcare (SAC)?***
In a phased and deliberative way, and with reference to the findings of this evaluation and other projects commissioned by the DCEDIY (e.g., The in-school and ELC therapy demonstration project)[11], AIM should be scaled up and out to include these age groups. There is widespread support for its expansion among stakeholders, though there are concerns about the practicality and impact of reducing the adult-to-child ratio even further in younger age groups.

iv) Thematic summary of findings

To further contextualise the conclusions for this evaluation, this section summarises the key findings that have informed them. Findings are discussed under the ten themes that emerged from the analysis of the corpus data as follows:

1. The impact of AIM on the full inclusion and meaningful participation of children with disabilities in pre-school
2. The appropriateness of AIM in the National context.
3. AIM and the location of pre-schools
4. The importance of cross-sectoral working and multidisciplinary specialism
5. Governance and oversight
6. Workforce development for inclusion, working conditions and the role of the Inclusion Co-ordinator (INCO)
7. Partnership with and support for parent/carers
8. The valorisation of targeted supports within AIM.
9. AIM and transition to primary school
10. The phased expansion of AIM

[11] Lynch, H., Ring, E., Boyle, B., Moore, A., O'Toole, C., O'Sullivan, L., Brophy, T., Frizelle, P., Horgan, D., and O'Sullivan, D., (2020) *Evaluation of Early Years Therapy Support Demonstration Project* National Council for Special Education. [Online}. Available at: https://ncse.ie/wp-content/uploads/2020/11/Demo-project-evaluation-fInal-for-web-upload.pdf

Sensitivity: Internal

When summarising findings, the following terms are used to describe magnitudes:

- **All** refers to every participant, and in the case of the quantitative data, 99% or 100% (to cover rounding errors)
- **Most** refers to more than three-quarters of participants but not all, and in the case of quantitative data 75% to 99%
- **Majority** refers to more than half of participants, and in the case of quantitative data 51% to 74%.
- **Some** refers to between one quarter and one-half of participants or 25% to 50%.
- **Minority** refers to less than one quarter or 24%
- **Very few** refers to 1 or 2 participants or less than 6%

1. The impact of AIM on the full inclusion and meaningful participation of children with disabilities in pre-school

The evidence from the evaluation shows that the impact of AIM on children's experience of full inclusion and meaningful participation in their pre-schools is positive and substantial. There are some variations in parent/carers' experience and perception of AIM according to their child's main type of disability.

From the perspective of all stakeholders, AIM is perceived to be impacting positively on the full inclusion and meaningful participation of the majority of children it supports and delivering benefits to most. In surveys of parent/carers, 69% of respondents perceived AIM to be supporting their child's meaningful participation and full inclusion at pre-school. Most parent/carers (82%) and providers (94%) reported that AIM had benefited the children supported by it. [12]

The majority of parent/carers (73%) report positive impacts on them or their partner, and some describe positive impacts on siblings. When parent/carers were describing benefits, these related to their child's development and progress (777)[13], their well-being (246) and reductions in their own stress levels (607). Benefits also included their child's positive preparation for school, with 62% of parent/carers describing this as a positive outcome in the survey. In interviews, providers confirmed that AIM is effective in achieving its intended outcomes for most children, and most parent/carers focussed on the opportunities that their child had to make friends and interact with other children. They also described gains in confidence, independence, and preparedness for school. This was also demonstrated in case study visits to pre-schools, where all of the children participating in the evaluation described their own positive experiences of being included and participating. All of these children were enjoying pre-school. Most were observed to be accessing a full range of opportunities and were interacting with their peers. Not all parent/carers perceive AIM as delivering these impacts and benefits equally and a minority (11% of survey respondents) describe AIM as having no positive impact. Some statistically significant differences in parent/carers' perception and experience of AIM were also found according to their child's main type of disability.

In relation to statistically significant differences, a higher number of parent/carers of children with physical and sensory disabilities are experiencing and perceiving AIM positively than parent/carers with other types of difficulties. This is in terms of the inclusiveness of the pre-school culture (e.g., the willingness of staff to be inclusive), their perceptions of staff capacities for delivering inclusive practice, and the extent to which they experience positive relationships with pre-school providers

[12] A visual summary of findings from the surveys of parent/carers and providers is provided in appendix a.
[13] Where a value is given, it refers to the number of times a category arose in the qualitative data, including free-text data in the survey.

Sensitivity: Internal

(e.g., communication and working in partnership). Parent/carers of children with physical and sensory difficulties are also more likely to perceive AIM as having a positive impact across a range of dimensions (e.g., development, and preparation for school). The majority of parent/carers of children with less visible disabilities (Autistic Spectrum Disorder – ASD, and to a lesser extent emotional disturbance, speech, and language difficulties and multiple main disabilities) also report positive impacts and experiences, but these emerge as more variable.

There are some aspects where there are no statistically significant differences (AIM's impact on confidence for peer interaction, or child's ability to attend a mainstream pre-school) but parent/carers are less likely to perceive staff as well trained, able to practice inclusively or able to work in partnership with them if their child has ASD or emotional disturbance as their main reported type of disability. Parent/carers of children with emotional disturbance and ASD were less likely to report an inclusive culture, and those of children with ASD and a specific speech and language disorder were less likely to feel that their child was more confident in educational settings as a result of AIM than other groups.

Statistically significant differences in perceptions of AIM's impact and benefits according to children's reported main type of disability were not seen in the survey of providers. In part, this was because parent/carers were reporting on one child and their type of disability, whereas providers were reporting on multiple children with varied types of disability. Hence, associations between types of disability and perception of AIM were less likely to emerge. The account of parent/carer perception provided by the survey provides a useful insight into the parent/carer's lived experience of their child's inclusion and meaningful participation. As one proxy for AIM's intended outcomes, the parent/carer experience offers a lens through which to design improvements.

Though the evaluation has demonstrated that parent/carers of children with less visible disabilities (ASD, emotional disturbance, speech and language difficulties) and complex needs are more likely to have a variable experience of inclusive cultures and AIM's impact, it has also found that reasons for the difference are not specific to the type of disability but relate to universal aspects of best practice (AIM levels 1-3) combined with the provision of additional targeted support (AIM levels 4-7). When describing the practices associated with their positive perception of AIM in surveys, interviews and case studies, parent/carers refer to their child being accepted and valued, their child's needs being understood, having additional support (e.g., an additional adult in the pre-school room) and seeing their child develop. A reported experience of partnership-working with the pre-school, and good communication is also statistically associated with positive perceptions of AIM, and this is more likely to be reported by parent/carers of children with more visible disabilities, than less visible ones. All of this indicates the importance of AIM Levels 1-3 in a context of targeted support, and the need for more training focussed on psychosocial disabilities[14], including how to work with the parent/carers of children with these needs to build their trust in AIM's capacity to meet the needs.

2. The appropriateness of AIM in the National context

The evidence from this evaluation demonstrates that AIM is the right model for supporting the full inclusion and meaningful participation of children with disabilities in mainstream pre-schools. This is the case for AIM overall, and for each of its levels. The evaluation has found

[14] When using the term 'psychosocial' we are referring to less visible disabilities related to cognition, social interaction, emotional and mental health.

Sensitivity: Internal

strengths that can be built upon and areas to improve of relevance to AIM's sustainability and continual improvement.

Findings - AIM overall

As a model for supporting inclusion in mainstream pre-schools, AIM has been shown to be effective and appropriate. It is leading to positive change and development to a substantive degree, and most stakeholders are supportive of it. In surveys, 96% of providers perceived AIM as having a positive impact on inclusion in their pre-schools. Interviews with parent/carers have demonstrated that even where participants are critical of AIM or report negative experiences, they still see it as the right approach, and call for its continuation.

Take up and engagement with AIM has grown rapidly since its first full programme year (2016-17), and there is clear evidence that the proportion of children with disabilities supported by AIM has also grown rapidly. A study by researchers at the Economic and Social Research Institute (Whelan et al., 2021)[15] was commissioned by Pobal to investigate the incidence of childhood disability among 3–5-year-olds in Ireland. The findings showed that the number of AIM-supported children in proportion to the number of children with disabilities increased between 2016 (where it was equated to be between 10 and 20 percent in each county) and 2019 where this figure was between 20 and 40%. A general positive trend in participation in AIM is evidenced in data provided by Pobal. There has been an overall positive trend in the number of services benefiting between the first full programme year (2016/17) and 2020/21 (1,283 to 2,048), the number of children benefitting (2,486 to 4,262) and the total number of AIM supports provided (4,087 to 40,603). The number of visits by Better Start EYSs has also increased substantially during this period (7,900 to 16,541).

Cross-sectoral collaboration in the development of AIM is seen by members of the AIM team and its delivery partners, as key to its success both now and in the future. Stakeholders regard AIM as influential in bringing about culture change in the sector and perceive this to be a consequence of an enabling policy context and structured incentivisation for pre-school providers. There is a strong sense of collective consensus around AIM as the right model, and almost all of the participants engaged in the evaluation welcomed AIM and understood its rationale. Key findings on the strengths and areas of improvement for each level of AIM follow.

Findings - AIM's Levels of Support 1-7

There is clear evidence that AIM's impact is supported by all of its levels, but there are strengths and areas to develop in each. To varying degrees and in different ways, the benefits of Levels 1, 2, 3, 4, 5, 6[16] and 7 are being experienced by parent/carers, providers, and children. AIM support is considered essential to the full inclusion and meaningful participation of children with disabilities and additional needs.

AIM Level 1 – An inclusive culture: *Aspects that are working well*

---

[15] Whelan, A., Bergin, A., Devlin, A., Garcia Rodriguez, A., McGuinness, S., Privalko, I., Russell, H., (2021) *Measuring childhood disability and AIM programme provision in Ireland.* [Online]. Available at: https://www.esri.ie/system/files/publications/RS127_0.pdf. Accessed 16/03/2

[16] It is important to reiterate that where participants are referring to AIM Level 6, there is evidence that they are conflating this with HSE interventions accessed outside of AIM.

Sensitivity: Internal

In a survey of providers, 91% agreed that having a named INCO impacts positively on inclusive culture and practice in their pre-schools. Take up of the LINC programme has been high (3,054 graduates exceeding AIM's launch objectives). This is also true of Diversity, Equality, and Inclusion (DEI) training. There is much praise for the quality and impact of the LINC programme.

In surveys of parent/carers, there was generally low awareness of Level 1, and Levels 2, 3 and 4 (40-50% of parent/carers were aware that this support was being provided for their child). However, interviews with parent/carers demonstrated that though none had heard of 'AIM Level 1' and few were using the term 'INCO', they were implicitly aware of Level 1's importance.

Where there were positive perceptions of inclusion at their child's setting, there was clear evidence that this was because of the presence of an inclusive culture (staff commitment to inclusion, communication, and the child being valued/accepted). This speaks to the foundational nature of AIM Level 1, as a substrate for high-quality, inclusive practice and offers support for the appropriateness of AIM's design as a universal offer, combined with targeted support.

AIM Level 1 – An inclusive culture: *Aspects that could improve*

Surveys of providers and interviews with stakeholders revealed concerns about the retention of LINC graduates in the ELC sector since the qualification created routes to higher-paid roles. Hence, the issue of attrition emerged as important to the sustainability of Level 1 and highlighted a need for the continuance of LINC training in the future. Reviews of the research literature identified evidence of the importance of *quality and impact* monitoring following programmes of universal CPD, and of regulation and accountability more generally (see 'Governance and Oversight' theme)

AIM Level 2 – Information for parent/carers and providers - *Aspects that are working well*

A rising profile of user engagement with AIM website resources was observed. In 2021, an updated AIM website was launched to be more user-friendly and accessible for users. View numbers had increased steadily between 2016 (55,258 page views) and 2021 (192,312 page views), demonstrating clear growth in engagement with a spike in growth at the point where the website's redesign was launched.

In surveys, 76% of parent/carers reported first hearing about AIM from the pre-school staff/manager or from a HSE professional (14%). A rising trend was found in parent/carers identifying the pre-school staff/manager as the main source of information, indicating the increasing capacity of the workforce to support communication with parent/carers about AIM. Most often, parent/carers responding to the survey had not heard of AIM before their child started pre-school, but where this was happening, this was most often through a HSE professional working with their child. Stakeholders reported growth in online peer-to-peer support forums for parent/carers, where experiences were being shared, and advice offered.

AIM Level 2 – Information for parent/carers and providers - *Aspects that could improve*

Many participants noted that the term 'disability' was off-putting for parent/carers, particularly those who are new to knowledge of their child's need for additional support. It was proposed that AIM might be more accessible and understandable to families in this group if there was less emphasis on disability in the communications available to them. The AIM website was observed to have high traffic, but not to host alternative formats (large text, videos, ISL-supported videos), or a user feedback mechanism (e.g., 'Did you find what you are looking for?) which would be supportive to continuous monitoring.

Sensitivity: Internal

AIM Level 3 – A qualified and confident workforce – *Aspects that are working well*

The training that ELC providers have been able to access has been well received.

Providers have been enrolling in Lámh and/or Hanen Training with 364 enrolments in 2019-2020. Hanen training was described as being very good by most practitioners, however, some ELC providers would prefer a more hands-on workshop approach. All settings who had taken up the Lámh training praised it. SPEL training was identified as beneficial as it reflected targeted training to meet specific needs. Generally, ELC providers called for further specialist training around medical, complex, and psychosocial disabilities (e.g., ASD).

Most (78%) of parent/carers believe that staff at their children's pre-school are well trained (survey of parent/carers). As noted under the theme 'The impact of AIM on the full inclusion and meaningful participation of children with disabilities in pre-school', we know that parent/carers of children with autism/ASD and emotional disturbance were less likely to agree that pre-school staff were well trained than parent/carers of children with other types of disability (72-73% compared to an average of 78%) Providers called for more training in this area (interviews with providers, case study visits). It was noted by many participants, that a rolling programme of training was required, and that this would be enriched if it were responsive to the sector's needs, and flexible enough to be personalised to specific additional needs currently within a setting (this is further reported under theme 6, workforce development).

Some participants identified that a training bursary could be awarded to pre-school settings to allow them to select from a range of courses, choosing which opportunities they would like to apply their bursary funding towards. The benefit of this approach is that it would allow CPD engagement to be responsive to the needs of the children within the pre-school setting. Collectively, participants identified that the following areas could be addressed through a broader catalogue of CPD (interviews with participants, case studies of children and pre-school settings):

- Autism-specific training: Most participants identified that there was a great demand for specialist training to support the needs of children awaiting assessment or in receipt of diagnosis of autistic spectrum disorder. The four EYS who participated in interviews indicated that this reflected the single biggest group of children on their caseload.
- Medical needs training: It was recognised that as part of the commitment to inclusive practice there were more likely to be children within mainstream pre-school settings with medical needs which would require practitioners to have additional skills and expertise. Due to the diverse range of different medical needs, this block of training could address epilepsy, allergies, diabetes, and peg feeding.

AIM Level 3 – A qualified and confident workforce – *Aspects that could be improved*

The majority of parent/carers who were interviewed (14) did not feel able to identify training gaps. Where these were suggested, they focussed on additional training around specific needs, rather than about general best practices, and their suggestions were in harmony with those made by participants from the professional community:

- training in a range of additional needs (including ASD),
- direct training by medical/therapeutic staff/specialist teachers for pre-school staff on the very specific needs of an individual child and how they could be supported.

Sensitivity: Internal

Across all 14 settings visited for the case studies, ELC providers talked about the importance of refresher courses being rolled out in the future to provide ongoing support for practitioner development. It was noted that in order to avail of some AIM Level 3 training, such as Hanen, it was required that the setting be already engaging in AIM targeted support. Some ELC providers would like wider access to training for all staff (case studies of settings and children).

Overall, participants argued that it was important to reflect on how well things are going and to take stock. Though it was clear that AIM was being rolled out with good levels of participation across pre-schools, the focus must now be on what the impact of CPD has been on practice in pre-schools, and what now needs to be done. This was a central message emerging from the literature review for the evaluation.

AIM Level 4 – Expert early years advice and support – *aspects that are working well*

In general, providers were satisfied with the specific types of support provided by Early Years Specialists (EYSs) and their quality and impact on inclusive practice. In surveys, 78% of providers reported a positive impact on the inclusion of a child/children in a setting. In 2020/21 this was significantly lower at 66% implying a rising, cumulative impact. Providers recognised that the coaching, mentoring and support from the EYS were fundamental to inclusion and worked in tandem with the CPD at Levels 1 and 3 to develop their capacity for inclusive practice (interviews with practitioners). Of the 14 case study settings, the majority (9) held positive views and reported collaboration with their EYS to be supportive and productive.

In the context of reporting on Level 4, most (56%) providers reported that they were satisfied with the liaison with HSE professionals via the EYS.

For those parent/carers who were reporting on receiving AIM Level 4, most (83%) experienced it as positive, personalised, supportive, and valuing to their child. However, parent/carers had generally low awareness of AIM Level 4 as a support provided for their child (evidence from surveys and interviews), and there was evidence that among those parents who were least satisfied with AIM, there was a wish for greater involvement in the processes of planning for their child, and of review.

Overall, the findings demonstrate the valuable role of the EYS in supporting inclusive practice. EYS support is a complementary component to training and CPD offered within AIM Levels 1 and 3 as it can respond to the individual needs of children and families in the context of the setting. An important theme emerging from the case studies, and the data as a whole, was how much practitioners valued opportunities to collaborate with others (EYS and HSE) in the development of inclusive practice around the child.

AIM Level 4 – Expert early years advice and support – *Aspects that could improve*

Providers and parent/carers would like more time with EYSs, and follow-up support once AIM supports are in place. Members of the EYSs reported high caseloads, and the wish to spend more time in settings. As reported under the theme 'Partnership with and support for parent/carers,' there is a wider need to develop stronger partnerships with parent/carers.

AIM Level 5 – Equipment, appliances, and minor alterations - *Aspects that are working well*

19% of parent/carers participating in the survey for the evaluation, reported that they had applied for Level 5 grants. 38% of providers reported that they had applied, and 34% that grants had been awarded. The majority (69%) were satisfied with the ease of applying for the equipment, and with the

Sensitivity: Internal

ongoing support they received (50%). The majority were satisfied with the appropriateness of the equipment (surveys of parent/carers and ELC providers).

Participants representing the AIM project team and delivery agencies reported that the uptake of Level 5 had been lower than anticipated, perhaps because once resources and alterations were in place, there was not a need to apply again. Participants believed that Level 5 provided an example of AIM working well. Where equipment and resources had been provided, they were tailored to individual needs and to facilitate full inclusion and meaningful participation. Representatives from the Disability Sector agreed that Level 5 was bringing positive impacts, in a context where the need for substantial improvements to the process was voiced. Providers also noted that successful applications for Level 5 helped to achieve full inclusion and meaningful participation.

Among parent/carers, awareness of Level 5 was higher than it was for other levels, and though they were not always sure if the equipment had been provided through AIM or not, they were positive when describing the impact of high-quality, bespoke equipment and resources (interviews with stakeholders) Across the case study settings there was evidence of previous engagement in AIM Level 5 through minor alterations to the physical environment.

In surveys, receipt of Level 5 support was found to be associated with positive perceptions of the impact on meaningful participation, and the view that support was easy to access. Receipt of Level 5 support is also associated with a positive view of AIM overall among parent/carers who are reporting that an application was successful.

AIM Level 5 - Equipment, appliances, and minor alterations *- Aspects* *that could improve*

Though the majority of respondents in the survey of ELC providers were satisfied with the timeframe from application to payment (57% satisfied, 27% dissatisfied), there were some reports of prolonged delays to the provision of equipment and resources because they were so bespoke to the child, constructing barriers to inclusion. This implies some need to anticipate a child's needs before their start at pre-school. Participants also provided reports of the challenges that parent/carers had faced when transitioning to primary school. For example, after waiting for a lengthy period to get hearing equipment in place at their pre-school, lengthy delays began again once children were enrolled in their primary school (interviews with parent/carers). However, there were mixed views about equipment following the child into primary school and the suggestion was made that settings could be enabled to buy permanent forms of equipment to meet frequently experienced needs through an annual subsidy (interviews with stakeholders). On this theme, ELC providers highlighted the following experiences (case studies of children and settings):

- Delays are experienced in the assessment and procurement of specialist equipment to meet the needs of children with a physical disability.
- Equipment to meet the needs of the child does not automatically get transferred over when a child moves from a pre-school in one county to a pre-school in another county, and this can disrupt inclusion
- In one ELC setting, practitioners did not feel confident in using a specialist chair and did not feel they had been given sufficient training to adjust it.

Though it is not possible to make claims about how prevalent these experiences are, these illustrate why some focus on the management of resource transition/handover may be an important consideration moving forward. These are further considered under the theme 'AIM and transition to primary school'

Sensitivity: Internal

AIM Level 6 – Therapy Services

What is working well and what needs to develop in AIM Level 6 has been challenging to evaluate for several reasons, and it is important to explain this more fully.

Level 6 is the most complex of AIM Levels in terms of structure. This is because it has both universal and targeted elements. The universal level focuses on specialist advice about how to support children with the *type of disability* experienced by the child whose Access and Inclusion plan is being developed. Level 6 (universal) may be delivered in a range of ways (e.g., detailed phone calls between the EYS and the HSE specialist, e-mails, leaflets, drop-in consultation/training, and other supporting training). Level 6 (targeted) is more bespoke to the individual and may include episodic (e.g., a visit to the pre-school to support the formation of a positive behaviour plan) or continuous (e.g., a longer-term individual programme) support.

The number of children in receipt of Level 6 (universal) and Level 6 (targeted) are relatively small. This cohort comprises 8% (Level 6 universal) and 0.33% (Level 6 targeted) of the total AIM supports provided between 2016 and October 2021, and 0.6% of the total number of children supported by AIM since it began. It has not been possible to gauge whether the total number of referrals to Level 6 (targeted) since AIM's first full programme year (133) is smaller than may be expected since an estimate of the likely number of children who would be benefiting from this support has not been made. This is partly because such estimates are problematic. We know from Whelan et al., (2021)[17] estimates of disability can be 8.8% at age 5. Broad definitions produce a rate of 18% at age 3 and 21% at age 5. The broadest definitions result in an estimate of over 33% of all children. Using the broad definitions, we might expect that the number of children being newly diagnosed (and hence new to HSE) is 3%, and referrals through Level 6 (targeted) currently represent one-fifth of that group. This picture makes it difficult to assess whether Level 6 (targeted) is reaching a sufficient proportion of its intended cohort or not. However, take up of Level 6 has not grown and is reported by HSE to be undersubscribed, signalling some expectation/capacity for higher numbers of referrals. In addition, where the number of referrals for Level 6 (targeted) is rising, this may have a positive impact on achieving Level 6's intended purposes of early identification and prevention.

Pobal[18] has provided counts of the number of HSE collaborations recorded by EYSs at Level 4 (also representing Level 6 universal), and for the number of referrals. It has not been possible to access data on the range/type/duration of HSE support provided at the Level 6 (universal) and Level 6 (targeted) levels. We also do not know how many children are waitlisted for further HSE support after being referred for Level 6 (targeted support) through AIM.

Despite purposive sampling (i.e., selection of parents/carers and providers for interview who had indicated receipt of AIM Level 6), we were not able to find participants to talk with who had received it. This is because, when interviewing those we had purposively sampled we found that they had accessed HSE support outside of AIM rather than within it (interviews with parents/carers, providers and case studies of children and pre-schools).

---

[17] Whelan, A., Bergin, A., Devlin, A., Garcia Rodriguez, A., McGuinness, S., Privalko, I., Russell, H. (2021) *Measuring childhood disability and AIM programme provision in Ireland.* [Online]. Available at: https://www.esri.ie/system/files/publications/RS127_0.pdf. Accessed 16/03/21
[18] Pobal Month Report (October 2021)

Sensitivity: Internal

We know that where parent/carers and providers are sharing perceptions on Level 6, they may also be referring to HSE advice and intervention outside of AIM (e.g., because their child received a diagnosis before pre-school, or because HSE support was accessed via a referral route that was not the EYS). This is likely given that the Likert scale for survey items related to Level 6 refers to applications made by 'you or staff at the pre-school' and we know from Pobal that there were a total of 133 AIM Level 6 (targeted support) referrals between 2016 and 2021[19]. The total number of applications for Level 6 (targeted support) among the survey population (n=124) is higher than would be expected in a survey sample of 1,157 (representing just under 10% of the target population) where a value between n=9 and n=14 would be more likely.

We also know that parent/carers and providers tend to translate 'AIM Level 6 Therapeutic support'' as the continuous therapies they recognise in Occupational Therapy, Physiotherapy and Speech and Language Therapy. Level 6 (targeted) referrals may result in services like this for a small number of children in the longer term, but it is more likely that the support provided (within five weeks of the referral or where appropriate within a longer timeframe) will be in the form of behaviour support plans, classes, equipment, professional advice, or pre-school visits. Hence, where children have received such supports as AIM Level 6, parent/carers may not recognise it as the kind of support they have assumed Level 6 to offer. This context is important to bear in mind when interpreting the reported findings from the evaluation and these follow.

AIM Level 6 – Therapy Services - *Aspects that are working well*

The majority of providers (62%) agree that HSE support (provided through AIM or outside of AIM) is helping children to get the best out of their ECCE provision, and 55% agree that it has assisted them in including a child with disabilities. Noting that in the survey parent/carers are conflating Level 6 with HSE interventions outside of AIM, satisfaction with HSE interventions was high (between 70% and 88%). This demonstrates that overall, where HSE is engaged with pre-schools (whether through AIM or outside it), the majority of providers agree that it has a positive impact on inclusion.

Quantitative analysis of the parent/carer survey data resulted in robust evidence of an association between receiving AIM Level 6 support/HSE support outside AIM and positive perceptions of AIM. From the perspective of parents, HSE engagement deepened AIM's impact on their children's full inclusion and meaningful participation. This indicates the value of collaboration between HSE and pre-schools in the context of advice and support.

AIM Level 6 – Therapy Services - *Aspects that could improve*

Providers reported that they would not consider applications for AIM Level 6 from an assumption that it could not be availed in the context of long waiting lists. They were not aware of the option to have the 'within five weeks' type of intervention available through AIM Level 6 (targeted). This means that there is some opting out of AIM Level 6 (targeted) even before a referral is made.

Members of the EYSS were reporting that the process of referring children for Level 6 (targeted) support was burdensome for settings and families (even in the context of EYS leadership of this process) and that where a referral was made, interventions were often brief and of limited value. Evidence to counter this perspective was hard to find in the data for the reasons described in the preceding section. It has been difficult to find, describe and report on activity within AIM Level 6. The documentary analysis also identified a need for more record-keeping around Level 6. This is because

[19] Pobal Monthly Report (October 2021)

Sensitivity: Internal

the type and intensity of supports provided at Level 6 are varied. The evaluation found that an integrated system for record-keeping was not in place to account for the numbers of children served by these activities, and the type of support provided. This meant that AIM Level 6 was less accessible to evaluation.

AIM Level 7 – additional assistance in the pre-school room - *Aspects that are working well*

There are high levels of participation with 19,354 awards since the AIM programme began. Surveys demonstrated that parent/carer awareness of AIM Level 7 is the highest of all levels, and it was identified as the most beneficial and impactful aspect of AIM. Receipt of Level 7 support was associated with more positive perceptions of AIM's impact. Parent/carers who were interviewed were more aware of Level 7 than other levels and prized it. They regarded good quality Level 7 support as crucial to their child's full inclusion and meaningful participation. In the survey, 90% of providers agreed that additional assistance had helped children with disabilities to get the most out of their ECCE provision, and the majority (75%) reported benefits from it.

The majority of pre-schools visited for case studies talked about it as the most beneficial aspect of AIM and were using it in a way that brought a positive impact.

AIM Level 7 – additional assistance in the pre-school room *Aspects that could improve*

Though the majority of providers that were interviewed recognised the importance of distributed support and described using it as such, some argued that the use of a 1:1 model was sometimes the most appropriate approach, particularly where children had complex medical or behavioural needs. The majority were using a hybrid approach, mixing one-to-one support with distributed group support, and this implies some fidelity with the general principle of Level 7 deployment.

Recruitment to Level 7 posts had been challenging for some settings, and this was considered to be a risk for AIM's sustainability. The main cause was perceived to be poor pay and working conditions for postholders. Difficulties with recruitment had caused distress to parent/carers (interviews with parent/carers) and had created barriers to inclusion. Level 7 continues to be conceptualised by some parent/carers and providers as a SNA rather than a distributed model. There is a call from parent/carers for more monitoring of how Level 7 support is used by settings to include their child.

In the survey of ELC providers, 141/508 suggested that improvements to Level 7 pay and conditions would improve the impact of AIM (in free-text comments). Representatives from the disability sector described the poor pay and conditions (temporary, part-time, term time only, low-paid contracts) as a key risk for AIM's impact and sustainability.

3. AIM and the location of pre-schools

There are differences in how AIM is perceived in rural areas/towns compared to cities/large urban areas.

Within a broadly positive picture, parent/carers whose children attended pre-schools in cities/large urban areas perceive AIM's impacts and benefits less positively than those whose children are at pre-schools in rural or town areas. Careful analysis of the data has found that one explanation lies in a higher proportion of children with ASD attending pre-schools in cities and towns (the group who were less likely to report positive experiences of AIM). We do not assume the problem to be within this group of children and do not identify this group of children to have deficits. Instead, we apply a social model and draw from the wider evidence (parent/carer surveys, interviews with stakeholders, case

Sensitivity: Internal

studies) indications of a continuing need for training and development (including mentoring and coaching) focussed on inclusive practice for children with less visible disabilities. Children with physical and sensory disabilities were more prevalent in the sampled population of parent/carers whose children attended pre-schools in rural areas (the group who were more likely to report positive experiences of AIM).

Within a broadly positive picture, providers in cities/large urban areas are less likely to believe in the sustainability of the inclusive practices they have developed through AIM. It is not clear why this difference exists, but there was some (weak) evidence that work pressures on INCOs in larger settings (which are more prevalent in cities/large towns) are implicated since providers in these settings and locations, give workload as the reasons for less positive experiences of the LINC programme.

In summary, AIM is working effectively to support inclusive pre-schooling for children with disabilities and is appropriate in the National context, though large pre-schools and pre-schools in cities/large urban areas may need enhanced targeted support at the level of CPD and/or funding.

4. The importance of cross-sectoral working and multidisciplinary specialisms

AIM was founded on the principle of cross-sectoral working and this approach has been sustained in its design, implementation and governance. It is regarded as a key reason for its success by varied stakeholders. The findings of the evaluation show that there is something to be gained in re-energising this cross-sectoral working so as to maximise AIM's impact, and its status as a sector-leading programme. As an innovating model for cross-sectoral collaboration around inclusion for young children, in particular across education and HSE, it is important that it continues to lead or exemplify such practices in a policy context where these form the lynchpin of strategies for childhood equity (e.g. Progressing Disability Services – PDS - programme, First 5).

In terms of communication with key stakeholders, AIM was observed to be well-represented, disseminated, and promoted by the DCEDIY and its partners (CCCs, Better Start, Pobal, LINC consortium) and by Early Childhood Ireland (ECI). Information was coherent and consistent across these domains. AIM is largely absent from the communication platforms of its cross-sectoral partners (HSE, Department of Education - DE, and National Council for Special Education - NCSE). As noted earlier, effective leadership of cross-sectoral working was identified as a key factor in the success of AIM by members of the DCEDIY, its services providers (e.g., Pobal), quality assurance agencies (e.g., the Early Years Inspectorate), DE and disability advocates.

The main findings reported under theme 2 (the appropriateness of AIM in the national context) demonstrated that Level 6 is an essential and innovative element in AIM and that the presence of HSE specialism and support is associated with more positive perceptions of AIM among parent/carers. However, its purpose and content are often misunderstood in the sector, and the HSE have reported it to be undersubscribed. Members of the EYSS have reported that when targeted support is provided, it is often of short duration and not of the intensity that parent/carers or providers had expected, and that the application process is often cumbersome. Level 6 has been difficult to evaluate because it is complex, not very visible, of low prevalence compared to other AIM supports, and not well represented in the experiences of AIM that participants shared.

Providers, parent/carers, and disability sector representatives were calling for more connection between HSE and pre-schools. This was a key strategy for developing the sector's confidence in

Sensitivity: Internal

inclusive practice. Participants were keen to learn from the specialist knowledge of the HSE sector, and more distant forms of interaction (e.g., leaflets and collaborations between EYSs and HSE) did not emerge as the type of collaboration they desired. At settings that were visited for case studies, ELC providers and families felt that there could be much greater collaboration between therapists and pre-school settings. This was more evidence of stakeholders' desire to learn from working directly with specialists. This observation was also made in the OECD's review on sector quality in Ireland *Strengthening Early Childhood Education and Care in Ireland* (OECD, 2021)[20] which recommended further efforts to support inclusion through additional specialised expertise for pre-schools in relation to diverse children (i.e., disability and other types of disadvantages, in particular, the inclusion of children from Traveller and Roma communities). The OECD report also observed some evidence that stakeholders across the sector were calling for the involvement of specialists. The evaluation identified the potential value of consulting more fully with providers on what they might need from Level 6, and how it can be described to them so that a) its content and the benefit of that content is clearer and b) they are keen to engage with EYSs in referral processes (Level 6 targeted).

At the point of writing, and as part of the PDS programme, a national forum has been established comprising of the HSE, the National Council for Special Education (NCSE), and the National Educational Psychological Service (NEPS)[21] and local forums between education and health were also being established. Forging links between HSE, CDNTs and education is identified as a priority for continuing implementation planning, and it will be important for AIM and the ELC sector to be participants in PDS implementation planning. This is because the PDS is an opportunity to build more collaboration and integration between HSE and pre-schooling. It is also because programmes that have piloted the delivery of therapeutic support within pre-schools have identified positive impacts of relevance to inclusion. The literature review also included evidence of the importance of cross-sectoral collaboration in the attainment of inclusion but noted that it was among the most challenging and complex tasks for policymakers and agencies, and one requiring sufficient resources, monitoring, and regulation.

Overall, the evaluation identified a need to re-energise cross-sectoral activity in relation to shared communications/signposting about AIM by cross-sectoral partners, and a need to re-energise HSE/education collaboration through Level 6. This is in a context where the literature review for this evaluation has identified the importance of de-fragmenting systems of support (e.g., health and education) in pursuit of positive impact for children, whilst acknowledging the importance of leadership, oversight, and mutual accountability. In its development, AIM was observed to expound forms of cooperative engagement that embed the cultures proposed in the literature, and so has a firm basis from which to intensify the impact of collaborative working:

- being prepared to re-visit and challenge existing practice, setting assumptions and preconceived ideas to one side
- being open to innovative ideas and being ready to think differently
- being able to learn from one another, listening to other's perspectives and valuing other's attributes
- being able to evaluate current thinking and practice and plan to create functional new groups
- being able to recognise relationships and see connections between potentially disparate ideas and approaches. This will involve keeping the 'big picture' in mind as well as attending to the specific details.

[20] OECD (2021), *Strengthening Early Childhood Education and Care in Ireland: Review on Sector Quality*, OECD Publishing, Paris, https://doi.org/10.1787/72fab7d1-en.

Sensitivity: Internal

- through ongoing dialogue and partnership, establishing a shared purpose, goal/aim

(Stoll, Fink, and Earl, 2003, adapted by Wharton et al., 2019)[22]

5. Governance and oversight

The evaluation contributes an account of the perceived appropriateness, efficacy, and impact of AIM on children, families, and providers, but the evaluation has identified a need for more routine, regular and integrated methods for evaluating AIM, as well as building continuous improvement in a context of cross-sectoral implementation.

Reliable and comprehensive counts of engagement in AIM are available via Pobal. These play an important role in measuring the growth of AIM's reach at the county and national levels. The evaluation has identified a need to develop systems of oversight focussed on quality and impact/outcomes. These systems need to be routine, regular, and integrated so as to inform continuous improvement in AIM's capacity to develop the ELC sector as inclusive for all.

The review of the literature for this evaluation has also warned of the danger of loose governance around distributed funds for inclusion (in the case of AIM, universal supports at Levels 1-3 and the associated CPD) and recommends tighter monitoring of quality and impact.

6. Workforce development for inclusion, working conditions and the role of the INCO

Across stakeholders, AIM is perceived to have a substantial, positive, and culture-changing impact on pre-school practitioners' knowledge, confidence, and efficacy for inclusive practice. This perception is held by most (and almost all) of the providers engaged in this study. The majority of parent/carers also perceive staff to be well-trained, and where they perceive this, they are also more positive about AIM's impact. This is less likely to be the case where parent/carers have children whose main reported type of disability is ASD.

Stakeholders regard AIM as influential in bringing about culture change in the sector. Most, and almost all (94%) parent/carers responding to the survey, agreed that pre-school supports their child's full inclusion and meaningful participation. Similarly, most, and almost all (96%) of providers are positive about the way that AIM has built their capacity for including children with disabilities. There is clear evidence that AIM supports are being implemented effectively by providers to support children, with positive impacts on their experience of full inclusion and meaningful participation (in a context of variation as noted earlier). The 14 children who engaged in this evaluation, reported their experiences of full inclusion and meaningful participation positively, and effective practice was observed in the pre-schools visited. Providers praise the CPD offer at Level 1 and Level 3, and the LINC programme is highly valued by the majority of participants.

Providers' ability to engage in LINC is impacted by their workload and location. Where their settings are larger (30 or more enrolled) and in cities, they are less likely to perceive it positively.

---

[22] Wharton, J., Codina, G., Esposito, R. and Middleton, T. (2019) *The SENCo Induction Pack*. Tamworth: nasen/DfE. Available at: https://www.sendgateway.org.uk/resources/senco-induction-pack-revised-edition Accessed: 10/12/21

Sensitivity: Internal

Evidence from the evaluation also demonstrates that there is a sector-wide need for more training on less visible disabilities (ASD, emotional disturbance, speech and language difficulties) and more complex needs. This is also the case for CPD focussed on working effectively with parent/carers overall, and particularly where their children have these types of needs. Providers also call for more training on medical needs.

91% of providers agree that having a named INCO impacts positively on culture, pedagogy, and practice, though parent/carer awareness of the role is generally low. There is a need to consider what influence the State could have in ensuring that providers ringfence time for INCOs to enact their role effectively, particularly in a context where the evaluation findings have implications for the role.

Stakeholders perceive the impact that poor pay, and conditions have on AIM, particularly on the recruitment and retention of high-quality staff for Level 7 posts.

Within a largely positive picture, there is evidence that some parent/carers experience AIM negatively and are not able to describe positive impacts. Given that the evaluation also delivers evidence of widespread, effective practice, it is important to find ways to spread this good practice around the system in ways that support continuous improvement.

7. Partnership with and support for parent/carers

AIM Level 2 provides supportive Information for parent/carers and providers, and as mentioned earlier/later, there is evidence that this is working increasingly well. However, parent/carers called for more communication and involvement with pre-school staff and specialists in the plan/do/review process around inclusion for their child.

There is strong evidence in the evaluation that where parent/carers have positive relationships and good communication with the pre-school staff they also rate the impact of AIM more positively. This emerged as a strong theme throughout the evaluation and is also reported in international data and debate. The data for the evaluation contains several illuminating accounts of parent/carers feeling bewildered and somewhat powerless in the system. Representatives from the disability sector also report that parent/carers are not always aware of the options available for their child, or how to secure those options. For these reasons, putting an increased focus on partnership with parent/carers emerged as an important route to improved outcomes and experiences for children., as did the importance of comprehensive and consistent advice on the options available to them during their child's early years and transition to primary school.

8. The valorisation of targeted supports within AIM

Parent/carers have an implicit awareness of the contribution that an inclusive culture at their child's pre-school makes to their child's experience and their own experience. However, their awareness of AIM's universal levels is relatively low and they do not identify them as impactful elements of AIM. Parent/carers tend to prize AIM's targeted supports, particularly Level 7, and attribute to them, most of AIM's impact.

International data and debate highlight how the valorisation of targeted supports can lead to pressures on funding, and hence the erosion of universal supports. When we use the term valorisation, we are describing a process by which targeted supports are elevated in value and status in a way that leads to universal supports being unrecognised or undervalued. There will be a need to monitor this tension and to communicate to parent/carers how AIM Levels 1-3, and also Level 4 contribute to the successful inclusion of their child. International data and debate include accounts of

Sensitivity: Internal

the need for diligent governance of distributed funding for inclusion (AIM's universal supports). Close monitoring of the quality and impact of AIM Levels 1-3 is proposed as a way to ensure the defence of funding and impact for these elements.

The evaluation has found that parent/carers are relatively unfamiliar with Levels 1-3, and the role these play in the inclusion of their children.

9. AIM and transition to primary school

An outcome/hoped for outcome of AIM that parent/carers value highly, is successful preparation for and transition to primary school, particularly mainstream primary school. The evaluation found some evidence of turbulence for parent/carers of children with disabilities at this transition point (particularly when mainstream school was the goal). There is a need to consider how cross-sectoral collaboration through AIM could support the transition of AIM-supported children at this important point in life.

In surveys, the majority of parent/carers whose children had started school believed that AIM had supported their child's preparation for school (62%, 318) [23] though 26% (n=133) believed it had made no difference and 4% (n=20) believed AIM support had led to them being less prepared. Parent/carers of children attending a mainstream school are significantly more likely to report that AIM had a positive impact on the transition to school (66%, n=239) when compared to those attending special classes in mainstream schools (58%, n=58). Agreement with the statement, 'As a result of AIM, my child was able to attend a mainstream school' was significantly more likely if children had physical and sensory disabilities (66%) than in the case of all other types of disability.

When interviewed, most participating parents/carers viewed AIM-supported ECCE as being the way to prepare children for primary school. Transition to mainstream school also emerged as the outcome they hoped that AIM-supported ECCE would deliver. There were stories of distress and confusion at the point of transfer, and parent/carers felt that they did not have the tools to negotiate with headteachers who were resistant. Parent/carers, disability advocates and members of the EYSS recommended that transfer could be supported by cross-sectoral support from INCOs, EYSs, Special Educational Needs Officers and HSE staff, to ensure that needs were understood/supported, and adaptions could be made in advance of the child's start at school. Stakeholders also reported the challenges and barriers to inclusion created by the non-transfer of specialist equipment to the child's school.

10. The phased expansion of AIM

Stakeholders are broadly in favour of AIM's expansion to a) hours outside the ECCE programme entitlement including full days where needed, b) extending AIM support to children who were younger than the qualifying ECCE age, and c) extending AIM support into School Aged Childcare (SAC). A range of reasons for supporting these expansions were given. These included the potential for earlier identification, improvements to parent/carers' opportunities for work/study, and as support for an effective transition to primary school (where additional support could continue into SAC).

[23] The first figure refers to the percentage of respondents, and the second figure the number of respondents.

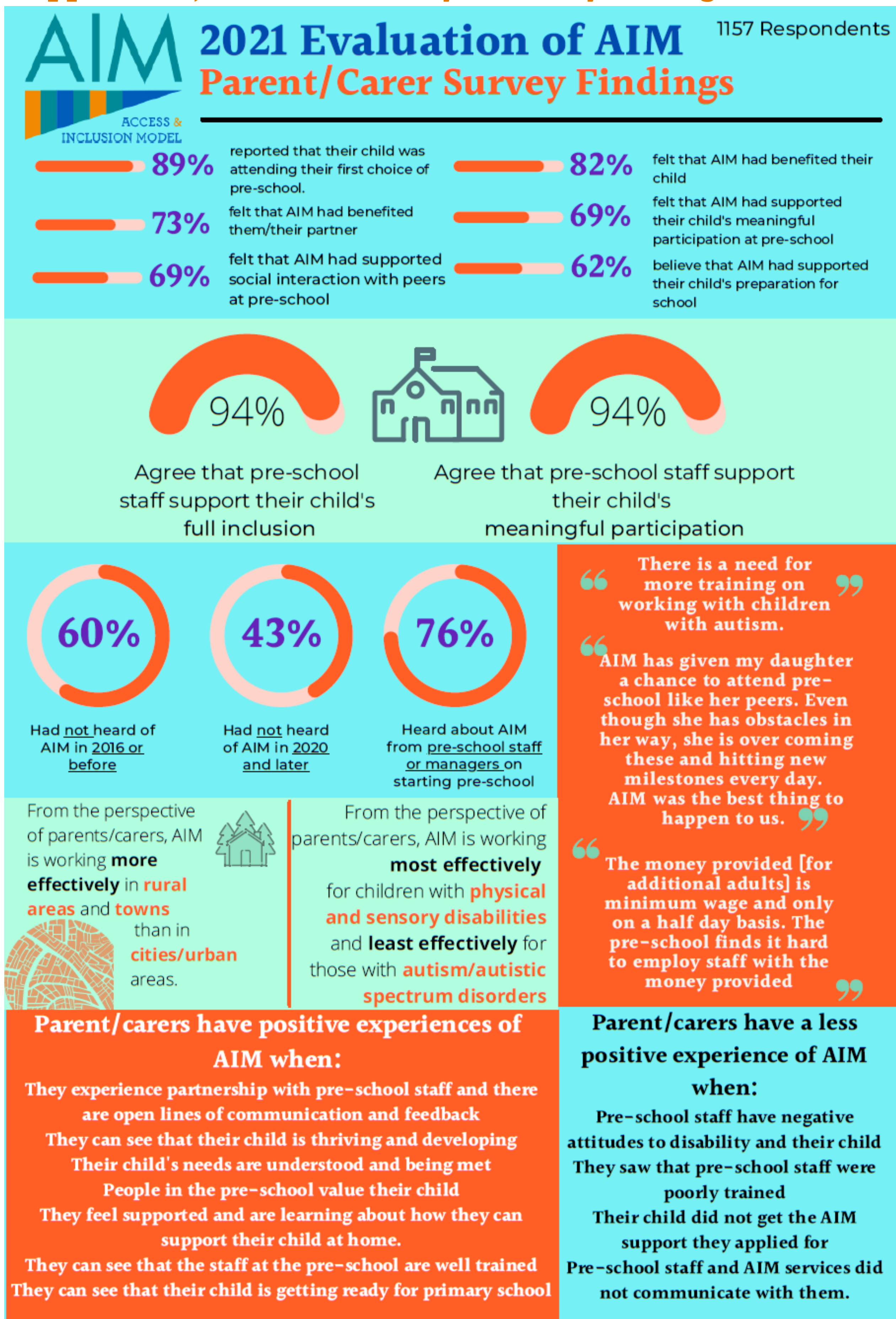
Sensitivity: Internal

There were mixed views on whether AIM should be expanded beyond disability to other educationally disadvantaged groups (e.g., children speaking English as an additional language, children from Traveller and Roma communities), in part because AIM was a response to disability. Evidence from the evaluation supports the expansion of AIM to other age groups of children who may have a disability as defined in the AIM policy (assuming continuous development based on the findings and a phased approach) but does not offer sufficient evidence to recommend expansion to other educationally disadvantaged groups, mainly because its focus was on how AIM was working for children with disabilities.

Appendix a provides a visual summary of the survey findings
Appendix b provides a glossary

Sensitivity: Internal

Appendix a) Visual summary of survey findings



2021 Evaluaton of AIM Provider Survey Findings

732 Respondents

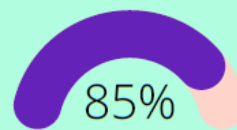
96% reported that AIM was having a positive impact in their setting

94% believed that AIM was having a positive impact on children with disabilities/additional needs

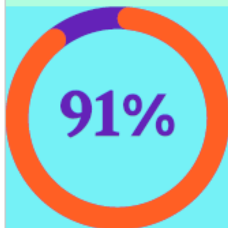
96% believed that AIM was having a positive impact on inclusion in their setting.

99% have adopted the Diversity, Equality and inclusion Guidelines

93% have attended the Diversity, Equality and Inclusion Training provided by County Childcare commitees

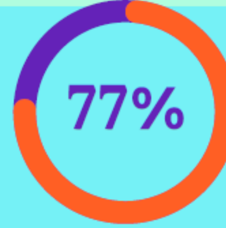


85% have a named inclusion co-ordinator

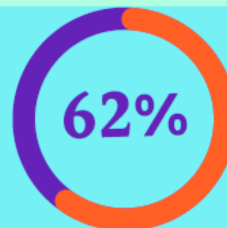


91% **Level 1**: Having a named **inclusion Co-ordinator** impacts positively on **inclusive culture, pedagogy and practice.**

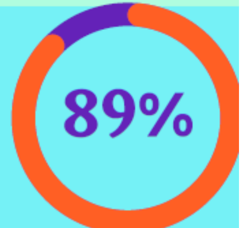
80% **Level 4**: Support from **Better Start Early Years Specialists** helps children with disabilities/additional needs to get the best from their ECCE provision.



77% **Level 5:** Specialist **equipment/appliances and minor building alterations** are having a positive impact on **children and staff** in the ELC setting.



62% **Level 6/HSE support (in or out of AIM** is helping a **children with disabilities** to get the best out of their ECCE provision



89% **Level 7: Additional assistance** is helping the setting to include children with disabilities.

"AIM has been such a positive fundamental resource for our service. It has enabled us to include all children within our pre-school."

"I would like to see AIM re-evaluate their application form. It has put some parents off applying for support when they see disability written all over the form."

"We have been able to do so much more for the children in our pre-school than we would have been able to if we did not have access to the training, early years specialist support or the higher capitation that AIM provides."

"[We need] better funding for level 7 support to pay someone to come in to support in the setting. The funding is way too low making it impossible to recruit without providers topping up the pay."

From the perspective of providers, AIM worked **most well** if their setting had joined the programme in **2017-18 or 2018-19**.

It worked **least well** if they had joined in **2020-2021**

Providers from settings in cities and urban areas are **less likely** to believe that the improvements in their setting's inclusive practices supported through AIM are **sustainable** than those in rural areas or towns

Sensitivity: Internal

Appendix b) Glossary

AIM
Access and Inclusion Model
Aistear
Curriculum framework
Better Start QDS
Better Start Quality Development Service
CCC
City and County Childcare Committee
CCSP
Community Childcare Subvention Plus programme
COVID-19
Coronavirus disease
DCYA
Department of Children and Youth Affairs
DCEDIY
Department of Children, Equality, Disability, Integration and Youth
DE
Department of Education
DE Inspectorate
Department of Education Inspectorate
ECCE Programme
Early Childhood Care and Education (A universal state-funded programme providing two years of free pre-school for children, not to be confused with ECEC)
ELC
Early Learning and Care (national term used to refer to early childhood education and care in Ireland)
First 5
Ireland's Whole-of-government ten-year strategy for babies, young children and their families
INCO
Inclusion Co-ordinator
LINC
Leadership for INClusion in the Early Years
NCCA
National Council for Curriculum and Assessment
NCS
National Childcare Scheme
Pobal
An organisation working on behalf of the Irish government to support communities and local agencies toward achieving social inclusion and development
SAC
School Aged Childcare
Síolta
National Quality Framework for Early Childhood Education
Tusla
Child and Family Agency (provides services to support child and family protection and welfare)
Tusla EYI
Tusla Early Years Inspectorate