

Children with Additional Needs - A Model of Provision

Introduction

At the core of this submission from Early Childhood Ireland is the belief that children with additional needs have a right to participate in a quality early childhood education experience.

Discussion and recommendations within this submission draw extensively on primary and secondary research: existing literature; National Reports; Pobal Survey 2012; Early Childhood Ireland surveys from 2012 and 2015; annual call logs from members as well as consultation meetings with members, specialist organisations, campaign groups and parents in 2014/2015.

There are significant inequalities in the current system, with variable access to services and supports - such as availability of SNAs dependent on geography, 'who you know' or 'the luck of the draw' - and inconsistencies in the accessibility of Early Intervention Teams (EIT). There is no single department with responsibility for children with additional needs and no consistency of approach across the country.

For example Lorna and her family have moved from Roscommon to North Dublin. In Roscommon her son had access to timely supports (within 6 months from diagnosis) and a range of interventions at home and in the preschool. The family moved to Dublin at Easter and they are still looking for a preschool where Ryan can take up his free preschool year. One of the big problems in Dublin, according to Lorna, is the lack of Early Intervention Teams, as there is only one for North Dublin which is effectively useless for the amount of children requiring additional help. The parents are fearful and left wondering should they have remained in Roscommon for the sake of their son.

Assumptions

Early Childhood Ireland is working on the assumption that government and early childhood operators are working together to ensure best outcomes for children with additional needs, that there is a commitment to putting fair and transparent processes in place, that settings are accountable for public investment and that trust and respect exists between the DCYA and the early childhood operators within this system.

The assumptions upon which we and our members work are:

- Early Childhood educators welcome children with additional needs and their families
- Early identification and intervention works - providing best outcomes for children, families and early childhood settings
- All children benefit from inclusive practice
- Collaboration and cross-agency work is vital – parents, settings and government agencies
- Supports and resources that are accessible and timely provide a foundation for inclusive practice
- Early childhood professionals have a unique non-problem focussed relationship with the child and family and have a valuable contribution to make in understanding the whole child.

The core assumptions of Early Childhood Ireland resonate with those of the National Disability Authority in its Briefing Paper on 'Inclusion of children with disabilities in mainstream early childhood care and education. The lessons from research and international practice' (2011).

National Disability Authority (NDA) Core Advice

The National Disability Authority advises that the following core approach to the Early Childhood Care and Education be carefully considered by the Department of Health, and by the Department of Children and Youth Affairs:

- All children should as far as possible receive their pre-school education in mainstream early childhood care and education (ECCE) settings.
- Supports for inclusion should not be attached to the individual child with a disability but should be directed at the whole ECCE setting
- One-to-one support for the whole day or session should be an atypical form of support for the small minority of children who will need this intensity of support.
- Peripatetic, interdisciplinary teams, which include special education expertise, should support pre-schools within a defined catchment area
- Simple short assessments of needs rather than establishing a diagnosis should be the focus of assessment for additional pre-school support

Health (therapy) supports should typically be delivered on-site and focus on supporting ECCE teachers who will be with the child every day

Background –

Legislatively *The Education for Persons with Special Educational Needs Act 2004* (EPSEN) enshrined a commitment to inclusive education. Section 2 of the Act says that a child with a special education 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 (a) the best interests of the child and (b) the effective provision of education for children with whom the child is to be educated.

The Equal Status Acts, 2000 to 2004 prohibit discrimination by early childhood operators on grounds of disability. These Acts require children/people with disabilities to be reasonably accommodated.

The Disability Act, 2005 - Part 2 of the Disability Act, 2005 introduced the right to an assessment of health and education needs. **Article 23 of the UN Convention on the Rights of the Child** calls for effective access to education in a manner conducive to the child's achieving the fullest possible social integration and individual development, including his or her cultural and spiritual development.

As far back as 1999 the DES in the White Paper '*Ready to Learn*' identified the need for early intervention for children with additional needs and there is ongoing concern (ECDE, 2006: Moloney & McCarthy 2010) around access to assessment of needs, provision of supports, quality, sufficiency and intensity of supports. The national frameworks, *Síolta* and *Aistear*, signpost inclusive practice but a significant challenge for the sector remains that no single department has responsibility for children with additional needs.

Current Context – Findings from the ECI Survey (2015) and Member Consultations

Early Childhood Ireland has been advocating for inclusive practice and supports for educators for many years. We have gathered information and stories from parents and educators who are passionate about the rights of children with additional needs. Early in 2015, in preparation for our pre-budget campaign, we undertook a survey with parents and educators around their experiences of early childhood education and care for their children with additional needs.

The Early Childhood Ireland survey (2015) suggests that 74% of settings have more than 1 child with additional needs this year (diagnosed and undiagnosed), while 53% of those settings have 3 or more children with additional needs. This pattern is consistent with an ECI survey in 2012 which highlighted up to 71% had a child with either a diagnosed or undiagnosed need and with Pobal findings (2012) which found 45% of services had at least one child with a diagnosed need. What transpires is that as settings become more skilled and confident in working with this group of children, they gain a positive reputation and consequently more parents look for places in their setting. One of our members report 'I like working with the special needs children but we got a name for being good with them and then we had too many to be able to cope and parents were raging. They didn't understand that we were working on limited resources'. Services struggle to provide quality when supports are not available and currently 63% of services feel unsupported in taking children with additional needs. This high level of demand was evident prior to the introduction of the ECCE scheme, which now sees over 95% of children in the eligible cohort attending preschool.

According to Early Childhood Ireland's Additional Needs Survey in 2012, about 11% of early childhood operators had refused a place to children with additional needs because they lacked the additional staff, space or specialist supports to meet the children's needs. In the 2015 survey, it was evident that settings continue to be open to and actively working with children with additional needs and their families, but with increasing reservations. Managers have worries, concerns and anxieties that 'we wouldn't be able to do enough with our limited training in special needs and also with the difficulty in finding enough time in a one to one situation'. In general members indicated that 'we welcome a child with special needs and have no problem in taking them in. However, the worry is, with lack of supports that we are meeting the child's needs'.

One of the real challenges for settings has been the fact that 59% of them do not know about the child's additional need in advance of the child starting preschool in September. This leaves the starting day in September as an unknown quantity for staff and management and, more importantly, for the child. In many cases parents report that they are fearful of being turned away and say nothing about their child's needs, preferring instead 'to take their chances'. The introduction of a second free pre-school year for children with additional needs (which is being considered) will enable earlier detection of children's needs, will allow time to build stronger and supportive relationships with parents and will alleviate some of the pressure in the early childhood setting by providing stability in terms of staff allocation.

The first day of the new term in September and a grandmother arrived to the sessional setting with her granddaughter Ann. As the child came through the door the grandmother advised staff that Ann has brittle bone disease like her Mother, but that there should be no problem and staff should treat her the same as everyone else. The setting had spoken with Ann's Mother when she was enrolled and there was no indication of any particular need or aspect of the child's well-being that required extra consideration. The setting tried to contact Ann's Mother immediately for some guidance and information but without reply. The staff were worried, what should they do, what was Ann's level of tolerance, what was ok at home might not be ok in the setting with 21 other children?

Early Childhood operators also recognise the difficulties for parents, indicating that 63% of parents who come to their services are in denial about their child's need. This places extra demands on services and educators, requiring skills, patience, sensitivity and time outside of the normal day.

The most common manifestation of additional needs in early childhood settings is autism (88%); challenging behaviour (75%) and learning disabilities (69%). It typically takes between 12 to 18 months for a child to have an assessment- 'with support from the early intervention team and very strong parental involvement it took 1 year'; 'the most recent child who has been diagnosed took 2 years and 5 months to get assessed with a lot of intervention by our service and the child's GP'.

Once a need is identified in the setting every effort is made to support these children, primarily through the provision of SNAs (54%) and increased ratios (43%), 76% of which are typically funded by early childhood operators and parents themselves. Where parents or operators cannot fund these supports, the child frequently fails to access his/her full ECCE place. A member told us of a set of twins who were eligible for their free pre-school year.

One sibling could take up her place with her friends in the local early childhood setting. Her sister, who has an additional need but has no access to any form of support, could not take up her place. The young child with the additional need waved off her sister three mornings a week, unable, due to lack of resources, to take up what is her right to early education.

While 82% of settings have a policy on supporting children with additional needs and 72% of survey respondents indicated that they have training specific to additional needs, the chief challenge for 82% of them remains the lack of resources and funding. To date, educators report that increasing staff ratios, engaging with parents, adapting or differentiating the curriculum as well as reducing the child's hours in the setting are strategies that work for the early childhood centre. In short, what members need is increased staffing resources, access to experts/expertise and support with facilities and equipment.

Member's Scenario

We have a child attending who has been diagnosed with ASD and a moderate hearing impairment. His parents were advised to send to him to an ASD specific pre-school which is a 50 minute drive from their house. Because of the proximity (!) of this ASD pre-school they were not eligible for funding for home tuition. His mother was determined that she wanted him to attend our play school with his local friends and peers 10 minutes from their house. Luckily a local special needs charity were willing to provide an SNA for him. He currently attends both pre-schools for 2 days a week each. He is thriving in our play school. He loves coming in, his speech, communication and social skills have come on in leaps and bounds and he interacts very well with the other children. He is able to actively participate in the all of the curriculum and the daily routine. I feel he would have missed out on so many opportunities if he had only attended the ASD pre-school. I feel that parents are not always being given the best advice in situations like this and are not always supported to send their children to the local mainstream pre-school if that is what they want to do.

Rationale for a new model

Currently there is no uniform, fair and equitable system for children with additional needs to access supports in early childhood settings. The hallmarks of a new and competent system would ensure that;

- Children with additional needs could participate equitably and learn in the context of the early childhood setting
- Early childhood settings would have access to supports as required in working with children with additional needs and their families
- Parents could be assured of high quality early childhood care and education for their child
- Government would be confident of the quality of practice, provision and governance

Research indicates that the focus of support (NDA, 2011) has shifted from placing one adult to support an individual child to supporting a whole setting to include a child with additional needs, which reflects a shift from a medical to a more social model. It is recognised that support for children with additional needs is often graduated, with ECCE staff helped and enabled to support children with lower level needs while working closely with specialist or other professionals to support children with higher level needs. An effective system of inclusion requires therapy and special education inputs to be available to early education and care settings. Ideally these are delivered in class, with early education and care staff advised and supported to carry on. In a graduated and social model the amount of support for the child is 'the minimum level of support the child needs in order to be fully included and to be able to fully access the curriculum' (NDA, 2011, p.85).

The model is premised on the basis that early childhood settings may require an additional staff member when they have a child with an additional need.

How a new model might work

There is agreement amongst our stakeholders that the current situation for children and their families accessing early childhood care and education cannot continue. A new model or way of working is required to sustain and support children and adults alike. We in Early Childhood Ireland, having listened to and talked with members, parents and other professionals, have identified key features of a system that we believe can work for everyone. Our recommendations highlight a system which is grounded in a social model, where the child and family are part of the early childhood community and where anticipatory funding is the lynchpin that ensures supports and resources are available where and when needed.

1 - Access & Resource Allocation

Issue: The profile of the child is frequently not known in advance of starting in the early childhood setting. When the child's need is identified it can typically take between 12 to 18 months to get an Assessment. Even when the initial system assessment occurs (within the legislative requirement of 3 months) and application for supports can be made, there is no uniform system to access resources. In 76% of cases the educator and parent together fund 'an extra pair of hands' to enable the child to participate in the early childhood setting. Increasingly this is not possible as early childhood operators struggle for sustainability and parents cannot afford it. Implications for the child is that he/she loses crucial opportunities to connect, learn and develop with others.

Solution:

Adopt a rights-based, social model with anticipatory funding, which is technically sound (evidence based) and administratively feasible:

(a) ***An allocation of resources is front loaded to settings***, based on a framework of prevalence and demographics.

A front-loaded allocation would ensure that the resources or additional staff are in place from the beginning. An Allocations Framework would draw on available data such as levels of prevalence of children with additional needs; the social context (location and level of disadvantage) of the early childhood setting. Comprehensive profiles of early childhood settings would develop over time, captured through the PIP system.

Benefits of this approach – children would not have to wait for an assessment, support is available from the beginning of the term; individual children would not be so evidently labelled as the support is for the whole setting to include the child;

greater equity in that parents would not have to pay for private assessments and managers in early childhood settings could more effectively plan.

(b) Joint letter of declaration is submitted by educator (and where possible the parent) to lead agency/department for staff allocation for the duration of the year (staff allocation is per session and per group).

(c) Parents also have an option of using Home Tuition hours (20 hrs) sourced through DES within the early childhood setting.

Currently some parents do unofficially use 'home tuition hours' to access pre-school in an effort to maximise the benefits for their child. For some parents, it is a challenge to recruit a suitable home tutor (as one parent said 'how do I know what to look for and then I have all this paperwork and payments. It is great but it is an added responsibility'.

Administrative Mechanism:

- The early childhood setting can access/be allocated an additional staff member once their enrolment is complete.
- Educator can submit a letter of declaration at any stage during the year, once specific needs are identified, that warrant further support. This may be when an assessment is complete or when the educator observes that support is required.
- Educators submitting a declaration should have a minimum of a Level 6 (room leader/manager who knows the child and his/her needs and the manager with responsibility for governance or oversight). The effectiveness of this model depends on the administrative capacity to turn around applications.
- This approach would expedite the assessment process. The evidence (NDA, 2011) shows that delaying supports to young children is not in the interests of children, families or the education or care system in the long-run. In New Zealand for example, support allocation of extra resources for pre-school inclusion is not based on a diagnosis.
- The early childhood setting is then authorised to recruit and employ on a fixed term/fixed purpose contract a suitable staff member, with parental involvement in the recruitment process.
- As a requirement, the new staff member must have accredited training with a special needs component. Training providers should be encouraged to provide accredited components at the various levels.
- Concept of the role (Job Description) must acknowledge the shift 'from placing one adult to support an individual child to supporting a whole setting to include a child' (NDA, 2011). Additional Staff member works with the group, supporting the child's integration/connection with others.
- Setting recruits, manages and supervises the additional staff member.
- Funding for the additional staff member (paid an appropriate salary pro-rata in line with other early childhood educators) would come through government agency/department and would be monitored through Pobal Compliance visits.
- Contracts with the Government (ECCE contracts) would contain conditions/requirements to be met when accessing Additional Need Support.

Phase 2 –Deployment of Resources – Facilitating Better Outcomes

Issue:

- (a) **How can the extra staff allocation in early childhood settings have the best impact and make a positive difference for all children, including those with additional needs? It is widely accepted (for example, EPPE, 2004) that the adult plays a crucial role in providing quality experiences for children in early childhood settings and that the higher the qualification, the better the outcomes.**

Currently 14% of those employed in the early childhood sector have a qualification at Level 7 or above, while 87% have Level 5 or above (Pobal, 2013). Most early education programmes at Level 5, 6, 7 and 8 have a module on inclusive practice (or Special Needs) as part of the qualification. At present Quality and Qualifications Ireland (QQI), the National Awarding Body has 48 Training Providers registered to deliver Special Needs Modules at Level 6 and 50 at Level 5 and 27 third level institutions are currently delivering early childhood degrees. However, while many staff have some training, members suggest that they are 'worried that we would not meet the needs of each child'. A common theme emerging from the survey was, as echoed by one member, 'I felt that we were not trained sufficiently to give the child the necessary help they needed'.

- (b) **Funding to enable structural changes or to purchase specialist equipment to support children with additional needs and to facilitate their well-being and learning.** Early childhood operators felt that 'funding for assistive technology would help aid communication' and one member highlighted, as an example, the need for a specific chair – 'we needed a special chair to enable a child to sit at the table with the rest of the group. We were unable to access any funding for this chair so the parent had to bring in one that they were previously using at home'. 'Equipment for children with additional needs can be very expensive and providers in the small services are struggling, maybe grants for equipment should be made available through the CCC, which providers could access when required'.

Solution:

Acknowledging that staff in the majority of settings have some training in Special/Additional Needs, there is an evidence-based need for ongoing and at times more specialised training to support them in their day to day practice. Recommendations across the literature (Ireland and New Zealand in particular) highlight that 'training and a capacity building of ECCE personnel is more likely to reduce barriers to inclusion than legal instruments' (NDA, 2011, p.5) and that the best investment is in training the existing cohort of early childhood educators.

Provision must be made to support the physical infrastructure of early childhood settings be they private or community. Government to date has invested significantly in these settings through EOCP, NCIP and annual capital grants. The economic downturn has impacted on families and early childhood operators. The Government should protect its investment through the provision of capital grants for structural adaptations and specialised equipment (both indoor and outdoor) to all registered settings participating in government schemes (ECCE; CCS; TEC).

Mechanism:

- (a) The existing Learner Fund should be expanded to incentivise and support staff to undertake supplementary training/CPD in the area of Additional Needs. This system is in place and is co-ordinated at a local level.
- (b) Early Intervention Teams (EIT) provide invaluable support, advice and guidance to parents and early childhood settings. We believe there is an opportunity to have a 'Special Needs Early Childhood Educational Psychologist' on the EIT, who would work with clusters of early childhood settings to:
- Provide more specialised support to educators
 - Support in the development of learning plans for children with additional needs
 - Provide training (CPD) to educators and parents within settings in relation to specific needs, and in particular strategies about how best to use the 'additional pair of hands' to meet the needs of the children in the setting;

In turn, having access to an outside educationalist with expertise in additional needs would:

- Support educators build on their generic training
 - Build capacity of those working in the early childhood setting (which would have an incremental and positive impact on practice) to work inclusively with children, not withdrawing them to provide therapy services but working to connect and help child integrate with peers
 - Ensure educators and parents were learning and sharing strategies in supporting the child
- (c) Other forms of Specialist training that have high impact, which could be delivered through agencies of Better Start such as Early Childhood Ireland include (but are not limited to):
- Working in Partnership with Parents** – training to support educators connect and engage with parents who have children with additional needs.
- Marte Meo Training** - this approach transforms how early childhood educators support children's social and emotional development through daily interactions.
- Early Childhood Screening** – a non-medical approach to identifying learning and developmental problems in early childhood which can inform later diagnostic assessment.
- (d) Early Childhood Settings across the sector (private and community) need access to capital grants. Early Childhood Ireland is suggesting a themed approach to the grants which could focus in 2016 on inclusion.

Conclusion

Early Childhood Ireland's most recent survey and consultations highlight that the lack of access to supports is causing a huge issue for our members, leaving them feeling:

- Frustrated at the missed opportunities for the children concerned;
- Worried as other parents get fed up when the service appears noisy, disruptive; or when a child with additional needs is hitting or biting their child;
- Challenged as so many parents are in denial about their child and this may be the first professional to raise the issue of their child's additional needs with them;
- Joy when they see a system working well and a child can be seen to thrive;
- Worried that they will not have the expertise to care appropriately for the child;
- Worried about being accused of discriminating against a child if they are not able to look after him, or cannot accommodate him because there are other children with additional needs in the setting;

An overarching message out of our research is that early childhood settings welcome children with additional needs and within an inclusive approach they see the benefit for all children. What is important is an approach that supports the inclusion of the child in the early childhood setting.

In line with the European Agency, (2011b, p.77) we believe that 'investment in early childhood education and an increasingly inclusive education system is likely to represent a more effective use of resources than short term initiatives designed to 'close gaps' or support certain marginalized groups'. The need to build a competent system is evidenced by the convening of an Interdepartmental Group, set up to address the issue of additional needs and mandated to report back to Minister Reilly by September 2015. The current landscape is captured comprehensively through our various engagements with members who are at the coal face and, through their contributions, we signpost possible recommendations.