National Disability Authority Briefing Paper  
Inclusion of children with disabilities in mainstream early childhood  
care and education  
The lessons from research and international practice
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Executive summary

The National Disability Authority (NDA), is the independent statutory advisory body to Government on disability issues.

The Office of Disability and Mental Health, Department of Health, asked the NDA to advise on the development of provisions for the inclusion of children with disabilities in the Early Childhood Care and Education scheme, based on the available research literature and evidence of practice for how similar schemes are administered in other countries.

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)\(^1\) 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 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.

Learning from evidence and from practice in other countries

Mainstreaming

- The focus of policies in advanced countries is increasingly on including children with disabilities in mainstream settings.
- Mainstream pre-school is the norm for the vast majority of children with disabilities.

\(^1\) Note on terminology: In the context of this paper “early childhood care and education” is used to refer to mainstream settings where children aged 3 to 5 typically attend. This connotation was explained to interviewees. Other terms such as “pre-school”, “childcare” had specific meanings in each of the countries and their use throughout the text which synthesises the practice in the four countries would have been confusing. To avoid confusion in an Irish context “Early Childcare Care and Education” scheme is capitalised and not abbreviated in this text.
• The transfer of resources out of specialist, segregated pre-school services contributed to the development of mainstream inclusion resources in some of the countries reviewed

• Codes of practice on pre-school inclusion clarify the meaning and key elements of inclusive practice. Indicators of inclusive practice allow ECCE settings and funders to monitor improvements

• Legislation mandating that supports for children take place in Least Restrictive Environment or clear official policy statements on the appropriateness of mainstream placements for the vast majority of pre-schooler with disabilities have very significantly increased the number of inclusive preschool placements

Support model

• The focus of support has shifted from placing one adult to support an individual child to supporting a whole setting to include a child

• Support for children is often graduated, with ECCE staff supported and enabled to support children with lower level needs and working closely with specialist personnel to support children with higher level needs

• Preschool 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 intervention between specialist visits

Interagency and interdisciplinary work

• Structures to drive inter-agency working, both at regional management level and at the level of staff involved with an individual child, are key to successful mainstreaming

• The inter-agency and interdisciplinary cooperation required to make preschool inclusion successful is challenging for professionals. However, collaborative planning, inter-agency agreements and training, which recognise the requirement of adult-to-adult cooperation in the classroom to deliver inclusive preschool programmes, can mitigate this

Curriculum and standards

• Having a mainstream curriculum that was designed with children with disabilities in mind is a big advantage to developing inclusive pre-schools.

• An inclusive curriculum model or universal designed curriculum model is based on tailoring curriculum and teaching methods to the needs of all children in a class or group. In such a model, for example, all children (not just children with disabilities) have an individual plan based on their needs
and interests agreed between ECCE teachers, other relevant professionals and parents.

- Supporting documentation on various aspects of disability, which is linked to the curriculum and/or quality standards framework, will enable ECCE teachers to make some appropriate programme adaptations themselves, and to seek advice where appropriate

**Assessment**

- For most children with disabilities, access to supports for inclusive pre-school does not involve a time- and resource-intensive assessment process
- Graduated assessment and intervention systems that allow mainstream ECCE settings, with some specialist support, to assess, plan and intervene with children with lower-level needs function well in a number of the countries reviewed

**Training**

- Training and capacity building of ECCE personnel is more likely to reduce barriers to inclusion than legal instruments. Training of ECCE personnel by parents of children with disabilities, who have experienced mainstream pre-school services, has been particularly powerful in reducing barriers
- Disability-related education and training for preschool manager and teachers is important for successful inclusion
- It is important to ensure that third level institutes are producing a sufficient number of early years special education graduates

**Transitions**

- The transition of children with disabilities into or out of pre-schools tends to be problematic. In other countries arrangements, sometimes underpinned with a legal basis, have ensured that early intervention, inclusive pre-school and school authorities plan for transitions and share information appropriately

**Supports for pre-schoolers at-risk of educational disadvantage**

- Universal pre-school programmes, such as the ECCE scheme, provide an opportunity to screen and identify children with delays or at-risk of developing special education needs. Systems to support screening and referral to appropriate agencies should be developed
- A universal pre-school programme such as the ECCE scheme provides a cost-effective mechanism to tackle high-incidence disabilities (such as speech and language difficulties) early in children’s lives
Outcomes Measurement
- A relatively simple outcomes-monitoring system to capture progress made by children with disabilities is important for programme accountability and to guide future policy making.

Child Development
- Children with disabilities do at least as well developmentally in good quality inclusive preschools as in segregated settings and make more gains in terms of social and behavioural outcomes.
- Children without disabilities do no worse developmentally in inclusive settings and score higher on tests relating to acceptance of people with disabilities.
- Children with more severe disabilities will need more "active programming" in either setting.
- Children with disabilities, and more severely disabled children in particular, have less social interactions in the inclusive classroom than their typically developing peers, and are at greater risk of peer rejection. Various strategies have been shown to mitigate this problem e.g. focusing on groups of children with and without disabilities, creating peer buddy systems, using mixed age groupings, using peer-mediated instruction, etc.

Quality
- High levels overall programme quality is an important factor in including children with disabilities.

Costs
- The information on costs is limited but it suggests that the costs in inclusive pre-school settings vary by severity of disability and by programme structure. It also shows that the costs of an inclusive pre-school place are likely to be less than a similar place in a segregated setting.
Part 1 – Context and research literature

1. Introduction and methodology

The National Disability Authority (NDA) is the independent statutory advisory body to Government on disability issues.

The introduction of a free universal pre-school year, the Early Childhood Care and Education scheme, in January 2010 meant that for the first time all children are entitled to a year of pre-school, funded by Government, in the year before they commence school. There are about 4,300 pre-school services in the scheme, and about 94% of eligible children are participating. ²

When the scheme was announced, it did not contain any particular details for how children with disabilities would be supported or accommodated to avail of their Early Childhood Care and Education place in their local pre-school. In this context the Office of Disability and Mental Health established a cross-sectoral working group to develop a Framework for the Inclusion of Young Children with Disabilities in Mainstream Pre-school Settings in early 2010. The working group will shortly produce a policy paper, which will subsequently inform an implementation plan³.

In late 2009, the Office of Disability and Mental Health, Department of Health and Children, asked the NDA to advise on the Early Childhood Care and Education scheme in relation to the inclusion of children with disabilities, based on the available research literature and evidence of how similar schemes are administered in other countries.

Methodology

The literature review was based on literature searches on pre-school inclusion or integration in relation to efficacy, outcomes, best practice and costs. The relevant literature was predominantly found in North American studies.

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² In 2009, the Minister for Finance announced the allocation of €170 million for a new free pre-school year in Early Childhood Care and Education. As of the first week in January 2010, all Irish children within the specified age range of 3 years 2 months to 4 years 7 months have been entitled to attend a pre-school service free of charge - regardless of income or ability to pay. Approximately 4,300 pre-school services or 95% of those operating in the State, are participating in the ECCE scheme. 63,000 children, or 94% of the eligible cohort, are availing of a place on the ECCE scheme. Details contain in Written Dáil reply 22 March 2011 by Minister for Health, James O’Reilly TD. http://debates.oireachtas.ie/dail/2011/03/22/00242.asp#N3

³ The NDA submitted a working draft of this paper to the Office of Disability and Mental Health on the 4th of February 2011.
The review of good practice examined inclusive practice in four countries. Two of the countries, England and New Zealand, were chosen on the advice of the Office of Disability and Mental Health. The USA was selected on the basis that vast majority of the academic literature on the issue of pre-school inclusion is from the USA. Finland was chosen because it consistently ranks highly in comparative school-age education surveys.

Evidence on the countries was gathered by way of desk research and interviews with in-country experts\(^4\). In-country experts were identified by an initial contact person with an established track record and significant published work on the topic of early childhood education. Efforts were made to ensure that a variety of stakeholders were consulted in each jurisdiction\(^5\). 11 experts were consulted about the US, 9 about the UK, 5 about Finland, and 3 about New Zealand.

\(^4\) The interview schedule covered the following themes: Parent Inclusion, special education / disability training for ECCE personnel, key staff qualifications, equipment, technology and physical accommodations, individual education plans, curriculum adaptations, standards and regulations, prioritisation, level of inclusion, costs and funding, support for children with undiagnosed disability, assessment, coordination, extra resources for children with disability / SEN in mainstream pre-schools, role of specialist pre-school provision, ECCE support structures, Funding / administering / delivery bodies, mainstreaming

\(^5\) A full list of in-country experts is provided in appendix 1.
2. Preschool in Ireland for children with disabilities

This section sets out the type of services provided to preschool children with disabilities, provides some data on what services preschool children with disabilities are accessing and gives an overview of the Irish policy, legislation and literature on preschool provision for children with disabilities.

2.1 Description of current situation

Specialist preschool services for children with disabilities and special education need can be broadly divided into two categories:

- Specialist supports provided or funded by the Health Services Executive
- Specialist supports provided or funded by the Department of Education

2.1.1 Specialist supports funded by the Health Services Executive

The Health Service Executive provides interdisciplinary services for children with disabilities. However, there is considerable variation in how these services operate from one locality to another in Ireland.

The configuration of these varies between LHOs, with some areas having a number of disability specific services largely provided by non-statutory service providers, and others having generic teams looking after the needs of all children regardless of their disability. Some of these generic teams are employed solely by the HSE, others solely by a non-statutory agency, and some have employees from both the statutory and non-statutory service providers and work in an interagency partnership.

This diversity in structure and funding at local and regional level has developed mainly for historical reasons and has resulted in varying provision and resources. In some areas where services are disability specific or where there are long waiting lists due to shortage of resources, there are children who cannot access an appropriate and timely service.

The variability described above needs to be borne in mind in relation to children with disabilities at preschool level. Health funded, early years services for preschool children with disabilities may include for example, all or some of the following:

- Assessment
- Individual & group therapy

6 The National Reference Group on multidisciplinary disability services for children aged 5 to 18 years, 2009, Report of the National Reference Group on Multidisciplinary Disability Services for Children aged 5-18. The passage from the report quoted refers to children’s services in general rather than 0 – 5 or 5 – 18 services specifically.
- Parent support & advice
- Fitting, training & provision of equipment
- Special preschool services
- Early education support (i.e. out reach support for a child in a mainstream preschool)
- Provision of SNAs (to children in mainstream preschools)

2.1.2 Specialist supports funded by the Department of Education
The Department of Education and the Department of Children and Youth Affairs operate a “split system of governance” in relation to early childhood care and education. The Early Years Education Policy Unit of the Department of Education has responsibility for a number of areas, including curriculum policy advice. The Department of Education provides or funds a number of targeted preschool programmes, some of which are for children with disabilities.

The Department of Education funds:
- 43 pre-school classes to provide early intervention provision for children with Autistic Spectrum Disorders (ASD)
- Home tuition grants for parents of children of pre-school age (two and half to five years of age in this case) where a place in a preschool class for autistic spectrum disorder is not available. 361 preschool children received home tuition grants in 2008 – 2009
- A network of 29 visiting teachers who support children who are deaf/hearing impaired and 14 visiting teachers who support children who are visually impaired. These services are for preschool children and school aged children.

2.1.3 Current service provision for pre-school children with disabilities
The National Physical and Sensory Disability Database and National Intellectual Disability Database provide details on the service utilisation of young children with disabilities, including details on type of pre-school attended.

In 2009, the vast majority of children (546 or 80%) with physical and sensory disabilities attending pre-schools as their principal day-service were in mainstream pre-schools. 441 children had an unmet need or a need for an enhanced pre-school service place, and of these 85% required a mainstream

7 The Department of Children and Youth Affairs assumed the functions of the Office of Children and Youth Affairs on the 3rd of June 2011.

pre-school placement or an enhancement of their mainstream pre-school service\textsuperscript{9}.

There appears, therefore, to be considerable unmet demand for mainstream pre-school services for children with physical and sensory disabilities. For every two children with a physical and sensory disability in any kind of pre-school place (mainstream, specialist or combined) there is one child needing a mainstream pre-school place or enhanced mainstream pre-school place\textsuperscript{10}.

The 2007 Physical and Sensory Database annual report provides a further breakdown in the nature of demand for pre-school service\textsuperscript{11}. It showed that there were 465 children requiring a pre-school place or enhanced pre-school place. Of these 321 required a mainstream pre-school place or enhanced mainstream pre-school place. Of those 321 children, 277 required a mainstream pre-school “without health related services”. This shows that 60\% of all demand for pre-school places for children with physical and sensory disability is for pre-school places without additional supports\textsuperscript{12}.

\textsuperscript{9} Health Research Board (O’Donovan, M, Doyle, A and Craig, S), 2010, Annual Report of the National Physical and Sensory Disability Database Committee 2009
\textsuperscript{10} ibid
\textsuperscript{11} More recent Physical and Sensory Database annual reports do not contain this breakdown.
\textsuperscript{12} Health Research Board, 2007, National Physical and Sensory Disability Database Committee annual report 2007.
Table 1 – Day service for children physical and sensory disabilities

a. in receipt of day service in 2009

<table>
<thead>
<tr>
<th></th>
<th>Mainstream</th>
<th>Specialist</th>
<th>Combined</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baby and Toddler</td>
<td>84</td>
<td>22</td>
<td>N/A</td>
<td>106</td>
</tr>
<tr>
<td>% of Baby and Toddler</td>
<td>79.2%</td>
<td>20.7%</td>
<td>-</td>
<td>100%</td>
</tr>
<tr>
<td>Preschool</td>
<td>546</td>
<td>122</td>
<td>9</td>
<td>677</td>
</tr>
<tr>
<td>% of preschool</td>
<td>80.6%</td>
<td>18%</td>
<td>1.3%</td>
<td>100%</td>
</tr>
<tr>
<td>Total</td>
<td>630</td>
<td>144</td>
<td>9</td>
<td>783</td>
</tr>
<tr>
<td>% of total</td>
<td>80.0%</td>
<td>18.3%</td>
<td>1.1%</td>
<td>100%</td>
</tr>
</tbody>
</table>

b. estimated demand for day service

<table>
<thead>
<tr>
<th></th>
<th>Mainstream</th>
<th>Specialist</th>
<th>Combined</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baby and toddler</td>
<td>32</td>
<td>20</td>
<td>N/A</td>
<td>52</td>
</tr>
<tr>
<td>% baby and toddler</td>
<td>61.5%</td>
<td>38.4%</td>
<td>-</td>
<td>100%</td>
</tr>
<tr>
<td>Unmet demand</td>
<td>30</td>
<td>16</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Need for enhanced service</td>
<td>2</td>
<td>4</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Preschool</td>
<td>376</td>
<td>52</td>
<td>13</td>
<td>441</td>
</tr>
<tr>
<td>% preschool</td>
<td>85.2%</td>
<td>11.7%</td>
<td>2.9%</td>
<td>100%</td>
</tr>
<tr>
<td>Unmet demand</td>
<td>311</td>
<td>38</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Need for enhanced service</td>
<td>65</td>
<td>14</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>408</td>
<td>72</td>
<td>13</td>
<td>493</td>
</tr>
<tr>
<td>% of total</td>
<td>82.7%</td>
<td>14.6%</td>
<td>2.6%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: Health Research Board (O'Donovan, M, Doyle, A and Craig, S), 2010, Annual Report of the National Physical and Sensory Disability Database Committee 2009
### Table 2 – Principal day service accessed by children 0–5 years registered on the National Intellectual Disability Database

<table>
<thead>
<tr>
<th>Service</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special preschool</td>
<td>490</td>
<td>34.3</td>
<td>504</td>
<td>33.8</td>
<td>475</td>
<td>30.6</td>
</tr>
<tr>
<td>Early intervention services</td>
<td>437</td>
<td>30.6</td>
<td>446</td>
<td>29.9</td>
<td>476</td>
<td>30.7</td>
</tr>
<tr>
<td>Mainstream pre-school</td>
<td>189</td>
<td>13.2</td>
<td>169</td>
<td>11.3</td>
<td>205</td>
<td>13.2</td>
</tr>
<tr>
<td>Home support</td>
<td>103</td>
<td>7.2</td>
<td>127</td>
<td>8.5</td>
<td>96</td>
<td>6.2</td>
</tr>
<tr>
<td>Special school</td>
<td>58</td>
<td>4.1</td>
<td>76</td>
<td>5.1</td>
<td>73</td>
<td>4.7</td>
</tr>
<tr>
<td>Mainstream school</td>
<td>29</td>
<td>2.0</td>
<td>17</td>
<td>1.1</td>
<td>32</td>
<td>2.1</td>
</tr>
<tr>
<td>Child education and development centre</td>
<td>25</td>
<td>1.7</td>
<td>21</td>
<td>1.4</td>
<td>33</td>
<td>2.1</td>
</tr>
<tr>
<td>Resource teacher</td>
<td>28</td>
<td>2.0</td>
<td>61</td>
<td>4.1</td>
<td>81</td>
<td>5.2</td>
</tr>
<tr>
<td>Multidisciplinary support services</td>
<td>18</td>
<td>1.3</td>
<td>17</td>
<td>1.1</td>
<td>16</td>
<td>1.0</td>
</tr>
<tr>
<td>Special class–primary</td>
<td>16</td>
<td>1.1</td>
<td>9</td>
<td>0.6</td>
<td>12</td>
<td>0.8</td>
</tr>
<tr>
<td>Other day service</td>
<td>13</td>
<td>0.9</td>
<td>10</td>
<td>0.7</td>
<td>12</td>
<td>0.8</td>
</tr>
<tr>
<td>No day service</td>
<td>23</td>
<td>1.6</td>
<td>34</td>
<td>2.3</td>
<td>42</td>
<td>2.7</td>
</tr>
<tr>
<td>Total</td>
<td>1,429</td>
<td>100.0</td>
<td>1,491</td>
<td>100.0</td>
<td>1,553</td>
<td>100.0</td>
</tr>
</tbody>
</table>

**Source:** Kelly, F., Craig, S. and Kelly, C., 2008, Trends in demand for services among children aged 0–5 years with an intellectual disability, 2003–2007 HRB Trends Series 3. The 2010 figures were provided directly to the NDA by the Health Research Board.

Table 2 above shows that there has been a small but noticeable shift from specialist to mainstream preschools for children 0–5 with intellectual disabilities. Taking mainstream and specialist preschools together, the proportion of children in mainstream preschools has risen from 28% in 2003 to 37% in 2010. NIDD figures in 2010 for future service needs state that between 2011 and 2015, 145 services required will be for special pre-school places, and 227 mainstream preschool places. Therefore, although there is a far smaller proportion of children (0–5 years) with intellectual disabilities in mainstream preschools than children with physical and

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13 The 2010 figures were provided directly to the NDA by the Health Research Board.
sensory disabilities, there appears to be a slight trend for parents with children with intellectual disabilities towards opting for mainstream preschools.

2.2 Irish legislative and policy context

2.2.1 Legislative Context
Assessment and provision of services for children is set out in interrelated pieces of legislation – the Education Act 1998, the Education for Persons with Special Educational Needs Act 2004 (EPSEN), and the Disability Act 2005. The Education Act and EPSEN Act focus on schools and school age-children. Under the Disability Act, the HSE deals with associated care needs. The HSE is also responsible for assessment and referrals to education providers for the preschool age group.

2.2.1.1 Education Act, 1998
The 1998 Education Act, which only applies to school-aged children, introduced specific provision on the right of equal access to, and participation in education for children with additional needs, entitling them to extra assistance, including resource teachers, special needs assistants, improved access to schools and supportive technology\(^\text{14}\).

2.2.1.2 The Education for Persons with Special Education Needs Act
The EPSEN Act relates to educational provision for children aged up to 18 years with special education needs. The EPSEN Act enshrined a commitment to inclusive education. Section 2 of the Act says that a child with a special education needs shall be educated

\[
\text{in an inclusive environment with children who do not have such needs unless the nature or degree of those needs of the child is such that to do so would be inconsistent with (a) the best interests of the child and (b) the effective provision of education for children with whom the child is to be educated}^{\text{15}}
\]

The EPSEN Act established a right to an assessment of education need and the provision of an Individual Education Plan for those identified with special education needs\(^\text{16}\). It also established a network of local Special Education Needs Organisers with responsibility for the allocation of resource teacher hours and the provision of special needs assistants.

\(^{16}\) Government of Ireland, 2004, ibid
Under section 4 of this Act, preschool children who may have special education needs can have their needs assessed by the HSE to identify services needed to enable them participate and benefit from education.

The National Council for Special Education produced an implementation plan for the EPSEN Act, 2004 but at present the implementation of the EPSEN has been deferred.

2.2.1.3 Disability Act, 2005
Part 2 of the Disability Act, 2005 introduced the right to an assessment of health and education needs. Section 7 of the Act requires that an assessment report identify any health and education needs occasioned by a person’s disability. A Service Statement (s.11) sets out the health or pre-school education services to be delivered, conferring a form of right to those specified services. Part 2 was commenced in June 2007 for children five years of age and younger.

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

The Office of Children and Youth Affairs developed diversity and equality guidelines for childcare providers. These guidelines recommended that early childhood care and education providers develop a diversity and equality policy. However, there is some evidence that children with disabilities have been turned away from mainstream early childhood care and education settings in Ireland. A

19 Education services for school-aged children are to be detailed in an Individual Education Plan under EPSEN rather than in a Service Statement under the Disability Act
2007 report found that just over a fifth of early childhood care and education settings surveyed had “turned a disabled child away from their service”\textsuperscript{22}.

2.2.1.5 International Legal Instruments

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

Article 23 of the Convention on the Rights of the Child

Recognises the special needs of a disabled child, assistance extended in accordance with paragraph 2 of the present article shall be provided free of charge, whenever possible, taking into account the financial resources of the parents or others caring for the child, and shall be designed to ensure that the disabled child has effective access to and receives education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child’s achieving the fullest possible social integration and individual development\textsuperscript{23}

Article 24 of the UN Convention on the Rights of People with Disabilities states

Persons with disabilities are not excluded from the general education system on the basis of disability\textsuperscript{24}

and

Persons with disabilities receive the support required, within the general education system, to facilitate their effective education\textsuperscript{25}

Article 4 of the UN Convention on the Rights of People with Disabilities requires states to promote universal design in the provision of goods, services, equipment and facilities:

To undertake or promote research and development of universally designed goods, services, equipment and facilities, as defined in article 2 of the present Convention, which should require the minimum possible adaptation and the least cost to meet the specific needs of a

\textsuperscript{22} Disability Equality Specialist Support Agency, 2007, Profile of Inclusion Childcare Inclusion Programme A Study of the Inclusion of Disabled Children in Childcare and Play Settings; http://www.dessa.ie/Profile%20of%20Inclusion.pdf

\textsuperscript{23} UN Convention on the Rights of the Child; http://www2.ohchr.org/english/law/crc.htm


\textsuperscript{25} United Nations General Assembly, 2006, ibid
person with disabilities, to promote their availability and use, and to promote universal design in the development of standards and guidelines

### 2.2.2 Policy Context

The Ready to Learn: White Paper on early childhood education (1999) is the main articulation of public policy towards preschool education, including for children with disability. The White Paper acknowledged the importance of quality early childhood education and acknowledged that children have educational needs from the time they are three years old. One of the core objectives of the White Paper is to support the development and educational achievement of children through high quality early education, with particular focus on the target groups of the disadvantaged and those with special needs.

In relation to children with disabilities, the White Paper envisaged the Department of Education would enhance services within schools for early years school-aged children and continue to support certain targeted programmes which it administers. More generally, the White Paper recommended that:

- multi-disciplinary teams, including special education teachers, be established or expanded throughout the country be supported by an Early Childhood Education Agency and inspected by an inspectorate
- all parents have access to an early education expert from the time of the birth of their child or their child’s diagnosis of a disability. That these early education experts initially advice the parents, but later advise pre-school setting staff
- educational inputs in special pre-school services be expanded

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29 Department of Education and Science, 1999, ibid

30 These commitments related the further development of special classes for 3 to 4 with certain “sub-classes” of disability such as autism; the expansion of training opportunities in the area of special education needs for school-aged teacher; the development of the appropriate curriculum guidance; and the expansion of supports and the National Education Psychology Service in particular.

31 The Department of Education and Skills funds the Early Start pre-school service, a visiting teacher service for children with visual and hearing impairments,
• the number of special classes for “sub-groups” of young children with disabilities by increased
• the number and range of educational opportunities in the area of early years special education be increased
• greater cooperation between special education and health personnel will be required to ensure integrated services for young children

The White Paper recommended the strengthening of supports in both the mainstream and in specialist settings, and did not endorse either an inclusion or specialist model:

in terms of inclusive or integrated early special education as opposed to segregated education. Many factors impinge on this issue alone and flexibility will be required in its resolution. Here, it is certainly the case that one size does not fit all, and that different arrangements may be required at different stages in a child’s life-span.\textsuperscript{32}

The \textit{National Childcare Strategy 2000: Report of the Partnership 2000 Expert Working Group on Childcare}, citing the UN Convention on the Rights of the Child, stated that all forms of childcare should be “without discrimination of any kind”, including discrimination on the basis of disability. In fact, the National Childcare Strategy goes further than non-discrimination and states that:

Children with disabilities should have access to specialised assistance in integrated settings as a matter of right.\textsuperscript{33}

The introduction of the \textit{Early Childhood Care and Education scheme}, from January 2010, gives all children an entitlement to a year of free pre-school\textsuperscript{34}. To date, the scheme’s provisions for children with special needs include

• the possibility of splitting the pre-school “year” over two years
• amended rules on the qualifying age range to allow children with disabilities or special education needs, where this is appropriate for the child, to avail of the year when they are slightly older than would be standard

\textbf{2.3 Standards and Regulations}

The relevant regulatory framework is set out in the Child Care Act 1991, the Child Care (Pre-School Services) (No 2) Regulations 2006 and the Child Care

\footnotesize{\textsuperscript{32} Department of Education and Science, 1999, ibid
\textsuperscript{34} http://www.omc.gov.ie}
(Pre-School Services) (No 2) (Amendment)\textsuperscript{35} Regulations 2006. The Regulations require the HSE to be informed if a child with a disability or with special needs is enrolled, and provide for more frequent visits from the HSE childcare inspectorate in such cases.

Síolta: the quality standards framework for early childhood education\textsuperscript{36} addresses how children with disabilities and special needs be included, but there is no evidence yet on how these standards are impacting on inclusive practice\textsuperscript{37}.


\textsuperscript{36} Síolta, the National Quality Framework for Early Childhood Education

\textsuperscript{37} In time the Síolta structured Quality Assurance Programme will provide some evidence in his regard. To date this, however, has only been piloted in a very small number of sites.
3. Review of literature

This section firstly summarises the findings of peer-reviewed literature, which is mainly from the US, (sections 3.1 to 3.3) and then gives the findings and recommendations of Irish reports in the area (section 3.4).

3.1 Introduction

There is consensus in the academic literature that high quality pre-school programmes have lasting positive effects for children and society, particularly for children from low socio-economic backgrounds\(^{38}\) and for those at risk of developing learning or behavioural difficulties at school.\(^{39}\) There is a general consensus in studies of children with disabilities and special education need, that while outcomes from early intervention vary, that early, intense interventions significantly affect these children’s development.\(^{40}\)

The focus of this brief review is the available literature is on the inclusion of children with disabilities and / or special education needs in **mainstream or inclusive** early education and care settings.

This chapter summarises the research literature on

- the outcomes and effectiveness of preschool inclusion
- factors associated with good practice in preschool inclusion

3.2 Outcomes for children in inclusive preschools

3.2.2 Outcomes for children with disabilities in early education settings

The most important question regarding the evidence base on pre-school children with disabilities in mainstream early childhood education and care settings is whether outcomes for these children are better or worse in inclusive or segregated, specialised settings. The major reviews of the empirical literature comparing children with disabilities across the two setting types conclude that children do at least as well in inclusive settings in terms of development outcomes and do better in term of social and behavioural outcomes in inclusive settings\(^{41}\). Table 3 below, which is adapted from Buysse and Bailey (1993), who

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systematically reviewed the findings from the comparative literature in the field up to the early 1990s, bears this out. The findings in the more recent literature have largely up held these findings.

### Table 3 - Integration Outcomes Along a Continuum of Studies with Strong and Weak Designs

<table>
<thead>
<tr>
<th>Studies from strong to weak</th>
<th>Developmental Outcomes</th>
<th>Social Behaviour outcomes</th>
<th>Other behavioural outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Esposito &amp; Koorland (1989)</td>
<td>Positive</td>
<td>No difference</td>
<td></td>
</tr>
<tr>
<td>Hecimovic, Fox, Shores &amp; Stain (1985)</td>
<td>Positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Martin, Brady &amp; Williams (1991)</td>
<td>Positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stain (1984)</td>
<td>Positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guralnick (1981)</td>
<td>Positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jenkins, Speltz &amp; Odom (1985)</td>
<td>No difference</td>
<td>Mixed</td>
<td></td>
</tr>
<tr>
<td>Jenkins, Odom &amp; Speltz (1989)</td>
<td>No difference</td>
<td>Mixed</td>
<td></td>
</tr>
<tr>
<td>Beckman &amp; Kohl (1987)</td>
<td>Positive</td>
<td>Positive</td>
<td></td>
</tr>
<tr>
<td>Soderhan &amp; Whiren (1985)</td>
<td>Positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guralnick and Groom (1988)</td>
<td>Positive</td>
<td>Positive</td>
<td></td>
</tr>
<tr>
<td>Carden-Smith &amp; Fowler (1983)</td>
<td>Positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fewell &amp; Oelwein (1990)</td>
<td>No difference</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Novak, Olley &amp; Kearney (1980)</td>
<td>Positive</td>
<td>Positive</td>
<td></td>
</tr>
<tr>
<td>Rule, Stowitschek, Innocenti, Steifel, Killoran, Swezey &amp; Boswell (1987)</td>
<td>No difference</td>
<td>No difference</td>
<td></td>
</tr>
<tr>
<td>Federlein, Lessen-Firestone &amp; Elliot (1982)</td>
<td>Positive</td>
<td>No difference</td>
<td></td>
</tr>
<tr>
<td>Harris, Handleman, Kristoff, Bass &amp; Gordon (1990)</td>
<td>No difference</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Adapted from Buysse and Bailey (1993)
The USA literature is in general agreement that children with less severe disabilities can be included in inclusive early childhood care and education programmes quite easily, while children with moderate to severe disabilities will require more “active programming”\textsuperscript{42} - i.e. additional supports and more individualised instruction – in whatever setting type they are placed. This has led some of the leading researchers to caution against too much focus on setting type, at the expense of considering how interventions and programmes meet the needs of individual children\textsuperscript{43}.

The role of the overall quality of the education setting, and of supports will be discussed in more detail below. However, it is possible to conclude that the research, conducted over several decades, shows that outcomes for children with disabilities in good quality inclusive pre-school settings, which have access to appropriate supports, are at least as good as those for their peers who attend segregated, specialist settings\textsuperscript{44}.

3.2.3 Risk of isolation of children with disabilities in inclusive pre-schools

Most findings show that children with disabilities make more progress on social and behaviour development in integrated early childhood care and education settings. However, one commonly replicated finding in the research literature is that children with disabilities in inclusive early childhood care and education settings engage in less social interaction than typically-developing peers.\textsuperscript{45} Children with disabilities are also at a greater risk of peer rejection than typically


\textsuperscript{44} The above findings need to be interpreted in an Irish context with a certain degree of caution. Inclusive pre-schools used in the US comparative literature tend to be exemplar settings in terms of overall quality, e.g. model facilities attached to universities. Also, children who are assessed as having a disability or special education need under Part B of the IDEA Act have the right to supports identified in their IEP as being required to enable them to participate in pre-school programmes.

developing peers\textsuperscript{46} in inclusive settings. More recent research suggests that these findings may only apply to children with more severe disabilities.\textsuperscript{47}

However, the research also suggests that adult/teacher strategies in the classroom can mitigate against isolation, for example:

- focusing on groups of children with and without disabilities rather than an individual child with a disability\textsuperscript{48}
- creating peer buddy systems\textsuperscript{49}
- using mixed age groupings\textsuperscript{50}
- using a mix of environmental arrangements, peer-mediated instruction, incidental teaching of social skills, friendship activities, social integration activities, and explicit teaching of social skills\textsuperscript{51}

\textbf{3.2.4 Non-disabled children do well in inclusive pre-schools}

There is no evidence that typically-developing children in inclusive classrooms achieve lower outcomes than their peers in non-inclusive settings. In addition, a number of studies have shown that non-disabled children from inclusive pre-schools scored higher in tests on positive attitudes towards people with disabilities, and on social acceptance of people with disabilities\textsuperscript{52}.


3.2.5 The costs of inclusive pre-schools
There are a few studies which compare the costs of placements for children with disabilities in inclusive and segregated settings, but there do not appear to be any studies comparing the costs of disabled and non-disabled children in inclusive settings.\(^{53}\) To sum up what these studies say is that, overall, inclusive preschool places are cheaper, but not significantly so, than segregated placements. The costs may be borne by different actors depending on placement type.\(^{54}\)

Odom and Buysee (2006) looked at costs, quality and outcomes for inclusive settings.\(^{55}\) They looked at the costs for children with mild, moderate and severe disabilities. Unsurprisingly they found that costs varied according to severity of disability (as Table 4 below shows). They also found that costs varied by inclusive setting type. The most expensive inclusive type was a “blended programme” i.e. where school districts have blended their early years special education funding with and pre-kindergarten funding to create a programme serving children with disabilities and typically developing children in the same classroom. The higher quality rating scored by blended settings was not statistically significant \(^{56}\).

Table 4 - Mean cost per inclusive pre-school place by severity of disability

<table>
<thead>
<tr>
<th>Degree of disability as measured by the ABILITIES index</th>
<th>Mean annual cost per child</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td>$3,883</td>
<td>$2,711</td>
</tr>
<tr>
<td>Moderate</td>
<td>$8,717</td>
<td>$5,003</td>
</tr>
<tr>
<td>Severe</td>
<td>$8,413</td>
<td>$6,085</td>
</tr>
</tbody>
</table>

Source: Odom and Buyse (2006)


\(^{55}\) Odom and Buysee (2006) op cit

\(^{56}\) In “blended programme” the inclusive classroom teachers having state-recognised teacher qualifications and an early years special education qualification. The cheapest programme type (Head Start) were characterised by peripatetic or mobile special education teachers providing required inputs.
Table 5 - Cost of annual preschool inclusion by programme type

<table>
<thead>
<tr>
<th>Programme type</th>
<th>Mean core cost per child</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blended</td>
<td>$10,541</td>
<td>$5,633</td>
</tr>
<tr>
<td>Public School</td>
<td>$4,144</td>
<td>$2,223</td>
</tr>
<tr>
<td>Community based</td>
<td>$3,954</td>
<td>$2,042</td>
</tr>
<tr>
<td>Head Start</td>
<td>$3,123</td>
<td>$1,520</td>
</tr>
</tbody>
</table>

Source: Odom and Buysse (2006)

3.3 Factors associated with positive outcomes

3.3.1 Quality of early education
There is a large body of research literature on which factors contribute to quality. These are:
- lower children to adult ratios
- class sizes
- education level of staff
- salaries of staff

A major barrier identified to the development of inclusive programmes has been parent and stakeholder perceptions of inadequate overall programme quality of mainstream preschools. Programmes scoring poorly on standardised quality

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57 As the standard deviation from the mean costs is large it would advisable to treat the average figures with caution.


59 There are a number of quality rating scales which have been widely deployed across the US. Infant/Toddler Environment Rating Scale (Harms, Cryer, & Clifford, 1990); Preschool Assessment of the Classroom Environment Scale-Revised (Raab & Dunst, 1997); Early Childhood Environment Rating Scale-Revised (Harms, Clifford, & Cryer, 1998); Practices in Early Elementary Classrooms (Hemmeter, Maxwell, Ault, & Schuster, 1997).

measures are seen as likely to be inappropriate settings to attempt to include children, such as children with disabilities and special education needs, who are more vulnerable to poor educational or social outcomes\textsuperscript{61, 62}. That said, some of the limited research using the same instrument to compare quality in segregated and inclusive early childhood education and care settings shows that the average quality ratings are in fact broadly similar ("moderately good") in both setting types,\textsuperscript{63} while other research has found that overall programme quality is moderately better in inclusive settings.\textsuperscript{64}

The majority of the research on the impact of quality early childhood care and education on outcomes looks at group quality and group outcomes or group experience. However, there is limited research on the effect of global classroom quality, (i.e. the quality of the education offered to all children), on the experience of individual children with disabilities. This research shows that global classroom quality is the greatest single predictor of the quality experience of an individual child with a disability, but that presence in a high quality class itself does not ensure a good quality experience for an individual child.\textsuperscript{65}

The above findings notwithstanding, some researchers have raised questions about whether global quality standards and measures are subtle enough to measure good quality inclusion.\textsuperscript{66} While research has been conducted to test the reliability of quality inclusion measures, this is an area of research in its infancy\textsuperscript{67}.

Other research, which looked at the association of various factors associated with successful inclusive pre-school practices, found that disability-specific

training of centre managers and teachers had a greater association with inclusion than any of the other individual elements linked to overall quality.68

3.3.2 What else is required for successful outcomes
The literature agrees that while overall programme quality is absolutely necessary for successful inclusion, it is not sufficient.69 A much-cited study by Lieber et al highlighted the elements which they found to be most important at the service level to developing inclusive programmes.70

- **Support from key personnel** - buy-in from regional administrators and preschool setting managers was found to be key to initiating inclusive practices.
- **Shared vision** - all stakeholders involved in delivering an early education services having a clear understanding of how inclusion would be facilitated.
- **Training and external support** - Training in inclusive early education and exposure of programme staff to successful inclusion programmes
- **Organisational structure**
  - At a service level this involves agreeing a structure where early childcare specialist personnel communicate with early education service staff and with parents
  - At a regional level, interagency agreements between early education services and agencies providing special education or therapy inputs

The Joint Position Statement of the Division for Early Childhood and the National Association for the Education of Young Children state that quality inclusion has three defining characteristics71:

- **Access** – providing access to a wide variety of learning opportunities, activities, settings and environments. Ideally this involves universally-

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68 Essa, E. L. Bennett, P.R., Burnham, M.M. Martin, Sally, S.S. Bingham, A., Allred., K (2008) Do Variables Associated with Quality Child care Programs Predict the Inclusion of Children with Disabilities; Topics in Early Childhood Special Education 28 (3)
69 Note that Essa et al show that a variety of settings include children
The Joint Position Statement is included in the review of the literature as it is extensively cited in the academic literature and was itself subject to an extensive validation process. For details of the validation process see, National Professional Development Center on Inclusion Early Childhood (2009) Inclusion: The Validation Process, [http://community.fpg.unc.edu/resources/articles/files/ips/EarlyChildhoodInclusion-TheValidationProcess2009.pdf](http://community.fpg.unc.edu/resources/articles/files/ips/EarlyChildhoodInclusion-TheValidationProcess2009.pdf)
designed curricula to ensure that all children get instruction and learning in multiple and varied formats

- **Participation** – the child with a disability is supported and accommodated to participate in play and learning, through intentional efforts of adults. These supports range from embedded, routines-based teaching\(^{72}\) to more explicit interventions.

- **Supports** – system-level infrastructure to provide appropriate training, professional development and to drive cross-agency collaboration

The **National Early Childhood Technical Assistance Centre\(^{73}\)** has identified the conditions necessary for inclusion at the classroom level to allow staff to individualise instruction to meet the needs of children with disabilities and special education needs, which include:

- Teachers need to have training about children with disabilities

- Teachers need to have training to use ongoing activities to teach individualised goals

- Teachers need frequent assistance from specialists and experts. This involves the specialist observing the class, providing suggestions, showing the teacher how to use interventions, and giving feedback

- Teachers need regular time to talk with specialists and plan activities and interventions

- The child-to-staff ratio must be low, either by reducing the number of children or by adding in-class adult assistance

- Teachers need to use individualised intervention strategies for the children with disabilities and monitor the child’s progress frequently and adjust the strategies as needed

- The class should have adequate space, equipment, and materials and be accessible to the child with disabilities

- Parental participation should be encouraged and welcomed

\(^{72}\) i.e. a class room teacher incorporating routines prescribed by therapist or special educator into the ongoing activities of the class

\(^{73}\) NECTAC (National Early Childhood Technical Assistance Centre) is the national early is supported by the U.S. Department of Education's Office of Special Education Programs (OSEP) under the provisions of the Individuals with Disabilities Education Act (IDEA). NECTAC serves Part C-Infant and Toddlers with Disabilities Programs and Part B-Section 619 Preschool Programs for Children with Disabilities in all 50 states and 10 countries to improve service systems and outcomes for children and families. NECTAC and its predecessor have thirty-nine years of technical assistance excellence in early childhood services.
3.3.3 Staff to child ratios in inclusive v. segregated settings
The literature highlights the importance of low child to staff ratio for good outcomes in early education - particularly for those at risk of poor educational and social outcomes. Studies have found that staff to child ratios tend to be lower in disability-specific Early Childhood Care and Education settings than in inclusive settings.

A study by Le Paro, Sexton & Synder of 29 segregated settings and 29 inclusive settings in one metropolitan area found child to staff ratios of 1:2 and 1:8 respectively. This study found that there was no major difference in quality between the two settings types, despite the differences in child to adult ratios. The authors noted that this finding, which is at odds with much of the earlier research, may represent a convergence in practices across setting types.

3.3.4 Teacher education and qualifications
Most of the research literature reflects the experience in the USA, and suggests that many mainstream early childhood care and education personnel are inadequately prepared for including children with disabilities in their classes. This literature shows that mainstream pre-school settings which have better educated and trained personnel are more likely to be inclusive. For example, a survey by Knoche et al (2007) that compared personnel in both types of setting showed that personnel in inclusive mainstream settings were more educated and better trained than their colleagues in non-inclusive mainstream settings. Table 6 provides an overview of experience, and training across both setting types.

Essa et al found that where centre directors and teachers had disability-specific coursework, this was the most robust predictor of inclusion, compared to other factors associated with quality like having an early childhood education qualification.\textsuperscript{78}

### Table 6 - Description of providers by inclusion status

<table>
<thead>
<tr>
<th>% of providers who reported</th>
<th>Inclusion status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Non-inclusive % (n 1,294)</td>
</tr>
<tr>
<td>----------------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>5 or more years experience</td>
<td>43.7</td>
</tr>
<tr>
<td>Annual income of at least $20,000</td>
<td>13.7</td>
</tr>
<tr>
<td>CDA\textsuperscript{^}</td>
<td>9.8</td>
</tr>
<tr>
<td>Specific child development training</td>
<td>58.5</td>
</tr>
<tr>
<td>First aid training in last 2 years</td>
<td>80.3</td>
</tr>
<tr>
<td>CPR training in last 2 years</td>
<td>77.7</td>
</tr>
<tr>
<td>BA degree of higher</td>
<td>12.5</td>
</tr>
<tr>
<td>Teacher certificate</td>
<td>8.3</td>
</tr>
</tbody>
</table>

\textsuperscript{^} CDA (Child Development Associate) is a competency-based, nationally-recognised credential awarded by the Council for Professional Recognition in Washington, DC.

\textsuperscript{**} p<.01


Other studies have shown that interest in, and confidence around, including a child with a disability are very strongly linked with previous experience of working with a child with a disability\textsuperscript{79}. Research has shown that early education teachers most lack confidence around working with children with more severe disabilities\textsuperscript{80}. Furthermore, research shows that short, in-services training

\textsuperscript{78} Essa, E. L. Bennett, P.R., Burnham, M.M. Martin, Sally, S.S. Bingham, A., Allred., K (2008) Do Variables Associated with Quality Child care Programs Predict the Inclusion of Children with Disabilities; Topics in Early Childhood Special Education 28 (3)

\textsuperscript{79} Dinnebeil, L.A., McInerney, W., Fox, C. & Juchartz-Pendry, K. An analysis of the perceptions and characteristics of childcare personnel regarding inclusion of young children with special needs in community-based programs. Topics in Early Childhood Special Education 18 (2) 118-128

\textsuperscript{80} Buysse, V., Wesley, P., Keyes, K. & Bailey, Jr., D.B. Assessing the Comfort Zone of Child Care Teachers in Serving Young Children With Disabilities. Journal of Early Intervention 20 (3) 189-203
courses for pre-school personnel, that target their attitudes and preconceptions of their own competency can have significant positive effects\textsuperscript{"81}.

### 3.3.5 Special education or therapy supports in inclusive preschool settings

Individual studies show that therapeutic supports in inclusive early education and care settings are delivered along a continuum of approaches ranging from segregated (out-of-class) to integrated (in-class). There is no conclusive evidence of better outcomes associated with either approach. However, there is a professional ethical preference for in-class delivery among many practitioners.\textsuperscript{"82} Parents and professionals see regular communication between classroom teachers and therapists as crucial to effective inclusive experience.\textsuperscript{"83} In this regard, it has been shown that when therapies are delivered in-class, they lead to four times as much communication between therapist and mainstream early educators as they do as when therapy is delivered out-of-class.\textsuperscript{"84}

A much-cited study of inclusion of children with significant disabilities (albeit one with a small sample size) showed that a majority of therapy supports were delivered in-class.\textsuperscript{"85} Moreover therapists who delivered out-of-class sessions only did so because of time constraints, or because the intensity of the therapy required it. Therapists who opted for out-of-class interventions provided instructions or demonstrations for regular classroom teacher on strategies for curriculum and daily routines.\textsuperscript{"86}

### 3.3.6 Equipment, assistive technology and inclusion in inclusive settings

The literature finds that technology is an effective way to support very young children to participate in everyday activities, including participation in early childhood care and education\textsuperscript{"87}. Findings also show that equipment and assistive technology remain underutilised in early intervention, as well as in both inclusive

\textsuperscript{"83} Scott, S., McWilliam, R. A., & Mayhew, L. (1999). Integrating therapies into the classroom. Young Exceptional Children 2 (3)
\textsuperscript{"85} ibid
\textsuperscript{"86} ibid
and segregated early childhood care and education\textsuperscript{88}. This gap between potential benefit and low levels of usage is explained in the literature as being principally caused by staff perceptions and skills, the value parents place on assistive technology and slow assessment and allocation systems\textsuperscript{89}.

Suggestions to tackle the low take-up of assistive technology:

- pre-service and in-service staff training\textsuperscript{90}
- the establishment of local user groups for personnel interested in assistive technology and early education to share knowledge\textsuperscript{91}
- the provision to every inclusive preschool of toolkits or bundles of frequently used assistive technology devices “of obvious value”\textsuperscript{92}

3.3.7 The system-level organisation of additional supports

In general the research literature does not address the efficacy of different system-level organisation of supports for inclusive preschools. A study by Odom et al reviewed 16 programmes across four states in the USA, which were broadly representative in terms of geography, socio-economic indicators and culture.\textsuperscript{93} This study categorised and described the diversity of inclusive service models found - as shown in Table 7 below - but did not measure the relationship between the different models and different group outcomes.


\textsuperscript{89} Judge, S., 2006, Constructing an Assistive Technology Toolkit for Young Children: Views from the Field. Journal of Special Education Technology 21 (4);

\textsuperscript{90} Lesar, S., 1998, Use of assistive technology with young children with disabilities; current status and training. Journal of Early Intervention 21 (146 - 159)


\textsuperscript{92} Judge, S., 2006, ibid; Edyburn, D.L., 2000, Assistive Technology and Students with Mild Disabilities. Focus on Exceptional Children 32 (9)

Table 7 - Models of individualised services in inclusive preschool settings

<table>
<thead>
<tr>
<th>Models of Individualised Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Teaching-Direct Service Model</strong></td>
</tr>
<tr>
<td>Services are provided on a regular basis in early childhood education settings by special education teachers and related service personnel. Peripatetic special education teachers or other related service personnel visit the settings rather than being housed there permanently. Educational or therapy goals for individual children are <strong>not systematically embedded</strong> in the curriculum activities or classroom routines by these specialists. The peripatetic teacher works <strong>directly with the child</strong>.</td>
</tr>
<tr>
<td><strong>Peripatetic Teaching-Collaborative/Consultative</strong></td>
</tr>
<tr>
<td>Special education teachers and related services personnel work with the early childhood teacher to <strong>systematically embed</strong> individualised educational goals for children in curriculum activities and classroom routines. The peripatetic teacher works <strong>advises the classroom teacher</strong> on how to embed therapy routines and goals into the <strong>ongoing routines of the class</strong>.</td>
</tr>
<tr>
<td><strong>Team Teaching Model</strong></td>
</tr>
<tr>
<td>An early childhood teacher and a special education teacher both occupy teacher roles in the same classroom. They may collaborate in planning, jointly implement educational activities, and share classroom space. Related services are provided in the setting.</td>
</tr>
<tr>
<td><strong>Early Childhood Teacher Model</strong></td>
</tr>
<tr>
<td>An early childhood teacher assumes the primary responsibility for planning, implementing, and monitoring classroom activities for children with and without disabilities in his or her classroom, with little contact with other special education or related services personnel.</td>
</tr>
<tr>
<td><strong>Early Childhood Special Education</strong></td>
</tr>
<tr>
<td>An early childhood special education teacher assumes primary responsibility for planning, implementing, and monitoring classroom activities, with little contact or collaboration with an early childhood education teacher. Children without disabilities are brought into the classroom.</td>
</tr>
<tr>
<td><strong>Integrative/Inclusion Activities</strong></td>
</tr>
<tr>
<td>Children with disabilities and children without disabilities spend a majority of the day in separate classes but participate in joint activities for a portion of the day, then return to their respective classrooms. The majority of special education and related services are provided in the separate classroom.</td>
</tr>
</tbody>
</table>


### 3.3.8 The challenges of interagency and interdisciplinary cooperation

In terms of interdisciplinary cooperation, the main focus of available research is on the ability of the various professionals to cooperate with each other in the classroom. Collaborative teamwork is seen as one of the most important elements of successful pre-school inclusion.\(^{94}\) One much-cited study showed that

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inclusive preschool failures (settings that re-segregated after being inclusive for a period) were more likely to be a result of conflict relating to adult roles, than of outcomes for children with and without disabilities.\textsuperscript{95}

By their nature, inclusive pre-schools require significant levels of cooperation between mainstream early education and care professionals. One study of factors which would mitigate against these conflicts identified two issues which contribute to enhancing cooperation:

- where programme philosophy and design was developed jointly by various professionals
- where training for all professionals, reflecting the reality of the modern inclusive classroom, focused on the skills associated with professional collaboration.

In inclusive pre-school classes, adults are likely to be co-teaching for most or part of the day. The literature shows that training rarely addresses this adult to adult relationship. Special education personnel who are often working in a peripatetic\textsuperscript{96} or consulting role in inclusive pre-schools are more likely to be coaching or instructing other adults how to embed learning strategies, than working with individual children directly. Therapists tend not to engage in out-of-class sessions and so are likely to have to work with the child with a disability within the context of a group of typically-developing peers. The literature shows that various professional training routes have not adequately responded to the new reality that multi-professional collaboration is required to deliver preschool inclusion.\textsuperscript{97}

### 3.3.9 Embedding appropriate learning opportunities into routine

A key to successful inclusion is the ability of early education teachers - with the assistance of special education or therapy inputs - to embed developmentally-appropriate learning opportunities for the child with a disability into the daily routine of the classroom.

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\textsuperscript{96} A peripatetic worker serves a number of different centres, and travels around to each

\textsuperscript{97} Lieber, J., Beckman, P. J., Hanson, M. J., Janko, S., Marquart, J. M., Horn, E and Odom, S. L. (1997) 'The Impact of Changing Roles on Relationships between Professionals in Inclusive Programs for Young Children', Early Education & Development, 8(1)
While there is a body of research covering the strategies for pre-school inclusion for children with different disability types, this paper has not reviewed that literature.  

3.4 Irish literature on preschool inclusion

The Irish literature relating to preschool provision for children with disabilities, and preschool inclusion in particular is limited and very varied in its nature and quality.

3.4.1 Issues Identified

3.4.1.1 Collaboration between health and early education sectors

In relation to the key recommendation in the White Paper - that multi-disciplinary teams support mainstream placements - a 2005 study commissioned by the Centre for Early Childhood Development and Education (CECDE) noted in relation to pre-school early education settings that;

the majority of providers are not able to offer families the opportunity to collaborate with a team of clinicians and therapists, contrary to the recommendations on best practice in this area99.

A 2007 report from Disability Equality Specialist Support Agency confirmed the finding of the CECDE 2005 study that the majority of pre-school early education services do not have access to support from specialists100. Maloney and McCarthy identified support from specialists as one of the four key priorities that early education practitioners saw as being required to facilitate inclusion101. There are, however, other reports of where individual disability service providers or early intervention services have developed a model of supporting children with disabilities to access mainstream pre-school services102. The extent of collaboration between disability service providers and mainstream pre-school early education settings varies from location to location around Ireland.


Maloney and McCarthy identified a related priority need for early education and care providers to have timely access to assessment services\textsuperscript{103}.

3.4.1.2 Early years workforce have limited training
The CECDE 2005 study of early childhood care and education showed that the majority of staff in their sample had FETAC level 1 to 6, or below university-level training. They noted the findings in the international literature that, in particular, children with disabilities and special education needs require access to high quality early childhood care and education. They stated that the educational profile of Irish ECCE personnel was a “serious concern”.

DESSA\textsuperscript{104} and Moloney and McCarthy\textsuperscript{105} both report that early education and care providers highlight the lack of specific staff training related to disability or special needs as an impediment to inclusion.

CECDE 2005\textsuperscript{106} report notes that the relatively poorly-trained early education and care workforce contributes to poor practice in relation to adapting the curriculum for children with disabilities and special education needs.

3.4.1.3 Family partnerships
The CECDE 2005 study found varied practice relating to early education and care settings involving families of children with disabilities.

In some of the most frequently used settings such as crèches and nurseries, relatively few strategies for involving families are in regular use\textsuperscript{107}.

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\textsuperscript{103} Moloney, M., and McCarthy, E., 2010, ibid
\textsuperscript{104} Disability Equality Specialist Support Agency, 2007, ibid
\textsuperscript{105} Moloney, M., and McCarthy, E., 2010, ibid
\textsuperscript{106} Centre for Early Childhood Development and Education, 2005, ibid
\textsuperscript{107} Centre for Early Childhood Development and Education, 2005, ibid
3.4.2 Recommendations from Irish literature

The Irish literature on preschool inclusion makes, inter alia, the following policy recommendations:

- the publication of a national inclusion policy for early education and care for children with disabilities and special education needs, including details of how these children can access specialist supports at home, in mainstream early childhood care and education settings and in specialist settings
- the development of structures for collaboration between specialist providers and early childhood care and education providers
- the establishment of multi-disciplinary teams, which would include special education experts, to support preschool inclusion
- the funding of a national agency which would provide inclusion development workers or early years mentors to support inclusion in early childhood care and education settings
- the development of a coherent training policy to ensure an adequate supply of personnel equipped to deal with young children with disabilities and special education need
- further expansion of specialist centres for young children with particular needs or severe and complex needs
- the provision a specific budget to support inclusion in early education and care settings

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Part 2 – Practice in 4 countries

4. Case study 1 - England

4.1 Mainstreaming

In England, the Special Education Need Code of Practice requires that inclusive policy and procedures are in place in all pre-school settings. The National Standards for under-eight daycare and childminding have inclusion as a goal, and reference the Special Education Need Code of Practice. Under the Disability Discrimination Act 1995, ECCE settings must not discriminate against children with disabilities and must make reasonable accommodations.

4.2 How it is organised and funded

In England, Local Authorities fund a free universal scheme for ECCE services. Children are entitled to 15 hours a week of service from the start of the school term after their 3rd birthday until they go to school. There are two categories of early years settings: maintained and non-maintained. Maintained refers to nurseries that are attached to schools. The non-maintained settings are a mixture of private, voluntary and community settings.

In most Local Authorities there is a portage service, this is a pre-school service offering in-home play-based sessions, for children with disabilities aged under 5. The National Health Service (NHS) provides therapy supports. It is increasingly common in many local authorities that these therapy supports are delivered on site in early childhood care and education settings.

109 In England national policies have established the framework for pre-school inclusion programmes but these have been implemented differently in each Local Authority. In the case of England it is necessary therefore to describe the national picture and an Local Authority exemplar. The NDA spoke to a number of national key informants and a number of informants in key positions in Local Authorities in Northumberland, Oxfordshire and Cornwall. The example of how pre-school inclusion was implemented in Northumberland was identified as being particularly good practice and studied in most detail. The intention has been to signal to the reader when commentary is switching from England to Northumberland at all times and it is hoped that this is clear.


These standards are monitored by Office for Standards in Education, Children’s Services and Skills
4.3 Early Childhood Care/Education support structures
In England, responsibility for administering pre-school services rests with local authorities, and they provide regional support structures. Local authorities typically have a number of officers called Early Years Consultants who support quality improvement, through the delivery of the Early Years Foundation Stage curriculum in local settings\(^\text{112}\).

4.4 Specialist pre-school provision
National figures for England are not available. In Northumberland, for example, there are a very small number of special nursery classes attached to special schools. These cater for very small numbers of children in the year immediately before they go to school (and only for those who wish to attend a special school). Some of these special nursery classes are inclusive, as they have developed a reverse inclusion\(^\text{113}\) model. These special nursery classes are typically only for children in the year before they attend school.

4.5 Extra resources in mainstream
The Revised Special Education Need Code of Practice sets out the basic framework for how children with disabilities or special education needs should be supported. This Code of Practice requires all ECCE settings in receipt of government funding to:
- Have a written inclusion policy (some of the content of the policy is prescribed) which is freely available for all to view. It is the responsibility of management to develop and update the policy
- It places the responsibility for the inclusion on the whole setting rather than any one individual
- Each setting has a named individual, its Special Education Needs Coordinator (SENCO)\(^\text{114}\), who is responsible for ensuring that the Special Education Need policy is up to date, monitored, and reported on. The SENCO’s role is also to ensure the day-to-day operation of the setting’s special education needs policy, and to coordinate provision for children with special education needs, particularly through Early Years Action and Early Years Action Plus (there terms are explained below)

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\(^{112}\) This is a separate role from the Inclusion Consultants which will be discussed in more detail below.

\(^{113}\) Reverse inclusion refers to where formally segregated provision is made inclusive by making places available to service users without disabilities. Reverse inclusion has been used in a number of areas of provision but has been extensively used in the area of early childhood care and education.

\(^{114}\) This is an administrative role and has nothing to do with who might be the primary carer/teacher of a child with a disability in an early care setting.
The Revised Special Education Needs Code of Practice sets out a graduated model of assessment and support\textsuperscript{115}.

- The first level (\textit{Early Years Action}) is where early childhood care and education personnel with a concern about a child speak to a parent, gather information, monitor, and develop a plan for how the setting will support a child to access the curriculum.
- The second level (\textit{Early Years Action Plus}) is where supports at stage one are deemed insufficient, and assistance from outside agencies to assess and support a child are requested.
- The third level is where a child receives a statutory assessment of his or her need with a view to getting a Statement of Special Education Provision.

\subsection*{4.5.1 Northumberland Case Study}
Below sets out in more detail how this national framework works in practice using the example of the non-maintained sector\textsuperscript{116} in Northumberland\textsuperscript{117}.

There are extra resources available for the inclusion of children with disabilities in ECCE settings. The Local Authority provides an Inclusion Team comprising three Inclusion Coordinators (formally known as Area Special Education Needs Coordinators) and two Assistant Inclusion Coordinators. Area SENCOs are supposed to be provided by local authorities at a ratio of 1 WTE per 20 settings\textsuperscript{118}.

The Early Years Inclusion team’s functions include:
- supporting parents in finding and choosing an appropriate setting
- auditing the skills of a receiving setting
- conducting necessary training
- working with settings and parents to develop individual plans for each child

\textsuperscript{115} A graduated model of assessment and support means that children are first assessed and supported by their own teachers. Where this level of support proves inadequate further assessment is conducted to ascertain what additional supports the child and or ECCE setting need to support the child. Where this level of support proves inadequate, the child is referred for a statutory assessment to need.

\textsuperscript{116} Non-maintained sector are those ECCE settings not attached to state funded schools.

\textsuperscript{117} Approximately 100 settings which range from small which would only have 15 to 20 children attending to large which would have 30 to 50 children.

\textsuperscript{118} These cover the non-maintained settings only, maintained settings receive their funding as part of a formula grant to the school to which they are attached. The non-maintained sector are a more relevant comparison the mixed economy of Irish ECCE provision.
4.5.1.1 Early Years Inclusion Toolkit

Northumberland has developed an Early Years Inclusion Toolkit which is linked to the Early Years Foundation Stage curriculum, which, along with some accompanying guidance, had been developed with the needs of children with disabilities in mind. The Early Years Inclusion Toolkit developed in Northumberland provides additional guidance on how to support children disabilities to access the curriculum.

The Toolkit and the accompanying training provide a common framework for all settings to support children to access the curriculum. The toolkit is seen as giving a good foundation for delivering inclusive practice. The Inclusion Consultants provide support to settings with special needs children to develop an individual plan and participate in each of its reviews.

Early childhood care and education settings can apply to the Northumberland Local Authority for additional funding for "enhanced ratio" hours required for the inclusion of a child with a disability into their services. Under the **Enhanced Ratio Hours Scheme**, settings can get up to 15 additional hours funded/resourced (i.e. matching the government’s 15 hours for all children). Across non-maintained settings in Northumberland, there was a budget of approximately £70,000 to pay for enhanced ratio hours. An approximate equivalent for amount for Ireland could be calculated as € 3.3 m.

Funding under the **Enhanced Ratio Hours Scheme** is paid only when the early childhood care and education setting has made all of the appropriate accommodations that can be delivered within existing resources (with assistance of the inclusion consultants) to include the child and give access to the

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119 All maintained/independent schools or registered early years providers in the private, voluntary and independent sectors caring for children from birth to five must use the EYFS. This includes: reception and nursery classes in maintained and independent schools; day nurseries; childminders; playgroups; after school and breakfast clubs; holiday playschemes; Sure Start Children’s Centres. The EYFS ensures: children learn through play providers work closely with parents; you are kept up to date on your child’s progress the welfare, learning and all-round development of children with different backgrounds and levels of ability, including those with special educational needs and disabilities

120 There is a separate fund for those needing more than 15 hours of enhanced ratio hours. This has been funded under the Disabled Children’s Access to Childcare pilot activity

121 Non-maintained sector are those ECCE settings not attached to state-funded schools.

122 This approximation is calculated by dividing the Euro equivalent (€ 79,106 on the 15 of April 2011) by the number of non-maintained settings in Northumberland and multiplying by the number of settings participating in the Early Childhood Care and Education scheme, i.e. 79,106 / 100 x 4200 = 3322452. Working out the net cost for such a scheme in Ireland would obviously involve ascertaining how much is spent on special needs assistants in pre-schools and subtracting that amount from the € 3.3 m. gross figure.
curriculum. Settings have to prove that they are taking or will take certain steps before they will get any additional funding. There is no connection between any particular disability and the allocation of resources.

The enhanced ratio funding is “backfill” funding for the implementation of an early childhood care and education setting’s plan across the whole setting to support a child to access the curriculum. It is not aimed at purchasing one-to-one support. Nor is its focus on lowering the child/ adult ratio for a group with a child with a disability. The purpose is to fund the gap, across the whole service, between what accommodations a setting should make within its own resources, and what is necessary to ensure the child is included and can fully access the curriculum. Funding is only given where a service can demonstrate that they are doing or will do all they can (with the advice and support of the Inclusion Consultants) within their own resources, and can provide evidence of a gap between that and the funding required to fully include the child.

The enhanced ratio funding is not only to control expenditure but to encourage early childhood care and education settings to think about how they can best include a child with a disability. It asks them to document that process and to identify where, if any, the gaps arise for the service by making such accommodations. It may be that a child does need one-to-one support for toileting or feeding, or a staff member may have to put in extra time engaging with the Inclusion Consultants and health professionals supporting the child. Given that what is being funded is the backfill hours not the hours which the primary carer / teacher spends with the child, it can be paid at relatively low wage (minimum UK wage).

In practice, early childhood care and education settings are supported by multi-disciplinary teams of Area SENCOs to deliver support levels one and two as set out in the Revised Special Education Need Code of Practice. The vast majority of pre-school children with disabilities in Northumberland are supported at level one and two (i.e. for those without the need for a Statement of Special Education Need). There is a very strongly held view (in Northumberland and many Local Authorities in England) that young children should not be sent for statutory assessment to get Statements as it is a resource intensive, protracted process, of limited value since young children’s development changes at such variable rates. In addition, many assessment tools are of questionable value when dealing with young children. Many local authorities operate a policy of keeping pre-school children out of the Statement process.

\[123\] In some of the case studies such as Northumberland the Area SENCOs are called Inclusion Consultants. However, across England the term Area SENCO is still used in many places.

\[124\] Level 1 is “Early Years Action” and Level 2 is “Early Years Action Plus”
In Northumberland Inclusion Consultants have worked with a network of parents who have or have had children with disabilities in mainstream early education and care settings. This network provides workshops for parents of young children with disabilities. They have also run training sessions for early childhood care and education personnel.

4.6 Coordination

In Northumberland there is a Pre-school Panel at which the management of all the agencies or local authority units dealing with children meet once a month. Individual therapists and other professionals attend a few times a year when cases they are involved with are being discussed. The purpose is an attempt to ensure that children don’t “fall through the cracks” and that transitions (such as from pre-school to school) are planned. This is not a statutory structure and there are no formal inter-agency agreements.

In England (and more recently in Wales) a programme called Early Support has been rolled out to drive coordination across services for young children with disabilities, to provide parents with information on disabilities / special education needs and services available and to develop a culture of professionals working in partnership with parents. Early Support is part of wider government initiative called Every Child Matters, which aims, inter alia, to create an integrated children’s workforce.

At the heart of the Early Support programme is cooperation between professionals working across disciplines and agencies, working collaboratively to support children and their families. The early pilots were successfully evaluated and the programme has now been mainstreamed. It is now expected that this way of working is the norm in English Local Authorities and Primary Care trusts. Joint training and common documentation (held by the family) were some of the tools used to drive collaboration.

4.7 Assessment

In England there is a graduated model of assessment and provision. There are three levels of assessment and provision set out in the Revised Special Education Need Code of Practice.

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125 The remit of this panel is more than just children with disability and would also cover children at risk etc.
126 University of Manchester & University of Central Lancashire (for the Department of Education and Skills), 2006, Early Support: An Evaluation of Phase 3 of Early Support
127 A graduated model of assessment and support means that children are first assessed and supported by their own teachers. Where this level of support proves inadequate further
In Northumberland, the Local Authority inclusion team have developed an Inclusion Toolkit, which provides settings with additional guidance in assessing children’s needs and providing basic supports for them to access the Early Years Foundation Stage curriculum.

It should be noted that in the case of Northumberland it would be extremely rare that a family and child in this age cohort would not come with key worker from the services they are already in contact with, such as the portage home play service or health services. In recent years with the roll out of Early Support programme, families will present with an Early Support Family File which will contain key information on the child, the family, the nature and extent of the disability and the supports which the child / family currently receive.

4.8 Support for children with undiagnosed difficulties
There is a graduated model of assessment and support in England. Therefore, a diagnosis of a disability or special education need is not necessary to get additional support in ECCE settings. Some children go down the route of getting a “Statement” – a statutory statement of need but the vast majority of children receiving support don’t have or need a statement to access services.

4.9 Costs
There are no overall figures across England on costs. The example of the non-maintained sector129 in Northumberland provides some basis for estimating costs. In this sector there are approximately 100 ECCE settings and there are 5 whole time equivalents in the Inclusion Team and a budget of approximately €79,000 to fund settings’ additional staffing requirements to deliver on inclusion.

4.10 Level of inclusion
There is no overall data across England. In the example of Northumberland almost all children under 5 who are attending ECCE services are in mainstream services. A very small number (significantly less than 100 children) assessment is conducted to ascertain what additional supports the child and or ECCE setting need to support the child. Where this level of support proves inadequate, the child is referred for a statutory assessment to need.

128 Children can be assessed for Early Year Action, Early Years Action Plus or assessed for a statutory Statement of Special Education Need.
129 Non-maintained sector are those ECCE settings not attached to state funded schools.
attend nurseries attached to special schools\textsuperscript{130} but some of these nurseries are reverse inclusion nurseries\textsuperscript{131}.

4.11 Prioritisation
There is no legal instrument which gives children with disabilities priority for places in ECCE settings but under the Disability Discrimination Act 1995 both maintained and non-maintained settings\textsuperscript{132} must not discriminate against children with disabilities and must make reasonable accommodations.

4.12 Standards and regulations
The Early Years Foundation Stage (EYFS) sets out standards for early learning, development and care. These are focused on children as individual learners, and were designed with children with disabilities in mind. They also have a standard on inclusive practice. Supporting material for EYFS has been developed which focuses on Inclusive practice, children with behavioural and emotional difficulties, children with autism and children with speech language and communication, etc\textsuperscript{133}.

The National Standards for under eight daycare and childminding (DfES 2001) includes a standard which states that all registered persons will have regard to the Revised Special Education Need Code of Practice. The Office for Standards in Education, Children’s Services and Skills (Ofsted) monitors compliance with these standards.

4.13 Curriculum Adaptations and Individual Education Plans
In England the Early Years Foundation Stage of the curriculum is very much focused on children as individual learners and was developed with children with disabilities in mind. This stage contained some basic information on the inclusion of children with disabilities and special education needs. Subsequently more detailed accompanying documentation was developed. In Northumberland another layer has been developed (the Inclusion Toolkit described above) to give settings the basic skills to assess, plan conduct basic interventions themselves.

\textsuperscript{130} These nurseries only cater for children in the year prior to starting school. So there are no special segregated pre-school places for children 0 – 4 years of age in Northumberland.

\textsuperscript{131} Reverse inclusion involves children without a disability or special education needs being placed in service which had previously delivered segregated services to children with disabilities only

\textsuperscript{132} Non-maintained sector are those ECCE settings not attached to state funded schools.

\textsuperscript{133} National Strategies (various dates)
http://nationalstrategies.standards.dcsf.gov.uk/search/earlyyears/results/nav%3A46364%20facets%3A24259 (accessed 30 January 2011)
Using the Inclusion Toolkit, ECCE settings should be able to make basic curriculum adaptations themselves. Inclusion consultants provide input for more significant adaptations. The Local Authority Inclusion Team train each setting in inclusive practice and a range of disability / SEN topics, and provide them with ongoing support. Curriculum adaptations involve the teacher / group leader, and where appropriate the Local Authority inclusion consultants and / or the health professionals who may be involved with the child.

Children with a disability have a written individual plan. The SEN Code of Practice sets out when and how Individual Education Plans (IEPs) should be written and what they should contain. IEPs should say how the child will access the curriculum, what strategies will be employed, what supports will be provided by whom, when the plan will be reviewed and what the outcomes should be. It should be noted that in some Local Authorities, including Northumberland, every child (not just children with disabilities) has an individual plan, therefore, the term “IEP” is not used exclusively for children with a disability.

Staff in ECCE settings, inclusion team members, health professionals where appropriate and parents contribute to individual plan development and reviews.

4.14 Physical accommodations
Funding for equipment and physical accommodations tends to come from a separate Local Authority division. In Northumberland, this is the Disabled Community Team. This is the division who fund community supports for adults and children and who for example would fund respite for families with disabled children. However, they are likely to only fund equipment and not fund physical accommodations.

4.15 Key staff qualification and SEN training for ECCE personnel
In England the lead instructor of a class or group including a child with a disability in an inclusive pre-school is not required to have a Special Education Need qualification. Levels of qualifications in English ECCE settings vary considerably particularly in the non-maintained sector\(^{134}\). A module on children with special needs or on Inclusive practice would however typically be part of most current training courses of early education personnel.

The inclusion consultant or Area Special Education Needs Co-ordinator (the role has different names) is the person within the system who provides the expert input on supporting the inclusion of children with disabilities. A major element of the Inclusion Consultant’s / Area SENCO’s work is to continuously build the capacity and extend the special education needs skills and knowledge of ECCE

\(^{134}\) Non-maintained sector are those ECCE settings not attached to state funded schools.
staff. This is achieved in part through running or organising training on inclusive practice, special sessions relating to particular issues (such as managing challenging behaviour) or supporting children with certain conditions.

4.16 Parent Inclusion
In England the Revised Special Education Need Code of Practice includes a provision on partnership with parents, and it is policy to put parents at the centre of such partnerships.
5. Case study 2 - New Zealand

5.1 Mainstreaming
In New Zealand, a number of policy and legislative instruments support the rights of all children and their families to an early childhood education that is non-discriminatory and inclusive. Despite these legislative instruments some ECCE settings can and do find ways to discourage parents of disabled children to enrol in their settings. Since the late eighties / early nineties, there has been consensus that inclusion in mainstream ECCE settings with supports would be most appropriate for the vast majority of children with disabilities. There are only a couple of hundred children receiving supports exclusively from specialist early education providers.

5.2 How organised and funded
In New Zealand, the Ministry of Education licences all ECCE settings. There are two types of ECCE settings in New Zealand: these are teacher-led and parent-led. There are 3,500 teacher-led and 2,000 parent-led settings.

There are two funding schemes for licensed providers. The Early Childhood Education Funding Subsidy is the primary form of government funding for licensed ECCE services. The ECE Funding Subsidy contributes to services’ operating costs by paying for part of each hour each child spends in ECE, to a maximum of six hours per child-place per day, 30 hours per child-place per week. This scheme is open to children from birth.

20 Hours ECE scheme is the second scheme, it delivers a higher rate of funding than the ECE Funding Subsidy. Three-year-olds, four-year-olds and five-year-olds are eligible for a subsidy of up to a maximum of six hours per child per day, for up to 20 hours per week. Under this funding stream there is the option of an additional entitlement to what is called the Plus 10 ECE scheme. The Plus 10 ECE scheme covers the 10 additional hours of funding for each child attending for 30 hours or more (in addition to the 20 Hours ECE hours).

The ECE Funding Subsidy (and the Plus 10 ECE) rates are intended to **subsidise** the cost of providing ECCE in order to **divide the cost** between government and parents. The 20 Hours ECE scheme hours are funded at a higher level because they are intended to meet the **full average cost** of providing ECE for each service type.

The Ministry of Social Development also pays another separate means-tested subsidy to some lower and middle income families to help cover part of any remaining costs of childcare. This subsidy is not paid to parents whose children are old enough to qualify for the 20 Hours ECE scheme hours.

**5.3 Specialist pre-school provision**

Approximately 12 providers have contracts to provide specialist early education and care to children with disabilities. However, many of these provide supports to children who are in mainstream settings (i.e. it is an additional support). This may, for example, take the form of a full-time specialist placement for a term before a child moves on to being supported in a mainstream setting. In total the 12 providers provide support to less than 500 hundred children with disabilities. (For comparison, New Zealand has approximately the same population as Ireland).

These 12 organisations are budget holders and provide or purchase services in a variety of ways. An example is BLENNZ (Blind and Low Vision Education Network New Zealand), which is a budget holder for pre-school supports for children with visual impairments. It provides a mixture of supports to other centres (such as a visiting teacher or funded services of a relevant professional) and supports in specialist centres.

**5.4 ECCE support structures**

In New Zealand, the Ministry of Education has 16 regional offices which provide support and coordination in their respective regions. Each of these offices has a unit which provides support to the early education sector, known as an Early Intervention (Special Education) unit\(^\text{136}\).

**5.5 Extra resources in mainstream**

In New Zealand, apart from around 500 children in receipt of Early Intervention supports from specialist providers, over 12,000 children with disabilities or special education attend mainstream ECCE services. The 16 local offices of the

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\(^\text{136}\) In New Zealand “Early Intervention” refers to services provided by the Ministry of Education to support children to access mainstream pre-school services. As this may cause confusion for Irish readers I refer to this programme as “Early Intervention (Special Education)”. 
Ministry of Education (known as Ministry of Education regions) fund and administer Early Intervention (Special Education) services to these children.

Parents wishing to send their child to a mainstream early education and care setting are referred to Early Intervention (Special Education). Children are assessed at home or in their ECCE setting as appropriate. A diagnosis of a disability is not required to receive a service from Early Intervention (Special Education). Each region has a budget for Early Intervention (Special Education) services based on its population and certain assumptions about disability prevalence in the population. Therefore, each region has to prioritise access to Early Intervention (Special Education) within the context of a defined budget allocation.

A number of factors are used to prioritise allocations:
- higher ratings for those with developmental delay in more than one area
- higher ratings for older children
- higher ratings for children for whom there are concerns about their ability to participate or concerns about their well-being

The focus of the support is the whole ECCE setting and not on a particular staff member or the individual child. Where a child is deemed to require support for participation in mainstream ECCE, that support will be delivered to the child’s ECCE setting in two ways.
- the Early Intervention’s (Special Education) multi-disciplinary team\(^{137}\) will support the setting to include the child through measures like training, on-site support, assistance in writing up and reviewing the child’s plan, participating in meetings with parents, or monitoring the child’s development.
- the Early Intervention (Special Education) multi-disciplinary team can fund additional hours. These come in the form of Education Support Worker (paraeducator) hours.

The Education Support Worker hours are additional hours for the ECCE setting to include that child. It is not a one-to-one support for the child (though for some children it may be for some time periods) but a support to the setting to include the child.

Education Support Workers may work across several ECCE settings in the course of a week. Settings are generally allocated fewer Education Support Worker hours.

\(^{137}\) These teams are made up of qualified early education teachers with additional post-grad special education qualifications and psychologists and speech and language therapists.
Worker hours than the number of hours the child with a disability attends a setting. Therefore settings are generally expected to include the child for hours when no matching Education Support Worker hours are provided. Early Intervention (Special Education) have taken charge of recruiting and training Education Support Workers (individual ECCE settings had done this until recently). This allows Early Intervention (Special Education) to retain a group of good Education Support Workers but deploy them flexibly. An Education Support Worker might typically work across 3 or 4 settings in a week.

As part of their ongoing engagement with settings, Early Intervention (Special Education) multi-disciplinary teams monitor that settings are not using Education Support Worker hours to provide one-to-one support where this is not appropriate. At the beginning of each term, Early intervention (Special Education) look at all of the applications/files of the children that they have against their prioritisation criteria, and decide how much support they can allocate to each child.

The Early Intervention (Special Education) team support and advise staff on how to include the child in his or her group and to ensure the child progresses towards development goals. However, they do not withdraw children to provide therapy sessions. They work with the setting staff to work with the child in his or group of peers.

Providing a one-to-one support to a child has previously been the norm. However, having an adult one to one with a child for periods of the day where one-to-one support is not necessary is now deemed inappropriate. Children with disabilities, like every other child in the setting, are in a group of their peers led by a teacher, and they are encouraged to have relationship with a number of adults (over time or for different activities).

5.6 Coordination
In New Zealand, coordination between health and education services is worked out at a regional level. Some districts have formal written agreements but most just have a joint management forum to coordinate services at a regional level. For example, the management coordination forum in Otago has produced joint information pamphlets for parents which describe the coordinated package of service that health and education can deliver.

This is sometimes described as the “Velcro” model

Ministry of Health funded services called Child Development Services deliver occupation therapy, physiotherapy, and some speech and language services.
In recent years, some progress has been made in terms of health and education jointly delivering services together. Health professionals involved with a child will typically attend planning meetings in the ECCE setting to jointly plan with parents, setting staff and Early Intervention (Special Education) team members. Planning meetings take place about every six weeks and health personnel involved would be normally attend at least every second meeting and submit a written report to the ones that they don’t attend in person.

In some regions of New Zealand many primary care therapists working for Ministry of Health funded services (occupational therapy, physiotherapy and some speech and language therapy) still deliver clinic-based therapy interventions to pre-school children with disabilities, although this is beginning to change and in some regions therapies are beginning to be delivered in natural environments, including preschools.

5.7 Assessment
In New Zealand, an assessment by an Early Intervention (Special Education) team typically involves interviewing parents, teachers/staff and a play-based assessment. The assessment is to establish what a ECCE setting will need to do to fully include the child and support them to fully access the curriculum. It is not about establishing a diagnosis. The assessment is linked to the curriculum (New Zealand Early Childhood Curriculum, Te Whāriki). This is based on the idea all children can access the curriculum with the right supports, so the assessment focuses on what supports that ECCE setting will need to ensure that child can fully access the curriculum.

Many of these teams work on a trans-disciplinary basis, meaning that various members of the team conduct overall assessments rather that the person with the speech and language qualification being the only person who would consider the child’s speech and language needs, for example. When deemed necessary, children are referred on to colleagues for more expert opinion or on to a paediatrician get a formal assessment (this happens often where children are thought to have autism).

New Zealand has in the past had overly clinical, overly bureaucratic and lengthy assessment processes for children but has sought to move away from such practices and seek to provide early years support early. A key driver in changing the system has been the view that it should be made easy for parents of children with disabilities to access support, as all the evidence 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.
An assessment might include three home and three centre-based visits (where the child is already in an ECCE setting). Where a child is already attending a centre, the ECCE setting staff are involved in the assessment and, in particular, in assessing what they have to do to fully include the child. Where children are already in receipt of a health or therapy service, the Early Intervention (Special Education) team would often look to do a joint assessment. The team members doing the assessment will typically have the child’s records from his or her family doctor, therapists, paediatrician, etc.

A diagnosis is not necessary to receive supports. Each Ministry of Education region has a budget based on population estimates and indicative target numbers and has a set of criteria for prioritising those who will get support. Among the priority indicators are

- having a developmental delay assessed as high or moderate
- having a developmental delay in more than one area of development
- concerns about capacity to participate
- concerns about well-being

Early Intervention (Special Education) teams commit to having the assessment completed and support put in place no later than the start of the next term (there are four ten week terms). The turnaround time from referral, to assessment to support provision is typically only a month or two.

Reviews of progress have to take place every six months but typically take place much more frequently for children with disabilities. Supports are provided on a term-by-term basis. Where the Early Intervention (Special Education) team assess, based on progress being made, that a child needs more support, or no longer needs support, the support level can be increased or reduced. Similarly, where ECCE settings are not genuinely including the child in the activities of the group of his or her peers, support can be withdrawn. Centres understand that support may be reduced from its initial level where the child is making good progress, and would also know that if they would fail to provide a genuinely inclusive environment for the child, they may lose support.

**5.8 Support for children with undiagnosed needs**

In New Zealand support allocation of extra resources for pre-school inclusion is not based on a diagnosis.

**5.9 Costs**

The Ministry of Education spent ($4.25 m. NZ Dollars, equivalent to about €2.4m. for Ireland) on Education Support Workers (Para-educators) in the preschool sector.
The Ministry of Education also funds multi-disciplinary teams and administration. The multi-disciplinary team is comprised of qualified early education teachers who have additional post-graduate special education qualifications, psychologists and speech and language therapists. The funding formula for disbursing monies to each region is based primarily on the assumption that 4% of the relevant age cohort have disabilities.

5.10 Level of inclusion
It is estimated that 12,000 children with disabilities are in mainstream ECCE settings. Less than 500 hundred receive supports from specialist services though many or most of this 500 are actually in mainstream settings. Ireland has a similar population size, so these numbers are readily comparable.

5.11 Prioritisation
There is no legal requirement to prioritise children with disabilities. However, nowadays refusals are rare. Typically where a centre is showing reluctance to accept a child with a disability, the Early Intervention (Special Education) team will step in and facilitate a discussion between the family and the setting provider. Early Intervention (Special Education) teams find that as ECCE settings include children with disabilities, they are becoming increasingly more willing and competent, and require less support, to deliver inclusive practice. Thus it is the practice of inclusion (with appropriate support) which has been found to reduce barriers rather than any legal instrument.

5.12 Standards and regulations
The relevant regulations place an obligation on settings to be inclusive and to meet the needs of all children in the setting rather than mentioning disability / special education needs per se\(^{140}\). All ECCE settings are monitored by the Education Review Office, which also monitors primary and secondary schools. There is no national Code of Practice on inclusion, ECCE settings are not required to have a written code of practice on inclusion, nor have a named officer responsible for inclusion.

5.13 Curriculum Adaptations and Individual Education Plans
Each child with a disability has an individual plan. However, it should be emphasised that this is not a separate curriculum for the child; it is a plan to support the child to access the curriculum with his or her peers. The New Zealand early years curriculum is designed to focus on the learning needs of the

individual child and is easily adapted to include children developing at different speeds\textsuperscript{141}.

For a child with a disability or special education need the individual plan is reviewed every six weeks. Parents, relevant staff in the preschool centre, Education Support Worker (if involved), Early Intervention (Special Education) team members, health staff (if involved) review the plan and agree new priorities. Health staff typically attend at least every second meeting in person and submit written updates to those that they do no attend.

Some settings (though only a small number) have gone beyond this and have developed “secure individual blogs” for each child with a disability. This allows all individual plan team members to update other team members between meetings. ECCE setting staff might for example write a quick note at the end of a shift on how including an agreed routine into an ongoing group activity worked out and Early Intervention / health personnel may comment. Or health / Early Intervention personnel may comment on progress and new targets after seeing the child rather than wait the six weeks until the individual plan team reconvenes.

**5.14 Physical accommodations**

In New Zealand, occupational therapy is part of the health services and physical accommodations and equipment / technology come from this source not Early Intervention (Special Education). To avoid problems, some regions have developed protocols between health authorities and Early Intervention (Special Education) on the provision of equipment / technology to ensure that there is coordination when a child goes to an ECCE setting.

While ECCE settings in modern buildings are typically accessible, ECCE settings in older buildings are often not. Neither Early Intervention (Special Education) nor the health authorities have a budget for physical accommodations. A charitable foundation in New Zealand provides small grants to make physical accommodation to ECCE settings.

**5.15 Key staff qualification and SEN training for ECCE personnel**

In New Zealand group / class leaders have a diploma or degree in early education. Typically they have a BA in Early Education. There is no requirement to have a special education qualification or to have special education as part of that diploma or degree. Nowadays at least, a module in inclusive practice would be included in most Early Education courses.

\textsuperscript{141} Ministry of Education, 1996, New Zealand Early Childhood Curriculum, Te Whāriki
A very significant part of the Early Intervention (Special Education) team’s work is to train and upskill early education staff. This is done through working with them in ECCE settings but also by running courses on inclusive practice, behaviour management, language and communication development, and the use of assistive technology.

There are opportunities to do an additional post-graduate diploma in early intervention which many members of the Early Intervention (Special Education) teams, and some early education teachers, would have. There is considerable and growing demand to do the post-graduate qualification in early years special education. It can be done in one year full time and two years part time.

5.16 Parent Inclusion
Parents are involved in writing and reviewing the child’s individual plan. These have to be reviewed twice a year but in practice are reviewed, in some regions at least, every six weeks. In some ECCE settings the individual plans have been put online and are updated by all stakeholders, including parents, in real time.
6. Case study 3 - Finland

6.1 Mainstreaming

Every Finnish child, including children with disabilities and special education needs, has the subjective right to childcare. Municipalities organise mainstream childcare and they also have responsibility for children with special education needs and those with disabilities.\(^{142}\)

Some municipalities have special classes located within mainstream childcare settings. 85% of these special classes are inclusive (include both children with disabilities and those without) and 15% are in segregated classes (but within mainstream settings), where all the children have special needs. Other municipalities organise support for children with disabilities on the basis of peripatetic / consultant teacher model.

The structure of early education and care in Finland is inclusive; almost all children with disabilities attend mainstream childcare services. There are virtually no day-care settings exclusively for children with disabilities and special education needs. While there are some special preschool classes attached to special schools, they only cater for children who are in the age immediately before school entry (6 - 7 years). The numbers attending these special preschool classes are very small (a few hundred nationally). For comparison, Finland’s population is about 20% higher than Ireland’s.

6.2 How funded and organised

In Finland, the Ministry of Social Affairs and Health has the overall responsibility for early education and care. The national legal framework neither prescribes how municipalities should organise early education and care nor how teachers should teach young children. Central government (the Ministry of Social Affairs and Health) provides funds to the 354 municipalities in Finland to provide ECCE services to their population. This applies regardless of whether a child has a disability.

There is no separate administrative system for children with special education needs. All children are entitled to a year of pre-primary education (age 6 -7) and almost all children avail of this. All children below school age are entitled to receive municipal day care either at a day-care centre or in family day-care. Day-care costs are calculated according to the size of a family and their income, and

\(^{142}\) There is a very loose national framework for how municipalities organise childcare both for children with and without disabilities. Therefore, municipalities have very significant autonomy in how they organise early childhood care and education.
range from between €18 – €200 a month (the remainder being subsidised by the municipality).

Typically, integrated and special groups of preschool children with disabilities are only organised in larger urban municipalities but practice from one municipality to another differs considerably.

6.3 ECCE support structures
In Finland, municipalities organise and coordinate childcare provision within their local areas. One third of municipalities have a planning group which is focused on special day-care and special education in ECCE. These are multi-professional administrative groups who work on policy and planning issues across the municipality but also focus on coordinating provision for individual children with high support needs. They are likely to consist of health professionals, special education professionals and day-care managers or administrators.

6.4 Specialist preschool provision
These questions are largely not relevant in the Finnish context. A very small number of children do complete one year in a preschool class located in a special school, but this is atypical.

6.5 Extra resources in the mainstream
In Finland, as all children have the right to childcare and municipalities organise childcare for both children with and without disabilities there are no extra resources for inclusion in the sense of there being a separate budget stream. Municipalities simply have a childcare budget and all children with or without a disability are entitled to childcare.

There is no legislative imperative for municipalities to provide any special supports for children with disability or special education needs. The model of delivering extra support to these children differs considerably from one municipality to the next. Some municipality operate special groups (15 % of the children with Statements are in special groups), some operate integrated groups, some operate peripatetic supports where a special education teacher spends a day or certain days a month in certain ECCE settings. Some

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143 A preschool class in Finland for children with or without disabilities is for children aged 6 to 7.
144 There has been some work done on trying to establish what the cost implications of including children with disabilities in mainstream early education and care but given the issue of the single budget, highlighted above, this has proved difficult to date.
145 Please see section below on assessment for more on “statements”
146 These are groups within a mainstream setting.
municipalities (usually smaller, more rural municipalities) don’t provide any additional supports to groups which include children with disabilities.

Where supports are provided, they typically involve reducing the ratio of adults to children from the legislatively provided maximum of 23 children to 1 teacher and two nursery assistants. Integrated groups (a class containing some but not a majority of children with disabilities or special education needs) are usually 13 children to 1 teacher and 2 nursery assistants. Special groups are usually 8-10 children with statements of special education needs, to 1 special education teacher, and either 1 or 2 nursery assistants. All of these groups are in mainstream settings.

One-to-one care assistants can be assigned for children with very complex needs but this is not very common. Increasingly in Finland, the view is that one-to-one care assistants may hinder inclusion and development of the child. Extra supports are therefore generally for the group which the child is part of, not for the individual child.

6.7 Coordination

One third of municipalities have a focused special daycare planning group. These are multi-professional administration groups who work on policy and planning issues across the municipality, but may also focus on coordinating provision for individual children with high needs. They are likely to consist of health professionals, special education professionals and daycare managers or administrators.

Children access therapy supports outside of the early childhood care and education framework, via their local primary care provider. Early intervention services are provided via primary care services. The extent to which primary care therapists deliver services onsite in preschool or day care settings differs from municipality to municipality. Relevant clinicians would typically be in contact with early education teachers about twice a year. However, this is not a requirement of any regulation. Formal interagency agreements between early childhood care and education settings / regions and health providers are not typical.

6.8 Assessment

In Finland about 8% of children have statutory statements of need. These are reports by medical professionals, typically doctors and psychologists. However, having a statement does not necessarily “unlock” any additional resources in the area of early education provision.

Children with a special needs are supposed to have a Rehabilitation Plan for how their development will be supported in their early education and care setting
(though in fact not all do). A Rehabilitation Plan sets out how a child’s development will be supported but it is not a service statement, necessarily conferring rights to any particular extra support.

6.9 Support for children with undiagnosed needs

Research suggests that about 15% of children in Finland in the relevant age cohort are estimated to have a special education needs or a disability. Without a diagnosis and a statutory declaration of needs, it is unlikely that children will be placed in a special or (designated) integrated preschool class. In municipalities where a peripatetic or consultant teacher model operates, early childhood care and education settings may receive support for children without any diagnosis.

As of January 2011 a new Basic Education Law has codified a system of graduated support for school age-children and preschool children (children aged 6 to 7 years) whereby children’s assessment and the provision of extra supports would be graduated. There are now three levels of support - general support (all children), intensified support (lower level need) and special support (higher level need). Teacher assessment, rather than a statutory statement of need, can now unlock resources for those with lower level support needs.

This new law does not apply to children below preschool year (that is children typically younger than six years of age). However, some municipalities have decided to adopt a graduated model for children 0 – 6 based on the new legislation.

6.10 Costs

There has been some work done in Finland on trying to establish what the cost implications of including children with disabilities in mainstream early education and care but given the issue of the single budget (for children with and without disabilities) across several hundred municipalities it has proved difficult to date to get any data.

6.11 Level of inclusion

In Finland, almost all children with disability or special education needs attend mainstream ECCE settings. 8% of these in ECCE settings have statements of a disability or special education needs, and research suggests there may be a further 7% with similar needs which have not been formally diagnosed.

6.12 Prioritisation

Finland used to have legislation prioritising those with special education needs. However, this legislation has been rendered obsolete since all children now have the subjective right to ECCE provided by their Municipality.
6.13 Curriculum Adaptations and Individual Education Plans
There is a national curriculum but it is not mandatory, so in practice it functions more like a set of guidelines. Each child (with or without a disability) has an education plan under this framework. As mentioned above, a child with special education needs or a disability typically has a Rehabilitation Plan setting out their development goals.

The plan is written up by the child’s teacher, his or her parents and would typically also include any clinician / therapist involved with the child outside the early childhood care and education setting.

In practice while all children who are diagnosed with an intellectual disability or autism would have Rehabilitation Plans, those children with a “social and emotional” disability often don’t have a rehabilitation plan.

6.14 Physical accommodations
There is no dedicated budget of physical accommodations. Under the legislation dealing with rehabilitation, children can access to IT / technological aids. These supports are funded by the health authorities and accessed via healthcare providers rather than through the early childhood care and education system.

6.15 Key staff qualifications and training for ECCE personnel
Each class in the Finnish ECCE system is led by a teacher with a BA in Early Years Education (University degree) or a social pedagogue (BA from a polytechnic education institute). Classes also have nursery instructors who have about 2.5 year qualification (vocational education/training). There is no requirement for early childhood care and education staff to have or acquire special education needs or disability knowledge.

Early years special education teachers have a basic BA in early education and then complete a one year post-graduate in-service special education course to qualify as an early years special education teacher. 75% of those acting as early special education teachers are qualified teachers in early childhood special education.

All early education trainee teachers are required to do a minimum special education module and usually have the option of taking a significantly more in depth module as part of their studies.

The above notwithstanding, research has suggested that there are not enough early special education personnel in the Finnish system and there should also be more special education modules in kindergarten teacher education.
6.16 Parent Inclusion

In Finland parents are parties to the development of a rehabilitation plan and individual plans\(^{147}\). They are likely to be involved in reviewing such a plan about twice a year.

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\(^{147}\) Rehabilitation plans are statutory statements of need for children with diagnosed with a disability. All children have an individual plan.
7. Case Study 4 - USA

7.1 Mainstreaming

The relevant US Federal law, the IDEA Act, 2004, mandates that all children should be educated in the “least restrictive environment”. This law applies to preschool and school-aged children. There is ongoing controversy about what the least restrictive environment principle means in practical terms. At a minimum, it means that the first consideration, in terms of placing any child with a disability, should be a mainstream class with additional supports. At a State level, inclusion is often re-emphasised and the inclusion of children with disabilities, including children in preschool, is written into States’ performance plans targets and monitoring frameworks.

At preschool level, the picture is somewhat more complicated than for school-aged children as preschoolers with disabilities have the right to free appropriate public education but in many school districts there may not be (or until recently may not have been) any state funded preschools.

Some school districts have been using placements in community preschools (private profit or non-profit ECCE settings) and Head Start since the 1980s. In recent decades increased state funding for pre-kindergarten (sometimes referred to as pre-k) services within the public schools system has opened up far more...

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148 The USA country report looked to certain extent at national best practice but in more detail at practice in the states of Illinois (District 58 in Chicago and Woodford County in particular) and Florida (Pinellas County).

149 The least restrictive environment is one of the six principles of the Individuals with Disabilities Education Act (IDEA). The IDEA Act was passed into law in 1990. It is reauthorized every few years and is generally referred to by its most recent reauthorisation date. The current arrangements are provisions referred to as the IDEA Act, 2004. The IDEA Act was preceded by the Education for All Handicapped Children Act, 1975 which also had a least restrictive environment clause.

150 Aefksy, F., 2004, Making decisions about diverse learners: a guide for educators

151 The Individuals with Disabilities Education Act (IDEA) 2004 required states to develop six-year State Performance Plan from 2005 around 20 core indicators, on which data will be submitted annually (beginning 2007) in Annual Performance Reports. Specifically, indicator 6 monitors the % inclusion rate of pre-schoolers with disabilities (3 to 5 years of age) and indicator 7 monitors progress made by pre-schoolers with disabilities on a number of broad domains.

152 It is legal and possible to look for supports contained in a child’s IEP to be delivered in a community setting (i.e. a private childcare setting) by a peripatetic or consultant teachers.

153 In the US 24% of 4 year olds are in state funded pre-kindergarten programmes. Only three states have developed pre-kindergarten programmes (Florida, Georgia and Oklahoma) available to all children. The National Institute for Early Education Research, (2009) http://nieer.org/yearbook/pdf/yearbook.pdf. The majority of States have developed pre-kindergarten programmes aimed at for “at-risk” children. “At-risk” factors used by states include...
opportunities for mainstream placements. In particular, the development of state funded pre-kindergarten programmes has allowed school districts to “blend” funding and programme delivery for pre-kindergarten and special education preschool systems.

For example, in Pinellas County, Florida the school district, began “blending” its special education and state-funded pre-kindergarten classes in 2006 - 2007. These classrooms consist of 50/50 ratio of children with disabilities or special education needs and typically-developing preschoolers. The percentage of preschoolers with disabilities full time in inclusive classes was less than 30% in 2006 – 2007. In 2011 the percentage of preschoolers with disabilities full time in inclusive classes is 85%.

In many states, despite significant progress in recent years, full inclusion remains a challenge. Table 8 below provides a national overview of placements for preschool children with disabilities. Some states, such as Maine, have simply mandated that segregated early childhood care and education settings cease operating. However, more typically states continue to work with school districts that have made different levels of progress towards full inclusion.

One US study found that between 1985 and 1990 the number of preschool services included in its study which had at least one student with a disability had almost doubled. Other research found that 5% of preschools in its study were inclusive settings prior to 1990 while 78% of the same settings were inclusive ten years later. 2007 data from the USA Department of Education indicates that the majority of states continue to make progress in developing inclusive preschool programmes and that 36 of the 59 states and territories were serving

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154 70% of 4 year olds who are in state funded pre-kindergarten classes are in school settings and 30% are in Head start and community settings. The National Institute for Early Education Research, (2009) [http://nieer.org/yearbook/pdf/yearbook.pdf](http://nieer.org/yearbook/pdf/yearbook.pdf)


more than 50% of preschoolers in receipt of disability supports in mainstream settings\textsuperscript{158}.

Pre-Elementary Education Longitudinal Study (PEELS) data (in table 8 below) provides some insight into the overall picture how additional interventions are provided to children with disabilities in mainstream preschool classrooms in the USA.\textsuperscript{159} Table 9 provides details on the setting types where preschoolers (3 to 5 years) had their Individual Education Plans addressed.

**Table 8 - Percentage of preschoolers and kindergarteners with disabilities ages 3–5 whose IEP goals and objectives were addressed in regular classes using various service delivery models: School year 2003–04**

<table>
<thead>
<tr>
<th>Setting Type</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not applicable – the child is not in a regular education classroom.</td>
<td>5.0</td>
</tr>
<tr>
<td>Not applicable – this child’s IEP goals are not addressed in the regular education classroom; they are addressed elsewhere.</td>
<td>14.4</td>
</tr>
<tr>
<td>The special education teacher or aide works individually with the child on special tasks.</td>
<td>10.5</td>
</tr>
<tr>
<td>The regular education teacher or aide works individually with the child on special tasks.</td>
<td>9.8</td>
</tr>
<tr>
<td>Related services personnel work individually with the child on special tasks.</td>
<td>12.4</td>
</tr>
<tr>
<td>Related services personnel work with the child in group activities.</td>
<td>39.3</td>
</tr>
<tr>
<td>The goals and objectives are embedded in common classroom activities.</td>
<td>8.5</td>
</tr>
</tbody>
</table>


**Table 9 – Percentage of children ages 3 through 5 served under IDEA, Part B, by the educational environment in which they received services**

<table>
<thead>
<tr>
<th>Setting type</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early childhood special education setting\textsuperscript{160}</td>
<td>33.1</td>
</tr>
</tbody>
</table>

\textsuperscript{158} Buysse, V. & Hollingsworth, H.L., (2009) Program Quality and Early Childhood Inclusion: Recommendations for Professional Development. Topics in Early Childhood Special Education 29 (2) 119 - 1128


\textsuperscript{160} Early childhood special education setting includes children who received all of their special education and related services in educational programs designed primarily for children with disabilities housed in regular school buildings or other community-based settings. These children received no special education or related services in early childhood or other settings. Early childhood special education setting includes special education classrooms in regular school buildings; special education classrooms in child care facilities, hospital facilities on an outpatient basis or other community-based settings; and special education classrooms in trailers or portables outside regular school buildings.
<table>
<thead>
<tr>
<th>Setting type</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential facility</td>
<td>0.1%</td>
</tr>
<tr>
<td>Separate school&lt;sup&gt;161&lt;/sup&gt;</td>
<td>2.2%</td>
</tr>
<tr>
<td>Itinerant service outside the home</td>
<td>10.1%</td>
</tr>
<tr>
<td>Reverse mainstream</td>
<td>0.8%</td>
</tr>
<tr>
<td>Home</td>
<td>2.9%</td>
</tr>
<tr>
<td>Part-time early childhood/part-time early childhood special education setting</td>
<td>16.8%</td>
</tr>
<tr>
<td>Early childhood setting&lt;sup&gt;162&lt;/sup&gt;</td>
<td>34.1%</td>
</tr>
</tbody>
</table>


Illinois, for example, has just under 70% of preschool children receiving special education supports in mainstream preschool settings. However, it still has a continuum of provision from fully inclusive to segregated. Some of the non-inclusive placements are accounted for by decisions to continue placing some children in segregated settings<sup>163</sup> but much of the non-inclusive placements result from school districts where state funded preschool places are not available. Some school districts in Illinois, such as Woodford County have had 99% of preschool children receiving special education supports in inclusive settings for over a decade. This has resulted from a decision to phase out segregated settings and classes and replace them with “blended” programmes<sup>164</sup>.

### 7.2 How organised and funded

In the USA there are a number of mainstream preschool programmes, which are funded from different sources. Many early childhood sites are private and paid for by families. These are known as “community settings”. Head Start programmes are free for low income, eligible families and are funded by grants from the Federal Government.

Children with disabilities from birth to 3 years are covered by Part C of the IDEA Act 2004 and therefore have their disability related needs met by early intervention teams. Children with a disability aged 3 to 21 years are covered by Part B of the IDEA Act 2004 and have a right to free, appropriate public

<sup>161</sup> Separate school includes unduplicated total of preschoolers who received education programs in public or private day schools specifically for children with disabilities.

<sup>162</sup> This category refers to mainstream classes with mainstream settings

<sup>163</sup> As will be discussed below District 58 in Chicago which had moved towards full inclusion has more recently developed an Autism Spectrum Disorder only programme in response to parental demand

<sup>164</sup> “blended” programmes are where school districts have “blended” their early years special education funding with and pre-kindergarten funding to create a “blended” programme serving children with disabilities and typically developing children in the same classroom.
education. Children with disabilities from three years of age have the right to an education and the public education system (local school district) has the responsibility to fund and administer this provision. In many cases the local school district is also the major provider too.

Preschool children with disabilities, in effect, have a right to preschool education which the vast majority of non-disabled three year olds, and the majority of four year olds, do not have. However, in many cases this education was historically provided in segregated settings or classes, though in recent decades this has been changing. The funding and administration of special education from children 3 to 21 is the responsibility of the local school district.

State funded pre-kindergarten programmes, where they exist, are largely for children who will be attending Kindergarten the following year (i.e. four year olds), though some include a minority of three year olds too. They are mainly funded by the state, but also by matching local resources in some states, and are administered by local school districts. State-funded pre-kindergarten programmes are open to all eligible children including those with disabilities, however there is no additional support or funding for children with disabilities. This is why many school districts have “blended” their early years special education funding with pre-kindergarten funding to create a “blended” programme serving children with disabilities and typically developing children.

7.3 ECCE support structures
There are coordinating structures at various levels of programme administration. There are, for example, special education coordinators at school district level who are responsible for coordinating supports for children aged 3 to 21 with special education needs. At a state level, there is a named coordinator for early

165 Local school districts do receive Federal funding under the IDEA Act, 2004 but this does not cover the cost of provision.
166 Only three states have programmes which make state funded pre-kindergarten programmes available to all children. State-funded pre-Kindergarten programmes served 1,199,127 or 14.6% of 3 and 4 year olds, 1,046,752 or 25.4% of 4 year olds and 152,375 or 3.7% of 3 year old children in 51 programs in 38 states during the 2008-2009 school year. Most states target pre-kindergarten programmes at “at risk” children.
167 Kindergarten is the first year of statutory school age provision.
168 Rules for eligibility for state funded pre-kindergarten programmes vary from state to state. Only three states have programmes which make state funded pre-kindergarten programmes available to all children. Most states target pre-kindergarten programmes at “at risk” children. A number of family-related factors are used to determine “at risk” status.
169 “blended” programmes are where school districts have “blended” their early years special education funding with and pre-kindergarten funding to create a “blended” programme serving children with disabilities and typically developing children in the same classroom.
years special education (sometimes called Section 619 coordinators)\textsuperscript{170}. These are supported by the National Early Childhood Assistance Centre (NECTAC)\textsuperscript{171}. A number of States have technical assistance and training support units in a local University. For example, Technical Assistance and Training System, in the University of Central Florida supports school districts in developing their inclusive pre-kindergarten programmes\textsuperscript{172}.

### 7.4 Specialist preschool provision

The most recent national figures suggest that around third of preschool children receiving special education supports receive these in special settings / classes\textsuperscript{173}. A further 17\% receive some of their support in special settings / classes and some in inclusive classes\textsuperscript{174}. In some areas, for example, District 58 in Chicago, all preschool children with disabilities are in mainstream classes except for one class (within a mainstream setting) for autistic children. Woodford County, Illinois has all its preschool children with disabilities in mainstream settings and Pinellas County, Florida has 85\% of its preschool children with disabilities in mainstream settings. However across the US, special classes, typically within mainstream schools, remain a significant component of preschool special education provision in the USA.

A minority of states have simply mandated for the end of segregated provision. In other states, the achievement of different service configuration resulted from negotiation between parents, mainstream and special providers, and local school districts over a number of years. Typically, these service re-configurations have resulted in “blended” programmes and / or peripatetic support models rather than specialist, segregated programmes providing outreach services.

A number of key informants noted that in many cases staff of specialist preschool services have proved to be much more resistant to preschool mainstreaming than parents, mainstream preschool or school district authorities. However, when

\begin{footnotesize}
\textsuperscript{170} Section 619 refers to the relevant section of the IDEA Act 2004. These are coordinators within the school district special education office for pre-school services.

\textsuperscript{171} NECTAC is the national early childhood technical assistance centre supported by the U.S. Department of Education’s Office of Special Education Programs (OSEP) under the provisions of the Individuals with Disabilities Education Act (IDEA). NECTAC serves Part C-Infant and Toddlers with Disabilities Programs and Part B-Section 619 Preschool Programs for Children with Disabilities in all 50 states and 10 countries to improve service systems and outcomes for children and families: http://www.nectac.org/default.asp

\textsuperscript{172} http://www.tats.ucf.edu/index.html

\textsuperscript{173} Special pre-school classes are typically located in mainstream schools

\end{footnotesize}
such professionals were exposed to a working model of preschool inclusion, they tended to become significantly less resistant.

7.5 Extra resources in mainstream
One of the major forms of providing extra support for preschool children with disabilities has been the development of “blended” programmes. As state-funded pre-kindergarten programmes tend to have no additional funding or resources for children with disabilities, many school districts have combined funding for state funded pre-kindergarten programmes and special education preschool funding to create “blended” programmes.

Pinellas County example
Pinellas County provides an example of what this looks like in practice. In those mainstream classes which do not include children with disabilities, the child to adult ratio is 10:1 and at least one teacher must hold a Child Development Associate certification. Their “blended” programme for 3-4 year olds consists of classes containing 7 children with disabilities and 7 typically-developing students. The typically-developing students either pay a fee of $75 a week or are free under Title 1 funding. Children with disabilities do not pay. The staff complement consists of one certified teacher with an additional diploma in special education and two teaching assistants.

For 4-5 year olds, the class consists of 9 children with disabilities and 9 typically developing students. Staff complement consists of one certified teacher with a diploma in special education, one teaching and one child development associate. The typically developing students do not pay for the first 3 hours of day and parents pay $55 a week for an extended 3 hours a day. Children with disabilities do not pay.

Blended education and community programmes
Some school districts such as District 58 in Chicago have blended their special education, state funded pre-kindergarten (for “at-risk” children) and community programmes (private, parent funded programmes) into a single model of service provision.

175 Child Development Associate is a nationally certified childcare position based on 120 of instruction. It is the basic recognised qualification in the childcare / early education workforce
176 Title 1 funding is funding aimed at school children (3 – 21) of low income families.
177 Please that Florida is one of three states which has a pre-kindergarten programme available to all 4 - 5 year children. In the vast majority of states state-funded pre-school programmes are aimed (locally defined) “at risk” only groups.
Peripatetic support
The other model of provision is a peripatetic support model. This model has been developed in a number of areas but is often used in more rural counties or more rural parts of counties, where state funded pre-kindergarten programmes don’t exist or numbers would justify “blended” programmes. This model is also used to provide support to children with disabilities who are placed in services outside the state funded pre-kindergarten programmes, such as in community programmes (private, for-profit or not-for-profit, parent-funded programmes) or Head Start programmes.

7.6 Coordination
The school district has to provide the supports that are in a child’s Individual Education Plan. The school district therefore provides or buys in any therapeutic inputs that a child requires to access the curriculum. Therefore in programmes delivered by the public school system, the question of coordinating health and education inputs for children (age 3 upwards) should not be an issue.

For those children in mainstream preschool placements not delivered by the public school system, such as Head Start or community settings, coordination is likely to be a more significant issue. A 2010 evaluation of 10 states’ preschool inclusion programmes, found that only 3 states had a cross-agency network to plan and coordinate early childhood services, including services for young children with disabilities and their families. Only 3 of the 10 states said that state policies and professional development activities are designed to facilitate coordinated transition processes across systems, that are responsive to the needs of young children with disabilities and their families.\(^{178}\)

Coordinating children moving from early intervention services to school aged services (this occurs when with a child with a disability turns 3 years of age) was a major issue for a number of years. Reauthorisations of the IDEA Act 2004 have now placed statutory obligations on authorities to coordinate and plan for children transitioning from early intervention services to preschool and school aged services.

The IDEA legislation mandates that the lead agency for Part C (early intervention services) collaborate and plan for children opting to transfer to Part B preschool services (where the local education authority is the lead agency)\(^ {179}\). Nevertheless PEELS data and other sources suggest that these transitions have not been


\(^{179}\) The IDEA Act legislation cover early intervention for children birth to 3 in Part C and special education for children 3 to 21 in Part B.
without difficulties. 30% of children who had received early intervention services had a gap between the end of Part C services and the beginning of preschool services. The average gap in services was 4.6 months.\textsuperscript{180}

The above comments notwithstanding, PEELS data shows the efforts which teachers or programmes made to assist children with disabilities move across programmes. These activities are covered in table 10 below.

Table 10 - Percentage of preschoolers and kindergarteners with disabilities ages 3–5 whose teachers or programs used various strategies to help students transition into new schools, programs, or classrooms, by age cohort: School year 2003–04

<table>
<thead>
<tr>
<th>Activities undertaken</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received children’s previous records</td>
<td>70.0</td>
</tr>
<tr>
<td>Sending programs provided information about children</td>
<td>69.7</td>
</tr>
<tr>
<td>Provided parents with written information</td>
<td>80.7</td>
</tr>
<tr>
<td>Called the children’s parents</td>
<td>77.1</td>
</tr>
<tr>
<td>Parents/guardians encouraged to meet new staff</td>
<td>90.8</td>
</tr>
<tr>
<td>Children’s families visited the classroom or school</td>
<td>81.7</td>
</tr>
<tr>
<td>Visited children’s home</td>
<td>32.3</td>
</tr>
<tr>
<td>Visited children’s previous settings</td>
<td>32.2</td>
</tr>
<tr>
<td>Met with staff of sending programs</td>
<td>45.9</td>
</tr>
<tr>
<td>Participated in children’s IEP development</td>
<td>78.4</td>
</tr>
<tr>
<td>Developed child-specific preparatory strategies</td>
<td>67.0</td>
</tr>
<tr>
<td>Other</td>
<td>2.8</td>
</tr>
</tbody>
</table>

Source: Adapted from PEELS Transitions from Early Intervention to Preschool and Preschool to Elementary School Elaine Carlson and Amy Shimshak

7.7 Assessment of need

The IDEA Act, 2004 set some of the requirements for eligibility for services and states set their own rules within this framework. In Florida, for example the rules for eligibility determine that a child must have a developmental delay of 2 standard deviations in 1 domain or of 1.5 standard deviations in 2 domains of a developmental test. They use the Battelle Developmental Inventory II\(^{181}\), supplemented by some evaluations in certain areas such as language development. Battelle Developmental Inventory II evaluations are preformed by multi-disciplinary teams, and take about 90 minutes to complete.

Assessments completed within 60 days

The IDEA Act, 2004 sets a timeframe of 60 days from when parents consent to have their child evaluated to the completion of the evaluation process. All of the districts looked at for this paper indicated that the vast majority of evaluations were completed well within the 60-day timeline. Woodford County, Illinois have a

policy of assessing children and giving parents an answer on eligibility in one day.\textsuperscript{182}

After the initial evaluations, children with disabilities are assessed by their class teacher (who has a special education qualification) and by those providing the child with therapeutic inputs, to guide ongoing instruction. If, in the course of these ongoing classroom assessments, a child is found to need additional support to attain goals, additional services or more direct instruction in the identified area is provided.

For children who received early intervention services (under Part C of the IDEA Act, 2004), their records and evaluation reports are handed over to school district authorities if they are being referred to special education services after their third birthday.

\textbf{Assessing children over 3 for the first time}

All other children with possible needs require a full assessment to determine eligibility for services and to determine their Individual Education Plan. A feature across the areas looked at in depth in the USA was the way in which assessment and evaluation was organised. A wide variety of development evaluation tools are used across the USA\textsuperscript{183} but in general the approach to assessment was structured to ensure that initial evaluation under the IDEA, Act 2004 does not result in children being over-assessed. Therefore, a process of evaluating a preschool child who had not transitioned from early intervention services might involve:

- Parent interviews and / or parent-completed screening tool, such as, Ages and Stages Questionnaire (which takes about 15 minutes to complete), followed by;
- A brief screening with tools, such as, Dial 3 or BDI-2 Screener (which take about 30 minutes to conduct), where a query is raised to be followed by;
- A full evaluation to determine eligibility with a development evaluation tool, such as, the full Battelle Developmental Inventory (which takes a multidisciplinary team about 90 minutes to conduct), followed by;
- Additional assessments in particular domains \textit{if} necessary

\textsuperscript{182} A family interview with a social worker happens prior to the day on which a child is assessed.

Screening and referral programmes
All states by law must have a Child Find programme. Child Find is a component of the IDEA Act, 2004. Child Find mandates that all states must identify, locate, and evaluate all children with disabilities, aged birth to 21, who are in need of early intervention or special education services. Child Find programmes can be organised in different ways but essentially there is duty to establish screening programmes and referral systems. District 58 in Chicago provides an example of what this might look like for preschool children. District 58 conducts walk in screening clinics 8 times a year (once a month excluding certain holidays). These screening sessions are well advertised and all relevant professionals would be aware of them. District 58 screens between 10 and 30 children a month using Dial 3184, which takes about half an hour to complete. This screening tool is not sufficient to determine eligibility. Children, for whom there is a query, are referred for an eligibility evaluation.

Measuring progress from entry to exit from preschool
Under federal law185 all states are required to put in place child outcome assessment systems186. Approximately half of the states have implemented such systems to date and will report on the data for the first time in 2011. These assessments are conducted as children with disabilities enter and exit preschool programs, regardless of setting type, to assess the amount of progress that has been made. They are authentic and holistic assessments. The assessment consists of a seven point rating scale, on three functional outcomes, on age-appropriate functioning. The three functional outcomes are:

- Positive social-emotional skills (including social relationships);
- acquisition and use of knowledge and skills (including early language/communication [and early literacy]);
- and use of appropriate behaviours to meet their needs.

The origin of this initiative was the Federal Government seeking accountability in relation to the funding it provides under the IDEA Act, 2004. However, as the data becomes available it is expected to be of great value to researchers, programme administrators and policy makers.

184 http://www.pearsonassessments.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=PAa13700
185 In 2005, the Office of Special Education Programs (OSEP) began requiring State Early Intervention and Preschool Special Education programs to report on child outcomes and the family indicator.
186 Work on coordinating the development of assessment systems is being coordinated by Early Childhood Outcomes Centre: http://www.fpg.unc.edu/~eco/index.cfm
7.8 Support for children with undiagnosed needs

Children are entitled to whatever support requirements are identified in their Individual Education Plans. So once they have been through the assessment process they should have their required supports in place.

Child Find places an obligation on school districts to locate students with disabilities and assess them. This should minimise the issue of children with suspected disabilities or delay who have not been screened or subsequently evaluated as required.

7.9 Costs

Only very limited costs data was available from the USA case studies. Funding for services for children with disabilities by school districts comes from federal, state, and local budgets. While there is information on overall costs and unit costs for special education for some of the case studies, they cover the age-range from 3 to 21\(^\text{187}\) and it is not possible to separate out the costs for preschools.

Pinellas County provides some details of cost breakdown. They serve just over 1,100 preschool children with disabilities. They pay for additional materials, furniture, evaluation kits, technology, mileage and salaries for programme support. This costs approximately $800,000 a year (€553,739) or about €500 per child. They do not pay for classroom teachers or classroom assistants, Child Development Associates, nor assessment and resource support team (therapy interventions). These costs are borne directly by the school district.

A number of studies have examined the costs of inclusive versus segregated settings, across a number of inclusive settings types, as shown in Table 5, Section 3.\(^\text{188}\) In summary these concluded that inclusive placements were

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\(^{187}\) For example Florida spent $5.6 billion (€ 3.87 bn) on special education services in 2007 – 2008 school year, of which $5 billion was from state and local sources. Florida uses 5 levels of need for student classifications for the purposes of funding supports for children with special education need. 95% of children are in the first 3 levels. A state-wide Guaranteed Allocation of $1.125 bn. (€ 778 m) yielding an average of $2,251 (€ 1,558) per full-time equivalent student in addition to the base funding amount received by all students ($4,079) is paid to cover the needs of all children. The state funded level 4 of amounted to approximately $14,789 (€ 10,237) per student for the 2007-08 school year, while school districts received approximately $20,651 (€14,294) per student for those in level 5. While students in levels 4 and 5 make up 5% of the ESE population, they account for 13% of total program expenditures.

marginally less expensive. Those types of inclusive placements associated with fully qualified teachers were most expensive, and those based on peripatetic supports were relatively cheaper.

7.10 Level of inclusion
Of the school districts reviewed in detail the levels of inclusion of preschool children with disabilities are as follows:

- Pinellas County, Florida approximately 85% of preschool children with disabilities are in inclusive classes,
- Woodford County, Illinois 100% of preschool children with disabilities are in inclusive classes, and;
- District 58 (Chicago), Illinois has all its preschool children with disabilities in inclusive classes except one class for children with Autistic Spectrum Disorder, which is located within a mainstream setting

Across the USA almost a third of children with disabilities still receive their preschool education in segregated settings\(^{189}\). A further 16.8% receive some of their services in a segregated setting.

7.11 Prioritisation
Of the different programmes delivering preschool education, only Head Start has a requirement on the numbers of children with disabilities who should be included. Head Start programmes must reserve 10% of their total places for children with disabilities and special education need. Blended classes organised by public schools, discussed above, obviously reserve places for children with disabilities.

The ratios for blended programmes differ. For example, the ratio of children with and without disabilities in Pinellas County, Florida is 1:1 whereas it is 1:2 in Woodford County, Illinois.

7.12 Curriculum Adaptations and Individual Education Plans
All children with disabilities receiving special education supports must have an Individual Education Plan (IEP). The IEP is developed by a team which includes at the least the parents, teachers, and therapists but can also include other specialists such as a school psychologist, social worker, behaviour specialist.


In “blended classes” in Florida, the curriculum is correlated to the Florida Standards for Pre-Kindergarten Children. The curriculum guide and lesson plans include strategies to adapt and differentiate instruction for students with varying disabilities, with teachers receiving regular training sessions in that regard.

In private community settings and Head Start programmes, support for curriculum adaptations is provided by an Inclusion consultant teacher who provides strategies, ideas, and on-site training to the community teacher to support him/her in meeting students’ needs. The community teachers are also invited to attend the training given to the public school teachers and staff.

Teachers and Inclusion consultant teachers involved in curriculum adaptations typically hold certificates in special education and early childhood. Many have received state endorsements in specialised areas such as pre-Kindergarten Disabilities, Autism Spectrum Disorder, or Severe/Profound Disabilities.

**7.13 Physical accommodations**

If a child requires the equipment, technology or physical accommodations in order to access his/her learning, then it would usually be set out on the Individualised Education Plan, and would be funded by the local school district. As children have a legal right to what is in their Individualised Education Plan there do not tend to be significant delays in waiting for equipment or physical accommodations.

**7.14 Key staff qualification and SEN training for ECCE personnel**

In private community settings, the lead teacher/carer is not likely to have had special education training as part of their certification. Many of them however would have received some in-service additional training beyond their certification coursework. The Inclusion consultants provided by the school district to support the community teachers and preschool children with disabilities have teacher certification and training in special education.

Most private community preschools use Child Development Associates as their teachers. A Child Development Associate does not require a degree but instead has to have a certification based on a set number of hours of training. They typically would only have a High School diploma.

In the blended programmes in public schools, the classroom teacher is fully certified as a teacher and trained in exceptional (special) education.

PEELS provides comprehensive data on the education levels (shown in table 11 below) of those delivering preschool services to children with disabilities.
However, this data is not broken down by inclusive versus segregated settings, and the picture for inclusive preschool settings may be different.

Table 11 - Percentage of preschoolers with disabilities whose teachers completed various educational degrees by level and qualification: School year 2003–04

<table>
<thead>
<tr>
<th>Qualification level</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>High school diploma or GED</td>
<td>2.9</td>
</tr>
<tr>
<td>Associate degree</td>
<td>4.9</td>
</tr>
<tr>
<td>Bachelor's degree</td>
<td>37.6</td>
</tr>
<tr>
<td>Graduate degree</td>
<td>54.6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Qualification discipline</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special education</td>
<td>35.8</td>
</tr>
<tr>
<td>Early childhood special education</td>
<td>31.3</td>
</tr>
<tr>
<td>Elementary/secondary education</td>
<td>30.7</td>
</tr>
<tr>
<td>Early childhood education</td>
<td>28.1</td>
</tr>
<tr>
<td>Speech or language pathology</td>
<td>17.1</td>
</tr>
<tr>
<td>Child development</td>
<td>7.3</td>
</tr>
<tr>
<td>Other</td>
<td>16.1</td>
</tr>
</tbody>
</table>

Source: Adapted from PEELS Transitions from Early Intervention to Preschool and Preschool to Elementary School Elaine Carlson and Amy Shimshak

7.15 Parent Inclusion

The legislation underpinning special education in the USA emphasises the role of parents as partners in the Individual Education Plan process. Parents jointly sign off on Individual Education Plans and have the right to access mediation or complaints processes if they are not happy with the contents of the Individual Education Plan. As well as helping design Individual Education Plans, parents also partner in monitoring progress made by the child under the Plan.

Individual Education Plans have to be reviewed at least every year but typically reviews for preschool children happen 2 or 3 times a year. Informal communication is likely to take place at least weekly between parents and teachers of preschool children on what learning and development is taking place.

A number of key informants noted that many teachers in mainstream settings found it difficult to adjust to the high level of engagement with parents of children with disabilities required of them, and to the legal status for parents as partners in the Individual Education Plan process. It took significant investment in training to change teacher attitudes to more empowered parental involvement in the design and monitoring of supports for their children.
Part 3 – Findings and learning

8. Findings and learning for Ireland

This section summarises and synthesises the findings from both the research evidence and from practice in the reviewed countries. It sets out the learning for Ireland in relation to early childhood care and education services for children with disabilities under the key themes identified, grouped under two broad headings:

- Organisation and systems
- The inclusive classroom

8.1 Learning on organisation and systems

8.1.1 Mainstream preschool provision for children with disabilities

8.1.1.1 Findings from the literature

- Children with disabilities do at least as well developmentally in good quality inclusive preschools with supports as they do in segregated, specialist settings, and make more gains in terms of social and behavioural outcomes.
- Children without disabilities do no worse developmentally in inclusive settings, and score higher on tests relating to acceptance of people with disabilities.
- Children with more severe disabilities will need more support and accommodations whether in special or inclusive settings.

8.1.1.2 Findings from other countries

In England, New Zealand and the USA, and less so in Finland, specialised, segregated early childhood care and education services for children with disabilities had been a feature of provision. However, over the past decade and a half there has been a move away from specialist early childhood care and education towards inclusive provision. Change has been driven by, among other factors, the moves at school age towards inclusive education, the research evidence that inclusion works, and equality legislation.

Key informants in New Zealand, England and USA stressed that the move from specialist to mainstream early childhood care and education provision was not popular with all providers (mainstream or specialist), nor with all parents of preschool children with disabilities. They estimate that it took between 3 and 10 years for an attitude and culture shift among personnel in specialist and mainstream centres.

Despite equality legislation, key informants in New Zealand and England stated that at the outset it had been relatively easy for mainstream early childhood care and education settings to find ways to turn away parents of children with
disabilities. Programmes of capacity building and training were required to turn legislative rights into reality for parents.

In three of the four countries reviewed\textsuperscript{190} segregated, specialist preschool provision has become a highly exceptional form of provision. In the USA, significant progress has also been made towards mainstreaming but special classes in mainstream facilities still account for approximately one third of placements for preschool children with disabilities. As not all school districts have publicly-funded preschools, some US parents face the choice of paying for inclusive education or accepting free places in specialist preschools.

The following factors have contributed positively towards achieving more inclusive preschool systems:

- the development of good quality mainstream preschool programmes, where it is appropriate to place children with disabilities
- adaptation of mainstream curricula to be capable of including all children
- clear statements about what constitutes preschool inclusion, and what steps ECCE settings need to take to enhance their capacity to include children with disabilities
- the trend away from installing support into a mainstream setting for an individual child, to supporting that setting to support the child
- availability of specialist personnel to support inclusion (either in preschool centres as is common in Finland or the USA, or as peripatetic\textsuperscript{191} teacher / consultant roles as in England and New Zealand\textsuperscript{192})
- a constant programme of capacity building and training for mainstream early childhood care and education personnel
- systems that allow for higher adult to child rations or to deploy an additional adult for certain activities or periods of the day
- simplified assessment systems which do not set a diagnosis as a prerequisite for support
- systems to drive the coordination of all personnel involved with the child

\textsuperscript{190} This statement reflects the national picture in Finland and New Zealand, and the locations looked at in depth in the USA and England.

\textsuperscript{191} Peripatetic staff are those who move around and serve a number of centres rather than delivering services from a fixed point.

\textsuperscript{192} The peripatetic or consultant model is used in some municipalities in Finland and in some school districts in the USA
• the capacity of early childhood staff and other professionals to include parents (through frequent engagement and sharing of documentation)

8.1.1.3 Learning for Ireland

Provision in Ireland is a varied tapestry. There is evidence in Ireland of some mainstream providers turning away children with disabilities.

Other countries have moved from models based on extensive use of specialist early childhood care and education services to models where almost all children are supported to access mainstream settings. The main impediment to greater mainstreaming of early childhood care and education these countries experienced was entrenched views of personnel, both in mainstream and formerly specialist services.

Legal instruments alone will not ensure access to mainstream preschool service for young children with disabilities in Ireland. Instruments such as a code of practice or the adoption of an agreed set of inclusion indicators would bring clarity to roles and responsibilities in relation to inclusion in ECCE settings. However, training and capacity building for ECCE staff is important in enabling these settings to fully embrace inclusion.

A well-defined and properly communicated model for how additional supports will be delivered to early childhood care and education settings to support the inclusion of children with disabilities will be necessary to allay fears of some parents and professionals.

Therefore, there are two separate but inter-related pieces of policy work which need to be developed:

• A framework for mainstream early childhood care and education settings, which establishes best practice around the inclusion of children with disabilities and special education need

• A framework for children’s disability services which ensures a more consistent focus on supporting preschool children (aged 3 to 5 years of age) with disabilities/special education needs to access mainstream early childhood care and education services.

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193 By best practice in inclusion we mean in particular ensuring that the ECCE service (buildings, furniture, curriculum and teaching styles) are informed by universal design principles. In other words that the whole service is designed to include children of different levels of ability, age and size. The role of universal design in curriculum development is discussed further on page 103 and 104.
It is only by reforming both the primary (mainstream ECCE) and secondary (children’s disability services) services that will it be possible to ensure that children are consistently supported to attend mainstream settings, that mainstream settings develop competencies around how to include children with disabilities and that finite resources are targeted at children with greatest levels of need.

8.1.2 What extra resources should go for preschools with special needs

8.1.2.1 Findings from the literature
There were no findings to compare outcomes from different models of inclusion.

8.1.2.2 Findings from other countries
Across all four countries reviewed, systems were identified to target additional resources at children with special needs, or the mainstream early childhood centres they were attending.

For children with disabilities under three years of age, supports were delivered in a variety of natural and specialist environments. However, for children with disabilities over three years of age in the countries reviewed, the focus of disability or special education supports and resources was on supporting children to access early childhood care and education services.

Extra supports for children with disabilities in inclusive early childhood care and education settings consisted largely of two elements:

- Lower adult to child ratios
- Access to an input from specialist staff or therapists

Across the countries reviewed, two different models of delivering these additional supports to inclusion operate:

- Inclusive classes at fixed locations
- Mobile or peripatetic supports delivered to mainstream preschool settings

The first model is based on providing lower staff ratios, and ensuring that lead teachers are fully qualified early education teachers with additional post-graduate special education qualifications\textsuperscript{194}. These classes are at fixed locations across a given region.

\textsuperscript{194} Inclusive classes at fixed locations make up part of the service provision mix in Finland and in USA.
The second model is where peripatetic teachers\(^\text{195}\) or consultants support a number of centres with the expertise on how to include a child with a disability, allied with some funding where appropriate to reduce child to adult ratios. This external support model is the main one in England and New Zealand, and is an element of the mix in Finland and the US.

A key underlying principle of this second model is that additional resources allocated to inclusive early childhood care and education settings are based on a “graduated model of support”. In a graduated model, mainstream early childhood care and education setting personnel provide support for the child with a disability, under the supervision of and with the support of an expert team. Only when these mainstream efforts to support the child are found to be inadequate, are additional resources to fund a lower staff to child ratio for specific activities or specific times of the day considered.

A graduated model implies that there should be no automatic link between disability or certain disability categories and the provision of support. The amount of support for a child is ‘the minimum level of support the child needs in order to fully included and to be able to fully access the curriculum’. Allocating support above the minimum level that a child needs to be included is seen as significantly threatening the child’s independence.

Every key informant with whom the National Disability Authority spoke to across the four countries emphasised that one-to-one supports in preschool are inappropriate for most preschool children with a disability. It was repeatedly emphasised that responsibility for planning and delivering inclusion needs to run across the whole setting and across all its staff, and not rest with one adult paid to sit beside the child.

8.1.2.3 Learning for Ireland

Given Ireland’s relatively dispersed population, and the current qualifications profile of Irish ECCE personnel, this suggests that the visiting support model to support a network of centres is the more practical way to go. The learning to date suggests that these teams should be multi-disciplinary in nature, should work

\(^{195}\) Peripatetic teachers are generally teacher trained in education or early education with an additional post graduate qualification in early years special education. In both New Zealand and England such professionals are usually members of a team which would also contain qualified speech and language therapists, psychologists and other early intervention professionals.
primarily in a trans-disciplinary way and should include special education expertise. These teams should be responsible for:

- Training and building capacity in order to bring all early childhood care and education settings up to a level where they can assess and deliver supports for children with low level needs
- contributing to the assessment of children with higher level needs
- directly advising early childhood care and education setting personnel how to support children with higher support needs
- collaborating both with HSE-funded personnel, early childhood care and education setting personnel and parents

Some early childhood care and education settings will need additional resources to enable them effectively include some of the children with higher level needs. This will primarily involve having lower child to adult ratios for certain for specific activities or specific times of the day. Resources to fund this lower child to adult ratio should be provided on a “least support” basis, meaning settings should be required to produce an evidence-based plan for how they support the child to access the curriculum, while maximising the child’s independence and capacity to develop independence. In such a model, a centre with a child who just needs help with toileting and feeding, for example, would only receive funding to cover the hours required for this level of support.

The allocation of any extra funding for those preschools which have a child with significant additional needs should focus on how the setting as a whole can accommodate such a child or children, rather than attaching the resource to the individual child. For example, the time needed by individual staff members for additional training, or to consult with the expert support staff on how to manage particular situations should be factored in to the overall staffing ratio.

196 Key informants in England and New Zealand spoke about all team members developing a competency to assess and intervene with children across a number of domains where appropriate and referring on to a colleague (either inside or outside the team) when appropriate

197 In New Zealand these teams consist of early years special education teachers, speech and language therapists, psychologists. In England the make-up of these teams was not prescribed but in guidance for the Department of Education suggested two examples of what an area SENCO team might look like. Team example 1: Qualified Teacher – Team Leader (FT); Health Visitor(FT); qualified childcare worker - (FT); Newly qualified Educational Psychologist (PT); Speech and Language Therapist (PT) Possible professional backgrounds of Area SENCOs – Team example 2: Educational psychologist – Team leader (PT); NVQ level 3 qualified early years practitioner (FT); Social worker (PT); Experienced Portage Worker (PT); SEN Learning support assistant (PT); Qualified Teacher (SENCO experience) (FT)
Day-long or session-long one-to-one supports for the child with a disability should not be the norm, and only considered in the minority of cases where this would be the appropriate way to proceed.

8.1.3 Costs

8.1.3.1 Findings from the literature
The information on costs is limited but it suggests that the costs in inclusive preschool settings vary by severity of disability and by programme structure. It also shows that the costs of an inclusive preschool place may be less than a similar place in a segregated setting.

8.1.3.2 Findings from other countries
The example of the non-maintained sector\(^{198}\) in Northumberland, England and New Zealand\(^{199}\) provide some basis for estimating the costs of what a peripatetic teacher or consultant team model would cost. The above examples also provide a model of how funding can be disbursed so as to ensure that early childhood care and education settings get funding for inclusion quickly.

This model works on the basis of:
- conducting fairly brief assessments leading relatively quickly to services (without the need for a diagnosis).
- establishing a capped budget for each region in order to contain costs
- developing a set of prioritisation criteria to contain costs and ensure fairness.

8.1.3.3 Learning for Ireland
Overall, inclusive early childhood care and education places is likely to be less expensive than segregated early childhood care and education places, though costs will obviously be borne by different actors in each model. Therefore, cost considerations should not be an insurmountable obstacle, even in the current economic climate.

\(^{198}\) A description of the “non-maintained” early childhood care and education sector is located in the England country study but in short the non-maintained sector are ECCE settings not attached to state funded schools.

\(^{199}\) In the Northumberland non-maintained sector, there are approximately 100 settings, and there are 5 whole time equivalents in the inclusion team. It costs £70,000 (€79,106) to pay for “enhanced ratio” hours, which on a pro-rata to population basis would convert to about €1.14m. for Ireland. In New Zealand the national budget in 2009 for Education Support Worker hours in pre-school settings was $4.25m (€2,4m). This represented 13% the budget for the unit of the Ministry of Education - Early Intervention (Special Education) - who deliver pre-school inclusion. The formula for disbursing monies to each Ministry of Education regional office is based primarily on the assumption that 4% of this age cohort have disabilities.
There are some lessons to be drawn from the manner in which preschool resources are disbursed. Firstly, costs need to be contained in the current economic climate. However, where additional resources to a preschool centre are warranted, these need to be made available quickly, to ensure the child can get the full benefit of the free year under the Early Childhood Care and Education scheme, and not miss out in the early months while support arrangements are being organised. In this context, the right solution may be to issue devolved, capped budgets alongside appropriate criteria for prioritisation.

Given that well-planned action at no or limited cost can achieve much of what needs to be done to include a child with special needs, any additional funding towards inclusion should be linked to demonstrating that all these low-cost avenues are being pursued to the full.

8.1.4 What makes for high quality inclusive settings

8.1.4.1 Findings from the literature

The key factors which contribute to quality in early childhood care and education are

- lower children to adult ratios
- class sizes
- the education level of staff

Programmes scoring poorly on standardised quality measures have been shown to result in poor outcomes for children with special needs. Parents’ perceptions of the quality of mainstream early education is an important factor in determining their decision to place their child in such a facility.

The following characteristics are associated with high quality inclusive settings:

- Learning opportunities for all – providing access to a wide variety of learning opportunities, activities, settings and environments. Ideally this involves universally designed curricula which ensure that all children have multiple and varied formats for instruction and learning.
- Participation – the child with a disability is actively accommodated and supported by adults to participate in play and learning. These supports range from embedded, routines-based teaching\(^{200}\) to more explicit interventions.

\(^{200}\) i.e. a class room teacher incorporating routines prescribed by therapist or special educator into the ongoing activities of the class

88
8.1.4.3 Learning for Ireland

Raising the general level of the education and qualifications of staff right across Ireland’s preschool and childcare sectors would enhance the prospects for successful inclusion of children with special needs. Additional training in special needs would also enhance the quality.

Better information for parents on quality issues would enhance their ability to choose the right option for their child. It would be valuable to choose one of the recognised global quality measurement tools, and one of the quality of inclusion measurement tools, to benchmark in a standard way the quality achieved in the sector and in individual facilities. Reports from individual centres should be collated to see how performance is doing across the sector.

Reporting on such measures, even if based on self-reporting, would allow early childhood centres to identify factors associated with quality inclusion and to plan for improvements. It would be useful for the future to create a link between funding and the performance of a centre, using measures of global quality and of inclusion.

Adapting a common set of non-statutory inclusion indicators would allow early childhood centre management to evaluate their own performance. It would allow funders to engage with early childhood education and care settings that continue to make little progress.

8.1.5 Co-ordination

8.1.4.1 Findings from the literature

Where attempts to develop inclusive early childhood education and care programmes had failed, this was most likely to have resulted from the inability of personnel from mainstream early childhood education and care, and specialist support providers, to cooperate.

8.1.5.2 Findings from other countries

In three of the four countries reviewed, there were local coordination structures between local administrators or management of early education services and local health services\textsuperscript{201}. These tended not to be statutory or formal.

\textsuperscript{201} In the USA the school district has the responsibility to provide all the related services such as therapies that a child (aged 3 to 21) needs to access the curriculum. The school district provides or buys these in. Therefore, for pre-school children whose placement is within the public-school system coordination of education and health services is not a significant issue. For children with disabilities not whose pre-school placement is not within a public school setting (private community settings or Head Start settings) coordination of supports is a greater issue. As discussed in the USA country report below coordination of services for children in these places...
arrangements, but fora to discuss management and coordination issues. These fora developed joint guidance material for parents, discussed individual children for whom a concern had been raised, and helped address issues in planning for transitions into an ECCE setting or from ECCE to school.

Professionals collaborate or work jointly to varying degrees in different countries in coordinating support to an individual child or family\textsuperscript{202}.

The Early Support programme in England has driven collaboration between health staff, early childhood care and education personnel, and visiting teachers/advisers. Families now hold documentation (an Early Support Family File) which is jointly updated with personnel from different agencies.

In New Zealand, joint assessments by health staff and peripatetic teachers are common. Protocols for the exchange of information on individual children have been developed, including a pilot of records being stored on frequently-updated, secure “blogs”.

In some of the countries reviewed, collaboration between the early childhood care and education sector and local universities was seen as being crucial to developing the evidence base around good inclusive preschool practice, disseminating evidence of good practice, conducting evaluations providing training, supporting and facilitating collaboration between stakeholders\textsuperscript{203}.

8.1.5.2 Learning for Ireland

Collaboration between specialist personnel and early childhood education and care personnel will be key to ensuring more children with special needs go to mainstream preschool services. Good arrangements for coordination and information sharing are vital to ensure that children are not continually being re-assessed, that parents are not having to give the same information several times, that all professionals involved with a child know who is delivering what services. This coordination and sharing of information should involve the staff in ECCE

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\textsuperscript{202} This ranges from twice-yearly meetings between all health and ECCE personnel working with an individual child in Finland, to meetings every six weeks between health, ECCE and peripatetic teachers or consultants in some parts of New Zealand and England. In New Zealand, England, the USA it is increasingly common for health personnel to deliver their services on site in ECCE settings by working with ECCE personnel.

\textsuperscript{203} The University of Jyväskylä Finland, the Technical and Assistance and Training System - for programmes serving pre-kindergarten children with disabilities at the University of Central Florida, NECTAC: National Early Childhood Technical Assistance Centre were all seen by key informants as playing an important role in supporting the development of inclusive practice.
centres, HSE-funded services, and whatever local body supports a cluster of centres to deliver inclusion.

There is no single model in Ireland of disability service providers or early intervention services using their resources to support mainstream ECCE placements. Health-funded early years services are much more integrated in some areas in Ireland than others. It would help to have greater clarity at a policy level around what constitutes appropriate placements for preschoolers with disabilities. The further roll-out of integrated early intervention teams across all HSE regions would assist the development of regional coordinating structures. For example, a joint management forum involving the County Childcare Committee and the Local Health Office integrated early years team could be an appropriate model. Such joint fora should be closely linked to Children’s Services Committees, as these are established throughout the country in the coming years.

As part of the implementation process for the Framework for the Inclusion of Young Children with Disabilities in Mainstream Preschool Settings, it may prove worthwhile to investigate in more depth how Early Support operates in England.

It may be worth examining what expertise there is in Irish third level institutes or expert bodies on inclusion of children with special needs in mainstream preschool settings. Stimulating the growth of expertise in this area may be required.

8.1.6 Prioritisation

8.1.6.1 Findings from other countries

Three of the countries reviewed did not operate any system of prioritisation system for children with disabilities entering preschools. In the USA, Head Start programmes must reserve 10% of places for children with disabilities. All children in Finland have a right to a preschool place.

8.1.6.2 Learning for Ireland

Rules about prioritising children with disabilities were not found to be an important factor in promoting inclusion.

\[\text{We had included a question on this as work for a previous NDA project had shown that in some countries priority status for pre-schoolers with disabilities had significantly contributed to mainstreaming. Norway is an example of a jurisdiction that operates such a prioritisation rule.}\]
8.1.7 Transitions

8.1.7.1 Findings from other countries

In England, to facilitate the transitions from preschool to primary school The Revised Special Education Need Code of Practice obliges early childhood care and education settings to inform schools (with parents’ consent) where they think there may be a special education need. The Code of Practice requires the Local Education Authority (who are responsible for school-aged children) to have data on children with special education needs in their catchment area for planning purposes. For children with a statutory statement of special education need, there is a statutory requirement for planned transition from preschool to school. 205

In New Zealand, the application process to access high levels of support in school is typically coordinated by an early years teacher, or by the teacher member of a multi-disciplinary team. Following the publication of guidance from the Ministry of Education and a number of successfully evaluated pilots, coordination between preschool and school-aged special education authorities has improved in recent years, following earlier criticism around the support for transition for children with low-level needs206.

In the USA, the main transition point is from early intervention to special education services, which occurs when a child turns three years old. Persistent difficulties with these transitions led to legislation being enacted to make coordinated transitions a statutory requirement. Data from the PEELS longitudinal study shows that there is considerable collaboration between preschool and schools for children relating to children with disabilities. For example, one third of school teachers of children with disabilities had visited children’s preschool setting, just under half had met with staff involved in supporting the child in preschool and 70% of preschool had provided information to school teachers about the child.

8.1.7.2 Learning for Ireland

If local structures are developed to support children with special needs who are in pre-school settings, part of their role should be to help plan for the transition of these children into school. Special Education Needs Organisers would need to be involved in transition planning, given their crucial role in authorising resources for schools. Clear assignment of roles and responsibilities for transition planning

205 A minority of children, including children under 5, with disabilities who have more complex needs receive statutory assessment of special education needs and resulting statements of need.

206 Peters, S.(for the Ministry of Education) 2010, Literature Review: Transition from Early Childhood Education to School
is important, given the experience elsewhere that this presents challenging issues unless responsibility is clearly assigned.

8.1.8 Standards and regulations

8.1.8.1 Findings from other countries

In England, the standards for the curriculum standards, and those for licensing and compliance, emphasise the role of preschool centres in the inclusion of children with special needs. One of the licensing and compliance standards states that all registered persons will have regard to the Revised Special Education Needs Code of Practice. This therefore incorporates detailed requirements on inclusive practice within the statutory compliance framework.

In New Zealand, children with special needs are not explicitly mentioned but childcare regulations place an obligation on early childhood education and care settings to meet the needs of all children. All preschool centres are monitored for compliance with these regulations, and the monitoring reports cover the question of inclusive practice.

8.1.8.2 Learning for Ireland

Good inclusive practice is unlikely to be captured by one or two regulations. Consideration should therefore be given to the development of a Code of Practice for inclusion of children with disabilities in early childhood care and education settings, modelled on that developed elsewhere. Such a Code of Practice could in time be referenced in any future revision of the National Standards for Preschool Services.

Training and capacity building would be required to enable each ECCE setting to come up to the requirements of such a code of practice.

207 standards include Early Years Foundation Stage (EYFS), set standards for early learning, development and care. These are focused on children as individual learners, were designed with children with disabilities in mind and has a standard on inclusive practice. Supporting material for EYFS has been developed which focuses on inclusive practice, children with behavioural and emotional difficulties, children with autism and children with speech language and communication difficulties, etc. National Strategies (various dates). http://nationalstrategies.standards.dcsf.gov.uk/search/earlyyears/results/nav%3A46364%20facets%3A24259 (accessed 30 January 2011)

208 The National Standards for under eight daycare and childminding (DIES 2001)


210 Monitoring is by the Education Review Office, which also monitors primary and secondary schools.
8.1.9 Monitoring outcomes

8.1.9.1 Findings from other countries
Of the countries reviewed, only the USA has initiated a framework to monitor outcomes for preschool children with disabilities, and has begun to monitor outcomes in addition to compliance with standards. States are required to implement systems to monitor whether or not children have made progress on age-appropriate outcomes.

8.1.9.2 Learning for Ireland
Ireland should consider the feasibility, cost and value of implementing an outcomes monitoring system along US lines. Such a system could inform policy makers about what kinds of services are effective, and help inform the direction of future investment in and development of services.

8.1.10 Specialist preschool provision

8.1.10.1 Findings from the literature
Children in special, segregated settings do not do better on developmental outcomes and do worse on social and behavioural outcomes compared to children placed in good quality mainstream settings with supports.

8.1.10.2 Findings from other countries
In England and New Zealand the numbers remaining in specialist, segregated preschool provision are extremely low. Even for those who are nominally attached to specialist providers, these are often not in fact receiving segregated provision. Some are, for example, receiving outreach support, some have an intense in-site placement followed by out-reach support, and some attend specialist, on-site reverse inclusion classes.

211 Approximately half the states have such systems established at present. The establishment of such systems is a requirement of the IDEA Act, 2004 and all States will have to develop such systems.

212 These assessments are conducted as children with disabilities enter and exit pre-school programs, regardless of setting type, to assess the amount of progress that has been made. The assessments are authentic and holistic assessments. The assessment is a seven point rating scale, on three outcomes, on age-appropriate functioning. The three functional outcomes are: Positive social-emotional skills (including social relationships); Acquisition and use of knowledge and skills (including early language/communication [and early literacy]); and Use of appropriate behaviours to meet their needs.

213 As said above the numbers remaining in centre-based segregated, special pre-school services various across Local Authorities in England. Therefore this claim only represents the local authorities reviewed in depth for this paper.
In Finland 15% of children with statements of special education need are in special classes within mainstream settings.

In the USA, full inclusion of preschool children had been achieved in many local education districts. Some districts still operate a continuum of early childhood care and education for children with disabilities. Some US school districts had formally achieved full preschool inclusion, but subsequently parents and professionals had agreed to develop a specialist, segregated class (within mainstream setting) exclusively for some children with autism.

8.1.10.2 Learning for Ireland

Specialist, segregated preschool provision is atypical in the countries reviewed. In the countries reviewed some of the resources that had formerly been tied up in providing centre-based specialist preschool services were used to staff peripatetic teacher / consultant teams, and inclusive class teaching posts.

If Ireland goes the inclusion route, it would be important to examine how the resources currently in centre-based specialist preschool services be deployed. This may not necessarily involve the transfer of personnel from one organisation to another, but a look at whether specialist personnel could perform their role significantly differently from how they perform it today. Training and exposure to examples of working models of specialist support for inclusive preschools should be of assistance in this regard.

8.2 Learning for the classroom

8.2.1 Physical accommodation and assistive technology

8.2.1.1 Findings from the literature

- technology is an effective way to support very young children to participate in everyday activities and help families support their young child’s learning
- equipment and assistive technology, for a number of reasons, remain underutilised in early intervention and early education and care settings

Certain factors can increase the use of assistive technology in this sector. These factors include:

- pre-service and in-service staff training

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214 Though the USA still has a third of pre-school children with disabilities in special classes the vast majority of these are in fact located in mainstream settings. As discussed above the provision inclusive options in the USA is linked to the provision of mainstream state-funded pre-kindergarten programmes.
• the establishment of local user groups for personnel interested in assistive technology and early education
• the provision of toolkits or bundles of frequently used assistive technology devices “of obvious value” to every inclusive preschool

8.2.1.2 Findings from other countries
In three of the four countries reviewed, the funding for assistive technology, and in particular physical accommodations, came from separate budget lines to other supports to inclusion\textsuperscript{215}. This tended to cause a certain amount of delay in accommodations or supports being provided. In New Zealand, some regions have developed protocols between health and education authorities to ensure that when a child goes to an early childhood education and care setting, his or her assistive technology is released at the same time as other supports, to avoid delay.

All countries reported difficulties with securing physical adaptations to older buildings. Typically, small grants programmes for accessibility work were available, but often physical access issues were only identified when a child with a disability presented. The result tended to be a significant time delay in accessing appropriate funding. However, many key informants noted that relatively minor changes to accommodation arrangements and furniture were usually sufficient to enable inclusion of young children with disabilities.

Some key informants identified the value of tools which enabled centres to identify issues of accessibility, in advance of them being requested to accept a child with particular requirements on physical access.

8.2.1.3 Learning for Ireland
Some of the problems other countries have had around unlocking the funding for equipment and technology from a different body may be easier to resolve in Ireland, given that occupational therapy is part of our early intervention service\textsuperscript{216}.

An issue in Ireland has been whether equipment and technology move from school to school with the child, or remain with the school when the child leaves. It

\textsuperscript{215} In the USA, the provisions of the IDEA Act, 2004 put all the responsibility for delivering what is specified in an IEP on the local school district
\textsuperscript{216} The issue in Ireland may be more around getting access to occupational therapy for ECCE pre-school. The 2007 CECDE report showed that only 17\% of early education services (this included a range of services including early classes in schools) had the possibility to collaborate with an occupational therapist.
may be important then to develop protocols around the transfer of equipment and technology when the child moves to regular school on completing preschool.

It would be useful to have some research to establish the extent to which assistive technology is used in Irish early childhood care and education settings.

Some early childhood education care settings in Ireland who have turned away children with disabilities cited physical access issues. Under Irish equality legislation early childhood education care settings should only refuse to accept children with disabilities if reasonable accommodations to include the child would cost more than a nominal amount. It may be helpful to remind all early childhood care and education settings that they are required by law not to refuse any child who could be reasonably accommodated, and to suggest that all centres would be expected to seek appropriate advice on reasonable accommodations before refusing to take a child.

As all countries reported that accessibility of older buildings is an issue, it would be valuable to encourage state-funded settings to conduct their own accessibility audit or to go through an accessibility checklist. Accessibility standards and ideally universal design standards should be made a precondition for the funding of new preschool facilities.

8.2.2 Staff qualifications and training

8.2.2.1 Findings from the literature

A low child to staff ratio is important for the efficacy of early education - particularly for those at higher risk of poor educational and social outcomes.

The literature, drawn mainly from the USA, also suggests that:

- many mainstream early education and care personnel are inadequately prepared for including children with disabilities in their classes
- mainstream settings with better educated and trained personnel are more likely to be inclusive
- settings where centre managers and teachers have disability-specific coursework are more likely to be inclusive

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217 The 2007 DESSA study showed that 12% of services indicated that accessibility was a reason that they did not include children with disabilities and of those who had actually previously turned down a request to accept a child with a disability 23% cited accessibility issues as the reason they turned the child down. Disability Equality Specialist Support Agency, 2007, Profile of Inclusion Childcare Inclusion Programme A Study of the Inclusion of Disabled Children in Childcare and Play Settings; http://www.dessa.ie/Profile%20of%20Inclusion.pdf
short, in-services training courses for early childhood education and care personnel, which focus on attitudes and preconceptions of their own competency can have a significant effect

Confidence around including a child with a disability is very strongly linked with previous experience of working with a child with a disability. Early education teachers are least confident around working with children with more severe disabilities⁴¹⁸.

8.2.2.2 Findings from other countries
In the countries reviewed, generally a teacher / leader is not required to have a specialist qualification in special or inclusive education. Such special qualifications are however required by teachers in special classes in mainstream Finnish preschools, and teachers in certain USA inclusive programme types⁴¹⁹.

In England and New Zealand, and in community settings in the USA, the presence of a child with special needs does not change the qualification requirement of the group teacher or leader. In these countries / sectors the locus of specialist skills is in the peripatetic teacher / consultant teams⁴²⁰.

In all four countries, those recently graduated from early education courses will typically have at least a module on inclusion or special education needs. In Finland, it is possible to complete a post-graduate qualification in early years special education as a one year in-service programme. In New Zealand it is possible to do a post-graduate qualification in early years special education in one year full-time and two years part-time. In both countries these courses are in much demand.

8.2.2.3 Learning for Ireland
The Workforce Development Plan being finalised by the Department of Children should consider a range of options to upskill staff on special needs early education, such as

- Short courses to upskill current staff
- modules on pre-service training programmes, or specific qualifications

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⁴¹⁸ Buysse, V., Wesley, P., Keyes, K. & Bailey, Jr., D.B. Assessing the Comfort Zone of Child Care Teachers in Serving Young Children With Disabilities. Journal of Early Intervention 20 (3) 189-203
⁴¹⁹ “blended” programmes are where school districts have “blended” their early years special education funding with and pre-kindergarten funding to create a “blended” programme serving children with disabilities and typically developing children in the same classroom.
⁴²⁰ This is also true of the minority of municipalities in Finland, and the areas in the USA that operate a peripatetic / consultant model.
• in-service graduate and post-graduate options

8.2.3 Role of peripatetic (visiting) support

8.2.3.1 Findings from other countries
In New Zealand and England, peripatetic support to inclusive early education is the dominant model. This model also operates in parts of the USA and Finland. These peripatetic or consultative teams typically consist of a range of professionals, including special education teachers.

These teams typically operate by:
• conducting assessments of children
• assisting early childhood care and education settings to assess their needs to include particular children
• participating or leading the development of and individual plans for children with disabilities and subsequent reviews
• organising training and capacity building for early childhood care and education personnel around inclusion
• providing ongoing support to settings to which include children with disabilities

This ongoing support typically involves a visit where the peripatetic teacher takes part in whatever the special needs child’s group is doing, followed by a discussion of progress and plans with the regular preschool teachers. Relevant team members would also generally meet the parents to discuss the child and his/her development.

A number of key informants noted that skills and comfort level of mainstream preschool teachers to support children with disabilities improves significantly from ongoing engagement with the peripatetic or consultative team. They noted that those settings supported in this way typically developed skills to competently support children with lower-level needs. They also required less and less outside support to include children with higher level needs.

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221 In New Zealand these teams consist of early years special education teachers, speech and language therapists, psychologists. In England the make-up of these teams was not prescribed but in guidance for the Department of Education suggested two examples of what an area SENCO team might look like. Team example 1: Qualified Teacher – Team Leader (FT); Health Visitor(FT); qualified childcare worker - (FT); Newly qualified Educational Psychologist (PT); Speech and Language Therapist (PT) Possible professional backgrounds of Area SENCOs – Team example 2: Educational psychologist – Team leader (PT); NVQ level 3 qualified early years practitioner (FT); Social worker (PT); Experienced Portage Worker (PT); SEN Learning support assistant (PT); Qualified Teacher (SENCO experience) (FT)
8.2.3.2 Learning for Ireland
Given the qualification profile of Irish early childhood care and education personnel\(^\text{222}\), the most realistic option may be to make peripatetic teacher / consultant teams the locus of specialist skills. Some of these special skills are already in the specialist preschools and might be redeployed towards supporting a mainstream model.

Such specialist support teams may be an important channel to provide training for early childhood staff in mainstream preschool centres on specialist topics, and on how to make inclusion work.

8.2.4 Assessment of need

8.2.4.1 Findings from other countries
In both New Zealand and England, there has been an intentional effort to move away from relying on resource-and time-intensive assessment processes to unlock support for preschool children with disabilities. In both countries children in this age cohort are typically referred from health services, therefore families present with a key worker who knows the child and has the child’s health records.

In both New Zealand and England, the focus is not on establishing a diagnosis for the child but on what is the totality of supports that the early childhood care and education setting will need to include the child and ensure that the child can fully access the curriculum. The assessment is therefore linked to the relevant preschool curriculum. The assessment also establishes who will provide what supports.

Assessment is graduated, meaning that the early childhood care and education setting and the peripatetic team seek to establish what the preschool needs in order to fully include the child. Further, more in depth, assessments are only conducted if existing strategies are judged not to be working.

\(^{222}\) A 2007 survey conducted by the city and county childcare committees estimated that 9% of the centre based early childhood care and education workforce had National Qualification Framework level 7 (B.A. ordinary level degree) in a childcare related discipline. Department of Education and Science, 2009, Developing the workforce in the early childhood care and education sector - Background discussion paper; http://www.dcy.gov.ie/ecce-survey/DevelopingChildcareDISCUSS.pdf
Peripatetic teacher or consultant team members in New Zealand and England involved work in a trans-disciplinary way\textsuperscript{223}. Referrals to more expert opinion, inside or outside the team, are made when necessary. This delegation or sharing of responsibility allows turnaround time from assessment to support to be achieved in a matter of weeks.

In Finland, only those children with a statutory Statement of Need are eligible for inclusion support in early childhood care and education settings. These Statements originate from the health services. There is no separate assessment for those wishing to access additional supports in mainstream preschools\textsuperscript{224}.

Like Ireland, the USA has a statutory assessment of need process. Children are assessed in accordance with the provisions of the IDEA\textsuperscript{225} Act, 2004 in order to receive disability or special education services. A number of screening and evaluation tools are used to evaluate eligibility, and to provide evidence for what should be in a child’s individual education plan.

A process of evaluating a preschool child who had not transitioned from early intervention services\textsuperscript{226} might involve:

- Parent interviews and / or parent-completed screening tool, such as Ages and Stages Questionnaire\textsuperscript{227} (which takes about 15 minutes to complete), followed by:
- A brief screening with tools, such as Dial 3\textsuperscript{228} or BDI-2 Screener\textsuperscript{229} (which take about 30 minutes to conduct), where a query is raised to be followed by:

\textsuperscript{223} Key informants in England and New Zealand spoke about all team members developing a competency to assess and intervene with children across a number of domains where appropriate and referring on to a colleague (either inside or outside the team) when appropriate.

\textsuperscript{224} The introduction of legislation in 2011 which mandates for a model of support for school-aged and pre-school children has no legal effect for children with disabilities in aged 0 - 6 but small number of municipalities have already mapped the new graduated model onto how they provide supports for this age cohort.

\textsuperscript{225} The IDEA Act was passed into law in 1990. It is reauthorized every few years and is generally referred to by its most recent reauthorisation date. The current arranges are provisions are referred to as the IDEA Act, 2004.

\textsuperscript{226} If children have received early intervention services (for children 0 to 3 years of age in the USA) their files will be transferred to the school district on their third birthday.

\textsuperscript{227} http://www.agesandstages.com/

\textsuperscript{228} http://www.pearsonassessments.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=PAa13700

\textsuperscript{229} http://www.riversidepublishing.com/products/bdi2/details.html
• A full evaluation to determine eligibility with a development evaluation tool, such as, the full Battelle Developmental Inventory\(^\text{230}\) (which takes a multidisciplinary team about 90 minutes to conduct), followed by
• Additional assessments in particular domains if necessary

The areas studied within the US would normally complete the evaluation process through the evaluation process in less than the 60 days allowed under the law. One area said that following a family interview by a social worker, a child could be fully evaluated by a multi-disciplinary team, and parents given an answer on eligibility for services, in one day.

8.2.4.2 Learning for Ireland
A strong message from all key informants to this paper was that getting access to support to enable a child to go to preschool should not be linked to resource- and time-intensive assessment processes. This suggests that something simpler than a statutory assessment under Part 2 of the Disability Act should unlock the support to attend mainstream preschool services.

Ideally an assessment system should be graduated. Training, information and advice should enable early childhood education and care settings to identify and intervene with children with lower-level needs. More intense outside support from specialist personnel should be provided where appropriate to assess children with higher-level needs. Assessments of what is required should focus on what resources would the ECCE centre require to include the child in day to day activities, to encourage their participation with their peers, and develop their independence.

8.2.5 Dealing with undiagnosed special education need
8.2.5.1 Findings from other countries
In both New Zealand and England diagnosis of a disability is not the basis of additional support allocation. As ECCE staff were upskilled in supporting children with higher needs, they became more and more comfortable in supporting children who had lower level (often undiagnosed) support needs, which were unlikely to attract additional outside supports.

As visiting personnel from health and early education spent time in ECCE settings, staff were increasingly seeking guidance on children other than those who the outside personnel were specifically present to support.

In Finland, undiagnosed children do not typically get any additional support\textsuperscript{231}, though early childhood care and education staff would refer parents of a child with a suspected delay to primary health care services. In the USA a statutory assessment process is the only means of unlocking additional supports for preschool children with disabilities. However, a diagnosis of a disability is not the only criterion for eligibility, and children with delays in a number of domains can also receive supports.

One programme in England deemed to be very successful by key informants from England, Every Child a Talker, has both a universal and a targeted element to it. In this programme, Early Language Consultants supported staff in ECCE settings to work with all children and their families, and to target more intense interventions at children at risk of language delay and their families. Programme monitoring data showed a 12% reduction over the course of a year of the number children at risk of language delay\textsuperscript{232}.

In the USA a programme called Child Find places a legal obligation on all school districts have in place a screening and assessment programme to which schools and early childhood education providers can refer any child they have concerns about.

Finnish key informants indicated that universal programmes, such as their municipal day care system, allow for a whole range of at-risk factors to be picked up by staff. Essentially their municipal day care system had a non-legally based "child find" mechanism built into it.

\textbf{8.2.5.2 Learning for Ireland}

In the graduated assessment and intervention model suggested above, ECCE setting staff would become upskilled and supported to identify and support children with lower level, often undiagnosed, needs.

A programme to use appropriate screening tools, with referral pathways, should be put in place to ensure that ECCE staff, who spend considerable time with children, are properly utilised in efforts to identify children at risk of educational delay as early as possible.

\begin{footnotesize}
\textsuperscript{231} As mentioned above, the introduction of legislation in 2011 which mandates for a graduated model of support for school-aged and pre-school children has no legal effect for children with disabilities in aged 0 - 6 but a small number of municipalities have already mapped the new graduated model onto how they provide supports for this age cohort.

\textsuperscript{232} Figures provided by National Strategies.
\end{footnotesize}
8.2.6 Curriculum and Individual Education Plans

8.2.6.1 Findings from other countries

Key informants in England and New Zealand stressed the importance of the mainstream early years curriculum being focused on children as individual, unique learners and on having been developed with children with disabilities in mind.

In England, a substantial amount of additional material, which focuses on children with special needs and is embedded the mainstream curriculum standards, has been developed. These publications233 cover, for example:

- introduction to inclusion in early years
- supporting children on the autism spectrum
- supporting children with speech, language and communication
- supporting children with behaviour and emotional difficulties

In all four countries, children with disabilities and special education needs have individual plans. All professionals involved with the child, together with the parents, contribute to developing and reviewing these plans. These reviews vary in frequency, from every six months in Finland, to every six weeks in some regions in New Zealand.

In both New Zealand and Finland all children (with and without a disability) have individual plans which are agreed between early childhood care and education personnel and parents (and any other relevant professionals). These plans are reviewed at least twice a year. Teachers in these ECCE settings try to adapt the curriculum and their teaching styles to meet the needs of all children in their class. The practice of all children having an individual plan is not only seen as being positive in terms of parent – provider collaboration but is also seen as reducing the stigma around having an “individual education plan” or “special plan” or “special curriculum adaptations”, etc., only for children with disabilities.

This approach is in keeping with a universal designed approach to curriculum and teaching methods, which rejects the notion that there should be a “normal” curriculum for the majority of students and special individual plans for children with disabilities.

A universal design approach to curriculum and teaching methods could be described as follows:

Universal design for learning is achieved by means of flexible curricular material and activities that provide alternatives for students with differing abilities. A universally-designed curriculum offers multiple means of representation to give learners various ways of acquiring information and knowledge, multiple means of action and expressions to provide learners alternatives for demonstrating what they know, and multiple means of engagement to tap into learners’ interests, challenge them appropriately, and motivate them to learn. These alternatives are built into the instructional design and operating systems of educational materials – they are not added in after the fact.\(^{234}\)

In New Zealand a small number of ECCE settings have developed “secure individual blogs” for each child with a disability. This allows all individual plan team members to update other team members between meetings. ECCE setting staff might for example write a quick note at the end of a shift on how including an agreed routine into an ongoing group activity worked out. Peripatetic teacher or consultant team members or health personnel may comment. Health / Early Intervention personnel may comment on progress and new targets after seeing the child, rather than wait the six weeks until the individual plan team reconvenes.

8.2.6.2 Learning for Ireland

It would be valuable to embed guidance into the Síolta or Aistear frameworks, on how children with a wide range of additional needs can be supported to access the preschool curriculum in groups with their peers. This guidance should extend to the role of teachers/play leaders and the role of management.

While the Framework for Action for the Inclusion of Children with Special Needs in Early Years Settings\(^{235}\) provides a first step in this direction, there is considerable additional work that needs to be undertaken to enhance guidance in this area.


8.2.7 Preventing isolation

8.2.7.1 Findings from the literature
Children with disabilities engage in social interaction less than typically developing peers in inclusive early education and care settings.

A number of strategies can increase the social interactions by children with disabilities in inclusive settings, such as:

- focusing on groups of children with and without disabilities rather than an individual child with a disability
- creating peer buddy systems
- using mixed age groupings
- using a mix of environmental arrangements, peer-mediated instruction, incidental teaching of social skills, friendship activities, social integration activities, and explicit teaching of social skills

8.2.7.2 Learning for Ireland
Guidance on special needs to mainstream preschools should cover strategies to reduce the risk of children with disabilities being isolated in mainstream classes.

8.2.8 Parent inclusion

8.2.8.1 Findings from other countries
In all four countries, parents of children with disabilities are involved in writing and reviewing individual plans at preschool. These reviews take place every six months in Finland but up to every six weeks in some regions in New Zealand. In England the Revised Special Education Need EN Code of Practice includes a provision on partnership with parents. Moreover, the Early Support programme focused on putting parents at the centre of early-childhood partnerships.

All key informants from England spoke very highly of what the Early Support programme had achieved, both in terms of ensuring professionals collaborated, and in terms of putting information and decision making powers in the hands of parents of young children with disabilities.

In the USA parents are legally partners in the Individual Education Plan process, and a Plan cannot be signed off without the consent of parents / guardians. Mediation and appeals process for such situations have been developed.

8.2.8.2 Learning for Ireland
A part of the implementation process for the Framework for the Inclusion of Young Children with Disabilities in Mainstream Preschool Settings, it may prove
worthwhile to investigate in more depth how England’s Early Support in England operates. The evaluation of Early Support has shown that the programme has been successful in engaging with families and has placed parents at the centre of decision making about their young child with a disability.\footnote{University of Manchester in association with the University of Central Lancashire, 2006, Early Support: An Evaluation of Phase 3 of Early Support\url{http://nationalstrategies.standards.dcsf.gov.uk/node/84454?uc=force_uj}}

Giving parents an equal role in developing a single plan, covering early education, specialist education inputs, and health inputs, and regular update meetings, should enhance what can be achieved for the child.

8. 3 Conclusion

There is considerable learning for Ireland from published research and from good practice abroad. Inclusion of preschool children with disabilities will require a policy of inclusive practice \footnote{By inclusive practice we mean in particular (buildings, furniture, curriculum and teaching styles) are informed by universal design principles.} in mainstream early childhood care and education settings. It will also, however, require a policy direction which ensures that the focus of disability support services is consistently on supporting mainstream early childhood care and education settings to support and include children (aged three and over in particular) in these settings.

An overriding message is the importance of whole-setting involvement in supporting and integrating the child, rather than providing one-on one-support to a child, other than in exceptional circumstances.

There are good working models of integrated early childcare and education. More in-depth study of the detail of practice in high quality services in England would benefit the process of building capacity and strengthening services in Ireland.
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## Appendix 6 – Key Informants

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