This edition of ChildLinks focuses on exploring the theme of how early childhood care and education (ECCE) provides for children with additional needs.

Children with disabilities do at least as well, developmentally, in good quality inclusive early education and care settings, with supports, as they do in segregated specialist settings. They make more gains in terms of social and behavioural outcomes. That was the conclusion of a briefing paper, recently published by the National Disability Authority (NDA), which reviewed research evidence and international practice in relation to children with disabilities in mainstream pre-schools. Another finding was that children without disabilities do no worse in inclusive settings and, not surprisingly, they score higher on tests relating to acceptance of people with disabilities. As the Director of the NDA Siobhan Barron concludes in her article, inclusion of pre-school children with disabilities will require a focus on quality in ECCE provision, a policy of inclusive practice in mainstream ECCE settings and disability support services supporting mainstream ECCE settings to support and include children in these settings.

What infrastructure and what extra resources are necessary to ensure that children with additional needs do well? The other articles in ChildLinks explore some of the key issues including co-ordination and transition arrangements, strategies which work for children who have special needs, and identification and dissemination of best practice.

According to Early Childhood Ireland, 71% of ECCE providers have at least one child with additional needs in their service. Early Childhood Ireland highlight the challenges involved in providing a quality service for children with additional needs including the increase in the adult: child ratios in 2012, inadequate specialist supports including assessment and the lack of funding for accredited training or continuing professional development specific to this area of work.

It would appear that notwithstanding the encouraging research findings and the commitment by many in the ECCE and disability sectors, Ireland has a long way to go to achieve quality, inclusive ECCE provision which achieves positive outcomes for children with additional needs.

ANNE CONROY

1 In referring to children with additional needs, in this issue we are concentrating on children with additional needs arising from disability.
This article summarises research undertaken by a team in the National Disability Authority (NDA) in 2012 which provides evidence that children with disabilities do at least as well, developmentally, in good quality inclusive early education and care settings, with supports, as they do in segregated specialist settings.

The NDA, as the independent statutory advisory body to Government on disability issues, undertook this research to guide national policy and practice to achieve the integration of children with disabilities in mainstream services.

Context

The introduction of the Early Childhood Care and Education (ECCE) scheme, in 2010, means 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 almost 5,000 pre-school services in the scheme, and about 97% of eligible children are participating.

When the scheme was announced, it did not contain any particular details about how children with disabilities would be supported or accommodated to avail of their ECCE place in their local pre-school¹.

The NDA published a briefing paper which reviews research evidence and international practice in relation to children with disabilities in mainstream pre-schools (see www.nda.ie)². This focuses on efficacy, outcomes, best practice and costs, and also at practice in four countries – England, New Zealand, USA and Finland.

Findings

The findings are presented under two broad headings below:

- How inclusive early education and care systems are organised, and the outcomes
- Practice within the inclusive pre-school classroom

What is the evidence on outcomes for children with disabilities in mainstream early childhood services?

The published research literature has found:

- Children with disabilities do at least as well in good quality inclusive pre-schools, with supports, as they do in segregated, specialist settings. They make more gains in terms of social and behavioural outcomes.
- Children without disabilities do no worse in inclusive settings and they 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.

¹ The accommodation currently available on the ECCE scheme for children with a disability is flexibility around the age limit and possibility to split the “year” across two years.

² The briefing paper contains all the relevant references and more in-depth descriptions of the study countries. http://www.nda.ie/cntmgmtnew.nsf/0/E77957FC0B8B51EF80257A78003FFDB67OpenDocument
Organisation of Inclusive ECCE Services in Study Countries

In England, New Zealand and the USA, and less so in Finland, early childhood care and education services for children with disabilities had typically featured specialised, segregated provision. However, this has moved towards inclusive provision over the past fifteen years.

In three of the four countries reviewed, segregated, specialist pre-school provision has become highly exceptional. In the USA, significant progress has also been made towards including children in mainstream early childhood facilities, but special classes in mainstream facilities still account for approximately one third of placements for pre-school children with disabilities.

What extra resources to support inclusion?

The NDA briefing paper explores what extra resources should go to ECCE settings to support them to include a child with a disability. There were no findings in the published literature to compare outcomes from different models of inclusion.

Across all four countries reviewed there were systems to target additional resources at children with special needs or at the mainstream early childhood care and education services children 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 jurisdictions 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 pre-school 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\(^3\). These classes are at fixed locations across a given region.

The second model is where peripatetic teachers\(^4\) or consultants support a number of centres by providing 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 USA.

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.

Factors contributing to quality inclusive settings

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 are an important factor in determining their decision to place their child in a mainstream setting or not.

Programmes scoring poorly on standardised quality measures have been shown to result in poor outcomes for children with special needs.

Staff qualifications and training

The published literature shows that 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 research 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.

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\(^3\) Inclusive classes at fixed locations make up part of the service provision mix in Finland and the USA.

\(^4\) Peripatetic teachers are generally teachers 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.
Confidence around including a child with a disability is very strongly linked with previous experience of working with a child with a disability.

Specialist pre-school provision
In England and New Zealand, the numbers of children remaining in specialist, segregated pre-school 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 outreach support, and some attend specialist, on-site reverse inclusion classes.

In Finland, 15% of children with statements of special education need are in special classes within mainstream settings.

In the USA, full inclusion of pre-school 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 pre-school inclusion, but subsequently parents and professionals had agreed to develop a specialist, segregated class (within mainstream setting) exclusively for some children with autism.

Learning for the inclusive ECCE classroom

Physical accommodations and assistive technology
Findings from the published literature show that:
- 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.
- 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 pre-school.

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 inclusion⁷. 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 grant 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, and some advised on the value of tools to enable earlier identification of accessibility issues.

Assessment of need
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 pre-school children with disabilities. 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 countries 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 pre-school curriculum and establishes who will provide what supports.

Curriculum and individual education plans
Expert 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 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. 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.

This approach is in keeping with a universal design approach to curriculum and teaching methods. Rather than a ‘normal’ curriculum and their teaching styles to meet the needs of all children in their class.

...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.

Experts in both countries noted the importance of a low child to staff ratio. This allows the child to engage in social interaction without feeling isolated. Low ratios have the effect of multiplying engagement opportunities and providing alternative means of expressing learning.

In all four countries, parents of children with disabilities are involved in writing and reviewing individual plans at pre-school. 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 Needs Code of

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⁷ In the USA, a local school district has all responsibility for delivering what is specified in an IEP under the IDEA Act, 2004

Research Connections, Number 5; www.cec.sped.org/content/navigationmenu/aboutcec/international/stepbystep/rc5sec1.pdf
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 processes for such situations have been developed.

Conclusion

There is considerable learning for Ireland from published research and from good practice in other jurisdictions.

Inclusion of pre-school children with disabilities will require a:

- Focus on quality in early education and care provision.
- Policy of inclusive practice* in mainstream early childhood care and education settings.
- Policy direction which ensures 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 these settings.

Whole-setting involvement in supporting and integrating the child, rather than providing one-on-one support to a child (other than in exceptional circumstances) is essential.

If you wish to find out further information you can contact:

National Disability Authority
25 Clyde Road, Dublin 4
T: 01 6080400 • E: nda@nda.ie • www.nda.ie

* By inclusive practice we mean buildings, furniture, curriculum and teaching styles are informed by universal design principles.
Implementing a Protocol for Inclusion for Children with Additional Needs in County Roscommon

IRENE CAFFERKY, Manager, Roscommon County Childcare Committee

A Model of Best Practice in Early Childhood Care and Education Services While Developing Best Outcomes for Children with Additional Needs and Their Families

BACKGROUND

Interagency collaboration has always been a key factor when supporting children with additional needs in County Roscommon. For a number of years, local agencies, along with early year’s service providers, worked closely within a framework that used a protocol for inclusion within early childhood care and education (ECCE) services, mainly pre-school services, to guide all involved.

The Brothers of Charity Early Childhood Service (BOC), Roscommon Early Intervention Service (REIS) and Roscommon County Childcare Committee (RCCC) collaborated and consulted with ECCE services in 2012 to assess if the protocol needed to be amended. The three agencies committed to further developing and revising this protocol to assist ECCE services in continuing to develop an inclusive practice for all children.

In March 2012, changes and recommendations were implemented at a local level which saw Roscommon County Childcare Committee take on the role of facilitating all of the

PROTOCOL FOR INCLUSION
FOR EARLY CHILDHOOD CARE AND EDUCATION SERVICES IN COUNTY ROSCOMMON

The Brothers of Charity Services, Roscommon Early Intervention Services and Roscommon County Childcare Committee
Protocol meetings between all of the key stakeholders. The Protocol for Inclusion was reviewed as a tool for ECCE services to use when a child who has been identified as having additional support needs enrolls in or attends a service. This protocol is based on meeting the child’s needs in the service and encouraging communication between all parties involved to support the inclusion of the child. The Protocol outlines the roles and responsibilities of all parties involved, i.e. parents, support workers, ECCE service, support agency (BOC and/or REIS) and RCCC.


**STAKEHOLDERS IN PROTOCOL FOR INCLUSION IN ECCE SERVICES**

<table>
<thead>
<tr>
<th>Organisations/Agencies Involved</th>
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<tbody>
<tr>
<td><strong>Roscommon Early Intervention Services (REIS)</strong> is a partnership between the Health Service</td>
</tr>
<tr>
<td>Executive (HSE) and the Brothers of Charity Services Roscommon, and was set up in 2009 as part</td>
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<tr>
<td>of the <em>National Framework for Service Delivery for Children with Complex Developmental Needs</em></td>
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<tr>
<td>This service, for children from Roscommon, provides multi-disciplinary/inter-disciplinary</td>
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<tr>
<td>screening, assessment, programme support and intervention for children with complex</td>
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<td>developmental needs, up to school age.</td>
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<tr>
<td><strong>Brothers of Charity (BOC) Early Childhood Services</strong> work in partnership with other Early</td>
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<tr>
<td>Intervention Service Providers in Roscommon. BOC provide multi-disciplinary assessment</td>
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<tr>
<td>and intervention and provide support to pre-school children in numerous ways and in various</td>
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<td>settings.</td>
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Roscommon County Childcare Committee (RCCC) implements and co-ordinates the National Childcare Programmes in County Roscommon on behalf of the Department of Children and Youth Affairs (DCYA). RCCC collaborates with ECCE Services, Statutory Bodies, Community and Voluntary Sector, Childcare Organisations, Parents and Children to continue the positive development of quality, affordable and accessible ECCE services locally in County Roscommon. RCCC is committed to ensuring that it adopts a child-centred pedagogical approach in implementing its’ strategic plan that contributes to the development of quality ECCE services in County Roscommon.

**IMPLEMENTATION OF THE PROTOCOL**

Inclusion for every child and family is unique and therefore it takes careful planning and support, and willingness on all sides to make it a successful integration for each child. This Protocol for Inclusion therefore needs to be based on:

- Shared understanding of aims of the placement, child’s needs, Support Worker’s role, pre-school responsibility etc.
- Mutual trust between all parties.
- Support and respect for each families needs.
- Support and respect for children’s needs.
- The sharing of professional support and advice in relation to the child’s needs.
- Sharing of relevant information, and respecting the child’s and families rights under data protection and confidentiality.

Successful inclusion of the child within the pre-school service requires the active participation of all involved in the process.

Once the support agency (BOC and/or REIS) has identified a need for support and funding has been secured, an introductory Protocol meeting is held with the parents, ECCE service and Support Worker. This meeting should take place prior to the Support Worker starting in the pre-school service. An inclusion agreement between the parents, ECCE service, Support Worker and Support Agency is drawn up at the first facilitated meeting, which is usually held within the pre-school service that the child attends. This meeting is facilitated by RCCC. Other professionals who are actively involved in the child’s service provision can be included at this meeting.

The aim of this Protocol for Inclusion meeting is to discuss and agree upon arrangements to support the full participation of the child within the ECCE service. Further meetings are arranged as the need arises.
ARISING OUT OF THE SOCIAL INCLUSION PROTOCOL FACILITATED MEETING

Parents may meet with the Senior Early Years Educator of the ECCE service or members of the Support Agency in private at another time if any topic arises that they would rather not discuss in this protocol inclusion meeting. All information discussed at this Protocol Inclusion meeting is confidential. Headings on the agreement form include: child details, ECCE service details, Support Agency details, Support Worker details, name and date of meeting, attendance and relationship/role to child, physical needs of the service, communication, intimate/personal care, play/social interaction, actions to be carried out and by whom and a review date.

ROLES AND RESPONSIBILITIES

The following are the roles and responsibilities of all staff and agencies involved in the protocol for inclusion.

The ECCE Service is responsible for:
- Informing the Roscommon County Childcare Committee of the need for a Protocol Meeting.

- Supporting the active participation of the child with additional support needs through working with the Support agency in planning, implementing and reviewing programmes, as appropriate to the individual and group needs.
- Being involved in all processes around the child’s participation including the Protocol for Inclusion agreement, the sharing of information and reviews as appropriate.
- Ensuring all Support Workers are included in a team approach in the pre-school setting.
- Ensuring the child is accommodated within the pre-school group. If the child becomes more independent, support hours are reduced.
- Communicating directly with the child’s parents.
- Ensuring the childcare service is inclusive for all children.
- Accessing additional resources, where necessary, in conjunction with BOC/REIS such as training, specialist equipment etc.
- Ensuring that the Support Worker has signed up to the ECCE service’s policies and procedures.
- Including the name, position and experience of the Support Worker in the information provided to parents.
- Appropriate storage of the child’s confidential records (programmes, observations etc.).
- Return (where appropriate) completed signed worksheets to support agency.

The Support Worker is responsible for:
- Facilitating the inclusion of the child, as agreed at the inclusion meeting.
- Working in co-operation with the staff of the ECCE service, to ensure the safety and active participation of the child.
- Communicating directly with the child’s parents.
- Assisting the child in personal/intimate care and communication, when required.
- Reading and implementing policies and procedures of the ECCE service.
- Recording hours worked on appropriate worksheets.
- Completing worksheet at the end of each month.
- Inform parents and ECCE service as early as possible if they will be absent or late (this should be part of the service’s policies and procedures and covered in the induction also).

The Support Agency (BOC and/or REIS) is responsible for:
- Supporting parents, in conjunction with RCCC, to access information when choosing an appropriate ECCE service for the child.
- Supporting the family during the transition period, and acting as an advocate, if required.
Working in partnership with parents, ECCE services and Roscommon County Childcare Committee staff.
Sharing professional expertise and assisting the ECCE staff in planning programmes and activities specific to the child.
Advising on environmental adaptations and use of specialised equipment for the child.
Reviewing the arrangement in relation to allocated hours for the Support Worker.

The parent(s)/guardian(s) are responsible for:
- Advocating for their child's successful participation in the ECCE service.
- Working in partnership with the Support Agency and ECCE service, in relation to the input of a Support Worker.
- Communicating with the staff of the ECCE service.
- Being involved in all opportunities and meetings that assist their child’s participation in the ECCE service.
- Informing the following if your child cannot attend ECCE service.
  - Support Worker
  - ECCE service
  - Any clinicians from the support agency, e.g. speech and language therapist, physiotherapist, etc. if any of these clinicians were to meet the child in the ECCE service on that day.
- Return (where appropriate) completed signed worksheets to Roscommon Brothers of Charity Services offices.

Roscommon County Childcare Committee is responsible for:
- Visiting the ECCE service and undertaking preparatory work with the ECCE staff, prior to the inclusion meeting.
- Providing information, support and training to the ECCE service, to facilitate the inclusion of the child in all the day to day programmes and activities within the service.
- Facilitating the protocol meeting.
- Working in partnership with the ECCE service, support agency, parents, and staff.

REGULATIONS AND CHILD PROTECTION
The HSE Child Care (Pre-School Services) Regulations 2006 must be adhered to at all times. If the ECCE service or Support Worker becomes aware of a breach of these regulations within the pre-school setting, examples of serious breaches of the regulations along with a number of steps to be taken are outlined within the protocol. To keep in line with best practice and the requirements of Children First: National Guidance for the Protection & Welfare of Children (2011) child protection guidelines, a written record of the process will be kept by the support agency.

REVIEW OF ONGOING WORK REGARDING THE IMPLEMENTATION OF THE PROTOCOL FOR INCLUSION
In October 2012, a review took place on the implementation of the protocol and what supports/training the Early Years Educators and Support Workers required going forward. The purpose of this review was to:
- Give Support Workers and Early Years Educators (Team Leaders/Owners) an opportunity to discuss the successes and challenges of implementing the protocol.
- Conduct a training needs analysis among Support Workers and/or Team Leaders/Owners, so that the agencies involved could draw up and implement a continuous professional development training plan based on their future training needs in supporting the child within the pre-school services in County Roscommon.

The review and training needs analysis showed that more understanding is required by ECCE services and support workers regarding the various programmes that are used with children with additional needs. Staff from the Brothers of Charity, Roscommon kindly completed a workshop for Early Years Educators in June 2012, at a RCCC seminar, which was called ‘Supporting Children with Autism & Down’s Syndrome in the Early Years’. The response to that workshop was fantastic, and the feedback that RCCC received from services who attended that workshop was that they would like to have more of the same, or an extension of that workshop. So, as a follow on from the review held in October last year, a seminar was held on Saturday 9th February 2013 with specific workshops addressing the areas highlighted by those working with the protocol, including more information on supporting children with Autism or Down’s syndrome.

BENEFITS OF AN INTERAGENCY APPROACH TO IMPLEMENTING THE PROTOCOL FOR INCLUSION
- Model of Best Practice with inclusion and transition for children with additional needs.
- Parental involvement at all stages through Protocol.
- Improved communication between all parties supporting the Child.
- Provision of support to children at all stages of their development.
- Early Intervention supports.
- Qualified ECCE Staff with opportunities for Continuing Professional Development (CDP).
CONCLUSION

In conclusion, the protocol for inclusion has enabled a more coherent approach between ECCE services, families, the HSE, BOC and RCCC to support EARLY YEARS services caring for children with additional needs. ECCE services now have a guideline in the process in the inclusion of children with additional needs in their services, as well as the responsibilities of services, support workers and parents.

We have strived to ensure that parents, children and early year’s educators are adequately supported to engage fully with all of the stakeholders in this process locally. This will continue into 2013 as part of our annual work plans as it has been drawn up with the best available expertise in the county at local level. We would like to thank all involved in the protocol past and present for their dedication. We will continue to be proactive in County Roscommon in raising awareness and understanding of supporting children with additional needs and continue to link families with ECCE services that will best meet their needs.

If you wish to find out further information on the work involved in our Protocol for Inclusion in pre-schools you can contact:
Roscommon County Childcare Committee (RCCC)
Tel: 094 9622540 • Fax: 094 9620878
E-mail: info@roscommonchildcare.ie
www.roscommonchildcare.ie

REFERENCES

INTRODUCTION

Each child is unique with his/her own individual talents and learning needs. Successful inclusion of a child with special educational needs into an early years setting requires an understanding of the child’s strengths and needs. To this end, it is helpful to be informed about disabilities and to understand their implications for learning in the early years. This article provides an overview of some of the more common categories of disability and outlines strategies that support the inclusion of children with special educational needs.

AUTISM

Autism is a lifelong developmental disability affecting the way a child communicates and relates to those around him/her. The child’s ability to develop friendships is generally limited as is his/her capacity to understand other people’s feelings. Generally, the child shows a lack of interest in the world around him/her, often retreating into ritualistic behaviours. Autistic Spectrum Disorders (ASDs) is used to describe a range of complex conditions varying in severity. As symptoms vary so widely from one child to another, there is no single approach that works for all. Approximately 75% of
children with ASDs have accompanying learning difficulties (Heward, 2005; Dare & O’Donovan, 2002; Paasche et al., 2004).

A child with an ASD will demonstrate difficulties primarily in three areas: communication, social interaction and imagination. Difficulties in the area of communication may include:

- A lack of desire or ability to communicate at all; communicating needs only.
- A wide variation in communicative ability from children who have not developed speech to those who have but find it difficult to use language effectively.
- Poor non-verbal communication — eye contact, gesture, expression, body language.
- Using words out of context and showing little or no understanding of idioms and jokes.
- Difficulties starting or keeping up a conversation and little understanding of the ‘rules’ of conversation.

Difficulties in social interaction may include some of the following:

- No desire to interact with others.
- Limited demonstration of affection.
- A lack of motivation to please others.
- Finding people frighteningly unpredictable.
- Having no understanding of unspoken social rules.
- Limited interaction, particularly with unfamiliar people or in unfamiliar circumstances.

Difficulties with imagination may include:

- Using toys as objects for repetitive play activities.
- Difficulties making sense of sequences of events.
- Being unable to play imaginatively.
- Resisting change.
- Engaging in stereotypical behaviour — spinning, rocking, making noises.
- Learning things easily by rote but with no understanding.
- Difficulty seeing things from other people’s point of view.
- Following rules rigidly and not understanding exceptions.
- Limited ability to predict what will happen next.
- A blurred distinction between fantasy and reality.

A child with an ASD may also be resistant to changes in routine, becoming very distressed, anxious and/or angry when this happens. This should be seen as his/her attempt to try to control a sometimes frightening world. Some children with ASDs also experience sensory, eating and sleeping difficulties. Others may have fine and gross motor difficulties and poor spatial awareness. Children with autism have difficulties making connections with others.

**Specific strategies that support children with autistic spectrum disorders**

- Be ‘autism-aware’. Understand that the world may be a frightening place for the child.
- Ensure that the room is well-organised, predictable and clearly marked. This is extremely important for children with autism. The daily timetable should be consistent with clear and carefully-planned transitions. Unplanned changes in the environment may result in behavioural outbursts in children who have autism. It may help to have the daily timetable presented visually.
- Try to keep the noise level of the setting as low as possible. Use a quiet speaking voice.
- Use clear concise language, bearing in mind that the child may interpret language literally. For example, ‘Can you give me a hand?’ could lead the child to literally try to give you his/her hand.
- Through observation and consultation with the child’s parents, determine which objects and activities the child really likes or dislikes. Incorporate this knowledge when making plans for the child’s learning.
- Encourage two-way interaction between the child and adult, and later between the child and a peer. Being with other children is a very important part of the child’s learning programme even if s/he does not engage with them. This should always be encouraged and facilitated.
- If the child is upset s/he may wish to be given time alone rather than being comforted by another. The usual strategies to calm a child may not work.
- Use the child’s name at the start of a sentence to gain his/her attention. Remember when asking questions that the child with autistic spectrum disorder may not understand that you are talking to him/her.
- Try to make learning more real for the child by including props, for example, use puppets during story time. Try to include pictures or give the children something to smell, see, touch and hold to make the story more meaningful.

**ATTENTION DEFICIT DISORDER/ATTENTION DEFICIT HYPERACTIVITY DISORDER**

Attention Deficit Hyperactivity Disorder (ADHD) and Attention Deficit Disorder (ADD) are conditions that become apparent in some children in the early years. ADD is characterised by an extreme difficulty controlling behaviour and/or paying attention. When the child also exhibits hyperactivity and impulsivity the condition is referred to as ADHD. These symptoms appear early in a child’s life. All children can be restless, act without thinking and daydream. However when the child’s hyperactivity, or poor concentration,
begins to affect his/her social relationships with other children, behaviour in the early years setting or behaviour at home, ADHD may be suspected. As many typically developing children may have these symptoms, but at a lower level, it is important that the diagnosis of ADHD is made by a qualified medical professional. The exact causes of ADD and ADHD are unknown. ADHD is more common in boys and ADD more common in girls. (Hallahan & Kauffman, 2003; Paasche et al, 2004)

Specific strategies that support children with ADD/ADHD

- Try to limit distractions in the environment. Create a space within the setting where the child may find it easier to concentrate.
- Check if background music calms and soothes the child or keeps him/her from focusing.
- Use corners of the room for different activities including a quiet area where the child may go to 'calm down'.
- Get the child’s attention before talking to him/her, e.g. by calling his/her name.
- Keep instructions simple.
- Have realistic expectations for the amount of time spent on an activity.
- Seat the child near an adult during activities where s/he may experience particular difficulty staying focused (e.g. Circle Time).
- Allow the child to hold something while listening to a story.
- Maintain a consistent timetable with organised and planned transitions. A visual timetable may be useful.
- Reward the child for positive behaviour indicating the aspect of behaviour being rewarded: 'I like the way you sat still and listened to the story. Well done, Ben'.

DOWN SYNDROME

Down Syndrome is a genetic condition that happens because of the presence of an extra chromosome. A child with Down Syndrome will have a learning disability and may also have associated physical difficulties such as heart problems, thyroid disease, frequent upper respiratory conditions and hearing or visual impairment.

For children with Down Syndrome there is a very wide range of cognitive levels ranging from severe to mild cognitive disability. Children with Down Syndrome achieve many of the same developmental milestones as their peers but usually do so at a slower rate. In addition, their rate of response may be slow and they may require many repetitions to master a task.

Furthermore, children with Down Syndrome have an ‘uneven profile of expected development’ with strengths in the areas of social skills, self-help skills and behaviour and weaknesses in motor development and speech and language skills (Buckley and Sacks, 2001). Most children with Down Syndrome have difficulty with auditory short-term memory, so they learn best by watching, imitating and doing, rather than by listening. Low muscle tone in their arms, hands and fingers can make it difficult for children with Down Syndrome to hold objects and put on/fasten shoes etc. Children with Down Syndrome are often responsive and enjoy social interactions. They tend to be more motivated by praise and encouragement rather than by task mastery and achievement.

Specific strategies that support children with Down Syndrome

Pacing: It is helpful for early years practitioners to slow down the pace of demonstrations, explanations, tasks and activities. This will help the child to learn the task more easily. Consider your rate of speaking and moving. Allow extra time for the child to respond or complete a task.

Scaffolding: Scaffolding means supporting a child to succeed at a task that he or she cannot yet complete on their own. This happens, for example, when the adult supports the child’s learning as they try to complete a wooden puzzle. The adult follows the child’s lead, just supporting and demonstrating as necessary when the child doesn’t know what to do next, so the child can see how to succeed.

Task analysis: This is the technique of breaking tasks into small steps and then assisting the child to learn one step at a time. By learning one step at a time, the child will eventually be able to complete the entire task on his/her own.

Errorless learning: Recent research (Fiddler, 2006, Wishart, 2005) indicates that children with Down Syndrome demonstrate lower levels of persistence when faced with tasks that are perceived as challenging. An errorless learning (success guaranteed) approach is critical when new skills are being taught. Scaffolding and task analysis both lend themselves to errorless learning due to the high level of support that is provided, thereby ensuring that the child experiences success.

Practice and repetition: Practice is one of the most effective, yet simplest techniques for supporting the learning of children with cognitive disabilities. All learning involves trial and error, and through continued efforts the child eventually masters a task through practice until it becomes quick and easy to do successfully. Practice also increases skill and
efficiency. This applies to motor skills such as drinking from a cup or throwing a ball, but it also applies to mental skills such as talking and thinking. Educators can significantly increase a child’s opportunity to learn by simply repeating key words or movements when giving instructions or demonstrations.

**Motivation:** Children’s learning is significantly influenced by their self-confidence and self-esteem. Children with Down Syndrome seem to be far more motivated by the praise and encouragement that they receive from their significant others rather than by an innate sense of achievement when they have mastered a particular task. Therefore, it is really important to provide lots of praise and positive reinforcement in order to motivate children with Down Syndrome.

**Lámh:** Lámh is a manual sign system designed for children with intellectual disabilities in Ireland. It is based on Irish Sign language (ISL), but the number of signs is smaller and the hand positions are less complex. With Lámh, signs are used with speech in order to support and extend speech and language development. Some children with Down Syndrome may be using Lámh to communicate and if so, some of the most frequently used signs could be taught to all of the children in the early years setting. See [http://www.lamh.org/](http://www.lamh.org/) for further information.

**HEARING IMPAIRMENT**

Hearing losses can vary in severity ranging from mild to profound and hearing losses can be either permanent or temporary. A child who is born with a hearing impairment has the usual capacity to develop speech, language and communication skills but is prevented from doing so by being unable to hear others speaking. Helping the child to access the communicative world through a variety of methods such as lip reading and signing enables him to learn and interact with his peers and the wider world. As with all children, the early years are important in the development of communication skills, therefore early detection is crucial (Vaughn, Bos & Schumm, 2006). Late diagnosis can affect a child’s ability to gain spoken language. Research studies indicate that at least one quarter of children remain undiagnosed by three years of age.

**Early indicators of possible hearing impairment**

The child may not blink or startle at a loud noise, turn to mother’s voice across the room, respond to instructions or answer when called or be able to listen to stories in a group and may be inattentive. The child may have a monotone quality of speech, suffer from repeated ear infections, have temper tantrums and seem to daydream, ask for questions to be repeated or copy other children. (Adapted from Paasche et al., 2004 and Dare & O’Donovan, 2002)

Most children with a hearing impairment will use hearing aids reinforced by lip reading to achieve fluent communication through speech. Children who cannot hear sounds use Irish Sign Language as their primary mode of communication.

**Specific strategies that support children with a hearing impairment**

The level of support required depends on the degree of hearing impairment experienced by the child. Children with mild hearing impairment can usually be accommodated in the early years setting through the use of visual cues, seating the child close to the speaker and learning how and when to perform checks on the child’s hearing aid. Children with more severe hearing impairment will require greater levels of support within the setting.

There are a number of good practice guidelines that will help the child with a hearing impairment to be included as fully as possible in the early years setting:

- Be aware of fluctuating hearing loss.
- Staff of the setting must learn the skills and knowledge necessary to implement the chosen method of communication (e.g. lip reading, sign language).
- Always include the child in the conversation. Never talk over him/her to another child/adult.
- Speak clearly but do not shout as you may make the child feel fearful. Do not exaggerate your speech.
- Ensure that you have the child’s attention. Use his/her name to get attention.
- Keep background noise to a minimum. Use rugs, carpet, cloth wall hangings to prevent noise from vibrating around the room.
- Develop ‘listening’ activities – helping the child to discriminate between different non-speech sounds, for example, animal noises or musical instruments.
- Sit the child opposite the educator giving the child the best possible position for lip reading. Also ensure that the child is seated near the sound source – the tape recorder or musical instrument where appropriate.
- Always respond positively to the child’s sounds.
- Help develop the child’s residual hearing by drawing the child’s attention to everyday sounds such as the doorbell, a dog barking, etc. and react positively when the child is the first to notice.
- Use as many visual and tactile supports as possible to
support the child’s language comprehension. Use gestures and hand movements to complement the meaning of words.

- Develop music and sound-making activities and use different types of sounds and vibration. Help the child to touch and experience the vibration in musical instruments.
- Be positive and supportive about the use of a hearing aid and check the aid and batteries regularly.

(Hallahan & Kauffman, 2005; Lewis & Norwich, 2005; Dare and O’Donovan, 2002; Paasche et al., 2004; Klein et al., 2001)

**PHYSICAL DISABILITIES**

A physical disability is a condition that interferes with a child’s ability to use his/her body. It can affect one or more of the following body systems: neurological, musculoskeletal, respiratory (including speech organs), special sense organs, cardiovascular, reproductive, digestive, genito-urinary, lymphatic and skin. There are many different types and degrees of physical disability. Some children will be able to walk and move independently with minimal supports, while others will be wheelchair users and will require significant levels of support throughout their lives. Some of the more common physical disabilities include cerebral palsy, spina bifida and muscular dystrophy.

**Specific strategies that support children with physical disabilities**

Planning and preparation will be necessary before the child enrols in an early years setting. The primary aim is to enable the child to participate as fully as possible in the setting.

**Ensuring physical comfort, developing mobility and supporting personal core**

- Make sure to handle the child’s limbs with care and attention and never hurry a movement.
- Try to maintain good body position. Splints, casts braces and wedges recommended by a health professional may all be used to help the child keep a comfortable position.
- When helping children to stand, always position yourself in front of them. This encourages children to develop balance. Ensure their feet are placed firmly on the ground with a wide base. Check that their body is slightly forward and encourage them to take their own weight.
- Develop children’s confidence and independence in gaining mobility. Remember that fear and anxiety can increase spasms.
- As children develop they may be curious about their condition and they may ask questions. Liaise with the parents and check what they have told the child and what they want him/her to know. Be aware that information must be age appropriate.

(Dare & O’Donovan, 2002)

**Developing independence at snack times**

- Always use plastic or unbreakable spoons and beakers as a strong bite reflex may be present.
- As the child grows, encourage him/her to hold the spoon. Help his/her grasp by checking that the child’s wrist is well back. Experiment with different types of spoon to find the one that is most suitable. Try wide, shallow ones with easy-grip rubber handles.
- Use bowls with suction pads to prevent slipping.
- Encourage the child to push food on to the spoon using another one.
- Mugs should have two handles to promote symmetry and the use of both sides of the body. Weighted mugs may also be helpful.
- Sucking through a straw may be useful to prevent the tongue coming forward. This will also strengthen lips and palate muscles.

(Heller, Forney, Alberto, Schwartzman & Goeckel, 2000)

You should aim to promote independence at mealtimes even if it is messier and takes longer. Mealtimes should be sociable, friendly times with opportunities to interact and learn.

**Playing and working with peers**

- Provide plenty of time for the child to respond as the child with a physical disability may have difficulty organising his/her response. If the educator does not offer enough wait time the child will become discouraged and may eventually stop trying to respond.
- Arrange the seating in a way that best enables the child to be part of the group. Use wedges and standing frames to increase the child’s ability to participate in a tabletop activity.
- Allow extra time for the child to move around and prepare for activities. Do not rush him/her and do not do everything for him/her. Set small achievable tasks.
- Work with a variety of different media (play dough, clay, sand, water, paint etc.) to support the development of fine motor skills.
- Activities that develop the use of the hands are very important. Grasping, balancing and manipulating small toys and material such as small blocks, large lego-type interlocking blocks, stacking toys should be encouraged.
- The child should be encouraged to dress, do up buttons, zips and laces and use knives and forks.
- As with all children, it is very important to create play opportunities with other children. Develop opportunities that foster playing with peers, learning to share and taking turns.

(Klein et al., 2001; Mortimer, 2002; Kirk et al., 2006)
Many children with physical disabilities will lead full, independent and active lives, whereas other children will need some degree of lifelong support and protection.

**SPEECH, LANGUAGE AND COMMUNICATION NEEDS**

Children who have speech and language needs can have problems expressing themselves, understanding others or interacting socially with others. Children who are unable to communicate their feelings and needs can become frustrated, feel isolated and alone, which can lead to emotional and behavioural problems. Educarers may need to use a range of intentional and non-verbal means of communication including pictorial, symbolic, gestural or technological systems to ensure that every child is empowered to communicate to the best of their ability from the earliest age possible. A facilitating and responsive environment will support and nurture communication with every child.

Early referral to the speech and language therapist is important to establish the reasons for the delay in acquiring speech, language and communication skills. The speech and language therapist is the specialist who will carry out a detailed assessment of the child’s strengths and needs and develop a specific programme for the child based on this. Speech and language therapists typically work as part of a team with the child and the family.

**Developing receptive and expressive language skills**

The foundation for language and communication skills is laid during the first year of life. Before children begin to talk, they usually understand the words that are being used around them. They tend to know what the words mean long before they begin to use them. These language skills are known as *receptive language skills*. Many children with speech and language difficulties have problems understanding what is being said to them. It is helpful to speak to these children in short sentences that match their level of understanding and to speak slowly and carefully, avoiding unnecessary words in order to get the message across.

Praise and reward the child whenever an attempt is made to *express* himself/herself. When the adult recognises what the child is trying to say s/he should provide feedback, for example ‘Yes it’s a car’. When the child is playing, join in and comment on what he or she is doing. This will give the child opportunities to hear clear examples of the words and expressions s/he is trying to use.

**Using gesture**

The ability to use gesture often develops alongside babbling long before the child is speaking and can be used for the development of speech and language, particularly if the child is experiencing difficulties. The child’s communication skills are helped by using gesture and pointing at objects and pictures when talking about them. If the child has a significant difficulty the speech and language therapist may consider using sign language to enable the child to communicate.

**Using pictures**

Make cards with pictures and key words representing the things that the child is most likely to need to say, for example, ‘I need to go to the toilet’, ‘I’m sad’, ‘I’d like a drink’ and help the child to choose the appropriate card as needed.

**Specific strategies to support children with speech and language disorders**

Language and communication is an integral part of every activity in an early years setting. The children learn language and the rules of language during all of the activities such as, ‘Circle time’, ‘Play time’, ‘Drama’, ‘Art activities’ and ‘Story time’. Communication skills develop around objects and events that interest children.

- Include some rhymes and action songs that include lots of repetition of key words in the daily timetable.
- Encourage each child to use their voice in everyday situations, e.g. to make a sound if he or she wants a biscuit. Don’t do the talking for the child.
- Use expression. It helps make the message clear if your voice is interesting and expressive.
- Use picture books with children at an early stage of language development. Point to the pictures, using words as labels. Make car/animal or other relevant noises when playing and reading books.
- Comment on what the child is doing even before s/he has any words.
- Use storybooks that have repetitive phrases. When the child is familiar with the story, leave out the last word/phrase and see if s/he will say it.
- When playing turn-taking games such as rolling a ball, use the same phrase, ‘Ready, Steady, GO’.
- During play time use key words to describe what the child is doing, for example ‘up’ the ladder’, ‘down the slide’.
- When the child begins to use single words, try to extend them into familiar phrases, e.g. ‘red block’, ‘dirty hands’.
Always listen attentively and with interest even if the child’s sounds are unintelligible.


 Play alongside the child at his/her level. Let the child choose the activity and follow the child’s lead. Talk about what the child seems to be interested in or looking at.

 Help the child to understand when you are talking to him/her by saying the child’s name at the beginning of a sentence. For example, “Cian, it’s time to put on your coat now.”

 Avoid one-sided conversations that result in you asking a list of questions. Instead, describe a picture or tell the child the name of an object, leaving pauses for the child to join in if s/he wishes. This reduces the pressure on the child to perform.

 Sing some action songs together and try some listening games such as clapping games, where you clap a particular pattern followed by the child who tries to clap the same pattern.

 Use words that children are interested in. Try to make sure that they see and understand what you mean. Tell them the name of actions as well as things.

 Try to respond to any attempt that the child makes to communicate.

 As the child develops understanding and speech, gradually make sentences longer and increase the vocabulary. When the child has mastered simple sentence structure, model more complex structures for him/her. For example, ‘If we put on one more block, then what will happen?’ (Adapted from: Cook et al, 2000; Klein et al, 2001; McCarthy, 2001; Hallahan & Kauffman, 2005).

 Specific strategies that support children with visual impairments

 Every child should be allowed a pre-visit before s/he starts in the early years setting, however, it is particularly helpful to let a child who has a visual impairment explore the environment when other children are not around and when things are quiet. In this way, the child can become familiar with the new environment.

 A great deal of energy is needed to process information visually. A child might tire easily when called upon to use his/her visual sense. Allow for ample “break” times.

 It is helpful to speak to everybody by name, especially if there are other people in the room. Encourage children and staff to identify themselves by name to the child. You also may want to wear a bell or noisemaker to help children with visual impairments know when you are near.

 Repetition and routines can help the child understand their visual environment. If changes are needed, make them slowly to allow time to adjust. Play materials should always be stored in a place that the child is familiar with.

 Language helps a child to understand a visual situation by adding meaning to it. For example, during dressing, eating, or any other daily activity, use lots of language so that the child knows what is happening. It is also helpful to be consistent. For example, if you are putting on a young child’s shoes, always put the right one on first to make things easier for him/her. You can say, ‘Let’s put on your shoes now. First the right one. You help me by holding up your right foot.’

 Colour can be used effectively to support the child. Yellow and red are possibly easier to see and can be used to outline numbers, letters, or pictures, to colour code, or to attract attention to something you want the child to look at. Outline pictures with heavy marker lines to make it easier for children to see the shapes.

 It is also important to keep the colour of materials constant to avoid confusion. This also applies to visual cues in general which should also be consistent over time and location.

 Use sensory cues. Children with visual impairment use their other senses to get information. Verbal, sound and tactile cues are frequently used. Use a multi-sensory approach such as pairing an object that you want them to see with a sound and a touch. In addition, olfactory (sense of smell) and kinaesthetic (movement) cues can also be used.

 Consult with the parents to see whether the child is light sensitive. In these cases it may be more beneficial to have low light conditions with a spot light on an object. Another

VISUAL IMPAIRMENT

Visual impairment refers to all levels of vision loss. Types of visual impairment vary, depending on which part of the eye or nervous system is affected. Total blindness is rare and even those considered blind can often tell the difference between light and dark. A child may be unable to see clearly or see details (in which case visual acuity is affected), s/he may be unable to see without moving his/her head (in which case visual field is affected). One child may only see a very narrow visual field (tunnel vision) another might only see an area in one corner of the visual field. Some children may have low vision (enough to read regular or large print). A visual impairment doesn’t affect what a child is able to learn, but it can affect how s/he learns. Without eye contact, it’s hard to tell if a child is paying attention. Children with visual impairments may also miss visual cues, such as a frown, raised eyebrows, or smiles to communicate with others (Klein et al.,2001).
Child’s vision may be enhanced by lighting the object from the side or from behind. Adjust both natural and artificial lighting to achieve maximum effect.

- Making the maximum use of contrast will help the child with visual difficulties. This involves putting dark coloured objects on light coloured backgrounds and vice versa. Materials, such as pictures, should be simple in form, high in contrast (the colours of a picture or object should be different such as a yellow toy against a black background instead of an orange one), and should be presented one at a time.
- Correct positioning of objects may help the child with visual difficulties depending on the degree of sight loss. If the child is short sighted, objects need to be brought close and print should be enlarged. If the child is long sighted it may be easier for him/her to see things that are far away.

GENERAL LEARNING DISABILITIES

Children who have a general learning disability follow the same developmental progression as typically developing children, but milestones are achieved at a slower pace. This category spans the full spectrum of cognitive difficulties ranging from those children who have mild learning disabilities to those who are functioning at a level that requires intensive support and one-to-one attention. These children can be considered to be simply functioning like younger children at earlier developmental stages.

CONCLUSION

This article provides an overview of some of the main categories of disability and outlines specific strategies that can support the inclusion of children with those disabilities in early years settings. Some children with special educational needs may have a combination of difficulties such as a physical disability and a learning difficulty or Down Syndrome and a visual impairment. While many strategies will be useful for working with all children, careful consideration will be necessary to support children with overlapping or combined difficulties. Each child is unique and regardless of their special needs they require an individualised approach that acknowledges their ability and helps them to reach their potential. All strategies and interventions will need to be considered in the context of each individual child’s strengths and needs.

REFERENCES


Fiddler, D. 2006. The Emergence of a Syndrome-Specific Personality Profile in Young Children with Down Syndrome. Down Syndrome Research & Practice, 10(2), 53-60.


Feelings run high in early childhood care and education because people care and are passionate about their work with children and families. Those practitioners who currently have at least one child with additional needs in their services (now estimated to be about 71% of services) are frustrated by a system that does not adequately, consistently or in a timely manner resource and support good outcomes for children. We in Early Childhood Ireland, an organisation representing 75% of providers in the country, hear the stories of challenge, of disappointment, of frustration, but also of persistence, of partnership and of success in supporting children. This short article reflects the realities of a sector that is struggling with sustainability but is committed to improving the everyday experience for children with additional needs.

WHY PRE-SCHOOL IS GOOD FOR CHILDREN WITH ADDITIONAL NEEDS

Playgroups, pre-schools and day care services have grown and thrived over recent decades, not merely because parents require childcare but because high quality provision is good for children. Children coming into our services are young and staff in early childhood settings work hard at providing consistency of care, cultivating relationships with parents and locating play at the core of their curriculum. In many communities, the early childhood service is a hub within the locality, a place where parents connect with each other, sharing information and tips, where practitioners and parents connect and tell stories of what happened during the day (celebrating successes or considering emerging challenges no matter how small) and where guidance can be offered in informal ways that respect and recognises the primacy and knowledge of the parent.

Each child coming to pre-school brings with him a unique set of experiences and capabilities. Each child, regardless of their individual needs, has strengths. Early childhood practitioners must have positive and open images of children, and recognise them as having rights and competencies. Children communicate their interests in many ways, both verbally,
through their words, and always through their bodies. They communicate through what Loris Malaguzzi (Reggio Emilia) calls the ‘hundred languages’ and it is up to adults is to notice, recognise and respond to the child’s expressions.

Sean follows other children moving blocks from one area to another with interest. The practitioner notices and names or legitimises his interest: ‘Look Sean, Charlie is carrying the blocks to the home corner’. Our challenge is to get to know each child, to understand that Sean, for example, has difficulty joining in the play with others, but that he has a keen eye and is a good builder, managing and balancing the blocks.

PRE-SCHOOL CURRICULUM
The cornerstone of the early childhood curriculum is play, which is universal and open to every child, irrespective of ability. Aistear, the Early Childhood Curriculum Framework, suggests that children’s play possibilities can be enhanced over time with the right kinds of support and that ‘children who are impulsive or get into many conflicts, children who are withdrawn or isolated, children whose first language is neither English nor Irish, children who have speech delays and children with physical or sensory impairments often need specialised or focussed support from the adults’. With understanding and support, everyone can take initiatives to join in the play.

Consider Diarmuid, who at three years is a quick learner with an engaging personality. His favourite play theme is re-enacting meal time and making cups of tea. Diarmuid does not always manage to play with the group, but he certainly knows the rituals and routines of tea time and is an expert player when it comes to the home corner. With support from the adults, Diarmuid has a valuable role when it comes to playing ‘teatime’. Regardless of other needs he has, Diarmuid demonstrates his competencies and is just one of the group in the home corner.

With rich possibilities for play, pre-school settings create opportunities for children with additional needs, promoting participation and supporting identity and belonging, while enabling a sense of success and mastery.

THE PROBLEM WITH LABELS
Young children, like Diarmuid above, are growing, developing and learning at an unprecedented rate from (and before) birth. By three years of age, their brains are 80% developed but that is only part of the story. As they enter pre-school with a broad range of capabilities and needs, children are learning to be confident in letting go of mum or dad (even temporarily), how to manage with others in a group context, how to self-regulate and how to be independent. Learning and developing is not uniform and tidy, it is messy and non-linear, dependent on the child, their context, culture and environment. Observations are important in early childhood services and help in understanding children, allowing patterns and trends to emerge over time in situations that are meaningful and real to them.

Sandra arrived in playgroup at three years of age. She was withdrawn, slow to make eye contact with adults, found it difficult to engage with other children and did not manage change well. Sandra was slow to warm up. Through observation, planning and lots of discussion with her mum, staff worked hard over time to help Sandra participate in activities and created opportunities for her to shine (she was a great gardener as most of her time was spent with her Granddad up in the allotment).

There are many lenses through which we see children and ultimately time is needed to know the whole child before judgements are made. Labelling the child can, in some cases, ‘open the door’ for appropriate interventions, but it may also restrict possibilities (no, he wouldn’t be able), create low expectations (that’s as much as she can manage) and unfortunately lead to self-fulfilling prophecies.

The pre-school door is open to children and families with an understanding that each child develops at his own pace, has capabilities to be harnessed, interests to be followed, skills to be developed and learning opportunities to be supported. The possibilities for early identification of need, and for making timely, early interventions (in partnership with parents), lie within the quality early childhood setting.

ISSUES AND DEVELOPMENTS
Two relatively recent developments have impacted on the early childhood sector and specifically in relation to work with children with additional needs and their families.

Firstly, in January 2010, the introduction of the Early Childhood Care and Education (ECCE) scheme saw the provision of a free year of care and education for all children between 3 years 2 months and 4 years 7 months, regardless of family income or ability to pay. It was a great achievement for our children, but the system required tailoring for those children with additional needs. With strong calls from Early Childhood Ireland and others in the sector, children with
additional educational needs became eligible to avail of this scheme over two years on a pro rata basis, with the number of hours and funding per child equating to a single year. This scheme is hugely successful with 96% of eligible children participating. The numbers have increased significantly with more children than ever attending pre-school but it is not clear how many of the 96% represent children with additional needs. What is known is that the Census of Population showed 3 per cent of the population (aged 0-18 years) as having one ‘long-lasting condition’, while the most recent census of the population recorded 66,437 children with disabilities, which represents 5.8% of the total child population in Ireland. More sector specific, the 2011 Pobal Annual Survey stated that a total of 4,679 children with disabilities were accessing early childhood services in Ireland, with 47% of services reporting to have at least one child with additional needs in attendance. A latest an unpublished Early Childhood Ireland survey conducted in 2012 paints yet another picture, showing that 71% of services reported having at least one child with additional needs.

Secondly, following Budget 2012, subvention rates to services across Government funded programmes dropped by 3% and the adult:child ratio for those children in the ECCE scheme rose from 1:10 to 1:11. This small change in the ratios of one extra child per adult may seem insignificant until the demands on practitioners and the requirements to ensure that the needs of each child are met and the relationship with each child nurtured are considered. Combined, these developments highlight increased demands for places and consequently higher numbers of children with additional needs in the services, higher adult:child ratios and less income and financial discretion to bring in extra support for some children.

Despite the obvious need for quality early childhood services and recognising the possibilities they offer for engagement with families and early intervention, the sector is experiencing significant challenges.

‘There is absolutely no way we could take on a child with additional needs right now, I have never had to do that in the thirty years I have been running a playgroup but the way things have gone I have been left with no other option. We cannot meet their needs in the current climate.’ Community Provider

SPECIALISED SUPPORT
The most significant challenge facing services is the lack of Special Needs Assistants (SNAs). Historically, the availability of SNAs to the early childhood sector has come through the HSE (previously the Health Boards), and arrangements regarding hours and funding for individual children differed by area. Currently, 49% of Early Childhood Ireland members report that they do not have access to an SNA. This is a huge concern given that 71% of services report to have at least one child with additional needs. SNAs are core to children’s participation in the life of the service. While funding for designated hours per child is available in some counties, it is evident to us in Early Childhood Ireland that services are frequently subsidising the provision of SNAs and often parents are funding or part-funding these posts to enable children to take up their free pre-school year. Ninety five per cent of member services report that they, the service and the child would benefit from the presence of an SNA. Even when a service accesses an SNA there can be grey areas regarding employment, contracts and line management arrangements.

Across services, Early Childhood Ireland members tell us that speech, language and communication difficulties are among the most prevalent to be present but not yet diagnosed. During the early years of life, language is key in building relationships, developing social understandings, making meaning or sense of the world, sharing experiences, pleasures and needs. The ability to understand and use language forms the basis for literacy and successful reading.

For many of the children with additional needs in pre-school settings, minor interventions, delivered on site, can bring lasting improvements. Services identify that access to speech and language therapy (55%), occupational therapy (44%) and an educational psychologist (37%) would be helpful, but given the cutbacks and pressures within the system this wish list seems unlikely to materialise.

ASSESSMENT OF NEED – THE WAITING GAME
Without an assessment of need, a report which helps to build a profile of the child’s strengths and needs, families are unable to avail of any specialised support or intervention for their child. An assessment of need details the child’s health and educational needs and any services which may be required to meet these needs.

Early Childhood Ireland members report that waiting times and access to specialist support were among the biggest issues that services face today. Sixty-one per cent of children...
are currently awaiting assessment. The relatively large number of children with some form of additional need in ECCE services that have not had relevant assessments and/or diagnosis is a concern for the sector. On a positive note, there is a strong body of evidence to show that early intervention has significant beneficial outcomes for children with mild general learning disabilities in relation to cognitive, language and social development. Timing of intervention is therefore a critical factor in effectiveness and some of the most effective early intervention programmes have focused on children at or before 3 years of age. Consequently, the numbers of children who are believed to have mild general learning disabilities but whom have not yet had a relevant assessment is a cause for concern.

‘One of my biggest concerns at the moment is the number of children leaving play school without an assessment of need. The window of opportunity has been missed. We have parents, who can’t afford to pay for a private assessment, are now being forced to do so because the system has let them down. Something has to change.’ Community Provider

The story is somewhat different for school age children. Since September 2005, a general allocation model of resources for children with additional educational needs now operates in all primary schools. This model ensures that schools can make appropriate provision for children with mild general learning disabilities without a psychological assessment.

**INCREASING RATIOS – WHAT ABOUT THE OTHER CHILDREN?**

Another area of major concern for services that have children with additional needs is the increased adult:child ratios from 1:10 to 1:11, with services ‘feeling under huge pressure’. Early Childhood Ireland is hearing from services that for the first time ever have had to turn children away. In the current climate, services feel they are running a risk of not being able to provide an adequate service to children with additional needs, as they are unsure of the support they will receive from HSE and when it will be received. Additionally, many services feel that they ‘have also made a commitment to the other children in their care’ — without support they cannot continue to cope and fear that they will be operating at a low custodial level rather than delivering a quality service for each and every child. These experiences in the sector very much echo the research, which tells us that when classes are smaller and ratios are more favourable, practitioners engage in more stimulating, responsive, and supportive interactions and to provide more individualised attention.

**WORKING WITH FAMILIES – PARTNERSHIP WITH PARENTS**

The case for partnership between parents and early educators is now well established and a partnership approach is widely agreed to ensure best outcomes for children. It has been reported that when parents and educators work in partnership in early childhood services, children’s long-term development and learning can be enhanced. With support from the child’s family, practitioners begin to make progress in knowing the child and attending to her needs and following her interests. Parents are the people most aware of their child’s strengths, abilities, needs, and challenges, and, as a result, they play a vital role in the education of their child. Most services have faced challenges, however, in working with parents.

‘We were having huge issues trying to get parents recognise that their child may have additional needs. It was only when we changed our policy back in 2010, to clearly state that we need parents to work in collaboration with us for the best interest of their child, that things started to change and we started to make progress.’ Private Provider

Josh arrived in playgroup unable to mix with others. He gravitated towards one staff member and constantly looked to her as a reference point. Josh needed structure, he needed to be certain about what was coming next and he didn’t like anything out of the ordinary. New faces or visitors to the group caused him huge anxiety; spontaneous activities which others loved were a nightmare for him. One morning, a few weeks before Christmas, Jane took out the Christmas decorations to check on what they had. This out-of-routine action posed a real problem for Josh over the morning. Staff decided to develop a picture book for Josh, which guided him through the morning’s routine and identified what was coming next. Josh could hold his book with him and staff referred to it in preparing him for transitions. Staff decided to develop a picture book for Josh, which guided him through the morning’s routine and identified what was coming next. Josh could hold his book with him and staff referred to it in preparing him for transitions. The manager spoke to Tina, Josh’s Mum, and suggested that the book might be helpful at home and that they would be sure to put it in his bag. Tina was very annoyed at the suggestion that Josh would need any extra support, she too was quiet as a child and never liked change — Josh was like her and would grow out of it in time. In this case, Tina did not see that Josh would benefit from more support.
QUALITY OF PROVISION AND CONTINUING PROFESSIONAL DEVELOPMENT

Findings from the National Survey of Parental Attitudes and Experiences of Local and National Special Education Services suggest that parents view [primary school] teachers as the lynchpin of Special Educational Needs provision. There is no research to support this for the early childhood population; however, it is likely that the same applies to the sector.

The vast majority of practitioners welcome children with additional needs and work closely with them and their parents irrespective of having SNA support or not. Currently, through the national funding programmes, there is no recognition for accredited training or qualifications specific to this work and no support for continuing professional development (CPD). Yet skilled practitioners make a significant contribution to the well-being and development of children with additional needs and in the process support their parents.

NEXT STEPS...THE WAY FORWARD

There are a number of serious concerns relating to the quality of existing provision for children with additional needs. These concerns arise in relation to staff:child ratios, staff training and qualifications, specialised support and inter agency work as well as family partnership. Services are burdened with increased administration and bureaucracy, lower income, increased expectations from parents, higher requirements from Government, diminishing supports and resources for children with additional needs.

‘Providing an adequate service for children with additional needs is timely and requires a lot of planning. Our link worker really supports this but there are 20 other children who must be cared for; the increasing ratios make this difficult – it’s almost impossible to do any work on a one-to-one basis.’

Private Provider

It is clear that providers of early care and education are facing challenging times when it comes to the provision of ECCE for young children with additional needs. However, despite the challenges faced by the sector, positive work has and continues to be undertaken. There is a strong commitment to inclusive practice and the significant developments made to date must be acknowledged. Practitioners have been resourceful when it comes to caring and educating the children in their care in a way that’s inclusive for everyone.

Early Childhood Ireland has and continues to call for the provision of SNAs in pre-school and has advocated for the allocation of a minimum of three CPD days per year to facilitate staff training and development. Research is adamant that the higher the qualifications and training of the adults, the higher the quality of provision. We believe that it is time we cared not just for the children with additional needs but for the adults who work with and for them.
Creating an Environment of Inclusion and Supported Transition for Children with Specific Needs: An Overview of the FIESTA Network

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CONTEXT
Issues around childhood have been significantly neglected in most countries for a number of complex reasons to do with the appreciation and value attached to the role of childhood in society. A complex set of religious, economic and sociological factors come into play when looking at how children could – and should – relate to the roles or contributions expected from them. As an example, notions of children’s rights have only recently come into Irish theory and practice. The profound levels of systemic and systematic abuse uncovered in recent years have underlined the inadequate level of understanding by Irish professionals and policy makers regarding the rights and needs of children. This has further underlined significant gaps in their training and professional formation.

Traditional Irish conceptions of children’s rights have been further gravely impaired by historical structures and processes. The only institutional provision for children’s needs until the mid-nineteenth century was the Workhouse, and all that that connoted in terms of social disintegration and demographic collapse. While the Children’s Act (1908) allowed for more humane concern, specific services for marginalised, poor or problematic children were confined to reformatories or ‘industrial schools’. These were to become synonymous with abuse and cruelty yet were only finally reviewed in the Kennedy Report (1970). Legacies of abuse, segregation and institutionalisation have dominated Irish discourse on childhood.

In Ireland, the National Children’s Strategy (2000) addressed children’s needs on the basis of three principles:
- Children will have a voice
- Children will be better understood
- Children will receive quality supports

Significant concerns have been expressed (Quin and Redmond, 2003, p. 109) whether this would have any impact on
Of all the barriers to inclusion, the most difficult to eradicate is that of discriminatory attitudes. Predefined assumptions and understandings of disability have led educational professionals to have an inherent lack of confidence and low expectations around children’s abilities. Children with disabilities. While international influences such as the UN Convention on the Rights of the Child (1989) have led to more child-centred services, issues around disability and inclusion have a specific and unresolved dimension in most countries. Education for children with disabilities in Ireland was traditionally undertaken almost exclusively in segregated settings. In addition, these were usually operated by religious orders or voluntary agencies. It was not until decades later, long after almost all other European countries, that inclusive legislation emerged in Ireland. Historically, the medical model of disability dominated the provision of Special Education Needs. Various studies provided a critique of the dominant psycho-medical model in Ireland. They also noted the need for a cultural shift from this constricted model toward a wider consideration of the environmental, policy and social changes needed for development of equitable and inclusive schooling.

In Ireland traditionally, the principal or school board of management developed local admissions and inclusion policies. Some studies found that national policies do not necessarily provide the necessary local policies with clear procedures and approaches. This in turn can lead to stagnant policies that do not facilitate the cultural shift to implement inclusion. In Ireland, gaining admission to schools for children with SEN was strongly dependent on the child’s disability category and little else.

Segregated settings were the only options available. The 1990s witnessed a cultural shift based on advancement of Irish educational policies. Mainstream schools began to diversify and accept children with SEN. Admissions and access to schools however remains a difficult process for parents. Lack of knowledge and experience can result in children being denied access.

In Ireland, teachers have reported that a lack of information on children’s needs entering the class may prevent future planning or effective responses to individual needs. Teachers have highlighted the need for SEN training in initial teacher training as well as knowledge on how to implement inclusive approaches. Of all the barriers to inclusion, the most difficult to eradicate is that of discriminatory attitudes. Predefined assumptions and understandings of disability have led educational professionals to have an inherent lack of confidence and low expectations around children’s abilities. However, in Ireland some parents indicated that once the child was accepted and entered the school they were more flexible and innovative in their teaching practices. This suggests that if teacher fears are alleviated, they receive training that enables them to better understand and plan for inclusion, then there is hope that school might be able to become more inclusive.

This raises the question of how to connect concepts of childhood (that stress holistic and participatory ways of thinking) to concepts of inclusion that stress the need for children to experience full integration – and for both concepts to link to transition. It is important to recognise the requirement for children and families to receive tailored and individualised information on transition, to be involved in flexible collaborative planning processes well in advance of transition and to have accurate plans for future progression. It is vital that all parties should be involved in planning processes, that information should be transferred between settings and that resources should follow the child. This concept of childhood transition contrasts the notion that transition is a one off moment with the idea that it is a process. It contrasts the idea that transition is troublesome with the idea that children have a range of skills (including leadership skills) to offer. Therefore, such processes should be concerned with relationship building, planning and change. The key point is that there is a need to develop a European transition framework for adoption and adaption by Member States.

It is vital that all parties should be involved in planning processes, that information should be transferred between settings and that resources should follow the child.
SHAPING THE FIESTA NETWORK
The introduction of the social model of disability altered the way people understood and perceived disability. The social model of disability refers to the distinction between impairment as a functional loss or limitation and disability as the social disabling of people with impairments – leading to social barriers and attitudes that limit the social lives of people with impairments.

In recent years, the adoption of a rights based approach to disability has occurred mainly due to international and European developments such as the UN Convention on Rights of People with Disabilities (2006) and the UNESCO Salamanca Statement and Framework for Action in Special Needs Education (1994). Although, significant developments have taken place to harness and adopt inclusive education, reforms in many areas are needed and this remains very challenging for many EU Member States. Transition and collaborative working are core areas, which have been neglected in facilitating inclusive education for children with special educational needs.

FIESTA
The FIESTA (Facilitating Inclusive Education and Supporting the Transition Agenda) network focuses on achieving effective transition through collaborative working for children with special educational needs. FIESTA is a three year (2011-2014) network funded by the Education, Audiovisual, Cultural and Executive Agency (EACEA), under the Comenius program of the European Union’s Life Long Learning Program. Enable Ireland Disability Services Ltd is the network Lead Partner. In addition there are ten partner organisations in eight other countries, experts in fields of education, health and social services. The FIESTA network aims to develop a multi-disciplinary learning approach for professionals in education, health and social services in order to facilitate the additional learning and support requirements of children with special needs during periods of transition.

The network facilitates children with special needs — and families — during the following periods of transition:
1 Transition of children with special needs from pre-school to primary school and primary school to secondary school.
2 Transition of children with special needs to mainstream environments

The difficulties associated with transition are often exacerbated for children with special educational needs. Children with special needs are in contact with professionals from three social systems (education, health and social care) during their educational career. In order to meet the child’s needs, there must be a common understanding between these professional disciplines. However, a common feature of services for children with disabilities in Europe is the separation between health, social services and education. Recent literature focuses on the problem of co-ordination and the difficulties families face in assessing services and co-ordinating all the supports available from these three social systems. (Meijer, C., Soriano, V. & Watkins, A. [eds.], 2003).

FIESTA examines how multi-disciplinary ways of working can enable enhanced inclusion and a cohesive system that centres on the child’s educational, health and social needs. FIESTA focuses on education, health and social systems in order to set common agendas, pool expertise and develop common work methodologies to enable holistic and inclusive approaches. Learning stakeholders have the opportunity to collaborate and meet individual needs of children with special needs during their transition phases. FIESTA is developing transferable tools (a school self-assessment pack, transition starter kit for parents, three teacher training modules and e-learning) which can be used for not just children with special needs but for all other children who may be particularly vulnerable during periods of transition.

FIESTA RESEARCH FINDINGS
FIESTA has at its core two fundamental research aim. These are:

- To examine examples of best practice identification of children with special educational needs who transitioned into first year of mainstream primary school from either a specialised environment or a mainstream early year’s environment
- To identify examples of best practice identification of children with special educational needs who transitioned from mainstream primary to mainstream secondary schools.

Identification of best practice is done through use of a mixed methods approach, where children and families along with a wide range of professionals participate in the research.

In the first phase of the network each partner country (Ireland, Spain, Bulgaria, Netherlands, Cyprus, Greece, Romania and Scotland) contributed to a unique cross cultural literature review. This explored inclusive education, transition and collaborative working. The literature review explored themes from policy and context through concepts that underpin practice and critical reflection. The FIESTA literature review underlined the development of the next phase of the research programme, data collection. Quantitative and qualitative instruments have been developed in conjunction with the
Centre for Inclusive Education, Bulgaria and other partners. This intensive data collection phase with the key target groups (children with additional educational needs, parents of children with additional educational needs, teachers and health professionals) is being undertaken in 2013. The results will inform a final best practice report designed to shape and inform all FIESTA outcomes.

The FIESTA literature review has examined a number of issues. These include:

Childhood Models
Perspectives surrounding the notion of childhood were historically embedded in medical models in most partner countries. However, a noticeable shift from deficit models of childhood (such as medical, psychological and individualised approaches) to ecological, holistic, participative and systematic approaches to transition and inclusive education are now more widely apparent. This has been particularly evident in Greece, Cyprus and Romania.

Inclusion
Across the eight partner countries in FIESTA there is a common policy shift towards inclusion based on international developments. However, in many cases, there was evidence of integration models rather than inclusive ideologies and processes. Integration traditionally refers to the education of children with special needs in a mainstream setting. The special educational needs of a child must be adapted and fitted within that mainstream environment, which may be a prescriptive (and in some cases isolating) experience. For the most part it was evident that children were experiencing integration, i.e. joint schooling, separate special classes or segregated special schools. Inclusion refers to the adaptation of the current systems within the school, for example, changes to managerial and teaching structures in order to meet the child’s individual needs and to experience meaningful inclusion. This new policy shift to inclusive education must be mirrored by further support and training for educational professionals in order to meet individual needs of children with disabilities. Many partner countries reported that further training was a priority in order for schools to be fully inclusive.

A number of barriers have been identified, which affect the facilitation of inclusion:
- Attitudes of parents, teachers and children
- Over-emphasis on attainment and accreditation
- Lack of diversity and flexibility to meet children’s needs
- Professional fears/prejudice, scarcity of teaching methods and strategies
- Preoccupation with disability classification
- Inability of national policy to influence local settings and practices
- Inaccessible buildings
- Lack of training or professional development for teachers.

A number of approaches were identified to facilitate inclusion such as:
- Access to a flexible curriculum
- Programmes for staff exchanges and training
- Regular reviews
- Dialogue and communication with all stakeholders e.g. children, parents, school, voluntary organisations.
- Facilitation of a collaborative/partnership approach
- Active child participation
- Peer mentoring

A gap within the literature highlighted the need for research on the learning outcomes of successful inclusion. Educational professionals’ use of curriculum differentiation needs to be further researched as there is a tendency to measure the success of inclusion based on social integration alone. There is also a danger that the coordination between the national education systems and schools mainly focuses on administrative and resource issues rather then fully embedding inclusive approaches within the school as a whole.

Transition
Within the literature review, the concept of transition was explored. The notion that transition is a once off period is beginning to evolve and change. Rather transition is a multi-faceted, fluid experience that should be shaped primarily by the child. Transition is a series of processes which children experience and is unique to each individual. This includes transition from classes, transition from home to school and transition from hospital to school. In general it was found that children with special educational needs are viewed as passive subjects. There is a tendency for the majority of key decisions in the transition process to be steered and owned by parents, schools or professional agencies. Contemporary approaches involve children leading and shaping the transition process. Transition centres on building relationships and using a partnership approach. Schools therefore need to involve

The special educational needs of a child must be adapted and fitted within that mainstream environment, which may be a prescriptive (and in some cases isolating) experience.
The key is to build collaborative working with children, young people, families and communities into organisational and management structures in order to facilitate transition. disabled children more in planning transition (this can include enhanced use of advanced technologies, leadership roles around transition activities and development of materials/information). The key is to build collaborative working with children, young people, families and communities into organisational and management structures in order to facilitate transition.

From a cross cultural comparative perspective, the literature review highlights that transition periods for children with special needs is considerably more difficult than for their non-disabled peers. Similar experiences found that transition from early years settings to primary and primary to post primary was difficult for professionals due to lack of communication and the differences in curriculum. Therefore the amount and level of quality information exchanged is not on a continual basis or considered the norm. In many cases teachers are not privy to children’ needs prior to the start of the school term. The process of transition was completed in an ad hoc or informal manner with no formal procedure in place.

The system in Catalonia differed, as an independent agency is responsible for coordinating and managing transition. This approach is used for early years transition to post primary settings. There is an extensive period of information exchange and face to face meetings and the transition process centres on collaborative working between children, parents and professionals.

A number of best practice approaches were identified within the literature review in order to ensure effective transition for children with special educational needs:
- Children and families should receive bespoke information on transition
- Child friendly information in accessible formats
- Flexible collaborative planning processes must be place well in advance of transition
- Develop accurate plans including clear agreements/time lines

All parties including voluntary sector should be involved in the planning process

Information and strategies should be transferred between sectors and that resources including direct payments should follow the child

**Collaborative working**

In all FIESTA partner countries, there is still an evident struggle with the practical implementation of inclusion. In order to facilitate transition periods there is a need for continual and collaborative approaches. Collaborative working, integrated working, coordinated working and multi-disciplinary working are all terms associated with successful transition and inclusion. A collective professional will and an embedded cultural shift is needed for collaborative working to succeed. Collaborative working refers to interagency (e.g. educational and health services) working together in order to meet a child’s special educational needs. Additional supports and training are key for both educational and other professionals involved in the transition process in order to provide a holistic approach and to understand children’s needs within and educational and community based setting.

The literature review emphasised the need to move from a deficit model of children’s transition to more complex approaches in building collaborative working with children, young people, families and communities into organisational and management structures. There is an identified need for an ideological change to recognize children as experts and to recognise the requirement for children and families to receive tailored information on transition. The final conclusion from the literature review is the aim to reduce confusion and differences within and between countries by developing a European transition framework. The FIESTA network is a learning space where this framework can adapt and develop.

**CONCLUSION**

FIESTA will enable professionals, children and parents to outline and explore the common issues, knowledge areas and skill requirements required by those working with children across differing occupational boundaries and contexts in the fields of health, education and social care.

Across the three main service systems of education, health and social services, we need a shared perception of what it means to have a disability; a shared means of addressing the challenges it raises; and a shared agenda of research and personnel training. (McConkey, 2002)
Practical resources developed in the FIESTA Network project will create a key transition framework for schools in Ireland, Scotland, Greece, Cyprus, Spain, Netherlands, Finland, Romania and Bulgaria. Using a participative approach this project will harness educational continuity through facilitating collaborative working for all stakeholders involved in periods of transition—children with special needs, parents/families, educators, allied health professionals, social workers and NGOs.

The FIESTA Network will actively support children with special needs to secure the support required during critical phases of transition, from mainstream environments and specialized environments alike.

Membership of the FIESTA Network is open to all interested parties and will ensure access to:
- Online resources in the area of inclusive education, transition and collaborative working
- Specific tailor-made information for children with SEN, parents and families and professionals in education and health sectors
- E-learning training modules for professionals in education and health sectors
- Transition starter kit for children and parents
- A complete research section including a literature review and best practice report based on the extensive consultation programme across 8 EU countries
- Practical tools that will enable stakeholders to reassess their transition programmes and enable schools to cultivate an inclusive and collaborative learning environment including a self-assessment process
- Partnerships or collaborative activities facilitated

The FIESTA project held its first Conference in Katerini, Greece on 30 November 2012. The conference focus was on understanding and managing periods of transition for children with additional educational needs. The overarching themes included transition, inclusion and collaborative working. The Conference examined the initial findings from the initial FIESTA research programme to see how the project and its network could support best practice in promoting inclusion for students with specific learning needs at key periods of transition in their lives. It also aimed to promote awareness of the needs of parents, families, teachers and schools in supporting rights-based inclusion in learning strategies.

Hosted by the Greek partner organisation, Platon School, the FIESTA partner organisations from eight European countries attended. Delegates from other countries were also present, including Germany, England, South Africa and the United States. In total 140 participants attended, including teachers, counselors, parents and researchers.

The keynote speech was by Prof. Pat Dolan, UNESCO Chair and Director of the Child and Family Research Centre in the National University of Ireland, Galway (Ireland). In a dynamic presentation he spoke about Empathy, Social Support and Social Justice. Other speakers gave examples from specific projects and interventions to support inclusion and transition: assistive technology, early years transition in the EASE project and experiences of Platon School. Three Workshops concentrated on managing transitions and:
1. Disability awareness
2. Collaborative working
3. Mentoring and learning supports

Discussions were deep and engaging with strong participation from teachers, educational policy makers and parents. The Conference also outlined the next steps and future directions of the FIESTA project—further research questionnaires for professionals, parents and children; identification of good practices in each country; outline of potential best practice guidelines and policies at European level; recommendations on how schools and other organizations can improve their work for youngsters with special needs and their parents.

The final Conference will take place in Barcelona in September 2014. The ultimate goal of FIESTA will be achieved at that point—a European network on inclusion and transition of youngsters with specific learning needs. On the website there will also be developed toolkits with training modules, information, good-practice models and evidence-based research findings for policy makers.

Further Information: www.fiesta-project.eu

REFERENCES

Useful Resources on Children with Additional Needs

The following resources are available to borrow from Barnardos Training and Resource Service. You can search Barnardos Training and Resource Service library catalogue on www.barnardos.ie/library

**Good Practice in Caring for Young Children with Special Needs**
Nelson Thornes Ltd, 2002

**Including Children with Special Needs in Mainstream Childcare**
Westmeath County Childcare Committee Ltd, 2004

**Pre-Schoolers with Autism: an Education and Skills Training Programme for Parents**
Jessica Kingsley Publishers, 2005

**Special Needs and Early Years: A Practitioner’s Guide**
Paul Chapman Publishing Ltd, 2003

**Supporting Special Needs: Understanding Inclusion in the Early Years**
Heinemann Educational Publishers, 2003

**JOURNAL ARTICLES**

**Child Care in Practice**
Issue 2 2005 Pages 99-286 Special Issue: Inclusion in the Early Years

**Including a Baby with Special Needs in a Mainstream Crèche**
ChildLinks Autumn 2003 Pages 9-10

**Special Needs**
Early Years Educator Volume 5 Number 2 June 2003 Pages i-viii
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<td>Department of Children and Youth Affairs, 2012</td>
<td>Using Cognitive Behavioural Techniques</td>
<td>Challenges and Transformations</td>
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<td></td>
<td>Constable &amp; Robinson Ltd, 2009</td>
<td>Reading Association of Ireland, 2010</td>
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<tr>
<td>CHILD PSYCHOLOGY</td>
<td></td>
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<tr>
<td>What Children Need to be Happy, Confident and Successful: Step by Step</td>
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<td>Positive Psychology to Help Children Flourish</td>
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<tr>
<td>Jessica Kingsley Publishers, 2012</td>
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<td>CHILDREN’S RIGHTS</td>
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<td>Life as a Child and Young Person in Ireland Report of a National Consultation</td>
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<td>Department of Children and Youth Affairs, 2012</td>
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<td>Let’s Listen: Young Children’s Voices – Profiling and Planning to</td>
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<td>Enable their Participation in Children’s Services</td>
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<td>Young Children’s Network; National Children’s Bureau, 2010</td>
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<td>Growing Up in Ireland Key Findings: 13-Year-Olds</td>
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<td>No 4: The Lives of 13-Year-Olds: Their Relationships, Feelings and</td>
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<td>Behaviours</td>
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<td>Economic and Social Research Institute ESRI, 2012</td>
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<td>DIVERSITY</td>
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<tr>
<td>Diversity and Equality in Early Childhood: an Irish Perspective</td>
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<tr>
<td>Gill &amp; Macmillan, 2012</td>
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<td>EARLY CHILDHOOD CARE AND EDUCATION</td>
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<tr>
<td>Towards a Scandinavian Childcare System for 0-12 Year Olds in Ireland?</td>
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<td>Barnardos; Start Strong, 2012</td>
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<tr>
<td>Professional Pedagogy for Early Childhood Education</td>
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<td>Donegal County Childcare Committee, 2012</td>
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