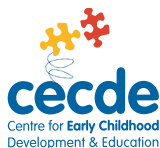


# Early Years Provision for Children from Birth to Six Years with Special Needs in Two Geographical Areas in Ireland



**CECDE Research Series 2006**  
**Early Years Provision for Children from Birth to Six Years with Special Needs in Two Geographical Areas in Ireland**  
**Executive Summary**

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The full report may be accessed online at [http://www.cecde.ie/english/targeted\\_projects.php](http://www.cecde.ie/english/targeted_projects.php)

The views expressed in this report are the authors' and do not necessarily reflect those of the Centre for Early Childhood Development and Education.

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CECDE Research Series 2006

Early Years Provision for  
Children from Birth to Six Years  
with Special Needs in Two  
Geographical Areas in Ireland

Executive Summary

A white puzzle piece is centered in the upper half of a solid red background. The puzzle piece has four interlocking tabs and blanks. Inside the white piece, the text "Developing and co-ordinating early childhood education in Ireland." is written in a red, sans-serif font, rotated approximately 15 degrees clockwise.

Developing and  
co-ordinating  
early childhood  
education  
in Ireland.

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# Introduction

The National Forum for Early Childhood Education (1998) was a significant milestone for children with special needs. This forum afforded a unique opportunity for discussion on policy and practice for young children with special needs in the context of the wider debate on provision for all young children from birth to six years in Ireland. A direct outcome of the Forum was the publication of the White Paper on Early Childhood Education, *Ready to Learn* (Ireland, 1999) outlining Government policy in the area. Recently, there has been another major landmark with the passing of the Education for Persons with Special Educational Needs Act (EPSEN) (Ireland, 2004). This act, for the first time in Ireland, makes provision for young children with special needs a statutory right. In addition, the establishment of the Centre for Early Childhood Development and Education (CECDE) (2002) and of the National Council for Special Education (2004) has given practical expression to the aspirations and intentions outlined by policy makers so far, and has provided the institutional mechanisms through which to steer policy into practice.

This executive summary sets out a condensed version of the study of *Early Years Provision for Children from Birth to Six Years with Special Needs in Two Geographical Areas in Ireland* (McGough, Carey and Ware, 2006). It outlines the parameters of the study and the methodology used, in conjunction with its findings and recommendations. This research study was concerned with examining the nature, extent and quality of provision for children with disabilities, and for children who are at risk for reasons of socio-economic disadvantage, aged birth to six, in the Irish context. The research was commissioned and funded by the CECDE in accordance with their research strategy to undertake and/or commission research through which best practice in early years provision can be identified, implemented and evaluated. The focus and parameters of the study were decided in consultation with the Centre, in direct relation to these research objectives. The study consisted of a review of the national and international literature on early intervention and an in-depth survey of provision in two geographical regions of the country, one urban and one rural<sup>1</sup>.

The specific objectives of the study were:

- (i) To review the literature in order to identify the factors which contribute to effective early intervention for children with disabilities and for children who are at risk for reasons of socio-economic disadvantage.
- (ii) To document provision in two geographical areas of Ireland and to provide insights in relation to the nature and quality of that provision in the context of the factors of effective practice identified in the literature review.
- (iii) To make recommendations in relation to future policy, research and practice in early years provision for this population of children.

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1. The rural area comprised counties Cavan, Longford and Leitrim and the urban area comprised Community Care Areas Four and Five (CCA4 and CCA5). CCA4 includes; Tallaght, Crumlin, Walkinstown, Greenhills, Drimnagh, Kimmage and part of Harold's Cross, and CCA5 includes Ballyfermot, Bluebell, Clondalkin, Inchicore, Lucan and Palmerstown.

# Research Literature

In the context of the study, children with special needs were defined as those with a range of disabilities and those at risk for reasons of socio-economic disadvantage. This definition was drawn from the *Report of the Special Education Review Committee* (SERC, 1993). Consistent with the SERC Report, in this study, reference to children with a range of disabilities was intended to include children with mild, moderate, severe or profound general learning disabilities, children with motor impairment, children with sensory impairment, children with language delays and disorders, children with autistic spectrum disorder, children with emotional/ behavioural difficulties and children with multiple disabilities.

The international research literature discusses provision for children with special needs and those who are at risk for reasons of socio-economic disadvantage in terms of early intervention. The concept of early intervention was born of the need to provide specific programmes of support to vulnerable children and their families at critical early stages of children's development, usually earlier than traditional forms of early education would be available to them (Telzrow, 1992; Barnett *et al.*, 1999; Wolery & Bailey, 2002). The literature is unequivocal about the need to support the development of these children through effective early intervention programmes, which focus on the characteristics of the child, in the context of the family and community.

It is widely accepted that research has demonstrated the general effectiveness of early intervention and is now concerned with the specific needs of individual children and their families. In this regard, two general points are constant in the current literature. For young children with disabilities, the literature points to the challenges involved in delivering an intervention practice which can meet the diverse and complex needs of children and their families (Guralnick, 2005; Odom *et al.*, 2004; Wolery & Bailey, 2002). For children who are at risk for reasons of socio-economic disadvantage or because of minority status or both, poverty continues to be distinguished as a potent factor in defining the nature and quality of young children's lives. Poverty exposes families and children to high-risk conditions. For families, this requires sensitive and comprehensive intervention support. Equally, in a context where families are experiencing acute difficulties, centre-based intervention can be of critical importance in children's lives (Farran, 2000; Ramey & Ramey, 2003).

The concept of early intervention was born of the need to provide specific programmes of support to vulnerable children and their families at critical early stages of children's development, usually earlier than traditional forms of early education would be available to them.

Consensus has arisen on a set of underlying principles or key factors which should guide early intervention programmes. Early intervention programmes must be evidence-based, must support the child's development in the context of that child's family and community and must integrate the contributions of multiple disciplines and agencies within a web of supports, constituting a programme which is at once comprehensive and uniquely tailored to meet the needs of individual children and their families. A key principle is that early intervention programmes should be developed in partnership with families and work with them in a dynamic relationship. This relationship should be characterised by active development of existing family strengths and sensitivity to family culture, and to the nature and extent of family needs (Guralnick, 1997; 1998; 2001; 2002; Sameroff & Fiese, 2000; Farran, 2000; Wolery, 2000; Wolery & Bailey, 2002).

The components of the intervention or programme follow from these broad principles (Guralnick, 1997; 2002; Wolery & Bailey, 2002). These components are:

- early assessment of children and identification of risk
- family consultation in relation to access to and type of services including interdisciplinary support
- family involvement in services
- timing of and length of exposure to the intervention
- structure and length of day
- curriculum approach and delivery

These critical factors for effectiveness in early intervention programmes provided the framework for the collection and analysis of data in this study.



# Methodology

## Rationale

The key questions addressed concerned the nature of the Early Childhood Education and Care (ECEC) provision available in Ireland to children aged between birth and six years. The study focused particularly on provision available to children with special needs and the extent to which this matched factors identified in the literature as characterising effective early intervention for these children.

## Selection of Areas for Study

- Two distinct geographical regions, one urban and one rural, were selected for the study in order to sample the diversity of services available for children up to six years of age.
- A relationship has been established between socio-economic factors and access to early intervention services, with families on lower incomes receiving fewer services for their children. In the Irish context, this problem can be exacerbated for families in rural areas of dispersed population. Consequently, socio-economic status and urban and rural setting were used as criteria in the selection of the areas for the study.
- A number of additional demographic factors were also taken into account in designing the study. These factors were whether the area was an established one or one with a preponderance of new housing, and whether urban areas were representative of both the city and the suburbs.
- A current issue in Ireland is the extent to which provision is accessible to recent immigrants to the country, particularly those whose first language is not English (or Irish). The need to ensure that this population was represented also influenced the selection of areas.

## Participants/ Identification of Providers

There is no overall register of ECEC provision in Ireland so potential participants were initially identified from the following sources:

1. Lists of ECEC provision obtained from the City and County Childcare Committees in the selected areas
2. The list of schools on the website of the Department of Education and Science (DES)
3. The Directory of Services for People with Intellectual Disability (2003) taken from the website of the National Association for People with an Intellectual Disability ([www.namhi.ie](http://www.namhi.ie))
4. The list of ECEC providers maintained by the CECDE
5. The Golden Pages
6. Internet search conducted using [www.google.ie](http://www.google.ie)

A total of 700 ECEC providers was identified by these means.

# Questionnaire

The questionnaire was divided into four sections. Sections A and B were designed mainly to gather basic information about the provision (e.g., sponsorship and funding, nature of premises). Data regarding the children being served (e.g., numbers, age range, disabilities and special needs, number of children from the Travelling community and ethnic minorities and disadvantaged areas) were also requested.

Sections C and D addressed the issues of intensity emerging in the recent early intervention literature as the main factors necessary for high quality programmes:

- Staff qualifications
- Curriculum
- Family involvement
- Multi-professional services

Careful consideration was given to the language used in the questionnaire. In particular, every effort was made to avoid using language which could be perceived as biased by any particular group of providers. Following advice from others working in the field the term 'disability' was used rather than special educational needs.

## Procedure/ Distribution of Questionnaires

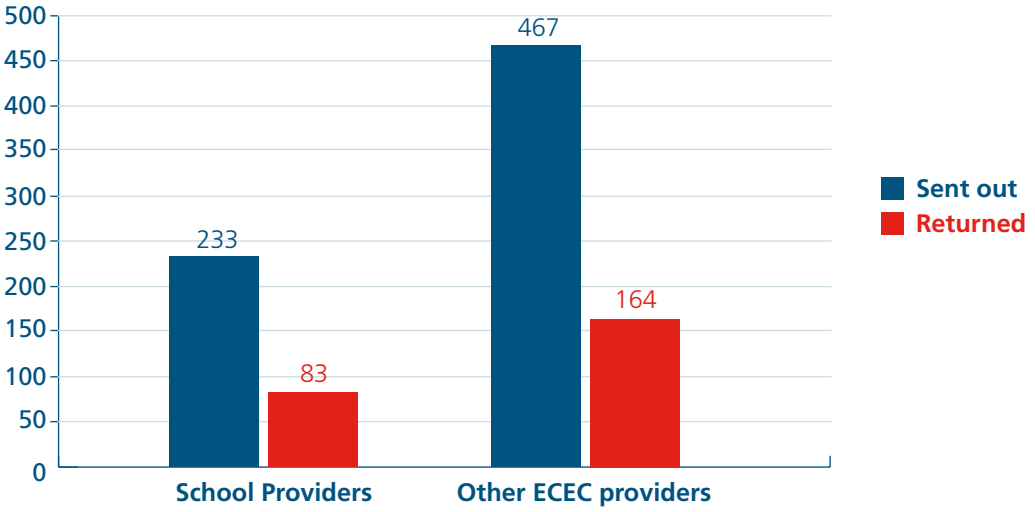
The questionnaire was piloted with a number of experienced Irish providers from outside the regions selected for study. In February 2005, the questionnaires were sent out and by April 2005, a total of 247 valid questionnaires was returned giving an overall return rate of 35% (see Table 1/ Figure 1). All valid data from the returned questionnaires were entered and analysed using SPSS.

**Table 1:**  
**Number of questionnaires sent out and valid questionnaires returned**

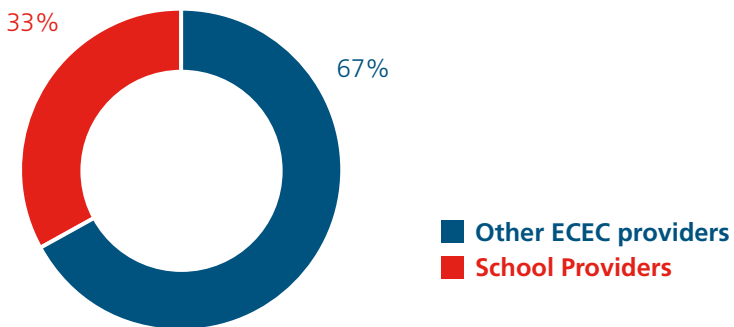
Type of Providers	Sent Out	Returned	
School Providers	233	83	36%
Other ECEC Providers	467	164	35%
<b>Total</b>	<b>700</b>	<b>247</b>	<b>35%</b>

**Figure 1:**  
**Number of questionnaires sent out and valid questionnaires returned**

Figure 2 illustrates the breakdown of returns between schools and other ECEC providers.



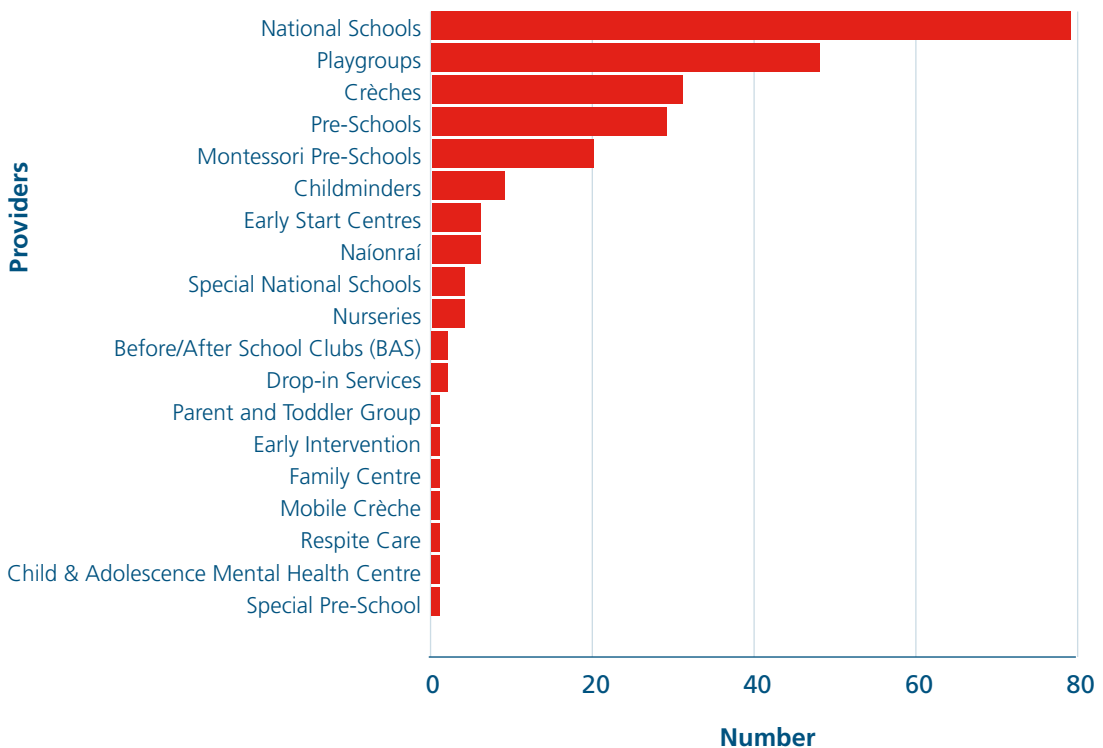
**Figure 2:**  
**Number of questionnaires returned from school and other ECEC providers as a percentage of total returns**



As documented in Figure 3, completed questionnaires were received from the following sources:

- 79 National Schools
- 48 Playgroups
- 31 Crèches
- 29 Pre-Schools
- 20 Montessori Pre-Schools
- 9 Childminders
- 6 Naíonraí
- 6 Early Start Centres
- 4 Nurseries
- 4 Special National Schools
- 2 Before/After School Clubs (BAS)
- 2 Drop-in Services
- 1 Special Pre-School
- 1 Child and Adolescence Mental Health Centre
- 1 Respite Care
- 1 Mobile Crèche
- 1 Family Centre
- 1 Early Intervention
- 1 Parent and Toddler Group

**Figure 3:**  
**Completed questionnaires received**



# Key Findings and Discussion

The research study was concerned with presenting an overview of provision for children with disabilities and children who are at risk for reasons of socio-economic disadvantage, aged from birth to six years, in a rural and an urban area of Ireland. The primary considerations in the rationale and design of the study were to contribute much needed information on the kinds of early childhood education and care services available to vulnerable children in these areas and to provide insights into the extent to which these services are characterised by the factors for effective early intervention identified in the literature. Together with their relevance to the specific objectives of the study, the findings are interesting for the ways in which they map specific knowledge of provision of early years services for all young children in these areas of the country.

## Providers and Children

Responses were received from:

- 247 providers representing a total of 9560 children and 1114 staff
- 4706 children (49%) were aged 0-4 years
- 4854 children (51%) were aged 4-6 years
- Children from 0-4 years were in a range of settings. The ECEC providers in the study can be considered to be a reasonably representative group. A significant point of note is the fact that, for children aged 0-4 years, fees were a significant source of funding.
- Children in the 4-6 year age group were served by National Schools and Special National Schools

## Provision for Children with Disabilities

A major focus of the study was to map provision for young children with disabilities. Specifically, the concern was to identify whether children with the range of types of disabilities were placed in the range of ECEC settings.

- 752 children (8%) had identified disabilities and 1273 children (13%) were believed to have undiagnosed disabilities.
- There was no difference between the percentages of children with identified disabilities in the birth to 4 age group and in the 4-6 age group.
- The most commonly reported disabilities across all settings were mild general learning disabilities and disabilities related to speech and language.
- Two per cent of children, from birth to 6 years, were believed to have mild general learning disabilities and 5% of children, from birth to 6 years, were believed to have disabilities related to speech and language.

Making appropriate provision for young children with mild general learning disabilities represents an important challenge for the Irish education system. However, there is a strong body of evidence to show that early intervention has significant positive outcomes for children with mild general learning disabilities in relation to cognitive, language and social development. Timing of intervention is 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 who have not yet had a relevant assessment, is a cause for concern. However, in relation to school age children, since September 2005, a general allocation model of resources for children with special 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.

## Range and Types of Disability

Providers were serving children with a wide range of disabilities including children with moderate general learning disabilities, children with sensory and motor impairment, children on the autistic spectrum, and children with emotional and behavioural difficulties, in addition to children with mild general learning disabilities and children with speech and language difficulties and disabilities. In this context, the challenge remains that the early years professionals must have the skills and expertise required to meet the child's individual needs in relation to curriculum and pedagogy.

Across all settings, difficulties with speech, language and communication were reported as among the highest incidence of identified disabilities and among the highest incidence of those believed to be present but not yet diagnosed. Language is a fundamental domain of human learning, the principal meaning making system through which children are initiated into the meaning systems of their cultures. Equally, language acts with the child's developing cognitive processes to construct representations of the world and is a central agent in the development of intellect. Building on these perspectives, research has linked language competence to literacy learning and to wider school achievement.

Although ECEC practitioners can intervene effectively with children across the spectrum of language delays and disabilities, interventions require a varied repertoire of teaching strategies including knowledge of specialised approaches. An additional point is that Speech and Language therapists have a key role to play in collaborating with practitioners in the design and delivery of interventions. However, the intervention work needs to be carried out in the context of the on-going interactions and routines of the early years setting and, in this regard, the onus is on the early years practitioner.

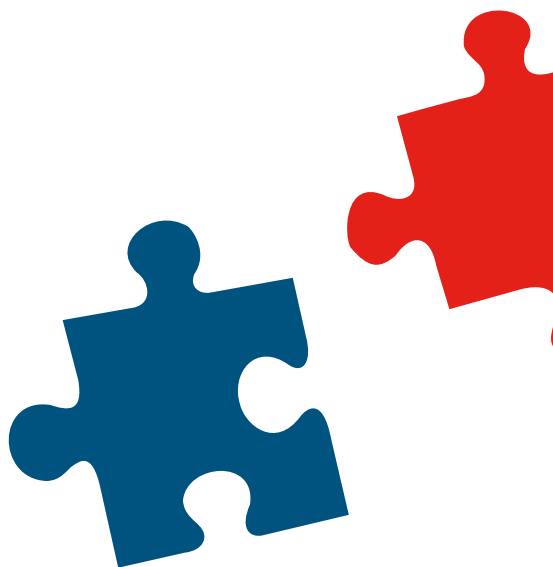
Making appropriate provision for young children with mild general learning disabilities represents an important challenge for the Irish education system.

The relatively large number of children believed to have disabilities who have not had relevant assessments and /or diagnoses is a concern in the study. However, for children with high incidence disabilities, such as mild general learning disabilities, the introduction of Special Education Circular 02/05 alleviates some of this concern (DES, 2005).

- 8% of the total number of children in the study were reported as having identified disabilities, while 13% were believed to have an undiagnosed disability.
- A high proportion of children believed to have undiagnosed disabilities were reported in both urban and rural areas, with challenging behaviour, mild general learning disabilities, Attention Deficit Hyperactivity Disorder (ADHD), specific learning disabilities and delays and disabilities in speech and language the most frequently cited disabilities in this regard.

## Multi-Professional Services

- Collaboration between providers and multi-professional services is weak right across the ECEC sector with an absence of services in many incidences.
- The majority of providers have some children with disabilities but only 19% reported collaborating with Child Psychologists while only 26% reported having access to Speech and Language Therapists. In this context, the numbers of children as yet only informally diagnosed are not surprising.
- The lack of multi-professional support available to children with disabilities in the regions surveyed is a major cause for concern (see Table 2).



**Table 2:**  
**Clinical, therapeutic and other support services: Collaboration by providers that include children with disabilities\***

<b>Multi-disc. Provision</b>	<b>#</b>	<b>Occup. Therap</b>	<b>Physio -therap</b>	<b>Psychol.</b>	<b>Psychiatry</b>	<b>Spec/ Lang. Ther</b>	<b>Visual Impair.</b>	<b>Hearing Impair.</b>	
<b>National School</b>	65	5 8%	3 5%	8 12%	7 11%	12 18%	12 18%	10 15%	
<b>Special School 4yrs+</b>	4	3	4	3	3	3	2	3	
<b>Crèche</b>	19	3 16%	1 5%	1 5%	1 5%	4 21%	- -	1 5%	
<b>Nursery</b>	4	2	2	1	- -	1	- -	1	
<b>Playgroup</b>	29	6 21%	3 10%	4 14%	1 3%	4 14%	2 7%	2 7%	
<b>Montessori</b>	12	3 25%	- -	- -	- -	3 25%	- -	- -	
<b>Early Intervention</b>	1	1	1	1	1	1	1	1	
<b>Early Start</b>	6	1	1	3	1	2	1	1	
<b>Sp.Pre-Sc.</b>	1	1	1	1	- -	1	- -	- -	
<b>Pre-School</b>	17	3 18%	2 12%	7 41%	- -	10 59%	2 12%	3 18%	
<b>Health Centre</b>	1	1	- -	1	1	1	- -	- -	
<b>Family Centre</b>	1	- -	- -	- -	1	1	- -	- -	

\* Percentages have only been given where the total number of providers is bigger than ten  
 # Total number of providers that include children with disabilities

	Heal/ Med Serv.	Clin. Nur Spec.	Publ. Heal.N.	Soc. Work.	Fam. Supp.	Resp. Care	Fam, Couns.	Play Ther.	Music Ther.
	12 18%	10 15%	19 29%	17 26%	9 14%	- -	4 6%	1 2%	- -
	3	3	- -	4	2	2	- -	1	1
	1 5%	- -	1 5%	2 11%	2 11%	- -	- -	1 5%	1 5%
	1	- -	2	2	2	1	- -	- -	- -
	2 7%	4 14%	4 14%	3 10%	3 10%	1 3%	2 7%	2 7%	- -
	1 8%	- -	2 17%	- -	2 17%	- -	- -	1 8%	1 8%
	1	- -	1	1	1	- -	- -	- -	- -
	- -	1	2	- -	- -	- -	- -	1	1
	- -	- -	1	- -	1	- -	- -	1	- -
	5 29%	3 18%	8 47%	5 29%	5 29%	1 6%	1 6%	1 6%	2 12%
	- -	1	- -	1	- -	- -	1	- -	- -
	- -	1	1	1	1	- -	1	1	- -

## Disadvantage and Complexity of Need

The number of children believed to have undiagnosed disabilities presents a worrying picture in terms of the principles and structures for early intervention. A key component of early intervention is early assessment of children and identification of risk in the context of family consultation and availability of interdisciplinary support. The findings are all the more serious in that a significant proportion of the children in the cohort for the study come from populations who are at risk for reasons of socio-economic disadvantage, or minority status, or both. In the cohort as a whole:

- 35% of children come from disadvantaged backgrounds. This includes all of the children in Early Start and most of those in nursery settings. Of the children aged 4-6 in primary schools, more than 31% were from disadvantaged backgrounds.
- Children from the Travelling community comprised 2% of the entire cohort of children. About half of these children were in Primary school, with the younger children either in Early Start or in Traveller preschools.
- One in ten, of the total number of children in the study, speak a first language that is neither English nor Irish and these children were spread across all the main types of provision.

In provision where all of the children were from disadvantaged areas, 24% of the children have identified disabilities or were believed to have undiagnosed disabilities. For children and families experiencing high risk conditions, intervention needs to constitute a web of supports beginning with family consultation and child and family risk assessment. In this context, the centre-based programme becomes a critically important context for the child and, again, the complexity of children's needs requires high levels of practitioner expertise.

## Measures of Intensity for Effective Intervention

Intensity has consistently been identified in the literature as the key to effective early intervention. In terms of provision for young children with disabilities or children at risk for reasons of socio-economic disadvantage, the key measures of intensity are length of day, staff pupil ratios, staff training and qualifications, curriculum and family partnership. The findings from this study show serious lack of quality in relation to all of these measures of intensity.

### Length of Day

- Crèches offer a full day (more than 5 hours) but only half of the crèches in the study have children with disabilities.
- Another 71 providers offer a service of more than 5 hours. However, only 40 of these providers have children with disabilities.
- A longer day, 3.5–5 hours (described as a school day), is offered by 93 settings, almost all of which are schools. 76 of these settings have children with disabilities attending.
- The majority of children with disabilities and children who are disadvantaged, in the birth to 4 age range, are in services where they receive half day provision (2.5-3.5 hours) 4 to 5 days per week.

The research literature indicates that length of exposure to the programme is one of the dimensions of intensity which contributes to effective outcomes for vulnerable children. The findings in this study indicate a need for concern in relation to the length of day available to vulnerable children in early years services. This concern has already been documented in relation to provision in the Early Start programme where the length of session available to children (2.5 hours) has been identified as a factor inhibiting the overall quality of the service to children and to families (Educational Research Centre, 1998).

### **Staffing Ratios**

Settings with children with disabilities do not appear to have lower child:adult ratios. In fact, many settings for children in the birth to 4 age range reported high numbers with Playgroups and Montessori settings reporting ratios of 8: 1. In school settings, the most commonly reported ratio was 25:1.

### **Staff Training and Qualifications**

- The majority of staff in ECEC settings hold qualifications at levels 1 to 6 of the National Framework of Qualifications (NQAI, 2005) (see Table 3). This places the majority of staff qualifications below university degree level. In settings serving children in the birth to 4 age range, the most commonly held qualification was at FETAC/NQAI Level 5 (formerly FETAC Level 2, Certificate in Childcare). In provision for children in this age range, staff with higher level qualifications, NQAI, levels 7-10 (e.g., Bachelors degrees, Higher Diplomas, Masters degrees), are rare.
- A small number of settings are exceptions here. These are: the Child and Adolescent Mental Health Centres, the Family Centre, Early Start and the Early Intervention Team. In these settings, many staff have relevant degrees for example in Clinical Psychology, Social Work, Education and Occupational Therapy.
- In school settings, by far the greater majority of staff are qualified at degree level, with the B.Ed. in Primary Teaching the most commonly held qualification (see Figure 5).

The findings relating to levels of qualification of the majority of staff working in the ECEC sector are a serious concern in the study. Practitioner qualifications are directly related to quality for all children in early years settings, with practitioners with higher levels of education having significantly higher ratings along a range of dimensions of quality in a wide array of settings. For children with disabilities and those who are at risk for reasons of socio-economic disadvantage, practitioner expertise is a critical factor in mediating the learning environment and constructing the differentiated practices required to meet the complexity of children's needs. In the present study, practitioners reported an 8% incidence of identified disabilities with a further 13% of children believed to have undiagnosed disabilities. The levels of practitioner qualifications outlined below suggest that in terms of practitioner expertise, much of current provision for children in the birth to four age group is seriously inadequate to meeting these children's needs (see Figure 4).

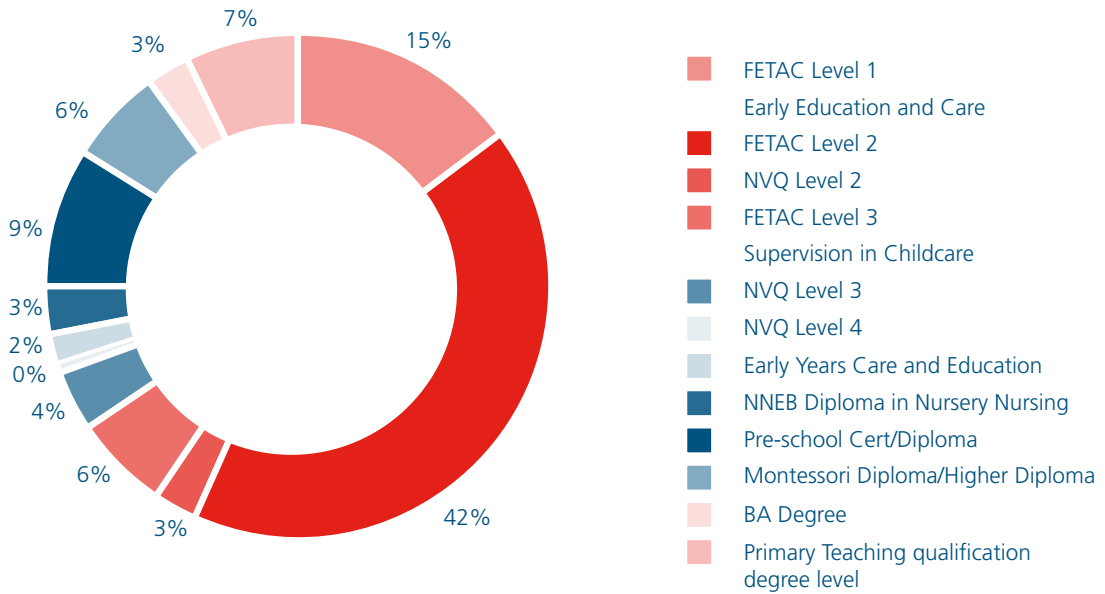
**Table 3:**  
**Qualifications of staff in each type of provider**

Qualifications	National School		Special School		Pre-School		
	N	%	N	%	N	%	
<b>NQAI Level 1-6</b>							
FETAC Level 1 Early Childhood Education and Care	8	3	1	4	24	15	
FETAC Level 2 Certificate in Childcare	14	5	-	-	47	30	
FETAC Level 2 Care of the Special Child	3	1	2	8	12	8	
FETAC Level 2 Disabilities Assistant	16	5	1	4	8	5	
FETAC Level 2 Integrating Children with Additional Needs	1	0.3	-	-	5	3	
NVQ Level 2 Early Years Care and Education	3	1	-	-	3	2	
NVQ Level 2 Playwork	1	0.3	-	-	1	1	
FETAC Level 3 Supervision in Childcare	1	0.3	-	-	7	4	
NVQ Level 3 Early Years Care and Education	3	1	-	-	1	1	
NVQ Level 3 Playwork	-	-	-	-	-	-	
NVQ Level 3 Caring for Children and Young People	-	-	-	-	-	-	
NVQ Level 4 Early Years Care and Education	-	-	-	-	-	-	
CACHE Diploma in Nursery Nursing	-	-	-	-	1	1	
CACHE Level 3 Diploma in Child Care and Education	-	-	6	24	2	1	
NNEB Diploma in Nursery Nursing	-	-	2	8	4	3	
Certificate Pre-School Care	6	2	-	-	12	8	
Diploma Pre-School Care and Education	4	1	-	-	3	2	
Diploma in Humanities in Montessori Education	4	1	1	4	5	3	
<b>NQAI Level 7-10</b>							
Higher Diploma in Arts in Montessori Education	2	1	1	4	3	2	
BA in Humanities in Montessori Education	-	-	1	4	-	-	
BA Early Childhood Studies	-	-	-	-	3	2	
BA Early Childhood Care and Education	3	1	-	-	3	2	
BEd Primary Teaching	237	77	7	28	-	-	
Graduate Diploma in Education (Primary Teaching)	23	7	1	4	-	-	

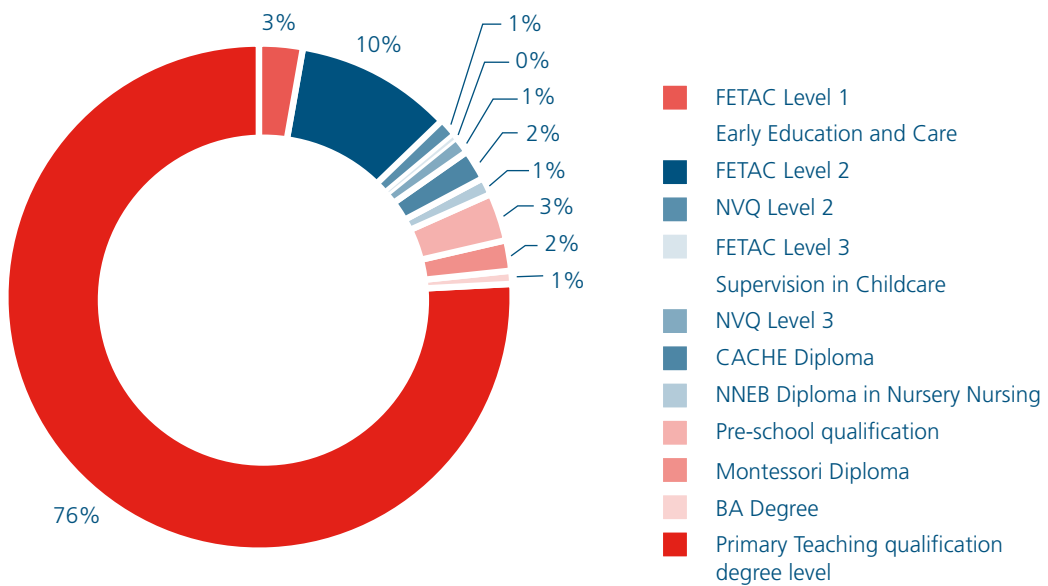
\* It is likely that this figure includes all of the staff teaching 3-6 year olds in this school not just those engaged in the Early Start Programme

	Crèche		Play Group		Montessori		Naíonra		Nursery		Early Start *		Special Pre-School	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
	40	20	14	9	5	6	7	35	2	4	2	3	1	20
	62	32	30	20	10	12	5	25	7	15	2	3	1	20
	8	4	8	5	3	4	-	-	1	2	4	6	1	20
	3	2	4	3	2	2	-	-	1	2	5	8	1	20
	8	4	8	5	6	7	-	-	-	-	-	-	1	20
	3	2	-	-	1	1	1	5	-	-	-	-	-	-
	4	2	5	3	1	1	-	-	-	-	-	-	-	-
	14	7	5	3	1	1	2	10	7	15	1	1	-	-
	3	2	4	3	-	-	2	10	-	-	-	-	-	-
	4	2	5	3	-	-	2	10	-	-	-	-	-	-
	-	-	-	-	-	-	2	10	-	-	-	-	-	-
	1	1	1	1	-	-	-	-	-	-	-	-	-	-
	3	2	1	1	-	-	-	-	-	-	-	-	-	-
	3	2	-	-	1	1	-	-	-	-	2	3	-	-
	6	3	5	3	3	4	-	-	2	4	2	3	-	-
	7	4	12	8	6	7	3	15	1	2	-	-	1	20
	4	2	2	1	4	5	-	-	-	-	-	-	-	-
	4	2	1	1	21	25	-	-	1	2	2	3	-	-
	-	-	-	-	3	4	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	2	1	2	1	-	-	-	-	-	-	-	-	-	-
	3	2	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	1	1	-	-	-	-	* 44	70	-	-
	-	-	-	-	-	-	-	-	-	-	-	-	-	-

**Figure 4:**  
**Staff qualifications 0 – 4 year olds**



**Figure 5:**  
**Staff qualifications 4 – 6 year olds**



## Curriculum

- Curricula are rarely specifically chosen or adapted to meet the needs of children with disabilities, or consciously differentiated to meet the needs of children at risk for reasons of socio-economic disadvantage. The Early Start settings are the exception here in that the majority use the Early Start Curricular Guidelines for Good Practice (In-career Development Team, 1998). What is most evident in the findings is that, across most settings, for children aged birth to 6, no significant differences are apparent in the ways in which curriculum is structured for children with and without disabilities or for children who are more or less disadvantaged or at risk.
- The vast majority of schools follow the DES primary school curriculum. It is interesting to note that none of the schools reported using the Draft Guidelines for Teachers of Students with General Learning Disabilities (NCCA, 2002) nor did they report making adaptations to the primary school curriculum.
- Most services for children aged birth to 4 report that they have their own curriculum or that they draw from a variety of published sources. A minority of settings use High Scope or Montessori curricula. Ten providers reported that they do not use any curriculum, among these were a number of crèches and playgroups.

The findings relating to curriculum reflect the relatively low levels of training and expertise of the majority of early years practitioners providing for vulnerable children. Current research literature highlights the gap between early intervention research evidence and early years practice. In the main, ECEC practice in Ireland tends to divide along the line of the traditional argument in early childhood development and education. Practitioners for the birth to 4 age group espouse what is traditionally referred to as a child-centred curriculum which is considered to promote child initiated and child directed learning and to be most facilitative of child development in the early years. By contrast, school settings implement a subject centred curriculum with more didactic teaching, while also espousing a child centred approach.

The existing evidence suggests that varying teaching approaches are differentially effective for individual or for particular groups of children. Accordingly, achieving an appropriate match between child characteristics and teaching and learning environments requires that practitioners can engage in informed selection and modification of curricula and that they have a varied repertoire of teaching strategies, including knowledge of specialized approaches. This is the principle of individualisation and the research evidence suggests that to achieve it, practitioners will have to circumvent traditional dogmas and look to the evidence for effective teaching. Here again, the way forward depends on practice linked to training and development for practitioners.

Achieving an appropriate match between child characteristics and teaching and learning environments requires that practitioners can engage in informed selection and modification of curricula and that they have a varied repertoire of teaching strategies, including knowledge of specialized approaches.

## Family Partnership

Collaboration between providers and families of children with disabilities and children who are disadvantaged, shows considerable variability, particularly for those providers working with children from birth to 4 with disabilities.

- In some of the most frequently used settings such as crèches and nurseries, relatively few strategies for involving families are in regular use. In relation to methods of communicating with families, the most common method used across all settings is face to face meetings.
- In relation to families of children with disabilities, the majority of providers indicated that they work with both the children and their families.
- The Early Start settings were the exception here in that 5 out of 6 settings indicated that they work mostly with the children. This finding may be due to the fact that all Early Start settings work with a Home School Community Liaison Teacher whose role it is to work with families.
- In relation to working with families of children from disadvantaged areas, responses were almost evenly divided between working with the children only and working with both the children and their families.

It is difficult to determine much of the nature of providers' involvement with families from the available data. In overall terms, no significant differences were found in the amount of strategies for working with families, between providers who do and do not serve children with disabilities. The need to design interventions based in consultation with families and based on their needs and to tailor the interventions to build on family strengths, was a dominant theme in the literature review. In this regard, the findings suggest the need for a great deal of development beyond what appears to be providers' present relationship with families.

## Recommendations

The findings from the study indicate a number of serious concerns relating to the quality of existing provision for children with disabilities and children who are at risk for reasons of socio-economic disadvantage in the birth to 6 age range. These concerns arise in relation to each of the factors for effective early intervention; length of day, staff pupil ratios, staff training and qualifications, curriculum and family partnership. The recommendations from this study are outlined below and are set out in terms of recommendations for practice, policy and research.

### Recommendations for Practice

1. The length of day needs to be extended in the majority of settings.
2. There is an urgent need to enhance practitioners' knowledge of curriculum and pedagogic practice for children with special needs.
3. A minimum standard of primary degree level needs to become a requirement for practitioners serving young children with special needs.
4. Existing practitioners need to have access to appropriate courses of training.
5. Any new provisions being developed within the sector should ensure that early educators delivering the service have high levels of qualification.
6. Courses in the area of ECEC need to place a greater emphasis on curriculum and pedagogy for children with special needs.
7. On-going in-career development programmes need to be available to ECEC providers who are already qualified at degree level.
8. Clear policies on the family-centred aspects of early intervention must be developed and implemented by providers of services to vulnerable children.

## Recommendations for Policy

1. Comprehensive policy on public provision of early intervention services for children with special needs aged 0-6 should be developed as a matter of urgency.
2. This policy should be included within the wider policy framework for children aged birth to six years in Ireland.
3. A comprehensive system of early intervention for young children with special needs must be developed to ensure the availability of a range of provisions including specialist services in the home, mainstream centre-based settings and specialised settings.
4. The National Council for Special Education (NCSE), in collaboration with the Department of Health and Children (DHC), should ensure that children aged birth to 4 years have appropriate access to a multi-disciplinary professional team including an early years educator with specialist knowledge of interventions for young children with special needs.
5. The NCSE, in collaboration with the DHC, should ensure that for children aged birth to 4 years, initial assessment is followed by appropriate provision and by on- going assessment of children's progress.
6. High levels of qualification and expertise should be a requirement for the early years educator delivering the day to day service to the child and family
7. A coherent policy on the provision of appropriate training for practitioners serving young children with special needs must be developed. This policy should address:
  - a. provision of relevant pre-service training for practitioners serving young children with special needs;
  - b. provision of continuing professional development for practitioners serving young children with special needs;
  - c. access to relevant courses of training for current practitioners who need to acquire the requisite levels of expertise.
8. The existing resource teacher service should be extended to include support for children in the 0-4 age group within the home and in the range of local settings.
9. Specialised early intervention settings which meet the criteria for effective intervention and which provide particular levels of expertise in terms of curriculum and pedagogy for young children with particular types of disability (e.g., severe and profound general learning disability, visual impairment, language disorder), should be developed.
10. Free universal access to appropriate provision should be available to all 3 year old children with special needs.
11. In such a system of provision, critical conditions for quality in terms of evidenced based factors for effective early intervention would have to be met.

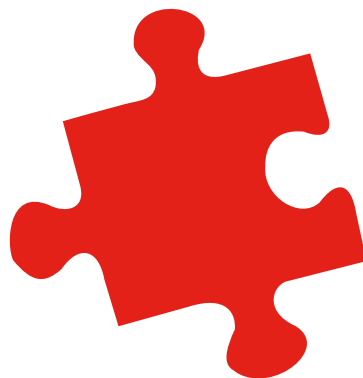
## Recommendations for Research

1. There is a need to identify examples of good practice and to research strategies for disseminating such practice within the sector.
2. There is a need for further research to:
  - a. determine the range and extent of children's needs;
  - b. assess the relationship between the characteristics of the children as learners and the nature of the provision they are receiving.
3. There is a need for research on specialised approaches, appropriate curriculum and effective pedagogy.
4. There is a need for the development, implementation and evaluation of model demonstration programmes for specific groups of vulnerable children.

## Discussion

The findings from this study suggest that provision for young children with disabilities and for children at risk for reasons of socio-economic disadvantage is seriously lacking in quality along a range of dimensions, including the provision of appropriate curriculum and teaching. Further research is necessary in order to establish a clearer picture of practice across the range of early years settings. An important contribution would come from identifying examples of good practice and from researching strategies for disseminating such practice within the sector. Equally, it is important to determine the range and extent of children's needs and the relationship between the characteristics of the children as learners and the nature of the provision they are receiving.

Questions of specialised approaches, appropriate curriculum and effective pedagogy are central areas of enquiry in the study of early intervention and are closely linked to issues of appropriate setting. Research related to these issues is rare in the Irish context and would be greatly beneficial to informing practice in the ECEC sector. There is an urgent need for the development, implementation and evaluation of model demonstration programmes which would afford much needed insights into best practice for specific groups of vulnerable children.



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