

Development of a Framework for Action for the Inclusion of Children with Special Needs in Early Childhood Education Settings

Section One: **Research Report**
Section Two: **Framework for Action**

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Acronyms

ADHD – Attention Deficit Hyperactivity Disorder
BCCN – Border Counties Childcare Network
CCC – City and County Childcare Committee
CECDE – Centre for Early Childhood Development and Education
DES – Department of Education and Science (until March 2010)
DES – Department of Education and Skills (since April 2010)
DFA – Draft Framework for Action
DHC – Department of Health and Children
DJELR – Department of Justice, Equality and Law Reform
ECCE – Early Childhood Care and Education
EIT – Early Intervention Team
EPSEN – Education for Person with Special Educational Needs
FETAC – Further Education and Training Awards Council
GTM – Grounded Theory Methodology
HETAC – Higher Education and Training Awards Council
HSE – Health Service Executive
ICT – Information and Communications Technology
IDP – Individual Development Plan
IEP – Individual Education Plan
ILP – Individual Learning Plan
NCCA – National Council for Curriculum and Assessment
NCS – National Children’s Strategy
NCSE – National Council for Special Education
NDA – National Disability Authority
NEWB – National Education and Welfare Board
NQF – National Qualifications Framework
NVCC – National Voluntary Childcare Collaborative
NVCO – National Voluntary Childcare Organisations
OECD – Organisation for Economic Cooperation and Development
NFECE – National Forum for Early Childhood Education
OMC – Office of the Minister for Children
OMCYA – Office of the Minister for Children and Youth Affairs
PEYISS – Professional Early Years Inclusion Support Service
PSNA – Preschool Special Needs Assistant
SEN – Special Educational Needs
SENO – Special Educational Needs Organisers
SNA – Special Needs Assistant
SERC – Special Education Review Committee
UNCRC – United Nations Convention on the Rights of the Child
UNESCO – United Nations Educational, Scientific and Cultural Organisation

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Introduction

This study is concerned with the inclusion of children (aged birth to four years) with special educational needs (SEN) in Early Childhood Care and Education settings in Ireland. It was undertaken in the context of an Ireland where children are

Respected as young citizens with a valued contribution to make and a voice of their own; where all children are cherished and supported by family and the wider society; where they enjoy a fulfilling childhood and realise their potential." (Department of Health and Children, 2000:4)

By law in Ireland, "children under 6 years of age, who are not attending a national school or equivalent" are defined as pre-school children (Department of Health and Children, 2006). In this context, early childhood education settings include pre-schools, play groups, day nurseries, crèches, childminders and other similar services looking after more than three pre-school children.

Current government policy supports the provision of education in integrated and inclusive environments, rather than specialised settings, unless it is not in the best interests of the child. Thus, in accordance with the Education for Persons with Special Educational Needs (EPSEN) Act, 2004a, "special educational needs" means,

in relation to a person, a restriction in the capacity of the person to participate in and benefit from education on account of an enduring physical, sensory, mental health or learning disability, or any other condition which results in a person learning differently from a person without that condition and cognate words shall be construed accordingly (p.6).

This Act, which applies to all children from birth to 18 years in Ireland, epitomises the concept of inclusion. It ensures that persons with SEN can be educated where possible in an inclusive environment, that they have the same rights to education as persons who do not have special educational needs, and that they are equipped by the education system with the skills they need to participate in society and to live independent and fulfilled lives (EPSEN Act, 2004a).

Since Ireland's ratification of the United Nations Convention on the Rights of the Child (United Nations, 1989) in 1992, a range of policies, strategies and initiatives have been developed to highlight the critical importance of quality Early Childhood Care and Education for young children. Crucially, in relation to children with SEN, the National Forum for Early Childhood Education (1998) and the subsequent White Paper: *Ready to Learn* (Department of Education and Science, 1999) made specific recommendations about the need for comprehensive ECCE provision for children with SEN and their families.

National and international literature is unequivocal about the need for effective early childhood intervention that is premised upon a

high quality, intensive and clearly articulated programme, delivered by highly skilled and carefully trained personnel in contexts of small groups and individual instruction, and designed to specifically address individual identified needs (DES, 1999: 84).

Numerous policy documents directed towards supporting the development of the ECCE sector in Ireland, acknowledge the complexity and multifaceted nature of supports required by children with SEN, to enable them to participate fully in early childhood settings, including the revised Childcare (Pre-school services) (Amendment no 2) Regulations, 2006, the National Quality Framework: *Síolta* (Centre for Early Childhood Development and Education (CECDE), 2006), the Early Years Curriculum Framework: *Aistear* (National Council for Curriculum and Assessment, 2009) and the free pre-school year in ECCE scheme (Office of the Minister for Children and Youth Affairs (OMCYA), 2010).

The specific aim of this study was to design a Framework for Action for the development of practical strategies and interventions to ensure good practice in the inclusion of children with SEN in early childhood education settings. Specifically, the aims of the study were to:

- Identify and develop a model of good practice distilled from national and international research, to support inclusion in ECCE settings.
- Specify and articulate a Framework for Action (including guidelines, practical tools and professional development activities) for the inclusion of children from birth to four years of age with SEN in ECCE settings.
- Design and implement an intervention, based on the roll-out of the Framework for Action, in a range of settings.
- Evaluate the impact of the Framework for Action within settings from the perspective of a range of stakeholders, including practitioners and special needs support staff, parents and children.
- Based on the evaluation, to refine and develop a Framework for Action that has application and relevance across a range of settings to be disseminated to the wider sector.

In order to meet these aims, the study which was underpinned by two distinct research phases utilised a combination of qualitative and quantitative data collection strategies. The quantitative component, conducted during Phase One, comprised an audit of provision that was directed towards gathering baseline data in relation to the

1. Numbers of children in the birth to four age cohort and the numbers of children with SEN within this age range accessing ECCE settings

2. Numbers of pre-school special needs assistants (PSNAs¹) working with children with SEN
3. Range and nature of accredited staff training
4. Range and nature of specific training in the area of special educational needs
5. Level and nature of support required by practitioners in terms of empowering them to work effectively with children who have SEN.

Phases One and Two of this research were underpinned by qualitative data collection strategies comprising target child and narrative observations, focus group and individual interviews with key stakeholders in the ECCE sector including parents; childcare practitioners working directly with the children with SEN; pre-school special needs assistants (PSNAs), national disability agencies and the National Voluntary Childcare Collaborative. Section four provides detailed analysis of qualitative research findings arising from Phase One which examined a range of issues including: understandings of the concept of inclusion, the benefits of inclusion, issues with inclusion, communication, the learning environment, curriculum and professional development.

During Phase Two of the study, a Draft Framework for Action (DFA) was developed, piloted and evaluated in fourteen ECCE settings in Limerick city and county, counties Clare, Kerry and North Tipperary. It is hoped that the study provides a realistic and valuable insight into children's experiences within ECCE settings as well as the challenges experienced by childcare practitioners in terms of supporting inclusive practice. Findings raise considerable concerns about how the concept of inclusion is understood within the ECCE field, and queries the extent to which current practice can be deemed inclusive.

The literature review in section one, examines the concept of inclusion at national and international levels. Following a definition of inclusion, it explores the historical trajectory towards inclusion in Early Childhood Care and Education in Ireland. A myriad of salient legislative enactments are discussed. Furthermore, the innovative practice frameworks *Síolta* (CECDE, 2006) and *Aistear* (NCCA, 2009) are used to delineate the principles and standards that inform quality in ECCE provision.

Following a discussion of the research methodology in section two, Phase One research findings are presented in sections three and four. Section three is concerned with the audit of provision. It presents comprehensive data in relation to the numbers of children with SEN attending early years settings, the categories of SEN, the availability of supports, practitioner training and the priority needs of practitioners.

Section four sets out the qualitative data analysis. In addition to exploring the concept and the benefits of inclusion, it discusses the need for, as well as the issues associated with PSNA support. Based upon child observations, this section identifies and discusses a broad range

¹ This study revealed that in different geographical regions throughout the country, various terms are used to describe the role of the person who assists the child with SEN in the early years setting e.g. SNA, Pre-school Assistant, Childcare Assistant, Personal Assistant etc. For the purposes of this report, the term Pre-school Special Needs Assistant (PSNA) is used throughout to describe that role.

of issues associated with inclusion in the early years sector. These issues are linked to a number of factors considered central to effective inclusion. They include the learning environment, communication, curriculum planning, implementation and professional development.

Findings from the pilot study are presented in sections five and six. This aspect of the report introduces the concept of “voice” which is at the heart of children’s active agency within settings. Given the many barriers to children’s agency within settings, “parent voice” is used to express the vulnerability and dependency of children with SEN and highlights the need for others (parents, practitioners, PSNAs) to speak on their behalf. These sections of the report, examine the impact of the Draft Framework for Action (DFA) on inclusion in early years settings. In keeping with the broad thrust of the study in relation to the factors underpinning inclusion, sections five and six provide an in-depth examination of the learning environment, communication, assessment for learning, curriculum and professional development.

Key research findings are reiterated in section eight. This section highlights a range of concerns in relation to the support infrastructure for children with SEN accessing early years settings as well as the quality of existing provision. These concerns relate to the staples of early intervention - availability and allocation of resources, quality of provision in terms of the environment, communication at multiple levels, curriculum development and implementation and critically, practitioner training and ongoing professional development. Section nine details a number of recommendations that have implications for policy, practice and research. These recommendations are critical to the development and implementation of inclusive practice in Early Childhood Care and Education in Ireland into the future.

The DFA was revised following the pilot study. The final *Framework for Action for the Inclusion of Children with Special Needs in Early Childhood Settings* comprises Part Two of this report. In accordance with the research objectives, the FFA includes guidelines, practical tools and professional development activities for the inclusion of children from birth to four years of age with SEN in early years settings. Crucially, the FFA has application and relevance across a range of settings to be disseminated to the wider ECCE sector.

Section 1: Literature Review

1.1 Introduction

In 21st Century Ireland, it is difficult to contemplate a society where the concept of inclusion is not a primary value. However, in the first half of the 20th Century, children with Special Educational Needs (SEN) were marginalised members of society. Historically, they were isolated from mainstream educational provision; their educational needs were met through programmes of special education provided by the Department of Health (now Health and Children). As noted by Farrell (2000), pupils in special schools were segregated, and those in mainstream schools were integrated. There were limited expectations of children with SEN; they were not expected to achieve at school academically or socially.

Researchers (Carey, 2005; Griffin and Shevlin, 2007) suggest that historically the needs of children with SEN in Ireland and elsewhere were considered a medical rather than an educational issue. Highlighting their segregation within society and the manner in which the specific institutions established to look after their needs worked in isolation, Griffin et al. (2007: 1) note that there was “little contact or interaction” between children with SEN and their peers in the community or even between professionals in special education or their counterparts in mainstream settings. Indeed, Carpenter, Ashdown and Bovair (1996: 269), claim that this system compounded the problems of people with disabilities by focusing on their “impairments rather than their potential”.

Throughout the past fifty years there has been an upsurge in interest in the needs and rights of children. This interest has been driven by numerous international agreements together with national legislation and policy, all of which promote more inclusive forms of education for children. During the 1960s, isolation and segregation gave way to integration. Effectively, integration was the first step in what is now known as inclusion, whereby children with SEN were introduced into mainstream schools. While integration was a positive step forward, Jones (2004) claims that there was no guarantee that the placement of children with SEN in an education setting automatically resulted in integrating activities. Likewise, Mittler (2000) suggests that integration conveyed a sense that children must adapt to school, rather than the school adapting to accommodate a greater diversity of pupils. However, integration should be viewed as a process rather than a state. It is a “process of planned and continuous interaction with other children within common educational systems and settings” (Jones, 2004: 12).

The United Nations Education and Scientific Organisation (UNESCO, 2005) claim that one of the most considerable barriers to the implementation of inclusive education policies was that integration was not accompanied by changes in the organisation of mainstream schools. However, as debate and discussion continued about how best to provide for the needs of children with SEN, a strong emphasis emerged on creating inclusive learning

environments that would cater for greater pupil diversity. Thus, recognising and responding to children's diversity is now central to the establishment and implementation of inclusive practices in individual educational contexts.

In Ireland, over the past twelve years there has been a considerable shift in thinking about the ways in which children with SEN can be empowered through participation in mainstream early childhood settings. This shift is evidenced through a wide range of initiatives including the National Forum for Early Childhood Education (1998), the White Paper on Early Childhood Education: *Ready to Learn* (1999a), the National Children's Strategy: *Our Children: Their lives* (2000), the Education for Persons with Special Educational Needs Act (EPSEN, 2004a), the National Quality Framework: *Síolta* (2006) and the Early Childhood Curriculum Framework: *Aistear* (2009). These various initiatives progress policy and practice for children with SEN in the context of overall ECCE provision for children from birth to six years in Ireland. In addition, a renewed focus on child development within the revised Childcare (Pre-school services) (Amendment no. 2) Regulations, 2006, together with the introduction of a free pre-school year for children in the year prior to starting school (Office of the Minister for Children and Youth Affairs (OMCYA), 2010) places a greater focus than heretofore on practices within early years settings. Against this backdrop, this research study is timely, for as noted by the CECDE (2005:18), a holistic perspective on quality provision for children with SEN requires that all "perspectives" are taken into account with an "acknowledgement" that these perspectives (parents', children's, educators', professionals') are "inter-related and must form an integrated whole".

1.2 International context

As a result of myriad legislative enactments both nationally and internationally, such as the United Nations Convention on the Rights of the child (UNCRC, 1989) and the Salamanca Statement and Framework for Action on Special Needs Education (2004a), coupled with increasing awareness of the benefits of early intervention, children with SEN are increasingly visible in society through their participation in early childhood settings, schools, and the wider community. Rose (2007:297) notes that such policies served as the catalyst for societies to consider how a "more equitable education system" could be developed to address the needs of "learners who in many instances had been marginalised".

In this regard, the UNCRC set the stage for a rights-based approach to inclusion. It ensures the right for all children to receive education without discrimination on any grounds. Article 23 stipulates that children with disabilities should have "effective access to and receive education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development, including his/her cultural and spiritual development". When Ireland ratified the UNCRC in 1992, it committed to certain

responsibilities including the provision of quality education for all children within a framework of lifelong learning.

Internationally, the major impetus for inclusive education began with the World Conference on Special Needs Education: Access and Quality, held in Salamanca in 1994. This conference resulted in the Salamanca World Statement and Framework for Action. Described as the “most significant international document that has ever appeared in the field of Special Education” (Ainscow, 2007), the Salamanca Statement holds that mainstream schools with an “inclusive orientation are the most effective means of combating discrimination, creating welcoming communities, building an inclusive society and achieving education for all” (Salamanca Statement, Art. 2). Accordingly, inclusion and participation are perceived as “essential to human dignity and to the enjoyment and exercise of human rights” (UNESCO, 1994:11). This stance was reaffirmed by the World Education Forum meeting in Dakar, 2000, which was held to review progress since the Jomtien World Conference on Education for All (1990). The World Education Forum declared that Education for All must take account of the needs of the poor and disadvantaged including those with disabilities or special learning needs.

Collectively, these initiatives served to place the concept of inclusion on political, social, educational and economic agendas worldwide. The concept of inclusion is now deeply embedded within educational discourse to the extent that it is in danger of becoming a principle that is taken for granted. This is problematic, as the move towards inclusion is a gradual one which involves “improving inputs, processes and environments to foster learning both at the level of the learner in his/her learning environment as well as at the level of the system which supports the learning experience” UNESCO (2005: 16). It is about overcoming a range of obstacles such as

- Prevailing attitudes and values
- Lack of understanding and necessary skills
- Limited resources and inappropriate organisation

Within inclusion discourse therefore, inclusive practice is concerned with establishing a comprehensive and appropriately resourced infrastructure, ongoing professional development, reflective practice, and collaborative relationships with children, parents, professionals and educators within common educational systems and settings.

1.3 Defining inclusion

It is evident that inclusion is a process. Jennings (2005:90) notes that inclusion is not a “finite state; it cannot be universal or absolute in its application”. Rather, there are cultural and historical differences, which mean that our understanding of inclusion evolves (ibid).

According to Schwartz et al. (2002: 4), inclusion is a “right; not a privilege for a select few”. From this perspective, inclusion is as much about awareness, recognition and acceptance as it is about participation. Even though inclusion is a common topic among special educators and parents of children with SEN, parents of typically developing children may not always recognise that the term inclusion is relevant to their children’s education. Consequently, inclusion is less likely to be discussed by mainstream teachers (Schwartz et al., 2002). Attempts to define inclusion are problematic given the multiple interpretations and understandings of what is meant by the term special needs and the concept of inclusion.

In simple terms, inclusion is about “inviting those who have been historically locked out to come in”...it is about treating people as “equals” but not “necessarily in the same way” (Puri et al., 2004: 42). Educational settings, must recognise a “continuum of diverse needs amongst all children and utilise all its available resources to make appropriate provisions to meet their needs” (ibid). Pointing to the broader issues associated with inclusion, and building on the Salamanca Statement (1994), Allen and Schwartz (2001: 4), state that inclusion is not a “set of strategies or a placement issue. It is about belonging to a community—a group of friends, a school community, or a neighbourhood”. Hence, the concept of membership and a feeling of belonging both from the perspective of children with SEN, their parents and family are considered essential.

UNESCO (2005:12) provides the most comprehensive definition of inclusion describing it as “a dynamic approach of responding positively to pupil diversity and of seeing individual differences not as problems, but as opportunities for enriching learning”. Inclusion is a complex and multifaceted concept that is broadly seen in terms of transforming mainstream education in ways that increase its capacity to respond to diversity among all learners (Ainscow, 1999; UNESCO, 2001, 2005). Building on this progressive approach, Gargiulo et al. (2004), stress that a child with SEN is first and foremost a person. It is crucial that teachers focus on the child and not the “impairment”. Equally, they should look for similarities between children with special needs and their typically developing peers, not differences (ibid: 26). Attention should be focussed on children’s strengths and abilities not their disability.

Successful inclusion is closely associated with the attitudes and perceptions of parents, educators and wider society. In other words, the ways in which they work with and include children with SEN in individual contexts of home, pre-school and school will be determined by whether they see difference as problematic or opportunistic. Mirroring this perspective, Winzer et al. (2000: 203) suggest that inclusive practices are “heavily influenced by the attitudes of childcare providers”. Highlighting the importance of positive relationships between carers and children with SEN, Robinson (2003: 178) states that beliefs about children with special needs, whether physical, social or emotional are “filters for our thinking”.

Attitudes and beliefs are not confined solely to adults. Indeed, as noted by Derman–Sparks (1989), they are learned from a very young age. In recognition of the critical importance of

the early years in shaping attitudes and beliefs, the recently launched *Diversity and Equality Guidelines for Childcare Providers* (Office of the Minister for Children (OMC), 2006) provides a stark reminder that very young children are influenced by societal attitudes and behaviours. Through their interaction with the wider world, including early childhood settings, young children need to develop the “understanding, skills and outlook necessary to ensure that Irish society becomes truly inclusive.” (OMC, 2006: viii). Consequently, childcare practitioners are called upon to examine the ways in which they view difference in their own thinking and how this influences childcare practice. As noted by the OMC “practitioners and managers will need to explore their own attitudes and practices, to ensure that each child will have an inclusive and equitable experience” (ibid). Inclusion challenges our thinking and our attitudes. It demands self awareness and reflection. Those working with children who have special needs are called upon to examine and reflect on their practice in order to role model appropriate attitudes and behaviour as well as responding effectively to and accommodating individual learning needs.

1.4 ECCE as a context for children’s development

It is widely accepted that children’s learning does not commence on entry to formal schooling. On the contrary, what happens during the first months and early years of life has a profound impact on the child’s development at later stages in life. Accordingly, Shonkoff and Phillips (2000: 384) state that....

The early years of life matter because early damage can seriously compromise children’s life prospects. Compensating for missed opportunities often requires extensive intervention, later in life. Early pathways establish either a sturdy or fragile stage on which subsequent development is constructed.

Similarly, the DES (1999a: 83) acknowledges the possibility that with “quality early childhood educational interventions” the difficulties for children with special needs “will be reduced and additional problems will be prevented”. Critically,

“early intervention can support families in adjusting to having a child with special needs, moreover, if parents have the assistance of an early childhood teacher who is trained and experienced in special needs education, they may be assisted to acquire the skills they need to help their child to acquire the skills they need to help their child to develop to his/her full potential” (ibid).

Undoubtedly, children’s experiences are a vital element in shaping children’s developmental trajectory in the early years (DES, 1999a; CECDE, 2005, 2006; NCCA, 2004, 2009; Puri et al., 2004; Shankoff and Phillips, 2000; Winzer et al., 2000). Porter (2002) suggests that ECCE programmes should be inherently child-focused, flexible enough to enable them to cope with the demands of mixed-ability groupings, and designed to focus on children’s social, emotional, physical and intellectual development. Therefore, the link between quality ECCE and early intervention is clear. On the other hand, practitioner understanding of the various

influences on child development and how they interact is crucial to the development and implementation of successful intervention strategies within settings. Indeed, early childhood intervention has been greatly influenced by the developmental approach of Gesell (1943), the operant conditioning of Skinner (1968) and the genetic epistemology of Piaget (1969) for example.

More recently, it has been further influenced by scholars who place specific emphasis on the impact of social interactions and the learning environment on children's learning and development. Among the more salient influences are:

1. Social learning theory – the impact of social interactions (Bandura, 1977)
2. Attachment theory – the significant role played by family and caregivers in the child's development (Bowlby, 1980; Ainsworth et al., 1978)
3. Social development theory – social interaction plays a fundamental role in the development of cognition (Vygotsky, 1978)
4. Ecological development – the influence of interactions with others and the environment on development (Bronfenbrenner, 1979)
5. Transactional theory – how the socio-emotional capacities that children bring to bear on the developmental context (pre-school for example) transact with the situation (Sameroff and Chandler, 1975; Sameroff and Fiese, 2000)
6. Family systems theory – where family involvement in early childhood education creates opportunities for all family members to display competencies which strengthen family functioning (Dunst, Trivette and Deal, 1988).

Porter (2002) proposes a new perspective which while closely related to the aforementioned theories, emphasises the importance of ecological development. She views children's development in terms of being:

Holistic: where all areas of development – cognitive, language, physical, social and emotional – are inter-related.

Dynamic: concerned with the principle of goodness of fit. Therefore "in order to remain facilitating, the environment needs to alter in response to an individual's changing needs" (Horowitz, 1987, cited by Porter, 2002:9).

Transactional: where development is facilitated by a bi-directional, reciprocal interaction between the child and his or her environment. Developmental outcomes are seen as a result of a continuous dynamic interplay of a child's behaviour, caregiver/practitioner responses to the child's behaviour and environment-related variables that may influence both the child and the caregiver.

Singular: knowledge or development is singular – individuals construct their own unique perspectives.

Although, the ecologic-development approach provides a framework for analysing, understanding and recording what is happening to children in the context of their families,

pre-school/school and the wider context in which they live, Porter (2002) highlights its impact on the development of appropriate early childhood curricula particularly in terms of responding to the individual needs of children with SEN. It therefore “shifts the educational emphasis away from telling children what they should know, towards listening and responding to the richness of their present lives” (ibid: 9).

An ecological development approach to working with children who have SEN therefore comprises a number of critical and interrelated factors. These include help and support to families of a child with SEN (DES, 1999a; Dunst et al., 1988), the availability of multi-disciplinary services for children with SEN in the birth to age five cohort (Shonkoff & Meisels, 2000), co-operation between multi-disciplinary teams and ECCE practitioners (DES, 1999a), differentiated curricula (DES, 1999a; CECDE, 2006; NCCA, 2009; Porter, 2002) and supportive learning environments (DES, 1999a; CECDE, 2006; NCCA, 2009; Porter, 2002; Shonkoff et al., 2000). Ultimately, the link between highly trained practitioners and child outcomes is unequivocal (Cederman, 2006; McGough et al., 2005; Schweinhart et al., 1993; Schweinhart, 2004; Sylva et al., 2004).

Bearing in mind the importance of the early years on the child’s developmental trajectory, the OECD (2004) expressed concerns about the amount of time lost by leaving intervention for children with special needs until entry to primary school. It is widely recognised that if properly supported, children with SEN can thrive in a mainstream educational environment, and their presence has been shown to have a positive impact on their peers within the environment (Griffin and Shevlin, 2007; Jones, 2004; Winzer and Mazurek, 2000). Thus, as highlighted by McGough, Carey and Ware (2005) and Cederman (2006), children with SEN must experience quality early intervention within early childhood settings, for their enhanced future progress and well-being.

1.5 Towards inclusion: the Irish context

In Ireland, the concept of inclusive practice within ECCE is in its infancy. In terms of the pre-school child, the National Forum for Early Childhood Education (1998), the Organisation for Economic Cooperation and Development (OECD, 2004) and the Centre for Early Childhood Development and Education (CECDE, 2005: 12) point to the lack of a “comprehensive, State funded system for children with special needs and their families”. Consequently, “negotiating the system” is seen as being “difficult and challenging for parents seeking to access services for their young children” with SEN (CECDE, 2005:12; Odom, 2000).

As indicated, notwithstanding an unparalleled interest at policy level in ECCE from the 1990s onwards, efforts to establish inclusive practices have historically focussed on children of school-going age. In fact, the first Inspector for Special Education was appointed by the Department of Education as early as 1959. Regardless of a broad range of initiatives including

provision for “mentally handicapped children” (1960), the Report of the Commission of Inquiry on Mental Handicap (1965), the Education of Children who are handicapped by Impaired Hearing (1972), the Education of Physically Handicapped Children (1982), the Education and Training of Severely and Profoundly Mentally Handicapped Children in Ireland (1983), and the Report of the Special Education Review Committee (SERC) (1993), Irish education was almost “totally unregulated by legislation until 1998 with the enactment of the Education Act (Glendenning, 1999; Griffin et al., 2007: 57).

The Education Act, 1998, provided a statutory basis for policy and practice in relation to all education provision. While the Act is broad, governing all aspects of education, one of its aims is to “give practical effect to the constitutional rights of children, including children who have a disability or who have other special educational needs, as they relate to education” (part 1 section 6). It provides the first legal definition of SEN in Ireland, which it describes as “the educational needs of students who have a disability and the educational needs of exceptionally able students” (part 1 section 2). Drawing on the traditional medical definition of disability, the Act locates the source of educational difficulties within the child while ignoring “environmental and contextual issues” (Griffin et al., 2007: 58). On the other hand, it expressly aims to improve the learning environment for children experiencing learning difficulties by promoting “best practice in teaching methods with regard to the diverse needs of students and the development of the skills and competencies of teachers”. It acknowledges the rights of parents to send their children to a school “of the parents’ choice having regard to the rights of patrons and the effective and efficient use of resources” (part 1 section 6).

The Education Act, 1998, was followed in quick succession by a range of legislative enactments; the National Disabilities Authority Act, 1999; the Education Welfare Act, 2000; The Equal Status Act, 2000; the Education for Persons with Special Educational Needs Act (EPSEN), 2004; and the Disability Act, 2005. Significantly, the DES published a White Paper specifically focussed on Early Childhood Education in 1999.

1.6 The Education Welfare Act, 2000

The Education Welfare Act, 2000, does not make specific reference to special education but the provisions of the Act apply to all students, including those with special educational needs. A stated aim of the Act is to “ensure that each child attends a recognised school or otherwise receives a certain minimum education” (part 1 section 7). Under this Act, the National Educational Welfare Board (NEWB) was established. Children with SEN are included within the remit of the Board which must promote and foster “an environment that encourages children to attend school and participate fully in the life of the school” (part 2 section 10).

1.7 The Equal Status Acts, 2000 to 2004

The Equal Status Act, 2000, was amended by the Equality Act, 2004. Together they are known as the Equal Status Acts 2000 to 2004. These Acts prohibit discrimination in the provision of goods and services, accommodation and education on nine grounds, including disability. Disability is broadly defined and covers a wide range of impairments and illnesses. In this respect, the Acts cover physical, sensory and intellectual disabilities which are described as “conditions” or “malfunctions” that result in “a person learning differently from a person without the condition or malfunction”. Under this legislation section 11: subsection 7 (1), an “educational establishment” means a preschool service within the meaning of Part VII of the Childcare Act, 1991, a primary or post-primary school or a third level college. Educational establishments including pre-schools therefore, are required to provide “reasonable accommodation” including special treatment, facilities or adjustments to permit a child with a disability to access the school. While the Acts legislate specifically for provision of reasonable accommodation to enable those with SEN to access a school/pre-school, one could argue that such accommodations should also extend to the curriculum of the setting.

1.8 The EPSEN Act, 2004

Acknowledged as the most significant piece of legislation in the history of the State in relation to the education of children with SEN (Carey, 2005; Griffin et al., 2007), the EPSEN Act, 2004, provides the statutory framework for the education of children with SEN. It defines the entire scope of special education provision and sets out a new approach to assessing the needs of children with SEN for educational services. In a marked departure from the definition of disability proposed in the Education Act, 1998, the EPSEN Act defines Special Educational Needs as a “restriction in the capacity of the person to participate in and benefit from education on account of an enduring physical, sensory, mental health or learning disability, or any other condition which results in a person learning differently from a person without that condition...” (part 1: section 1). It therefore recognises that learning difficulties are “relative rather than all-embracing” (Griffin et al., 2007: 59).

The EPSEN Act is underpinned by a commitment to inclusive policy and practice within our schools. This core value is highlighted within the preamble to the Act, which sets out its purpose

to make further provision, having regard to the common good and in a manner that is informed by best international practice, for the education of people with special educational needs, to provide that the education of people with such needs shall, wherever possible, take place in an inclusive environment with those who do not have such needs, to provide that people with special educational needs shall have the same right to avail of, and benefit from, appropriate education as do their peers who do not have such needs, to assist children with special educational needs to leave school with the skills necessary to

participate, to the level of their capacity in an inclusive way in the social and economic activities of society and to live independent and fulfilled lives, to provide for the greater involvement of parents of children with special educational needs in the education of their children...

Placing inclusion at the heart of practice, the Act decrees that children with SEN will be educated in an “inclusive environment with children who do not have such needs unless the nature or degree of those needs of the child is such that to do so would be inconsistent with (a) the best interests of the child and (b) the effective provision of education for children with whom the child is to be educated” (section 2).

An important feature of the EPSEN Act was the establishment of the National Council for Special Education (NCSE) which was formally established in October 2005. Responsibility for ensuring that the Act is fully implemented rests with the NCSE. The NCSE delivers a local service through a national network of Special Educational Needs Organisers (SENOs). Accordingly, the SENOs “interact with parents and schools and liaise with the HSE in providing resources to support children with special educational needs” (NCSE, 2010). Ultimately, the SENO provides a single point of contact at local level to facilitate the process of identification, assessment and provision of resources for children with SEN. This facilitates the inclusion of children in the school system.

Among the many functions of the NCSE are the following:

1. In consultation with schools and the Health Service Executive to plan and co-ordinate the provision of education and support services for children with SEN
2. In consultation with schools to plan for the integration of education for children with SEN with education for children generally
3. To make information available to parents regarding the entitlements of their children with SEN
4. To ensure that the progress of children with SEN is monitored and reviewed at regular intervals
5. To assess and review the resources required in relation to educational provision for children with SEN
6. To consult with and advise the Minister for Education and Science in relation to any matter regarding the education of children with SEN
7. To ensure that a continuum of special education provision is available as required in relation to each category of disability
8. To conduct research and disseminate findings and information relating to best practice nationally and internationally (EPSEN Act, 2004: Section, 20: 21-22).

In addition, the Council has specific functions in relation to the core provisions of the EPSEN Act including assessment and Individual Education Plans (IEPs). Section three of the Act outlines the responsibilities of the school principal to take ... “such measures as are practicable to meet the educational needs of the student concerned” (part 3 section 2). Such measures include the arrangement of an assessment in consultation with the parents.

Following assessment and diagnosis, the school principal must, within one month of receiving the assessment, work with the SENO, the child's parents and any other persons considered relevant to develop an IEP for the child.

Through the SENO network, the NCSE has responsibility for decision-making in relation to the allocation of resource teacher and special needs assistant posts to schools. Application can be made by a school to the NCSE for additional resources in respect of a student with special educational needs.

Critically, in relation to pre-school children, the EPSEN Act makes provision for the parents/guardians of a child with a disability to request an educational assessment from the NCSE, whether the child is in school or not. This assessment must start not later than three months after the initial application and the assessment report made available to parents/guardians when it is completed. Following the assessment, an Education Plan will be prepared for the child. This will take the form of a written statement describing the child's specific needs and the education programme designed to meet those needs. It also sets out the supports to be provided to help the child to get the most out of learning and school life. Where the assessment identifies health service needs, the HSE will be informed. Regular follow-up assessments are to be undertaken as the child's needs change. In relation to the role of the SENO, while the primary responsibility for meeting the needs of the pre-school child rests with the Health Services Executive, the SENO may address any concerns that a parent may have in relation to the child's present or future education needs.

Unfortunately, as a result of the current economic climate in Ireland, the government introduced the Financial Emergency Measures Act, 2009, as a result of which, the implementation of the EPSEN Act, 2004 has been deferred.

1.9 The Disability Act, 2005

This Act defines disability as a "substantial restriction in the capacity of the person to carry on a profession, business or occupation in the State or to participate in social or cultural life in the State by reason of an enduring physical, sensory, mental health or intellectual impairment" (part 1 section 2). Thus, the purpose of the Act is to enable provision to be made for the assessment of health and education needs of persons with disabilities; to enable Government Ministers to make provision for services to meet those needs; to provide for the preparation of plans by Ministers for the provision of services; to provide for appeals in the event of services not being provided and to promote equality and social inclusion.

1.10 Early Childhood Care and Education

Ireland's commitment to recognising the needs and rights of children to quality supports and services including educational provision can be traced back to the ratification of the UNCRC, (1989) in 1992. This Convention was the impetus for the development of a broad range of policy initiatives that place inclusion at the core of educational practices in pre-school contexts. As a result, the period from 1999 to the present has been the most prolific period in the history of the State in terms of developing a wide range of ECCE policies, initiatives and commentary aimed at supporting the development of a comprehensive ECCE infrastructure. The overarching aim of these various initiatives is the pursuit of quality within ECCE provision. While quality ECCE benefits all children, it is widely acknowledged that such programmes can help children to "make a good start in life, irrespective of their background, and facilitate their social integration" (Bennett and Neuman, 2004: 424; Laevers, 2002; OECD, 2001; Schweinhart et al., 1993; Vandell and Wolfe, 2000; Waldfogel, 2002). It is imperative therefore, that in the context of exploring pathways towards inclusion that we look at how ECCE policy has been developed.

A significant event was the convening of the National Forum for Early Childhood Education (NFECE) in 1998. This forum provided an opportunity for all those with an interest in ECCE (service providers, parents, teachers, teacher educators, care workers, statutory and voluntary agencies, and social partners) to come together for the first time. The Forum noted the fact that many international agencies had "highlighted the importance of early education..." (Coolahan, 1998: 1). Following the Forum, the DES published "*Ready to Learn*" the White Paper on Early Childhood Education in 1999. A pivotal publication, it sets out a comprehensive strategy for the development and provision of early childhood education up to six years. The core objective of the White Paper is to "support the development and educational achievement of children through high quality early education, with particular focus on the target groups of the disadvantaged and those with special needs" (DES, 1999a: 45).

The paper notes that for a number of reasons and circumstances, including the "presence of a special educational need, some children have less opportunity than others to reach their potential in the education system" (DES, 1999: 45). Using the definition provided in the Report of the Special Education Review Committee (SERC, 1999) the White Paper, *Ready to Learn* defines children with special educational needs as all "those whose disabilities and/or circumstances prevent or hinder them from benefiting adequately from the education which is normally provided for pupils of the same age, or for whom the education which can generally be provided in the ordinary classroom is not sufficiently challenging" (DES, 1999: 83).

Highlighting research evidence underpinning the benefits of quality ECCE, *Ready to Learn* is unequivocal in its commitment to children's education in the early years, and as previously mentioned, it sets out the rationale for early childhood education for children with SEN:

A child's early learning provides the foundation for later learning, so the sooner intervention is begun the greater the opportunity and likelihood for the child to go on to learn more complex skills and have development enhanced. There is the possibility that, with quality early childhood educational interventions, the handicaps and difficulties of a child with a disability such as autism, cerebral palsy, hearing impairment or Down's syndrome may experience will be reduced and additional problems will be prevented. Early intervention can support families in adjusting to having a child with special needs, moreover, if parents have the assistance of an early childhood teacher who is trained and experienced in special needs education, they may be assisted to acquire the skills they need to help their child to acquire the skills they need to help their child to develop to his/her full potential (DES, 1999a: 83).

Crucially, in keeping with an ecological perspective, it recognises the complex and multifaceted nature of supports required by children with SEN, which includes partnership with parents and early interventions that are led by trained and experienced adults. Effective early childhood intervention is premised upon a "high quality, intensive and clearly articulated programme, delivered by highly skilled and carefully trained personnel in contexts of small groups and individual instruction, and designed to specifically address individual identified needs" (DES, 1999a: 84). In the context of identifying and assessing children with SEN, *Ready to Learn* highlights the benefits of multidisciplinary teams working within the Health Boards in sharing recommendations and insights with staff in ECE settings. It suggests that such sharing would be of "immediate value in pre-school and in schools in developing education plans for pupils with disabilities" (DES, 1999: 85). The White Paper specifies the inclusion of curriculum and methodology, qualifications and training, as well as inputs as quality standards. Recent Irish studies (Cederman, 2006; McGough et al., 2005) reaffirm the centrality of these particular elements in the provision of quality education and care for children with SEN.

The importance of the UNCRC was reflected in the National Children's Strategy: *Our Children Their Lives* (DHC, 2000). Rooted in the guiding principles of the UNCRC, it presents a vision of Ireland as a place where

children are respected as young citizens with a valued contribution to make and a voice of their own, where all children are cherished and supported by family and the wider society, where they enjoy a fulfilling childhood and realise their potential (Department of Health and Children (DHC), 2000: 4).

According to the strategy, "children matter; their status and well-being speak volumes about the values and quality of life within any society" (DHC, 2000: 6). Fundamentally, the strategy is underscored by three major national goals for children; children will have a voice, their lives will be better understood and they will receive quality supports and services.

The strategy recognises that quality ECCE services provide lasting cognitive, social and emotional benefits for children, most notably, those with special needs or who are disadvantaged. Accordingly, quality childcare services have the capacity to meet the "holistic" needs of children as identified through a "whole child" perspective, which takes as its starting point the child's innate capacity for learning and development that is present from birth

(DHC, 2000: 51). This perspective “anchors the strategy to a coherent and inclusive view of childhood...it is also compatible with the spirit of the UN Convention on the Rights of the child” (ibid: 24). The perspective portrays the child as an active developing child. Children affect and in turn are affected by the relationships around them.

Thus, the strategy outlines nine dimensions of childhood: physical and mental well-being; emotional and behavioural well-being; intellectual capacity; spiritual and moral well-being; identity; self-care; family relationships; social and peer relationships and social presentation. It is underpinned by a schedule of objectives of which the following is particularly salient to this study “children with a disability will be entitled to the services they need to achieve their full potential” (DHC, 2000: 50 - 68).

In this context, the Strategy recognises that people with disabilities can be marginalised and that in many cases this “process begins in childhood”. Childhood is seen as a complex set of dynamic relationships ranging from the family, to the State which acts as the ultimate “guarantor of their rights” (ibid). Essential supports and services are provided for children through formal and informal supports. Formal support services are provided by the voluntary, commercial sector, the State and its agencies. Through these varied and interactive sources, children gain the support they need to progress along the nine dimensions of childhood.

Building on the White Paper (DES, 1999a), the strategy highlights the need for staff and others working with children to be provided with relevant training and support, as well as encouraging inter-agency training to support improved coordination between staff working in the voluntary and statutory sectors (DHC, 2000: 89).

1.11 Síolta: the National Quality Framework

On foot of recommendations within the White Paper, (DES, 1999a) the CECDE was established in 2001. Its primary objective was to develop a National Framework for Quality for all aspects of ECCE in Ireland for all settings in which children aged from birth to six years of age are present. This objective was realised in 2006 when the CECDE launched *Síolta*: The National Quality Framework. The publication of *Síolta* contributes significantly to the realisation of the central objective of the White Paper to

Facilitate the development of a high quality system of early childhood education. Achieving this objective requires progress across a wide spectrum of areas, including curriculum, training and qualifications and the quality and quantity of inputs (staff, equipment and materials) (DES, 1999a: 43).

Síolta is premised upon the sociocultural nature of child development where “learning is a process of being able to participate increasingly effectively in the worlds in which we find

ourselves" (Anning and Edwards, 2006: 57). Thus, learning is seen as both individual and in concert with others. It is based upon twelve interrelated and overlapping principles that represent the vision which underpins and provides the context for quality practice in ECCE. Principle 1 celebrates early childhood, the period from birth to six years, as a significant and unique time in the life of each individual.

Principle 2 recognises that "each child is a competent learner from birth and quality early years experiences can support each child to realise their full potential. Provision of these experiences must reflect and support the child's strengths, needs and interests. Children have the right to be listened to and have their views on issues that affect them heard, valued and responded to" (CECDE, 2006, user manual pg 6). In the context of supporting the development of a child with SEN, this particular principle is seminal. It starts from what the child can do, rather than what the child cannot do (Moloney, 2010a). Therefore, the child's ability is celebrated and supported while resources are identified and put in place to facilitate ongoing learning and development.

Principle 3 acknowledges parents as the primary educators of the child; they have a pre-eminent role in promoting his/her well-being, learning and development. Building on this core value, principle four highlights the importance of responsive, sensitive and reciprocal relationships, which are consistent over time and are essential to the well-being, learning and development of the young child. Indeed, Cederman (2006: 71) contends that it is the quality of the relationship between all those working with the child that leads to quality early intervention which "constitute[s] a synergetic process: a mutually advantageous conjunction of distinct elements, of parents, carers, educators and therapists". Consequently, as noted by the CECDE (2006), reciprocal relationships between all concerned with the young child's early childhood care and education is essential to promoting the best interests of the child.

Principle 5 is concerned with Equality. As noted by the CECDE (2006) "Equality, as articulated in Article 2 of the UNCRC, and in the Equal Status Acts 2000 to 2004, is a fundamental characteristic of quality early childhood care and education provision".

Moreover, equality is a "critical prerequisite for supporting the optimal development of all children in Ireland. It requires that the individual needs and abilities of each child are recognised and supported from birth towards the realisation of her/his unique potential. This means that all children should be able to gain access to, participate in, and benefit from early years services on an equal basis" (CECDE, 2006, user manual p. 7).

Central to *Síolta* is the principle that pedagogy in early childhood is expressed by curricula or programmes of activities which take a holistic approach to the development and learning of the child and reflect the inseparable nature of care and education (CECDE, 2006). Building on the stance adopted within the National Children's Strategy (DHC, 2000) it purports that

pedagogy must be supported within a flexible and dynamic framework that addresses the learning potential of the whole child. Similarly, building on both the NCS and the White Paper (DES, 1999) it promulgates adequate preparation and support for practitioners in the form of training and resources.

Síolta promotes play as an appropriate medium through which children learn. Play is a source of joy and fulfilment for the child enabling him/her to interact with, explore and make sense of the world around him/her. It provides an important context and opportunity to enhance and optimise quality early childhood experiences. As such, play should be a primary focus in quality early childhood settings (CECDE, 2006).

While the principles represent the vision for ECCE, *Síolta* is further supported by sixteen standards which define quality practice within the Framework. Commencing with Standard 1: the Rights of the Child, they include environments, parents and families, consultation, interactions, play, curriculum, planning and evaluation, health and welfare, organisation, professional practice, communication, transitions, identity and belonging, legislation and regulation and community involvement.

In keeping with the broad thrust of the White Paper (DES, 1999a), these standards and principles focus on curriculum and methodology, professional development and inputs as key elements in the provision of quality ECCE services. Few would argue that while these various elements are desirable for all children, they are particularly so for children with SEN.

1.12 *Aistear*: the Early Childhood Curriculum Framework

Following a lengthy consultation process, the National Council for Curriculum and Assessment (NCCA, 2009) published *Aistear: the Early Childhood Curriculum Framework* for children from birth to six years in Ireland. In common with *Síolta*, this framework highlights children's tremendous capacity to learn and develop, as well as the importance of everyone working together to give children rich experiences in the early years. As with *Síolta*, *Aistear* is premised upon the sociocultural nature of children's development. It is based on 12 principles of early learning and development that are presented in three groups:

1. Children and their lives in early childhood. This group is concerned with the child's uniqueness, equality and diversity and children as citizens.
2. Children's connections with others. This is concerned with relationships, parents, family and community and the adult's role.
3. Children's learning and development. This is concerned with holistic learning and development, active learning, play and hands-on experiences, relevant and meaningful experiences, communication and language and the learning environment.

The Framework presents children's learning and development using four themes; Well-being, Identity and Belonging, Communicating, Exploring and Thinking. These themes describe what children learn—the dispositions, attitudes and values, skills, knowledge, and understanding. *Aistear* reaffirms the view that children are competent and capable from birth and critically, it represents a major shift away from a milestones approach to child development. On the contrary, it presents broad thematic areas where children pursue an individual developmental journey with the support of caring and facilitative adults. Overall, *Aistear* is concerned with learning dispositions; described by Anning et al. (2006: 54) as "orientations towards the world around us". Such dispositions are shaped by children's interactions with others and in the opportunities for learning that are presented to them within the early childhood setting. Thus, the need to establish and maintain positive relationships is at the core of *Aistear*. Fundamentally, *Aistear* is directed towards empowering those working with children to support their dispositions and orientations so that they "approach activities in ways that allow them to be open to the learning opportunities to be found in them" (ibid: 54).

In congruence with *Síolta*, the framework promotes play as a context for early learning and development. Emphasising the critical role of play as a learning mechanism, Bruce (2005) states that it makes an important contribution to the way that children, grow, learn and develop. Moreover, she claims that play enables children to become proactive, dynamic and autonomous learners. Kernan (2007) states that all children from birth to six years have a right to time and space to play and to benefit from their play experiences. In this regard, play is perceived as relevant and meaningful for young children. Good quality play experiences impact positively on children's learning and development (Kernan, 2007). The importance of play must not be underestimated, for as noted by Bruce (2005:131), it is part of becoming a "skilled communicator, finding a voice, being together with others, listening and responding to people, and making sense of it all. Play helps us to become competent learners who can make connections, be imaginative, creative and able to represent our experiences".

Both *Síolta* and *Aistear* emphasise the need for those working with children to engage in cycles of "observation, planning, action and evaluation" (CECDE, 2006, user manual p. 57). They focus on the need to support children's early learning and development through formative assessment. While this is important for all young children, it is vital for children with SEN to ensure that adequate supports and resources are put in place to enable them to reach their potential. Dunphy (2008) suggests that assessment should focus on children's development of dispositions, attitudes and values as well as their skills, knowledge and understandings. Assessment should happen as part of everyday activities, tasks and routines. It needs to be sensitive to and respectful of children. Moreover, she highlights the benefits of assessment in terms of showing the richness of children's learning and development as well as identifying aspects that might benefit from attention and specific supports. Assessment is a useful tool to "evaluate the interplay of factors related to child, environment and disability" (Jennings, 2005: 93). It forms the basis for better understanding the child's abilities, interests and needs and thus enables the practitioner to plan strategies to support

the child's ongoing development and learning. *Aistear* marks a key step towards equality of opportunity for all young children in Ireland at the most important developmental stage of their lives (Barry Andrews, TD, Minister for Children and Youth Affairs).

1.13 Free pre-school year in Early Childhood Care and Education

In January 2010, Ireland introduced a free pre-school year in ECCE. This scheme is directed towards giving children access to a free "Pre-School Year of appropriate programme-based activities in the year before they start primary school" (OMCYA, 2010). In launching the scheme, the OMCYA (2010) acknowledged that participation in a pre-school programme provides "children with their first formal experience of early learning, the starting-point of their educational and social development outside the home. Children who avail of pre-school are more likely to be ready for school and a formal learning and social environment". Consequently, early childhood settings participating in the scheme are obliged to provide an appropriate educational programme for children in their pre-school year, which adheres to the principles of *Síolta*. According to the DES (2009a: 3) this scheme will bring "greater cohesion to the nature of children's experiences in a range of early childhood settings".

In recognition of the need for children with SEN to access ECCE provision appropriate to their individual circumstances, the upper age limit of four years and six months will not apply. Therefore, exceptions will be made where children have been assessed by the HSE, or a treating consultant, as having special needs which will delay their entry to school or it is appropriate to accept children at an older age due to the enrolment policy of the local primary school (OMCYA, 2010). Furthermore, all services participating in the ECCE scheme will be required to make reasonable accommodation for children with special needs, as required under the Equal Status Acts 2000 to 2004 (Minister for Children and Youth Affairs, 2009).

Moreover, the scheme recognises the inextricable link between practitioner qualifications and the quality of the ECCE programme. It sets out specific guidelines in relation to the levels of qualifications required under the scheme as follows:

A pre-school year catering for 16 to 20 children, as appropriate to the setting, must be delivered by a Pre-school year leader assisted by a childcare worker. Where a pre-school year caters for not more than 8 or 10 children, as appropriate, it must be delivered by a Pre-school year Leader. Pre-school year Leaders must hold a certification for a major award in childcare/early education at a minimum of level 5 on the National Framework of Qualifications of Ireland (NFQ) or an equivalent nationally recognised qualification or a higher award in the childcare/early education field (OMCYA, 2010).

Following a national consultation process (2009), the OMCYA is currently finalising a Workforce Development Plan to facilitate practitioners, who are presently not fully qualified. The workforce development plan will address issues such as access and effective participation in education and training programmes.

During the period September 2010 to August 2012, the qualification requirement will be considered to be met where a person can demonstrate that he or she has achieved a certification for an award in ECCE that includes significant content covering the core knowledge areas, child development, early learning, health and welfare and has at least two years experience of working in a position of responsibility with children in the 0-6 age range (ibid.). From 2012 onwards, a setting which does not have a fully qualified practitioner leading the pre-school year will not be eligible for participation in the free pre-school in ECCE scheme.

1.14 Conclusion

Today, inclusion and participation are perceived as “essential to human dignity and to the enjoyment and exercise of human rights” (UNESCO, 1994:11). This was not always the case. Indeed, in the first half of the twentieth century, in Ireland and elsewhere, children with SEN were marginalised members of society. They were isolated from mainstream educational provision; their educational needs were met through programmes of special education. Historically, there were low expectations of children with SEN in terms of their potential to achieve academically and socially.

As a result of national and international policy; recognising and responding to children’s diversity is now central to the establishment and implementation of inclusive practices in individual educational contexts. At international level, the Salamanca World Statement and Framework for Action (1994) and the UN Convention of the Rights of the Child (1989) are particularly salient. Article 2 of the Salamanca Statement recognises that mainstream settings with an “inclusive orientation are the most effective means of combating discrimination, creating welcoming communities, building an inclusive society and achieving education for all.” Likewise, the UNCRC, ratified by Ireland in 1992, set the stage for a rights-based approach to inclusion, ensuring the right for all children to receive education without discrimination on any grounds.

Although the concept of inclusion is now deeply embedded within educational parlance, it is recognised, that inclusion is a process that is greatly influenced by cultural and historical differences (Jennings, 2005). Locating inclusion within a positive construct, UNESCO (2005:12) defines it as “a dynamic approach of responding positively to pupil diversity and of seeing individual differences not as problems, but as opportunities for enriching learning”. Notwithstanding this positive definition, we are reminded that the move towards inclusion is interwoven in prevailing attitudes and values, understanding, skills, resources and supports (ibid). Therefore, inclusion is dependent upon the attitudes and perceptions of parents, educators and wider society. The ways in which these various stakeholders work with and include children with SEN in individual contexts of home, pre-school and school will be determined by whether they see difference as problematic or opportunistic and whether or not the the necessary resources and supports are available to them to support inclusion.

Ireland has made considerable progress over the past twelve years in particular in terms of recognising children's needs and rights. As a consequence, children with SEN are increasingly visible both at the level of policy and practice. A range of progressive policy documents and initiatives have been developed to support and facilitate children's participation within early childhood settings. Among the more significant documents are the:

- White Paper on Early Childhood Education: *Ready to Learn* (DES, 1999a),
- National Children's Strategy: *Our Children: Their lives* (DHC, 2000),
- Education for Persons with Special Educational Needs Act (EPSEN, 2004a).

In terms of practice, the revised Childcare (Pre-school services) (Amendment no. 2) Regulations, 2006; the National Quality Framework; *Síolta* (CECDE, 2006); the Early Childhood Curriculum Framework: *Aistear* (NCCA, 2009) and the free pre-school year in ECCE (OMCYA, 2010) are pivotal. Collectively, these policies and initiatives progress policy and practice for children with SEN in the context of overall ECCE provision for children from birth to six years in Ireland.

Highlighting the importance of effective early childhood intervention, the DES (1999: 84) point to the need for a "high quality, intensive and clearly articulated programme, delivered by highly skilled and carefully trained personnel in contexts of small groups and individual instruction, and designed to specifically address individual identified needs" (p. 84). The introduction of the free pre-school year in ECCE and concomitant educational requirements marks a watershed with regard to realising these core objectives of the White paper on Early Childhood Care and Education. It is clear that while much remains to be done in terms of developing a universal support structure for young children with SEN in Ireland, the introduction of the free pre-school year which is linked to the principles of *Síolta*, the development of *Aistear* and the imminent publication of a workforce development plan auger well for the future of ECCE and crucially, to the quality of children's experiences.

At the core of these initiatives is recognition of the complex and multifaceted nature of supports required by children, particularly those with SEN, to enable them to participate fully in different contexts including early childhood settings. Consequently, parents are acknowledged as valuable contributors to their child's care and education. Moreover, the need for early intervention and professional input is recognised as paramount to the successful inclusion of children with SEN. In this respect, the CECDE (2005) noted that a holistic perspective on quality provision for children with SEN requires that all perspectives are taken into account. These multiple perspectives (parents, children, educators, professionals) are "inter-related and must form an integrated whole" (ibid: 18).

Section 2: Research Design and Methodology

2.1 Introduction

Research literature over the past thirty years provides evidence - both quantitative and qualitative - that early intervention increases the developmental and educational gains of children with special needs, improves the functioning of the family, and reaps long-term benefits for society (Currie, 2000; David, 2004; Sandall and Schwartz, 2002). Furthermore, the inclusion of children with special needs in mainstream early childhood settings has been shown to have positive effects on children's social development.

Within the Irish context, there is a lack of appropriate training for early childhood practitioners who work with children who have special educational needs (McGough et al., 2005; Cederman, 2006). This, combined with a lack of resources, presents real challenges for practitioners who are endeavouring to engage in meaningful inclusive practice. The purpose of this research project was to design a Framework for Action for the development of practical strategies and interventions to ensure good practice in the inclusion of children with special educational needs (SEN) in early childhood education settings. The project focuses on a range of settings that provide inclusive care and education for children aged birth to four years.

The specific aims of this research study were to:

- a. Identify and develop a model of good practice, distilled from national and international research, to support inclusion in early childhood education settings.
- b. Articulate a Framework for Action (including guidelines, practical tools and professional development activities) for the inclusion of children under four years of age with SEN in early childhood education settings.
- c. Design and implement an intervention based on the rollout of the Framework for Action in a range of settings.
- d. Evaluate the impact of the Framework for Action within settings from the perspective of a range of stakeholders, including practitioners and special needs support staff, parents and children.
- e. Refine and develop a Framework for Action that has application and relevance across a range of settings to be disseminated to the wider sector.

It is hoped that this research provides valuable insight into children's experiences within early childhood education settings as well as the challenges experienced by childcare practitioners in terms of supporting inclusive practice. Hence, the research endeavours to:

- Inform the care and education practices within the settings studied
- Empower childcare staff, parents and relevant agencies to work more collaboratively on behalf of the child
- Guide and inform the ongoing development of effective ECCE practices
- Act as a catalyst for positive change in the inclusion of children with special educational needs in ECCE settings.

2.2 Methodology

In order to research children's experiences of ECCE and to identify and address the challenges associated with the provision of inclusive practice in the early years, this study combines both qualitative and quantitative methodologies. Although qualitative research produces rich descriptions that tap into real life experiences, its interpretative nature offers little by way of identifying tangible aspects of quality early childhood provision. Johnson (2008) recommends openness to, understanding of and use of multiple standpoints and strategies for learning about our world. Accordingly, our thinking is broadened and advanced "via multiple perspectives... sometimes ...through effective integration of ways of looking that better answer our questions and advance our knowledge" (ibid: 204). Thus, while the qualitative data was concerned with attitudes, opinions and experiences, the quantitative component was concerned with exploring the numbers of children with SEN accessing early childhood settings and the range and nature of training and supports available within the ECCE sector.

The qualitative enquiry underpinning this study is grounded in the investigation of "communication and other phenomena that occur in the social contexts of everyday life" (Aubrey et al., 2000:115). Critically, qualitative research methods were utilised to capture the "ongoing flow and complexities of children's daily lives" (Greene and Hill, 2005: 15).

In the context of this study, the social reality of children's everyday life was represented by the various early childhood settings included in the study. Thus, the research team were able to capture the ongoing interactions and transactions of the children who participated in the study. Through qualitative enquiry, the research team became familiar with the "local cultural practices of communication" used by the children involved in the research (Christensen and James, 2007: 7) such as children's routines, timetables, expectations and interactions within the early childhood setting. Children, childcare staff and pre-school assistants were therefore observed going about their daily lives, doing the things they normally do within the daily routine of the ECCE setting.

In addition to observations (60 hours), this study involved a series of focus group discussions (9) with key stakeholders (national disability agencies, National Voluntary Childcare Collaborative, City and County Childcare Committees, childcare provider networks), as well as individual interviews with parents (10); ECCE managers (15) childcare staff working directly with the children with SEN (15); and pre-school special needs assistants (10). In this way, a holistic perspective was developed by allowing participants to tell their story in their own words and from their unique perspective (Gerdes and Conn, 2001).

To expand and enhance the qualitative enquiry, an audit of childcare provision was undertaken in each of five geographic areas; Limerick City and County, North Tipperary, Clare and Kerry. This audit of provision was directed towards gathering quantitative data in relation to the following:

1. Numbers of children in the birth to four age cohort and the numbers of children with SEN within this age range accessing ECCE settings
2. Numbers of pre-school assistants working with children with SEN
3. Range and nature of accredited staff training
4. Range and nature of specific training in the area of special educational needs.
5. Level and nature of support required by early childhood education practitioners in terms of empowering them to work effectively with children who have SEN.

The audit of provision yielded critical data in relation to the numbers of children with SEN accessing early childhood settings, the nature of their special need, the numbers of children with SEN who had the support of a pre-school special needs assistant as well as data about staff qualifications, training and the availability of resources to support the inclusion of children with SEN.

Whereas, the qualitative data was concerned with attitudes, opinions and experiences, the quantitative component was concerned with exploring the numbers of children with SEN accessing early childhood settings and the range and nature of training and supports available within the ECCE sector.

2.2.1 Research Phases and Methodologies Used

2.2.1 Phase 1: October 2008 to May 2009. This research phase comprised both quantitative and qualitative components. It involved a number of interrelated tasks including an audit of early childhood care and education provision in the selected geographic area as well as observations of practice and in-depth interviews and focus group discussions with key stakeholders.

2.2.1 (a) Task 1 - Audit of Provision - A total of 471 questionnaires were disseminated to all childcare providers on the Health Service Executive (HSE) notified lists for the five geographic areas. Accordingly, the audit of provision encompassed the broad spectrum of community and private childcare provision including crèches, pre-schools, naíonraí, and childminding provision. In addition to garnering the quantitative data outlined, the questionnaires also elicited the priority needs of the early childhood providers and staff in terms of empowering them to work effectively with children who have SEN. An 'expression of interest' form enabling childcare providers to indicate their interest in participating in the research study was included with the questionnaires. The audit of provision yielded a 37% (N=171) response rate. The findings are presented and discussed in Section 3 of this report.

2.2.1 (b) Task 2 - Selection of ECCE Settings for participation in the qualitative research. As 171 early childhood settings participating in the audit of provision expressed a wish to be involved in the research study, the following selection criteria were developed. It was essential that services selected would represent:

- Geographic areas – settings from each geographic area were selected
- The diversity of ECCE provision encompassing both community and private settings as well as full-day care, sessional, naíonraí and child minding provision
- The age range of children with which the study was concerned: birth to two years and two to four years
- A diversity of special needs
- There was also a preference towards those settings that had higher numbers of children with SEN attending.

Based on these criteria, 4 settings were chosen from each of the 5 geographic areas. It is important to note that while childcare providers expressed their willingness to participate in the study, parents of children with SEN did not give their consent to have their child included in some instances. Thus, the final number of participating ECCE settings was 15 (Figures 1 and 2).

Figure 1: Overview of participating ECCE settings

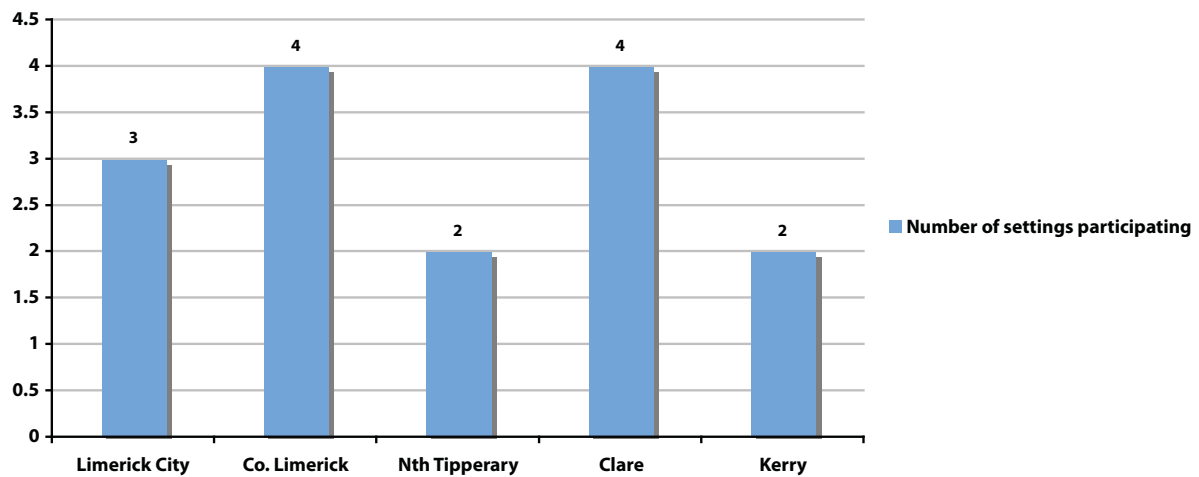
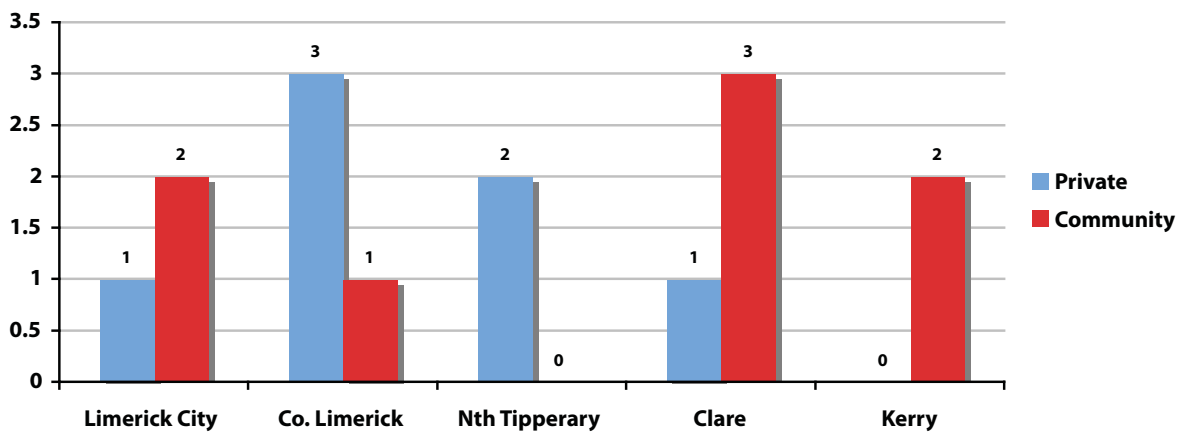


Figure 2: Overview of community and private participating settings



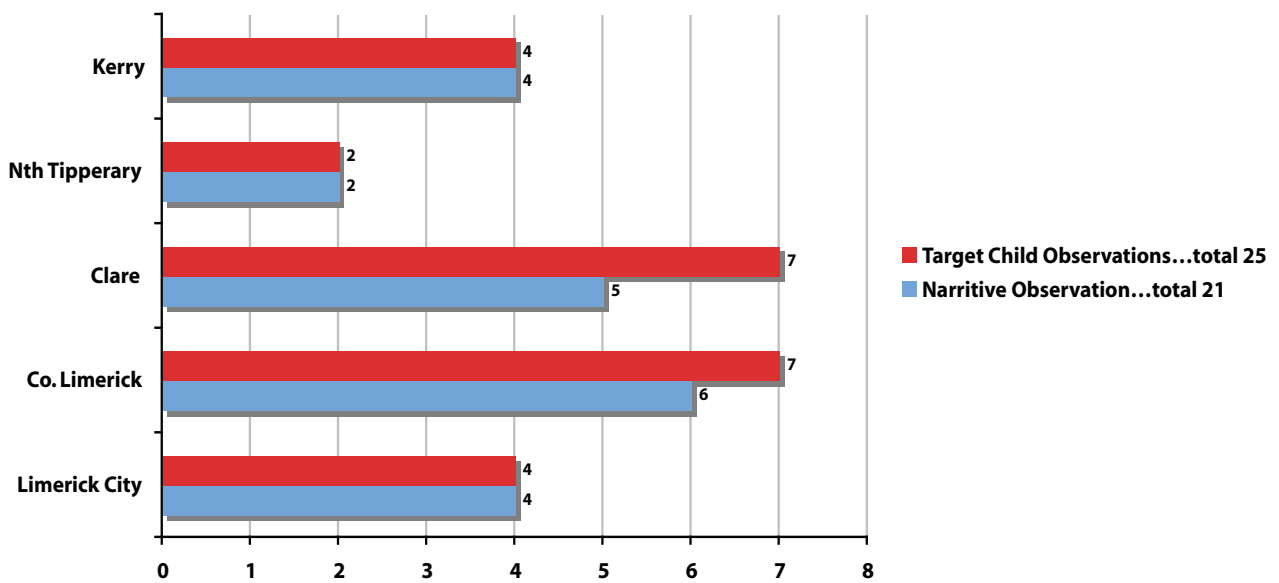
As figure 2 demonstrates a total of 8 private and 7 community-based early childhood settings participated in the study. Of these settings, there were 3 full-day care community and 3 full-day care private settings, 5 sessional community and 3 sessional private settings and 1 childminding service. Collectively, the 15 participating early childhood settings catered for 36 children with SEN. However, only 20 children with SEN were observed during the primary research due to natural fall-out including illness, absence of parental consent, and non-attendance of the child during the research period.

2.2.1 (c) Task 3: Child Observations In keeping with qualitative research, observing children in their natural environment was central to studying their experience and their active agency within settings. A total of sixty hours of child observations were undertaken throughout this study. Opie and Sikes (2004: 122) posit that observations provide information about the physical environment and the behaviour of those who “cannot, or will not, speak for themselves”. The observations therefore, enabled the researchers to a) build a

comprehensive picture of children's experiences within settings and b) to understand the complexity of interactions and activities in which they were engaged. Significantly, they provided insight into current practice in terms of including children with SEN in the daily activities of the participating early childhood settings. In order to reduce the risks associated with single observations vis-à-vis objectivity, a number of observations using different methods; target child and narrative/free description were utilised in the study. This approach further ensured that the complexity of children's experiences within settings was more fully recorded. As a result, a comprehensive picture of children's experiences and development was built up over a prolonged period of time.

- **Target Child Observations** focus on just one child. For the purposes of this study target child observations were undertaken with each child with SEN participating in the study. They were used to record the activity of one child during a session or other pre-determined period of time. A pre-coded observation sheet was prepared in advance so that each researcher was familiar with what to observe and what was important during the observation period (Appendix E.1).
- **Narrative Observations / Free Descriptions** were used to provide a portrait of what the child with SEN was doing such as the range of activities, the level of interaction with peers and childcare staff for example (Tassoni and Beith, 2005). Such observations are particularly suited to research in the area of SEN as they enable researchers to observe certain situations closely such as a difficulty in doing up a coat or manipulating a toy or piece of equipment. This method enabled the research team to record as much information as possible throughout the observation period including the context of the activity, social partners in the activity, the child's facial expression, tone of voice, movements and so forth. In the words of Dunn (2005: 87) these observations provided "invaluable evidence on children's real life experiences and their reactions to those experiences". In total, 46 observations were undertaken comprising both target child and free description (Figure 3).

Figure 3: Total observations undertaken



2.2.1 (d) Task 4: Focus Group Discussions were undertaken with representatives from a range of key stakeholders involved in the ECCE sector. Consequently, focus group discussions were undertaken with the City and County Childcare Committees (CCC), the National Voluntary Childcare Collaborative (NVCC), the Health Service Executive and National Disability Agencies (e.g. Enable Ireland, Down Syndrome Ireland), the Border Counties Childcare Network (BCCN), early years providers and early childhood staff. A total of 9 focus group discussions involving 162 participants were undertaken (Table 1). Although, the majority of focus group discussions were undertaken during Phase One of the study (May to October, 2009), three focus groups were held during Phase Two. These additional focus groups ensured that the consultation was reflective of each geographic HSE region in Ireland. In this respect, on reflecting upon the data garnered in Phase One, the need to undertake consultation with childcare practitioners in the East and North West of the country was identified. Accordingly, focus group discussions were undertaken in Dublin and in the Border Counties.

Table 1: Overview of Focus Group Discussions

Focus group	Date	Attendees
1	5 th November, 2008	National City and County Childcare Committees
2	11 th November, 2008	National Voluntary Childcare Collaborative
3	1 st December, 2008	Limerick city and county childcare provider network
4	15 th January, 2009	National Disability Agencies
5	28 th April, 2009	North Tipperary childcare provider network
6	5 th May, 2009	County Waterford childcare provider network
7	11 th November, 2009	Dublin South: Tallaght Provider Group
8	12 th November, 2009	Dublin: Clondalkin Provider Group
9	27 th April, 2010	Border Counties Childcare Network

The purpose of these focus group discussions was two-fold: a) to capture multiple perspectives about inclusion in the early years at national level so as to inform the development of the Framework for Action and b) to gain an insight into participants' experiences, attitudes and perceptions (Stewart, Shamdasani and Rook, 2007; Wilkinson, 2004). Moreover, as the study unfolded, and data was analysed on an ongoing basis, inconsistencies arose in terms of the descriptors used and the role of the PSNA in different HSE regions. Likewise inconsistencies were identified between regions in relation to the availability of supports. These inconsistencies consolidated the need to extend the consultation period across the HSE geographic regions in Phase Two of the study in order to garner the national picture.

In the context of this study, these focus group discussions enabled research participants to feel comfortable with exploring and discussing sensitive issues within a group context (Frith, 2000). Thus, a distinctive feature of the focus group discussions undertaken for this study was the way in which participants responded to and built upon the responses of others within the group creating a synergy that led to rich contextualized data. Each focus group discussion was digitally recorded and supplemented by contemporaneous recording of discussion, following which the data was transcribed.

2.2.1 (e) Task 5: Interviews – A total of fifty In-depth key informant interviews were undertaken in each of the participating settings with childcare providers and staff, parents and pre-school special needs assistants. To paraphrase Silverman (2001), these interviews generated data that provided an authentic insight into the experiences of those directly involved in the care and education of children with SEN. A semi-structured interview technique was used to allow for “a depth of feeling to be ascertained by providing opportunities to probe and expand the interviewee’s responses” (Opie and Sikes, 2004: 118). Although this approach allowed for negotiation, discussion and expansion during the interview, it also provided an overall shape to the interview helping to prevent “aimless rambling” (ibid). Each interview was digitally recorded and transcribed.

In analysing the data, all identifying information was coded and pseudonyms were applied in order to protect the anonymity of early childhood settings and research participants. Data were analysed using grounded theory methodology (Glaser and Strauss, 1967).

2.3 Research Phase 2

2.3 Phase 2: June 2009 to July 2010. This phase involved the development and piloting of the DFA. As with phase 1 it comprised a series of interrelated tasks.

2.3.1 (a) Task 1: Development of a Draft Framework for Action for the Inclusion of Children with Special Educational Needs in Early Years Settings

Based upon in-depth analysis of both the qualitative and quantitative research phases as outlined, and guided by national practice frameworks, *Síolta* (CECDE, 2006) and *Aistear* (NCCA, 2009), a Draft Framework for Action (DFA) was developed (June to October, 2009). The DFA was underpinned by five core concepts that emerged from the research findings. These core concepts have been identified both nationally and internationally as being central to the effective inclusion of children with special needs in early years settings. Consequently, the DFA incorporated each of the following aspects:

1. Professional Development
2. Communication
3. Environment
4. Assessment for Learning
5. Accessing the curriculum/programme

Moreover, the DFA included practical guidelines derived from national and international literature pertaining to best practice in the inclusion of young children with special needs in early childhood settings. Each core area of the DFA was preceded by a synopsis of the relevant literature which informed the guidelines for that particular aspect of inclusive practice. These guidelines were designed to empower participating ECCE practitioners to support the inclusion of children with SEN within their individual settings.

2.3.1 (b) Task 2: Capacity Building (October 2009)

In October 2009, the research team facilitated three training workshops in Limerick and Tralee for the early years providers and practitioners who were participating in piloting the DFA in their settings. These workshops were used to:

- a. Introduce childcare providers, staff and pre-school special needs assistants (PSNAs) to the DFA
- b. Clarify any issues and concerns and advise the research participants about the broad requirements of the DFA
- c. Support early years practitioners to identify relevant strategies within the DFA to match their particular needs
- d. Mentor the research participants on the effective use of appropriate assessment measures, intervention strategies and reflective practice in order to support inclusion
- e. Disseminate resources to support the implementation of the pilot project including reflective journals; observation logs; home/setting notebooks and portfolios for children's work.

Bearing in mind, that the "perspective of the expert is only one opinion" in the research process (Lynch, 2000: 81; Weick, 2002), a primary consideration in this study was to ensure that the dominant voice was that of the research participant rather than the researcher. It was vital to find a way that enabled both the researchers and participating childcare practitioners to construct shared knowledge and understandings about how the DFA impacted on their daily practice within their individual early childhood settings. Critically, it was essential that participants were facilitated to tell the story of their involvement in the research process in their own way and in their own words. At the core of both *Síolta* and *Aistear* is the need for reflective practice as a means of enhancing quality ECCE provision. In this context, a further consideration was the need to devise a way that would empower participants to commence this reflective journey while simultaneously sharing the narrative account of their involvement in the piloting of the DFA.

Hertz (1997: viii) describes reflective practice as "an ongoing conversation about the experience whilst simultaneously living in the moment". With this in mind, reflective journals and home/setting notebooks were developed as a useful method to support participants to record their attitudes, opinions and feelings about the impact of the DFA on practice within their individual settings. The reflective journals and home/setting notebooks provided insights into participants' innermost thoughts, their hopes for the children, their attempts to enhance their practice on a daily basis and their struggle to make a difference. By using these reflective tools, participants were enabled to "organise themselves, choose the best responses, test themselves, act, and change in the very act of responding" as they engaged with the DFA (Freire, 1974: 3). In this way, through their daily and weekly reflections on what involvement in the DFA entailed, and the challenges it presented for them, participants were facilitated to interpret and represent not just their own voice but also that of children with SEN and their parents. Ultimately, participants were empowered to create dedicated time, space and context within which to be reflective (Mauther and Doucet, 2003).

Notwithstanding the benefits outlined, the reflective journals further facilitated “real time reflexivity” (Weick, 2002: 897). In other words, participants completed the reflective journals simultaneously as they worked with the children. In this regard, Weick (2002: 897) suggests that reflexivity undertaken “in time” is “potentially more meaningful and more important” than reflexivity undertaken after the activity has occurred. Accordingly, participants reflected on practice “in time” as they used the DFA to alter established ways of doing things; observing children as they engaged in the daily activities of the setting, tracking progress, and conversing with parents or the staff team.

2.3.1 (c) Task 3: Project Implementation and Evaluation (October 2009 – August 2010)

As with research Phase 1, a variety of data collection strategies were utilised throughout the implementation period in each of the 14 participating settings. These included:

- a. On-site support visits to each participating early childhood setting. While each setting had two support visits, a number of settings required additional support and they therefore availed of 3 or 4 visits. The first visits were undertaken during weeks, 3, 4 and 5 of the piloting period (November 9th to November 27th 2009). The second visit took place during weeks 10, 11 and 12 (January 11th to January 29th 2010).
- b. These visits provided an opportunity to offer advice/support and to clarify any issues/concerns regarding the implementation of the DFA.
- c. Free description and target child observations.
- d. Contemporaneous and post-intervention interviews with childcare providers, staff and special needs assistants.
- e. Parent feedback questionnaires.

On completion of the implementation period, two further workshops were facilitated in Limerick and Kerry with participating early years providers and staff to garner information on the strengths and weaknesses of the DFA, to identify any gaps and to determine any challenges encountered during the piloting phase.

2.4 Conclusion

The purpose of this research project was to design a Framework for Action for the development of practical strategies and interventions to ensure good practice in the inclusion of children with SEN in early childhood education settings. The project focuses specifically on children aged birth to four years. In order to research children’s experiences of ECCE and to identify and address the challenges associated with the provision of inclusive practice in the early years; this study utilized both qualitative and quantitative data collection strategies.

The qualitative enquiry comprised sixty hours of child observations, nine focus group discussions with key stakeholders (national disability agencies, National Voluntary Childcare

Collaborative, City and County Childcare Committees, childcare provider network), and fifty individual interviews with parents, ECCE managers, childcare staff working directly with the children with SEN and pre-school special needs assistants. Thus, a holistic perspective was developed by allowing participants to tell their story in their own words and from their unique perspective (Gerdes and Conn, 2001).

The qualitative enquiry was enhanced and expanded by undertaking an audit of childcare provision in each of five geographic areas; Limerick City and County, North Tipperary, Clare and Kerry. A total of 471 questionnaires were disseminated to all childcare providers on the HSE notified lists for the five geographic areas. Accordingly, it encompassed the broad spectrum of community and private childcare provision including crèches, pre-schools, naíonraí, and childminding provision. The audit of provision yielded critical data in relation to the numbers of children with SEN accessing early childhood settings, the nature of their special need, the numbers of children with SEN who had the support of a pre-school special needs assistant as well as data about staff qualification, training and the availability of resources to support the inclusion of children with SEN.

Section 3: Research Findings

3.1 Findings from the Audit of Provision

This section presents findings from the audit of childcare provision undertaken during Phase One of this study (October 2008 to May 2009). As outlined, the audit of provision sought to gather quantitative data in relation to the numbers of children attending early years settings, categories of SEN, number of PSNAs working with children with SEN, staff training levels, programme types and the priority needs of early childhood staff.

3.2 Numbers of children attending Early Years Settings

As previously mentioned, the audit of provision yielded a total of 171 completed questionnaires. A total of 3,633 children in the birth to four age cohort were accessing the services of these early years settings at the time of the audit of provision. Figure 4 provides a detailed breakdown of these numbers by geographic area. Of the children accessing these early childhood settings, a total of 131 were diagnosed with SEN. This represents an overall total of 3.6% of children with SEN accessing mainstream early years settings (Figure 5).

Figure 4: Numbers of children aged birth – 4 years attending Early Years Settings

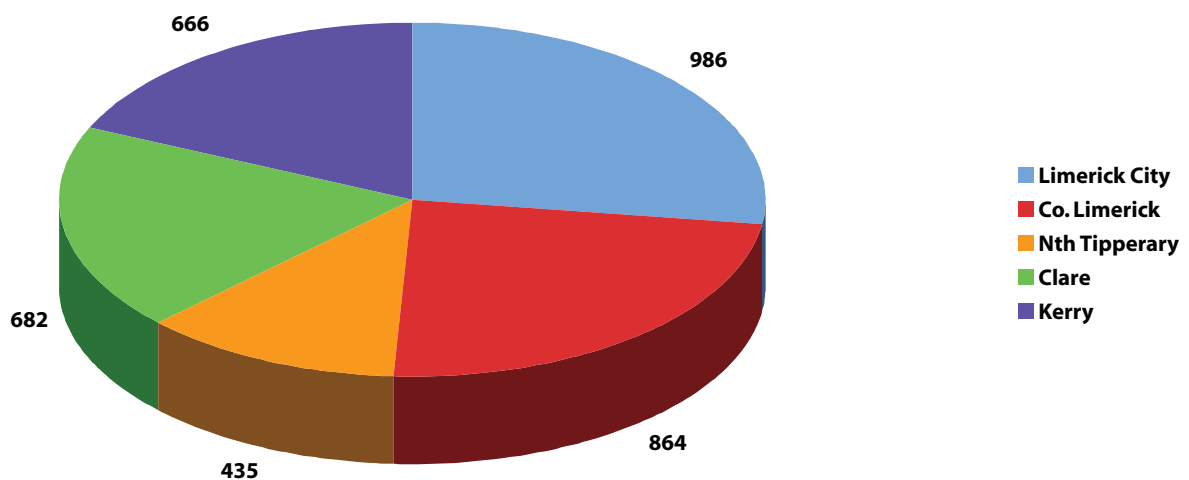
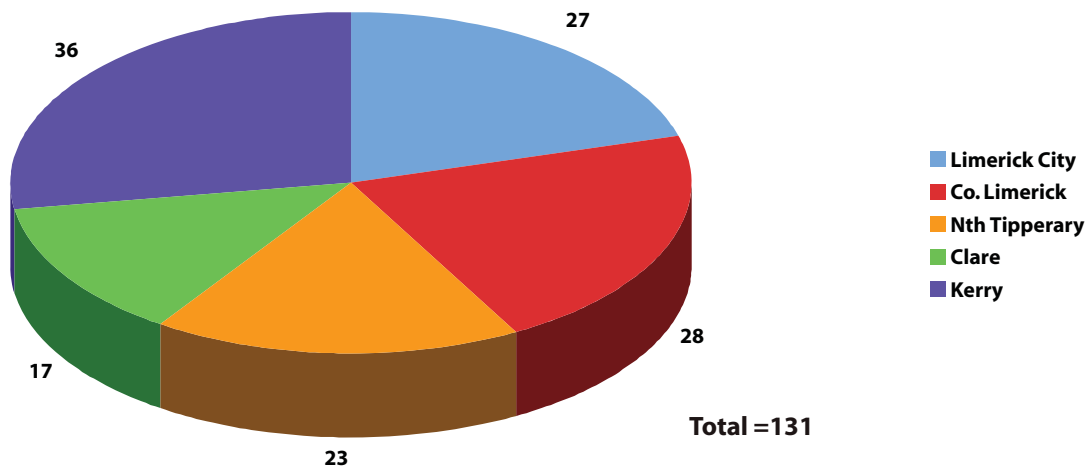


Figure 5: Numbers of children with SEN aged birth - 4 years attending Early Years Settings

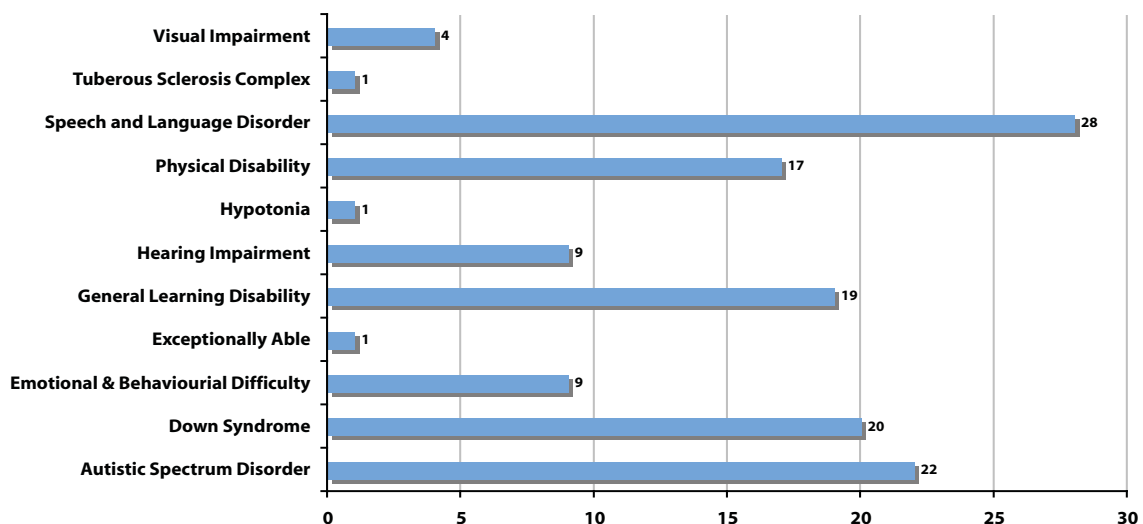


At the time of the audit of provision which concluded in May 2009, an additional 38 children attending early childhood settings were awaiting assessment. Of those children awaiting assessment, 18 were suspected of having an Autistic Spectrum Disorder (ASD).

3.3 Categories of SEN

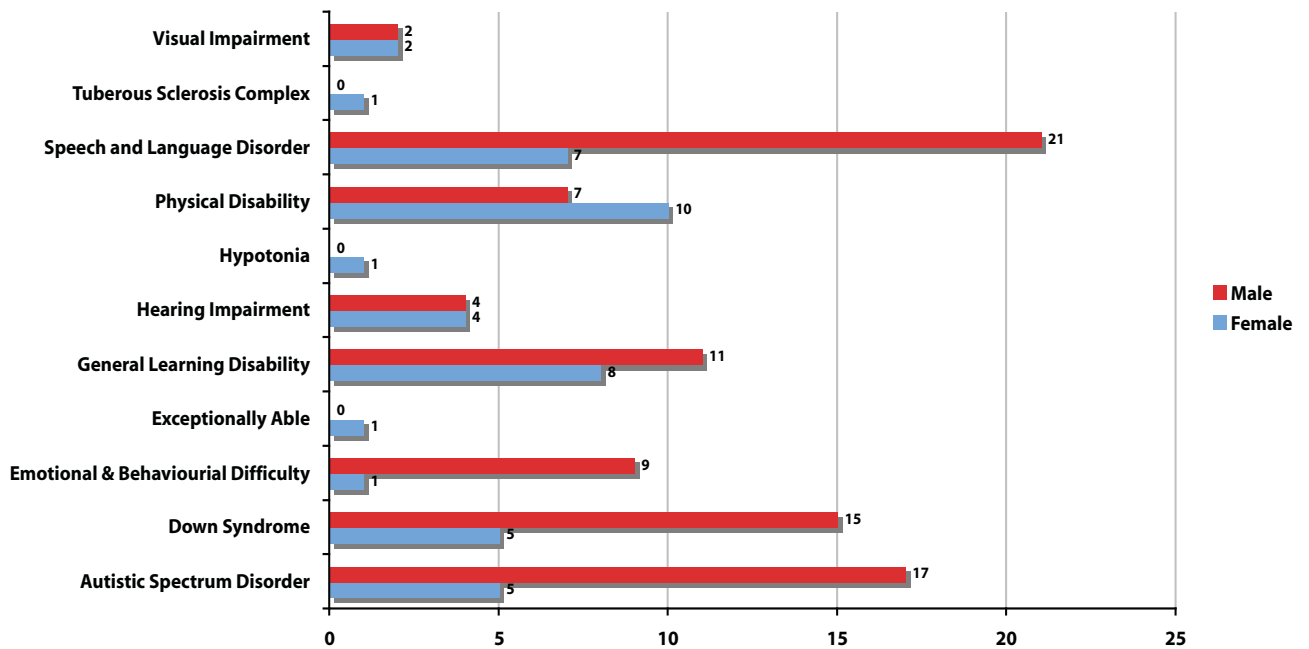
A wide range of special needs was recorded. Significantly, in line with national and international research findings, the numbers of children diagnosed with ASD were high; representing 16.6% of the overall numbers of children with a diagnosed special educational need (Figure 6). This takes on even greater significance when the numbers of children awaiting assessment are considered. As mentioned, 18 of the 38 children awaiting assessment (29.4%) of children with SEN attending ECCE settings, were suspected of having an ASD. When added to the overall numbers of children diagnosed with ASD (16.6%), this could mean that up to 46% of the total number of children with SEN attending these settings may have an ASD.

Figure 6: Overview of Categories of SEN



Other significant categories of SEN were: Speech and Language Disorder: 28, Down Syndrome: 20, General Learning Disability: 19 and Physical Disability: 17. As can be seen from Figure 7 greater incidences of SEN were recorded among boys.

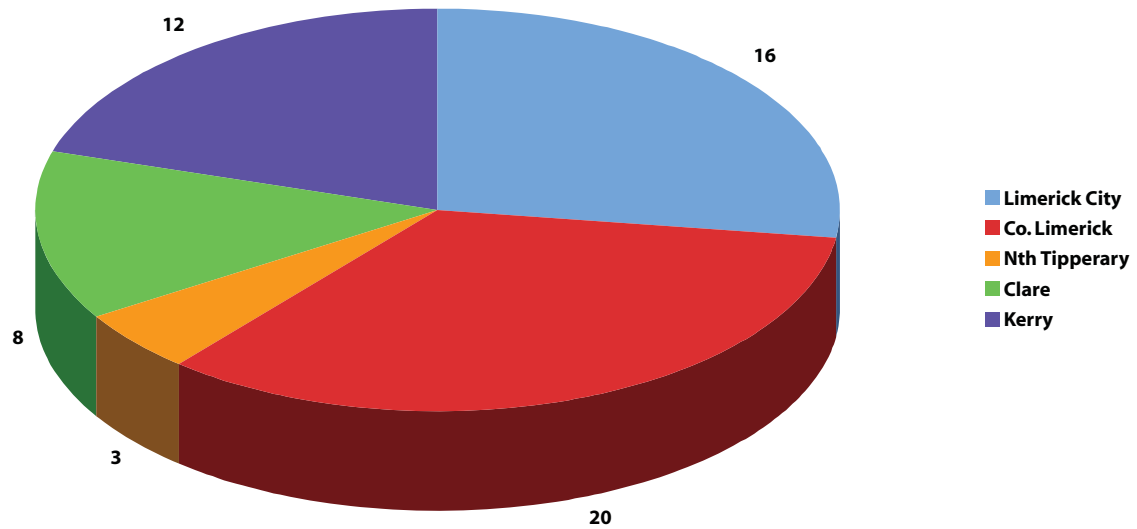
Figure 7: Overview of SEN by Gender



3.4 Pre-school/Special Needs Assistants

Analysis of data indicated that there were 59 pre-school/special needs assistants working with children with SEN in early years settings across the five geographic areas. Given that 131 children diagnosed with SEN were attending an early years setting, this finding indicates that only 45% of children with SEN had the support of a pre-school/special needs assistant. The lack of pre-school/special needs assistant support was reiterated throughout the research study by parents, childcare providers and staff, the CCCs, NVCOs, the BCCN and the national disability agencies and is discussed in detail in Section 4 of this report. Figure 8 provides an overview of the prevalence of pre-school/special needs assistants by geographic area.

Figure 8: Overview of pre-school/special needs assistants by geographic area

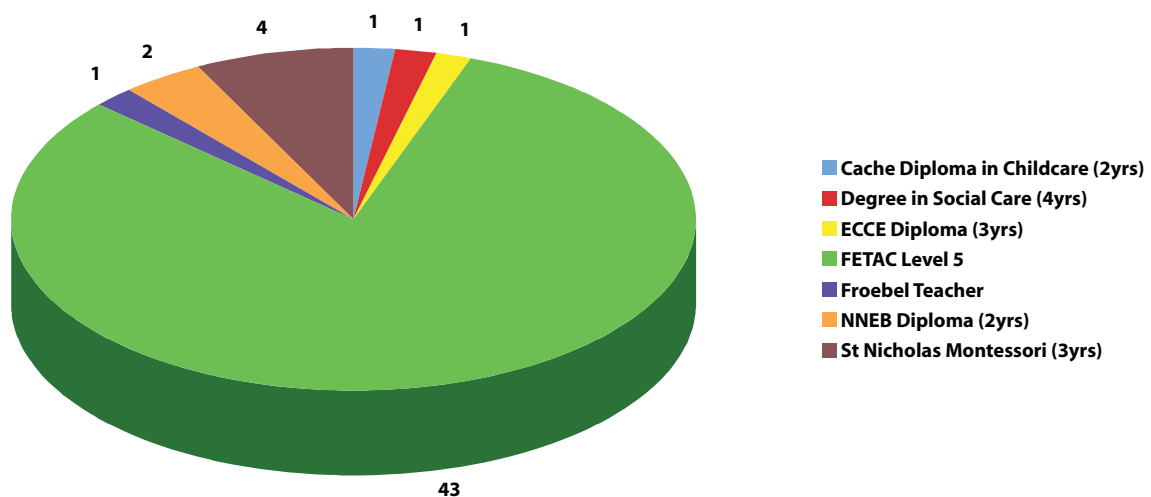


In Kerry, where the highest incidences of SEN were recorded (Figure 5), only 33% of children had the support of a pre-school/special needs assistant. In Clare and North Tipperary, 16.66% and 13% respectively had this support. In Limerick city this figure rose to 59% while County Limerick appeared to have the greatest numbers of pre-school/special needs assistants with 71.4% of children with SEN having such support.

3.5 Staff Training

As previously outlined, the audit of provision was directed at gathering baseline data. In this respect, an attempt was made to determine the numbers of childcare staff who held an accredited childcare qualification and were working directly with children with SEN. While this information was not provided in all of the completed audit of provision questionnaires, the data indicated that the most commonly held qualification was FETAC Level 5 (Figure 9).

Figure 9: Overview of accredited training



In addition to the accredited training outlined in Figure 9, a further 36 childcare staff stated that they held an accredited component module at FETAC Level 5. Within this category, a wide variety of individual modules were undertaken including:

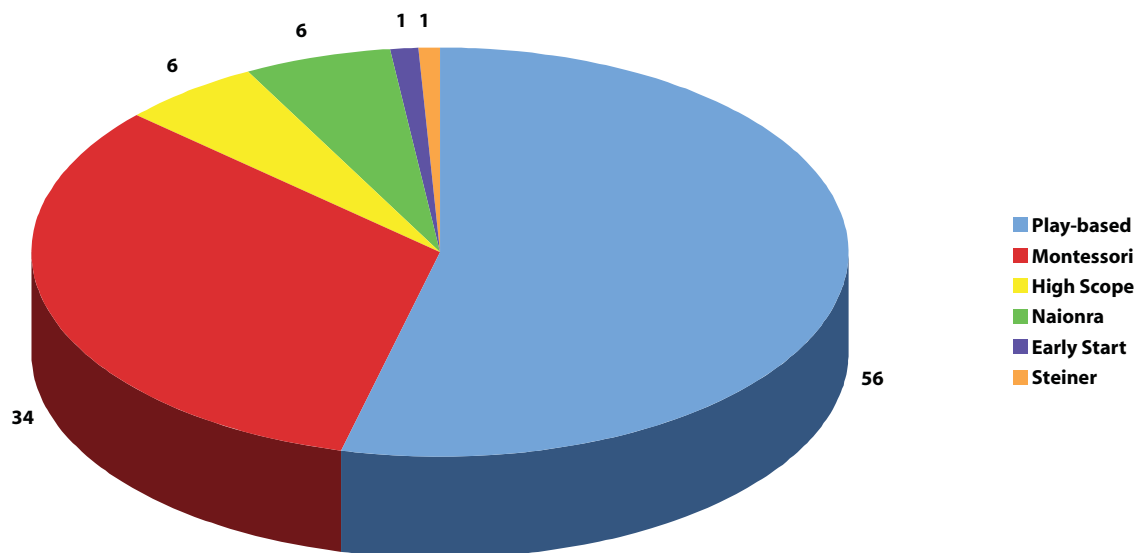
- Special Needs Assistant
- The Special Needs Assistant in Practice
- Care of the special child or care of the special needs child
- Classroom assistant
- Integrating Children with Special Needs.

Although these 36 childcare staff had completed just one module of accredited training, they appeared to believe that they were “fully qualified” as evidenced by use of this term on the completed audit of provision questionnaires.

3.6 Programme type

While information relating to the specific programme being implemented within settings was not provided by all respondents, it was evident that a play-based programme was the most prevalent (Figure 10). In this respect, 56 settings representing 53% of respondents who provided this information implemented a play-based programme. The other most common programme was Montessori with 34 settings, representing 33% of those who gave this information implementing a Montessori programme in their setting.

Figure 10: Overview of programme types



The extent to which settings implemented an actual Montessori programme is questionable as there was an element of confusion among childcare staff with regard to their understanding of programme types. This confusion was borne out by findings which indicated that some settings used a “Montessori play-based” approach or a combination of Montessori and Play simultaneously or a “High Scope Montessori Programme”. Drawing on

analysis of the qualitative research, specifically analysis of interviews with childcare staff and pre-school special needs assistants, the various approaches to programme planning and implementation are discussed in detail in section 4 of this report.

3.7 Priority Needs of Early Years Practitioners

The final section of the audit of provision questionnaire, sought to identify the priority needs of early years practitioners in terms of effectively supporting the inclusion of children with SEN in their setting. Table 3 provides an overview of four key priority areas identified by Practitioners.

Table 2: Priority Needs of Early Years Practitioners

PRIORITY NEED	REQUIREMENT
1 Specialised Equipment	Braille equipment; hearing/speaking system; sensory equipment; knobbed puzzles; changing benches; visual charts; PECS; speech and language resources.
2 Specialist Support:	Support from specialists such as speech therapists, occupational therapists, child psychologists. A communication system between the childcare provider and the pre-school/special needs assistant.
3 Training	Training to meet the specific needs of the child/children in their care. Ongoing training as the child progresses.
4 Early Identification	A process or system for practitioners to “raise concerns” about a child to parents or to contact appropriate services in terms of “early identification”.

Again, these needs were reiterated by all of the constituents in the study; parents, pre-school/special needs assistants, CCCs, NVCCs, the BCCN and the national disability agencies.

Section 4: Research Findings: Qualitative Research

4.1 Data analysis

Analysing data in naturalistic inquiry involves organising, accounting for and explaining the data (Cohen et al., 2000). It involves making sense of the data in terms of the “participants’ definitions of the situation, noting patterns, themes, categories and regularities” (ibid: 147). Thus, drawing on grounded theory methodology (GTM), a systematic, inductive, comparative and interactive approach was taken to data analysis (Bryant and Charmaz, 2007; Charmaz, 2006; Glaser and Strauss, 1967). In this way, analysis was built step by step from the ground up. Initially, data analysis occurred along with data collection. Data was analysed alongside data collection and involved analysing and coding field notes written upon completion of observations, interview transcripts and accompanying analytical notes written before and after transcribing. This process served as a form of “quality control” helping to ensure that the data gathered was useful, reliable and authentic (Patton, 2002: 384). On completion of this lengthy iterative process, connections and relationships in data were consolidated leading to six key categories and a number of sub categories that are presented in Table 4.

Table 3: Overview of key categories and sub categories

Key Categories	Sub categories			
Defining inclusion	Benefits of inclusion	Rationale for parents availing of mainstream early childhood settings	Continuum of provision	
PSNA Support	Parental perspectives	Other perspectives	Issues associated with PSNA support	
Professional development	FETAC Level 5 training	Prior experience	Ongoing professional development	
Communication	Communicating with parents	Communicating with the PSNA	Communicating with professionals	Effective strategies for communicating with children with special needs
Environment	Physical environment	Emotional environment		
Approaches to planning curriculum/ programmes within settings	Planning for children’s specific needs within the setting			

4.2 Defining inclusion

The findings from this study indicate that there was and is confusion amongst early years practitioners about the concept of inclusion. On the one hand, there was a belief that every *“child has a right to an education”* and that every child with a special need *“should have an opportunity for inclusion in a mainstream setting”* (national disability agencies focus group). Indeed, there was consensus across the ECCE sector that in today’s society *“inclusion is a given”* (ibid). On the other hand, childcare providers and staff questioned definitions of inclusion and appeared to struggle with what it meant for them within their individual settings. The following question posed by a practitioner, provides an insight into the uncertainty associated with understanding the concept of inclusion and its implications for practice within early years settings

“What’s inclusion? Is it that he’s physically within a room environment or is it that he’s within a setting where he’s in a room with somebody one-to-one?” (Private practitioner)

Consequently, the national disability agencies, the CCCs, the BCCN and the NVCC suggested moving away from *“the whole idea of tokenism”*; a concept where inclusion was associated with *“allowing them [children] in the door, it is not about anything else within the actual day to day running of the service”* (NVCC focus group). Accordingly, inclusion was described as being about much more than *“treating all children the same”*, rather it involved being aware of and responsive to children’s individual needs (BCCN focus group). As noted by the national disability agencies, just *“sticking a child into an ordinary pre-school is not inclusion”*. Therefore, inclusion involves much more than simply *“including the child and just continuing on”* with the normal activities in the setting without taking account of the child’s specific needs (NVCC focus group). While facilitating the attendance of a child with special needs was seen as *“inclusion to a point”*, there were concerns that it was unhelpful and did not support children’s developmental needs within settings. When considering inclusion, one should be mindful of the child’s particular needs and be willing to recognise and accept that in certain circumstances inclusion can be *“very difficult for the childthey can be tormented”* (Private practitioner). In explaining this perspective, this practitioner explained how a particular child in her setting with complex needs *“really found the environment overwhelming...the noise, the normal stuff going on around ...it was just too much really”* (ibid). The child in this instance was simply unable to cope within a larger group. Furthermore, the childcare practitioners working with the child were unable to provide the *“one to one attention”* that they felt was required. Hence, the provider’s question: *“What’s inclusion?”*.

Observations of practice clearly pointed to the difficulties for children with SEN in terms of negotiating the environment, expressing their needs and importantly having their needs met within individual early years settings. These observations highlighted multiple challenges for children with SEN including sensory overload, an abundance of equipment and materials where children were unable to make choices, inappropriate adult intervention

and a lack of clear boundaries within individual settings. The following observation of Matthew; a 2½ year old boy with Down syndrome, provides insight into the ways in which his active agency within the setting was compromised by a myriad of factors.

Narrative Observation 1

Context: There are twenty three children in the setting. There are four adults present; the manager, two practitioners and Matthew's SNA. Having finished a musical activity the children are engaged in free play. Matthew's actions are continuously intercepted by the practitioner. Towards the end of the observation, the PSNA and the practitioner appear to be competing for Matthew's attention.

<p>Matthew exercises choice</p>	<p>As the song "Mama mia" finishes; the practitioner who has been dancing with Matthew in her arms puts him down on floor saying "he wants to sit down". He bottom shuffles a few feet away from the practitioner. She immediately follows him and sitting beside him, she places a small bundle of DUPLO blocks on the floor in front of him saying "build a tower". Ignoring the DUPLO blocks, Matthew picks up a large plastic scissors from a toy doctor set on the floor. He holds the scissors closely to his face, lays it on the floor and bends over to peer closely at it. He turns around on his bottom so that he is sitting with his back to the practitioner. He picks up a plastic syringe and laughs. He picks up a steering wheel that is lying on the floor to his right and rotates it between both hands. The practitioner says "beep-beep". A girl sitting beside Matthew takes the wheel from him.</p>
<p>Matthew is intercepted</p>	<p>The practitioner positions herself in front of Matthew pushing the DUPLO blocks in front of him. He picks up three DUPLO blocks [a pair made by the practitioner and a single block]. The practitioner places five more blocks in front of him saying "build these for me Matthew". Ignoring the blocks, he crawls away from the practitioner making his way towards the soft play area. She follows him, picks him up and stands him against a wooden structure that is part of a large wooden two tiered play house. Matthew is now sitting inside the ground floor level of the play house looking out at the other children.</p>
<p>Multiple instructions from multiple communicative partners</p>	<p>The PSNA who is sitting at a table across from the play house repeatedly calls "Matthew, Matthew, Matthew". Two children are sitting outside the structure looking in at Matthew. The practitioner tells Matthew to "say hello to Ciara, say hello to Daniel". The PSNA continues to call his name "Matthew, Matthew".</p> <p>The practitioner moves him further into the ground floor level of the play house. He is no longer visible from outside. Matthew is rocking a doll in a small plastic swing. He pushes the swing forward and back. The practitioner asks "will we stand up here and do some ironing?" She stands him against a miniature wooden ironing board. Matthew bangs the ironing board with his hand and laughs.</p>
<p>A confusing array of questions and inconsistent language</p>	<p>The practitioner says "will we go wash our handies? Will we go wash our hands for lunch?" The PSNA calls "will we get a biscuit? Will we get bread?" Matthew turns his head towards the PSNA; she says "Eh, Eh" she reaches into the playhouse, picks him up. sitting back down on her chair she sits him on her lap and cuddles him tightly asking "will we do it to Ciara?" She reaches towards a little girl draws her towards her and folding the girl into the crook of her arm she cuddles her. Addressing Matthew she says "lets wash those handies"</p>

At the outset, this observation shows that the abundance of play materials available to Matthew made it difficult for him to choose an activity or to remain on task for any period of time. Moreover, the practitioner wanted him to build with the DUPLO blocks. While she asked him to build a tower for her, she missed a valuable opportunity to work with him to model how he might manipulate the blocks to build the tower.

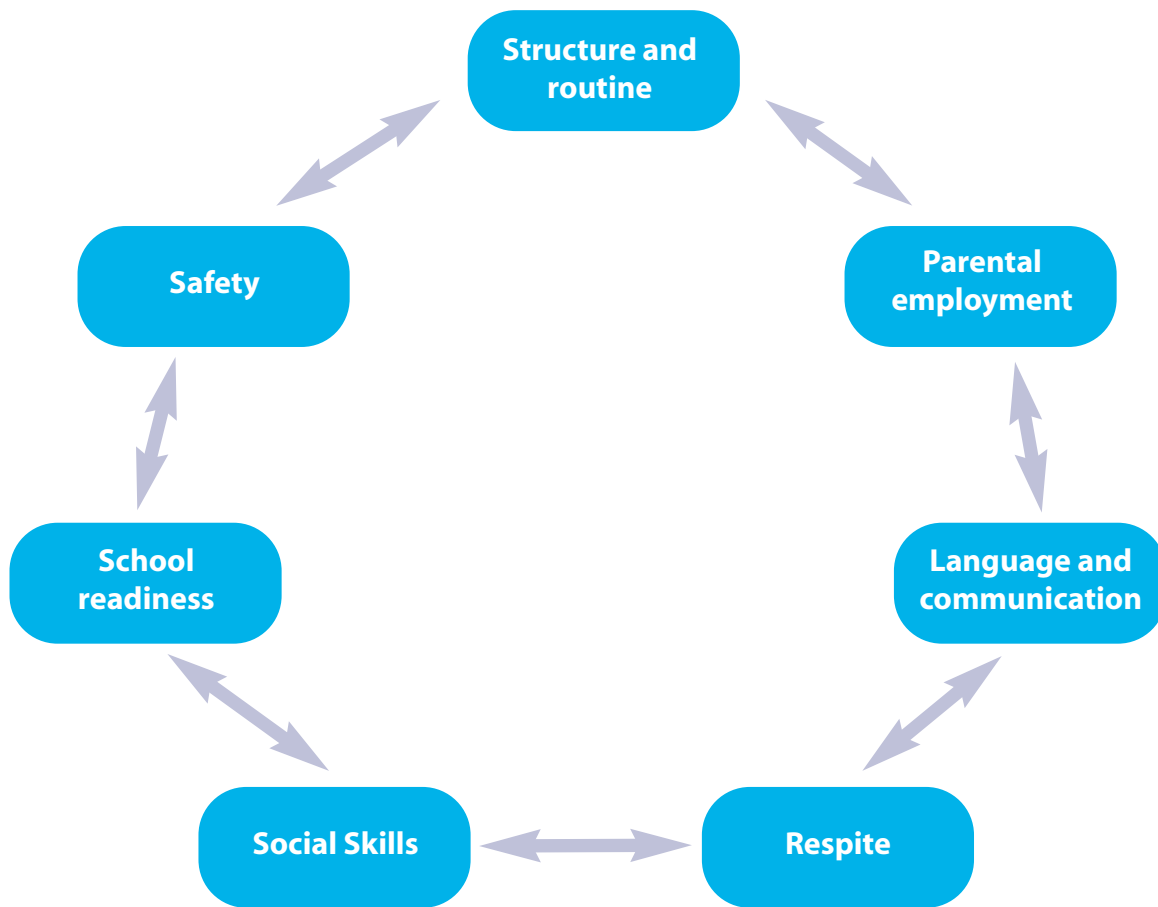
Although, both the practitioner and the PSNA were anxious to include Matthew in the normal daily activities of the setting, they repeatedly misinterpreted or intercepted his choices. There is clear evidence that they both pursued their individual adult agendas, leading to an unhealthy competitive approach to working with him. In Phase One of this study, both the practitioner and the PSNA expressed concern about Matthew's speech and language development. Yet, this observation demonstrates the use of rapid-fire inconsistent questioning, i.e., "will we get a biscuit, will we get bread?" (PSNA). There is no opportunity for Matthew to respond. Likewise, the simultaneous use of the word "handies and hands" is unhelpful in terms of supporting his language development. The DFA recommends the use of simple, appropriate words and consistent language when working with children who have speech and language delay. While the practitioner and the PSNA had Matthew's best interests at heart, their practice prevented him from fully participating in the activities of the setting.

This observation and others, coupled with analysis of practitioner and PSNA interviews confirms the opinion of the national disability agencies that inclusion brings with it "*issues and fears*". In this respect, there was a belief, that although practitioners were "*interested*" in the concept of inclusion and facilitating children with SEN in their setting, fundamentally, they did not "*know enough about how to cater for children with special needs*" (national disability agencies focus group).

4.3 Benefits of inclusion

There was widespread agreement among research participants (parents, NVCC, national disability agencies, CCCs, practitioners and PSNAs) that inclusion results in a wide range of benefits not just for the child with special needs but for other children, parents and families. The benefits of inclusion were interwoven with the rationale that underpins parental decisions to avail of mainstream early years settings for their child with special needs. Analysis of parent interviews shows that parents availed of mainstream settings for a variety of reasons (Figure 10). Among the benefits cited by parents was the necessity of quality childcare for working parents, opportunities for the child to socialise with other children and the need for respite for parents so that they could spend time with their other children.

Figure 11: Rationale for parents availing of mainstream early years settings



Of the ten parents that participated in this study, five cited the need for childcare because of their employment commitments. However, the predominant reason for using childcare was directly linked to parental awareness of the potential benefits to their child in terms of interacting with their peers and with other adults. Parents highlighted the positive impact of early years provision on the development and enhancement of their child's social skills. The following comment typifies parent responses *"I just wanted her to interact with other kids for social skills, just to learn from other kids and just to help her with her development"* (Parent interview 2).

In addition to developing social skills, parents specifically highlighted the need for their child to enhance their language and communication skills. As noted by parent (interview 3) *"I just wanted to try and develop her skills in communicating"*. Eight parents expressed the belief that participation in crèche and pre-school meant that children with SEN are not *"depending on you all the time, children play with them and they have to be able to talk and communicate for that"* (Parent interview 4). In this respect, a PSNA described how a child with whom she worked, who initially found it very difficult to interact with other children and whose speech and language development was delayed had *"come full circle in one year – she can nearly have a full conversation with you now and she loves the other children and they love her"*.

Furthermore, nine of the ten parents interviewed wished their child to be part of a “*structure and routine*”.

Parent (interview 5) summed it up saying “*we wanted some place that we could bring him and know that he was going to be doing something; we wanted him to be part of a structure*”. All ten parents believed that participation in early childhood settings provided a level of consistency and routine for their child, emphasising that for a child with special needs it is “*all about consistency*”. Although all parents simply wanted their child to “*be happy*” a small minority (3) felt that attendance at pre-school would also help prepare their child for entry to primary school.

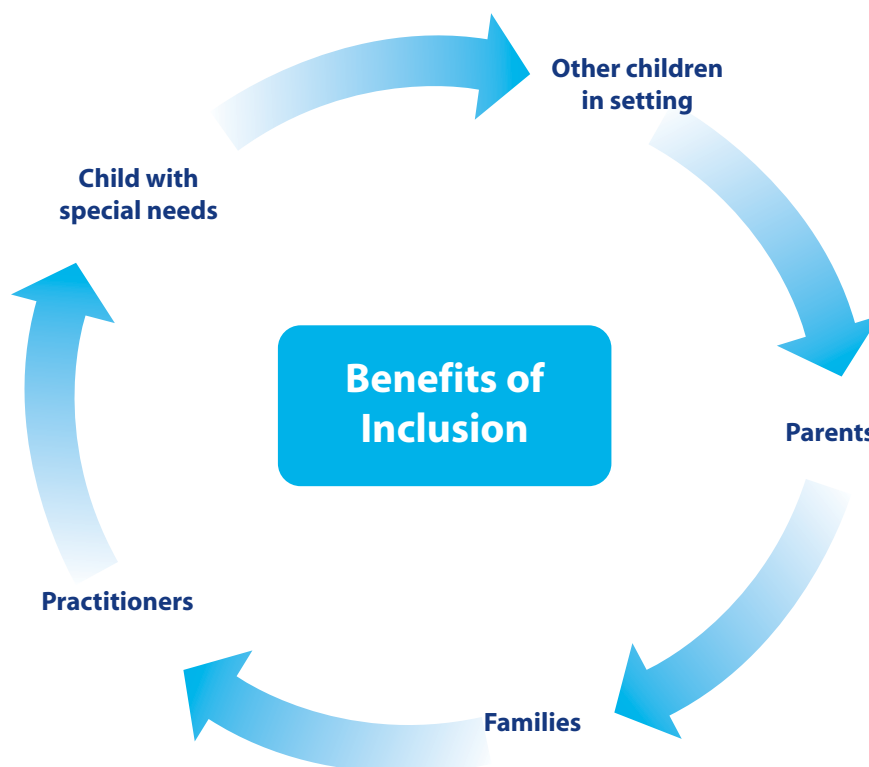
For parent (interview 7) it was about trying to balance the needs of her child who had complex needs, with the needs of her other child who was two years old. She explained how her two year old also “*wants attention and she can’t always get it*”. In addition to spending time with her two year old, this parent spoke of the importance for her in terms of “*getting a break for a couple of hours*”. Therefore, attendance at pre-school gave her time to spend time with her younger child while also enabling her to have a break from the intensity of caring for her child with complex special needs:

I think it was good for me as well to get the break from her because I need it just for the couple of hours (laughs) that’s honest. And as well I was able to spend more time with her sister. It gave me that time. She’s only small and she wants me to play with her (Parent interview 7).

Equally important for this parent was her belief that her child “*is safe in the pre-school*”. As a result, this parent could “*relax, they do her work with her and I can have the break and be with the baby as well*”. The issue of safety was paramount for parents, with seven other parents stating that it was important for them to know that their child was “*safe and well looked after*” while attending the early years setting.

As previously mentioned, research findings indicated that inclusion benefits a broad range of stakeholders. While there are many advantages for the child with special needs, Figure 12 which is based on analysis of interviews with all stakeholders demonstrates that the benefits of inclusion permeate all aspects of the early years setting and also have a positive impact on the child’s parents and family.

Figure 12: Overview of the benefits of inclusion



Inclusion was described as “*excellent... It’s very good for the child, it’s very good for the family, and it’s very good for the community. And particularly at a young age, children are very accepting of children with differences*” (national disability agencies focus group). It was seen to provide very “*positive opportunities for staff and for settings because it introduces something that maybe people never had an experience of before and that is very, very valuable so long as they take the opportunity to learn from it*” (NVCC focus group). There was consensus among the CCCs, the BCCN, the NVCC, the national disability agencies, parents, childcare providers/practitioners and PSNAs that when children become familiar with difference from a young age, it establishes “*positive attitudes to bring forward in life*” (national disability agencies focus group). Consequently, inclusion raises awareness and increases acceptance of difference in very young children.

The inclusion of children with special needs in early years settings also changes the perspectives of staff as “*it provides wonderful opportunities*” that enable staff to “*see the child, not the need*” (NVCC focus group). Inclusion helps to dispel some of the myths and fears associated with including a child with special needs. As previously mentioned, the national disability agencies acknowledged that the majority of childcare providers wanted to include children with special needs. Moreover, providers “*want it to be positive for every child and for the service. The challenge for practitioners relates to the ways in which “they can make this a positive experience for everybody*” (national disability agencies focus group). According to the national disability agencies, inclusion helps providers to deal with the “*fear of the unknown*”

as they realize that children with SEN have enormous potential and that the special need is not as “scary” as initially thought. As a result, practitioners become more confident and consequently, increase their understanding and awareness of special needs and inclusive practice.

In particular, interviewees highlighted the social and personal benefits that accrue from inclusion in mainstream settings pointing to the development of friendships among the children. Through attendance at mainstream early years settings, children with SEN “*had friends, they had people who knew their name and could remember them and they could still talk to them. So it is a huge benefit other than any kind of educational benefit*” (national disability agencies focus group). In this regard, the national disability agencies highlighted the need for children to develop and learn through play...they have “*to play with other children to do that*”. The concept of socializing with other children in the early years was considered essential. Early years settings were seen to provide the opportunities that enabled children with SEN to enhance this aspect of their development.

There was 100% consensus among interviewees that if children got support in pre-school, the benefits continued right through primary school, in particular, but also into secondary school. Therefore the advantages of investing in early education are immeasurable. Inclusion in whatever format, whether through full participation in a mainstream setting or through a combined model of mainstream and specialized services, is vitally important for parents so that they can begin to “*see a future*” for their child.

And when they see that future, they're more able. So you don't only enable a child, you enable the staff that are teaching them and you enable society, but you enable the parents to see hope and potential and that family to grow beautifully (national disability agencies focus group).

Generally, inclusion is “*very enriching for other children*”. It brings out the best in children who are “*very caring towards the child with special needs*” (County Waterford childcare provider network). Through inclusion, children realise that “*it's not all about them....they learn to consider other people's feelings*” (ibid). Other respondents stated that inclusion makes “*the adults and the children aware that people are different – no matter what level, we're all different*” (Private practitioner). One childcare provider described how a child with special needs had “*broadened*” the minds of both management and staff in the setting.

We probably got into, I don't know that kind of system, where we always had perfect children, they were so good, and we could go on and on with them. And we're setting the goal post a little bit higher all the time. But when you see a child like that it kind of brings you back to reality. It brings you back to earth a little bit (private childcare provider).

This childcare provider stated that inclusion makes people look at their practice and enables them to work according to the “*pace of the child*”. Inclusion was also about “*job satisfaction*” which was associated with supporting a child to “*achieve their goals....their potential*”

(Community childcare practitioner). In the words of another practitioner ... *"A challenge is good and when you get through a challenge it's a great achievement"* (North Tipperary childcare provider network).

4.4 Continuum of provision

Right across the sector, interviewees expressed the view that mainstream pre-school on its own does not work for every child with a special need. This is especially the case for children with profound and complex needs. The CCCs noted that *"there are obviously children who just don't or won't be able to cope"* in mainstream settings. The need to provide placement options for children such as a *"dual placement"* was reiterated throughout the study. The national disability agencies in particular, suggested that dual placements could redress some of the challenges associated with using mainstream settings solely for children with complex needs. In their view, a one size fits all approach does not work. Consequently, they suggested that it was difficult *"to provide blanket provision that is suitable for every child with special needs"* (national disability agencies focus group). It is essential that *"if children need specialised services they are there for them while also including them as much as possible in the mainstream environment"* (ibid). In effect, depending on the complexity of the child's special need, a dual placement would ensure a continuum of provision where the child would have the option of attending a *"specialised setting"* such as Enable Ireland for two or three days per week where they can *"get the therapies they need....physiotherapy, speech and language, psychologists"* and then attend a mainstream setting for the other days (ibid). From the perspective of the childcare provider, a dual placement *"would be great for everyone, if you could split the care if you get to a stage where you really can't cope anymore and the child needs that space too"* (North Tipperary childcare provider network).

Due to the focus on inclusion in today's society, concerns were expressed that parents may feel under pressure to send their child to mainstream provision but that this *"isn't always the right move for a child"* (NVCC focus group). It is important to recognise that *"there is a place in the world for special needs; sometimes their needs are best met in a mainstream setting"* (national disability agencies focus group). However, it was felt that *"more pressure is being put on families to choose the mainstream option"* which depending on the child's special need, may not always be the most suitable environment for the child (ibid).

Consistent with the majority opinion of participants in the study in relation to the need for a dual placement, parents expressed the opinion that the most appropriate strategy for children with complex special needs is *"to combine mainstream and special together"* (Parent interview 5). One practitioner who had experience of this particular approach spoke of how happy the child was. Interviewees highlighted a myriad of benefits resulting from dual placement such as an increase in the number of friendships for the child with special needs, access to specialist on-site therapies, and ultimately less focus on the child's disability thus

ensuring that the child was not isolated within the early year's setting. Irrespective of reservations about the suitability of mainstream provision for all children with special needs, there was absolute consensus on the benefits of inclusion. Thus, in terms of inclusion, the importance of attending a mainstream early years setting should not be underestimated. The national disability agencies in particular stressed the importance of attendance at a mainstream setting so that children with special needs have opportunities to *"be included in their community, to meet their little friends who live locally"*. There are many advantages for children *"They're seeing the very norms that are going on and they are then learning from their global surroundings"* (national disability agencies focus group).

4.5 Need for PSNA support - parental perspectives

Regardless of the nature of their child's special need, parents were unanimous in their agreement that PSNA support is essential. As discussed in section 3 of this report, only 50% of children participating in this study had the support of a PSNA. One parent highlighted the necessity for his child who has cerebral palsy stating *"he wouldn't be able to function... He has no verbal skills; he has very, very poor physical skills as well. So he wouldn't manage without the person"* (parent interview 5). Likewise, parent (interview 6) whose child had Down syndrome and did not have the support of a PSNA claimed that such support would help her child significantly in terms of speech and language development. She described her son as *"being kind of lazy, if he can get away without saying something he won't say it"*.

Parents, childcare providers/practitioners shared a belief that a PSNA would be able to spend time with the child concentrating on specific aspects of development such as speech and language, behaviour and social skills. Highlighting the importance of one to one attention for her son with Down syndrome, the aforementioned parent spoke of the need for constant repetition when working with him. She explained how *"you have to repeat things over and over again to get him to know and recognise the words"*. In general, parents agreed that *"the biggest factor for crèches and childminders is time"* (parent interview 6). As a result, parents acknowledged that it was difficult for practitioners to work on a one-to-one basis with a child who has special needs. In this respect, the support of a PSNA was considered essential in order to *"work individually with the child, it's very time consuming"* (parent interview 3). PSNAs further pointed to the need to give sufficient time to the child saying that it could be difficult for childcare practitioners within the early years setting. The following account by a PSNA working with John who had complex needs portrays how the issue of time can be redressed through the provision of additional support:

The biggest benefit for John is time – if he gets agitated or anything goes wrong for him I can take him out and give him the time. Whereas if he's in the setting with the other children they [staff] cannot sit down under a child for a half an hour or whatever it takes to calm them (PSNA interview).

Parents were critical of the amount of time allocated for PSNA support claiming that allocations were insufficient for their child's needs. There was consensus on the need for more PSNA support for children with special needs within early years settings as indicated through the following interview extracts:

Parent voice 1: *"Two days is not enough"*

Parent voice 2: *"She was only given seven hours a week; she needs the SNA for all the hours she can get"*

Parent voice 3: *"He needs a lot more than seven hours a week"*

Parent voice 4: *"I can't imagine how one day a week is going to make a difference"*

Parent voice 5: *"Ten hours is ludicrous. He needs more...so much more than he's getting but it's a closed shop, you take what you get and be happy"*

Parent voice 6: *"I am so frustrated, after fighting for so long to get support for her, we end up with a 3 miserable hours a week. It's a constant battle and so upsetting"*

Parental frustration was compounded by the considerable progress evidenced in children's development when they had the support of a PSNA albeit on a limited basis. Parents pointed to a wide range of benefits for their child, the most significant of which was the *"one-to-one attention"* provided by the PSNA. One parent summarised the benefits of such support saying that the child *"can get on with what he needs to be doing"*. The following comments indicate the many benefits observed by parents which they claimed were the result of PSNA support:

Parent voice 3: *"He's into mischief now...he's climbing up on everything and just constantly wants to be going"*

Parent voice 5: *"Compared to last year he's great...he can play with other children without being stuck to me all the time"*

Parent voice 7: *"He's happy...he's also picking up little rhymes and at home, he's doing actions to dances and everything"*

Parent voice 8: *"Before she wasn't interested in anything but now she is definitely more alert; looking around her...and she takes notice, she's aware of her surroundings I think since Christmas and that's all down to [her PSNA] and all the work she does with her here"*

Parent voice 9: *"I can see her extending her vocabulary and she has big stories for me when she comes home"*

On the other hand, parents also wished their child to develop independence which can sometimes be impeded by the intensity of the PSNA support. Parents articulated how they would like their child to do things for themselves and to interact more with the other children rather than always depending on one-to-one attention as *“that won’t always be the case”*. The need for the PSNA to step back and to allow the child *time and space* to explore, learn and develop independently was reiterated by practitioners, the CCCs, NVCCs, the BCCN and the national disability agencies as discussed in the next section of this report.

4.6 Need for PSNA support - other perspectives

Practitioners were unanimous about the need for the child with special needs to have the support of a PSNA while attending the early years setting. This requirement was primarily associated with the perceived need to *“allocate a specific adult to that child”* (Limerick city and county childcare provider network). The NVCCs described how *“providers are a bit weary....they want to include children but I think they’re going to say ‘well what about the rest of the children in the group?’”*. Consequently, there was an emerging belief that increasing numbers of practitioners were unwilling to cater for children with special needs *“unless they a get full-time special needs assistant”* (CCC focus group). Of the fifteen practitioners interviewed, six believed that irrespective of the child’s particular needs that any child with a special need should have *“somebody full-time allocated to them”* (Community practitioner).

However, the majority of practitioners (9) distinguished between *“complex and mild”* special needs. In their opinion, complex special needs involve a *“combination of problems”* in which case PSNA support was considered essential. In this respect, one practitioner spoke of caring for a child with Asperger’s syndrome who was allocated PSNA support for 15 hours each week. She described this support as being invaluable. Nonetheless, practitioners invariably described the value of the PSNA support in terms of how it benefited the practitioners in the setting who were *“able to get on with their work”*. Therefore, in the absence of the PSNA support the *“pre-school teacher can’t watch him because he’s here and he’s there and he’s doing what he wants. He doesn’t want to do what you want to do”* (Private practitioner). The PSNA *“sits down with him and explains everything to him”*. Equally, the PSNA is instrumental in keeping this child *“focused and on track”* (ibid).

Practitioners also explained how there were instances where the need for PSNA support may not be as great and could be decided on a *“case by case basis”*. Indeed there were *“some children with special needs who sit and do the work and everything”* (private provider). Yet again, this perspective was portrayed from the vantage point of the practitioner. Thus, while children with SEN *“may not be able to socialise or interact”*, the fact that they sit quietly and do the work meant that practitioners *“can get on with their work and implement their own plans without being pulled in another direction”* (ibid). Accordingly, some children *“don’t need that one to one”* (ibid). Without doubt however, there are children for whom PSNA support is vital. As one practitioner explained PSNA support depends upon the *“level”* that the child is at.

In common with parents, practitioners were critical of the delay in having children assessed and the allocation of what they perceived as the *"ridiculous hours"* in terms of PSNA support. One child with complex special needs including lack of mobility, hearing impairment, language delay and sensory issues was allocated a PSNA for a total of eight hours per week. In this case, the PSNA attended the early years setting on two consecutive days for a four hour period. The practitioner expressed her disappointment saying this *"allocation is not sufficient really with the combination that he has. You would need somebody full time"* (private childcare provider). In general, practitioners reiterated their belief that they were *"lucky to have"* PSNA support even for short periods of time.

PSNAs were equally critical of the limited number of support hours allocated to children with special needs. In one setting, the PSNA was allocated 7.5 hours with a child who had a general learning disability. This boy attended the setting on a full time basis. In another instance, two PSNAs working in the same setting were allocated 11.25 hours per week with two children with special needs even though the setting operated for 18.75 hours per week. As indicated by these findings, with the exception of the limited PSNA allocations, these children did not have any additional or specialised support while attending the setting. This was a significant issue for PSNAs who argued that *"every hour is important to the child"*. They also claimed that children were being discriminated against, as, depending on the policy of individual settings, children with special needs could only attend during the times when the PSNA was present, thus *"setting them apart from the other children"*. One PSNA described the frustration experienced by the child with whom she worked when she had to be collected early from the setting *"....she was being taken out in the middle of an activity, she was getting very upset and asking me 'Why is my Daddy taking me home?'. There were tears and there were hissy fits thrown. It was heart breaking....it was dreadful"*.

This point was repeated by others who further claimed that the allocation of PSNA hours that fell short of the normal operating hours of the early years setting not only impacted on the level of support available to the child with SEN; it also set these children apart. A community childcare provider explained how in her particular setting, a child with SEN could not attend on Mondays as the PSNA was not present. As a result, the *"other children know that they're not here on a Monday. It sets them apart.... it does make them different"* (Community provider). There was consensus that if mainstream settings are going to include children with special needs, it has to be more than a *"token gesture....they have to be part of it in every way"* which includes being able to attend for the same hours as every other child (ibid). PSNAs felt that restrictive admission policies often undermined an overall ethos of inclusion within the setting where *"child care staff are brilliant and include them [children] as much as they possibly can"* (PSNA interview).

A further consideration related to perceived inconsistencies in the appointment of PSNAs. In this sense, some children with Down syndrome had PSNA support while other children with Down syndrome did not. Indeed, such anomalies were also evident within settings

caring for two or more children with Down syndrome where one child would have support yet another child would not. One provider described the situation in her setting where there were two children with Down syndrome ...*"one lad has an SNA but the other little boy with Down syndrome, we have no support for him"* (private provider). As a result and following repeated requests for support, this child's mother had accessed private speech therapy. While the provider welcomed the support offered by the speech therapist who came to the setting to work directly with the child, she also acknowledged the *"burden"* placed on the family by having to *"go privately for help"*. Similarly, a child whom a practitioner stated had been diagnosed as *"severely autistic"* was not allocated a PSNA....*"She was only diagnosed in the end of September. She was already in preschool with no assistant last year. She's been diagnosed with severe autism and still has no assistant"* (private provider).

The issue of adult/child ratios was a major concern. This fear was directly related to the practitioner's *"responsibility towards all the children....it's not just the child with special needs"*. The following account typifies practitioner concerns:

You have two staff to twenty children and you might even have two out of that with special needs. So that means 18 other three year olds, three and a half year olds, I won't say are neglected because that doesn't happen but you could be taken up quite a while with the two with additional needs. So really it's a staffing issue (County Waterford childcare provider network).

A particular issue for practitioners was their perceived inability to care for the child with special needs when the PSNA completed her hours in the setting before the session was actually finished. This anomaly resulted from the manner in which PSNA hours were allocated. For instance, as previously discussed, the setting may be offering full-time care whereas the child may only be allocated 8 hours PSNA support per week. In such circumstances practitioners felt ill-equipped to work with the child in the absence of the PSNA:

And when the hours are finished, they're left there. And then you're expected to deal with your class and with this extra child that has a special need. It is very difficult because, we'll say you have a program that you're trying to implement and this little child is changing all that... (Limerick city and county childcare provider network).

Finding the balance between the needs of the individual child and the needs of the group as a whole appeared to be a significant challenge. Describing how a child in her care was unable to speak or walk, one practitioner articulated how the child *"could get angry"*. She suggested that the anger stemmed from *"not being able to say what he wanted a lot of the time"*. With the support of his PSNA this problem could be considerably redressed as her role was to interpret his behaviour and his needs and to respond accordingly. In the absence of that support it was *"not feasible to be left on your own with nine other children"* (Limerick city and county childcare provider network). The NVCCs also referred to the responsibility for practitioners in ensuring that they could meet all children's needs appropriately as well as

maintaining adequate adult: child ratios and observing safety requirements within the setting. Citing the example of a typical pre-school session catering for ten children where one child had Autism, the NVCC suggested that the practitioner needed one adult to work with that child thus creating the need for two members of staff in that setting. Looking at this scenario from a purely financial perspective they asked....*"Why would you do it if you can have one staff in the room and get paid for 10 children? They don't recruit the second staff member because they can't afford to do it"* (NVCC focus group).

4.7 Issues associated with PSNA support

While interviewees were in general favourably disposed towards PSNAs they highlighted a number of issues and concerns. The primary concern related to boundaries. In this respect, there was general confusion about where the role of the PSNA starts and finishes....*"There has to be boundaries....clear roles and responsibilities"* (CCC focus group). Interviewees suggested that PSNAs were unsure of their role within the setting claiming that *"they haven't a clue why they are there... they have no understanding of what is actually happening in the service"* (Limerick city and county childcare provider network). Indeed, PSNAs themselves were acutely aware of the issues pertaining to lack of clarity around their role and responsibility within the early childhood setting. The most significant issue for them was in relation to *"not fully understanding your role"*. They spoke of the need to *"know what your boundaries are"* and of ensuring that *"you do not step over the boundary"* within the setting. In the HSE Mid-West region, PSNAs referred to what they perceived as a *"triangle of employment"* where they felt that they were answerable to the pre-school leader/manager, the Early Intervention Services and Support Agency by whom they were employed. As one PSNA explained

The Early Intervention team roll out the programme, you're working with the pre-school staff here in the setting with the curriculum....if you have a problem with the child or anything in pre-school you go to your coordinator....she kind of works between them all.

In this scenario, PSNAs stated that they felt *"caught in the middle"* and claimed that it *"can be quite difficult working with all three"*. They highlighted the need to work *"for one body that we can communicate with on a daily basis"* (PSNA interview).

Practitioners highlighted another issue where the PSNA may have different perceptions and expectations of their role to that of parents and the early years practitioner. This could lead to tension within the setting and put a strain on the relationship with parents and colleagues. It was essential that PSNAs understood their role and sought advice and support from a more knowledgeable adult or professional, as appropriate. A recurring theme throughout the study was the need for a central point of contact for PSNAs and practitioners where they could access information and support from a professional body in relation to concerns or

difficulties about a child. The national disability agencies felt that it was important that practitioners and PSNAs were able to say *"I don't have any knowledge in this area. You're the expert in this. I need you to be able to tell me what's going on here"*. However, there was agreement among the CCCs, NVCCS, national disability agencies and practitioners that there was a gap in the system in this respect. As commented by one practitioner *"we don't know who to go to if we have a problem. If there was a helpline or an office that you could phone it would be great"* (Limerick city and county childcare provider focus group)

PSNAs saw their role primarily in terms of including the child as much as possible within the mainstream setting and helping the other practitioners. They felt that their main priority was to help the child with SEN to develop social skills. Comments such as *"he'd be shy now, he wouldn't want to mix"*, *"I encourage him to interact with other children because he's very shy"* and *"[I am] getting him to socially interact and to speak up for himself"* were common. However, other interviewees (CCCs, NVCCs, childcare providers/practitioners) saw the PSNA role as being quite broad, saying that it was about much more than just supervising the child with special needs: they *"should know why they are there and should be following a programme that is specific to the child"* (NVCC focus group).

The national disability agencies felt that the relationship between the PSNA and the child was paramount to the child's ongoing development. Consistent with parent perspectives, there was widespread agreement among research participants (practitioners, national disability agencies, CCCs, BCCN) on the need for the PSNA to step back so they are not constantly *"glued to the child"* (national disability agencies focus group). According to the national disability agencies, this permanent shadowing and intervening on behalf of the child was unhelpful and rather than supporting the child's development could actually *"disempower"* him/her. Such unintentional disempowerment is evident in Narrative observation 1. In common with parents, the national disability agencies explained how children with Down syndrome may have a tendency to be laid back and sit back and let somebody else do the work for them. In instances where the PSNA was unable to disengage and allow the child to make choices and work independently, the child was disempowered *"You're giving them very bad habits, you're disempowering them"* (national disability agencies focus group). Conversely, *"where you've got an SNA who steps back, supports inclusion, and encourages the child"* a more positive picture emerged. The PSNA knows how to wait and the *"child gets up and does it and they say 'you did very well.' So it's building them [the child] up for what you want them to do appropriately."* (national disability agencies focus group).

It is important to note that the majority of the PSNAs interviewed (9) were cognizant of not letting the child become totally dependent on them. They agreed that there were many advantages for the child when the PSNA stepped back and allowed the child the freedom to work independently. One PSNA described how *"we must stand back to see how far they can go and then if you're needed to move in....but not suffocate the child and be doing everything for them when they can do a lot for themselves"*. Furthermore, it was important for other children in the early years setting to know that the PSNA was present in the background. This

was especially so in circumstances where the child with SEN may be displaying aggression. Knowing that the PSNA was on standby to monitor the situation gave other children *“the confidence to play with her because they know things won’t get out of hand. They know if something goes wrong if she gets upset or aggressive that I’ll be there in a second”* (PSNA interview).

4.8 Professional development

All research participants pointed to the absolute need for both pre-service training in the area of special needs as well as ongoing professional development. ... *“all staff should have some level of training ... it is not good enough to have one staff member who is trained and then the days they are not in or whatever, there should be more than that for all staff”* (CCC focus group discussion). Parents in particular, highlighted the necessity for training in *“special needs so that they know what they’re doing with the children... they need a different approach”* (Parent interview 2).

As outlined in Section 3 of this report, the audit of provision indicated that the majority of childcare practitioners had undertaken FETAC Level 5 training. It is important to note also that of the twelve PSNAs interviewed, 9 had completed FETAC Level 5 training. While recognizing that FETAC Level 5 is prevalent within the sector, the CCCs, the national disability agencies, the NVCCs and the BCCN suggested that *“we are starting from a very low base with a lot of providers”* (BCCN focus group). Similarly, those working directly with children in settings (practitioners and PSNAs) claimed that in terms of day to day practice within early years settings, that while useful, FETAC Level 5 did not adequately prepare them for working with a child who has special needs. Consequently, of the twenty seven practitioners and PSNAs interviewed for this study, twenty two had completed an additional stand-alone FETAC Level 5 module in Special Needs to enhance their knowledge and skills in this area.

Interviewees concurred that this module benefited them in terms of raising their awareness of special needs and familiarising them with a broad range of needs and syndromes such as Attention Deficit Hyperactivity Disorder (ADHD), Autism, Down syndrome and Asperger’s syndrome. As noted by one PSNA, the special needs specific module was central to making her *“more aware of putting the child first”*. Critically, this PSNA stated that as a result of undertaking the specialised FETAC Level 5 module, she now realised that a child with SEN is first and foremost *“a child, not a disabled child but a child with a disability. It would have made me more aware of the child’s needs and the child’s dignity*. Likewise, another PSNA stated that the child with special needs is a *“person, they have feelings. The training brought all those things to light”*. She explained how the FETAC Level 5 training helped to her to gain an understanding of the *“difficulties that they have in everyday life. Like being in a chair is difficult because of little things that you wouldn’t have thought of – she can’t see behind her, so I have to turn her and let her watch”* (PSNA interview).

Another PSNA stated that the special needs specific module had helped her to understand the need to *“take one step at a time, not to rush, let them [the children] develop at their individual pace”*. Prior to undertaking the special needs specific module both practitioners and PSNAs claimed that they had only been *“vaguely aware”* of special needs. Following training, they understood the whole area of special needs more fully. In addition, they further claimed to be more aware of the *“assessment route and where to go for help”* (private practitioner).

However, while generally positive about the benefits of specialised stand-alone modules, there were mixed opinions in relation to the adequacy of such training. Overall, interviewees claimed that it was *“very difficult to cover everything in just one module; the whole area is so broad”* (BCCN focus group). There was agreement between the NVCC and the BCCN that stand-alone modules of training or short-term training programmes, spanning a period of six months, for example, should be seen simply as an *“introduction”*. The problem with short-term training programmes was that practitioners and PSNAs *“only have a few months of learning and they really don’t know how to implement or even talk to a child at the child’s level”* (NVCC focus group). Stand-alone and short-term training was deemed to be totally inadequate in terms of equipping practitioners to work effectively with a child who has special needs. Indeed, the practitioners participating in the Dublin focus group discussions were emphatic that training at FETAC Level 5 did not provide *“enough information on children with SEN, it only dips into it. More in-depth training is vital if we are to work with children with special needs”*. Concurring with this perspective, a community practitioner described her own training as *“just glossing over; it wasn’t anything intense; we touched on things, just barely touched on them”*. While such training is to be welcomed, in the absence of more in-depth training, practitioners and PSNAs are at a loss when faced with supporting the inclusion of a child who has unidentified and/or complex special needs. Again, a PSNA described how, when presented with a child who was hearing impaired she was *“just not prepared; I didn’t know what to do”*.

The impact of more extensive, comprehensive pre-service training should not be underestimated. A private childcare provider spoke of how two staff members who had undertaken a four-year B.A degree in Early Childhood Care and Education *“are totally in tune with the children’s needs and can respond at the appropriate level”*. One of the most significant benefits of training at this level was that *“these girls have the ability to pinpoint where the child has the difficulty; they’re able to see it and deal with it rather than trying to make them conform or fit into the group”* (ibid). While acknowledging the benefits of training at this level, providers were acutely aware that it was not possible for all staff working with children to undertake such in-depth training.

4.9 Prior experience

While providers/practitioners agreed on the need for PSNAs to have undergone some form of training in special needs prior to working in a setting, they were equally vocal on the need for prior experience. Consequently, they suggested that if the PSNA had experience *"you've got a winner"* (private provider). Making the link between training and experience, providers stated that it was imperative that the PSNA *"knows how to deal with a child"*. PSNAs themselves also alluded to the need for experience. There was consensus that pre-service training alone did not *"get you ready ... to be honest.... you need to be working with the children and working with different children with different disabilities over time to get hands-on experience"* (PSNA interview). Alternatively, consideration should be given to an apprenticeship model whereby a practitioner *"who is more qualified in that particular area supports the other staff in increasing their skill levels"* (NVCC focus group). This approach would help to build confidence and support practitioners to identify any gaps in knowledge and training. Thus, if a child presented with cerebral palsy for example in *"a particular year, that staff recognise that this is something they have not dealt with previously and therefore they do need to do some extra training"* in order to meet that child's specific needs (NVCC focus group).

The importance of ongoing professional development was stressed. This was directly linked to the manner in which information changes rapidly within the ECCE sector. As commented by the CCCs *"there's no point in doing a course, in let's say, another five years because you've lost all the input between"*. Therefore, practitioners must remain up to date with current information and ways of working. As highlighted by one parent *"it's all about awareness, awareness, awareness"*. The need for flexibility within professional development was highlighted by the NVCC, the BCCN and the CCCs. They agreed that it is important to *"move away from a one-size-fits-all model [of training]..."* (NVCC focus group) and that an accessible, practical and affordable model of training was required *"... it's the flexibility of the thing which is crucial"* (ibid.).

4.10 Supports for ongoing professional development

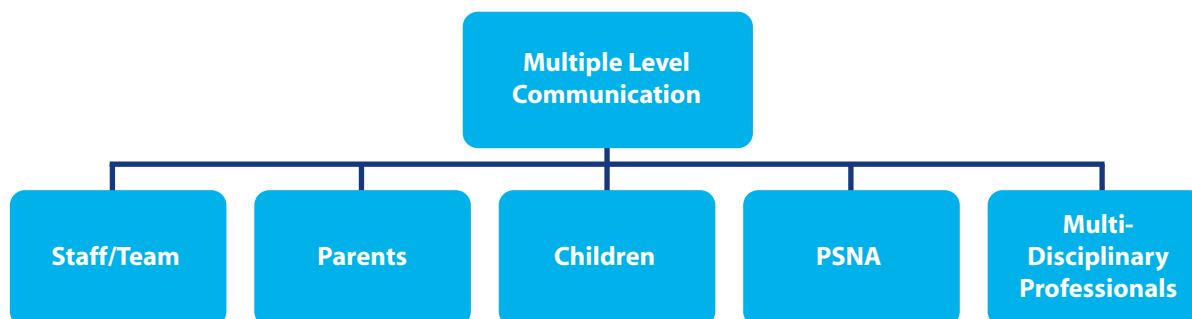
Notwithstanding consensus on the need for ongoing professional development for those working with children who have special needs, the NVCC, the CCCs and the BCCN stressed the importance of accessibility and affordability as well as the need to support training and development within individual settings. There was a general feeling that as a result of the revised Childcare (Pre-school services) Regulations, 2006 there were increased expectations of practitioners such as *"asking them to do observations and all of that kind of thing"* (CCC focus group). Consequently, it was agreed that it was unfair to *"keep telling the sector that this is what you should be doing but we are not giving them any supports to do it"* (ibid). The CCCs argued that for *"any type of training to be really effective you need the resources to go out*

and follow up individually on site". In linking this study to professional development both the CCCs and the BCCN suggested that if inclusion is about embracing "learning for children with special needs" in settings, it is essential that ways are found to support and enable practitioners to do that. Equally, the NVCCs suggested that "the vision for this project really or this framework, should be that it moves providers from that conceptual image of inclusion to a practical level". In order to achieve these objectives; "the framework itself needs workshops to support how it is implemented" (NVCC focus group). It was thought that support of this nature would help to affirm childcare provider/practitioners in their role, to offer guidance and mentoring and to redress feelings of isolation associated with developing inclusive early years provision.

4.11 Communication

Findings from this study clearly indicate that effective communication is required at multiple levels; staff and parents, staff and children, staff, parents and PSNA, staff and early intervention team and so on (Figure 4). Communication is the cornerstone of working effectively with children with special needs.

Figure 13: Communication at Multiple Levels



4.11.1 Communicating with parents

Parents are the first point of contact for the child and according to the national disability agencies they are the most important members of the team... "They are the key and the rest of us just really fall in line behind them" (national disability agencies focus group). Practitioners agreed that communication with parents is essential; they are best placed to provide "background information which is a priority".

"The parent is the first person to know. They've minded their child for three years and you get the child new. And you need to know their likes and dislikes. Do they like their coat on. What are they going to eat for their lunch? Were they feeling off at night time? You need to know all of this" (County Waterford childcare provider network).

The more information that is shared between parents and practitioners, the more practitioners are enabled to decide *"how we can best accommodate the child"* (private provider). Overall, practitioners tried to meet parents on a daily basis either when dropping or collecting their child from the setting. These were seen as the optimum times for sharing information. While *"you won't meet them all everyday but at least you'll get around to them... we just give them that snippet of information"* (private provider).

There was widespread agreement on the necessity of being sensitive to parent's needs and of being conscious that they may not be aware that their child has a difficulty or that they may in fact be in denial about their child. Some parents can *"accept it others may not"* (North Tipperary childcare provider network). Consequently, parents must be *"handled very carefully"* (ibid). One practitioner described how upon approaching a parent with concerns about her child, that the mother's response was *"What do you mean by that?"*. Childcare providers/practitioners stated that they were unsure about how to deal with negative parental responses and very often they did not know how to pursue their concern with the parent. On the other hand, there was a belief that it was *"very rare that parents don't want to face up to it"* (North Tipperary childcare provider network). The manner in which childcare practitioners share information with parents and/or respond to parental concerns was directly linked to their professional development and to their confidence in bringing concerns to the attention of the parent. In this respect, interviewees frequently stated that they were not *"not qualified to say any more or do anything"* when they were worried about a child. In addition, providers/practitioners explained that they *"don't have the language...you know to describe the problem in a way that makes sense"* (Dublin childcare provider network).

Childcare providers/practitioners are dependent on getting information about a child from parents. In the absence of information from parents *"there doesn't seem to be any intermediate place you can go. It's either the parent or nothing really"* (County Waterford childcare provider network). This situation is problematic, for as mentioned previously, there may be little communication between the parent and the setting or communication can be compromised in circumstances where the parent is in denial or defensive about their child. However, lack of communication is generally attributable to the fact that parents are busy and are often rushing in the mornings; dropping older children to school or rushing to prepare an evening meal when collecting the child from the setting. As a result, information can be misunderstood. Parents may be unprepared when approached by a practitioner who has concerns about a child. As noted by the national disability agencies, the practitioner *"may be the first person to say something about their child"*. Therefore, it can be a shock for a parent when a concern is brought to their attention for the first time. One practitioner suggested that *"all you can do is just keep sowing the seed in the hope that they'll come back to you and that if it gets worse that you keep the communication lines open"* (Dublin childcare provider network).

Irrespective of the parent's reaction, providers agreed that you must always *"do what is best for the child"*. There was a consensus about providing as much information as possible to parents on an ongoing basis. Through ongoing communication you *"get the feedback from the parent, or maybe you don't, but the parent needs to know what's going on every day"* (Limerick city and county childcare provider network).

In keeping with the earlier discussion in relation to the joint need for training and experience, providers believed that experience was coupled with a parallel increase in confidence that enabled practitioners to work more effectively with parents... *"years of experience maybe of working with children and your confidence builds and I think the best thing you can do with parents in situations like that is to be honest and parents expect that from you"* (Dublin childcare provider network). Regardless of the need to be sensitive in communicating with parents, another practitioner stated that *"you can't paint a better picture because you don't want to upset the parent"*.

Providers/practitioners spoke of observing children in order to build up a picture of the child's activity over time. Observations helped them to identify the child's priority learning strengths and needs. While a minority of providers (4) shared the observations with parents, the majority indicated that there was *"nothing to do with this information..."*. This lack of communication is attributable to a number of factors including the staff's inability to meet with busy parents as well as the gap in terms of handover of information between staff within settings. For example, if a child is dropped to the setting at 8.00am and the childcare practitioner doesn't start work until 9.00am and is finished at 12.00pm, even though the child attends for the whole day, there is an obvious gap in relation to the transfer of information. As a result information was being passed *"onto somebody else to pass to them and you're not sure they are picking up on it"* (Limerick city and county childcare provider network).

4.11.2 Communicating with the PSNA

All providers/practitioners concurred on the benefits of PSNA support for the child with special needs, and overall, the relationship between the practitioner and the PSNA was positive. However, concerns were raised in terms of the effectiveness of communication and the manner in which information was shared between both parties. The level of communication between the PSNA and practitioners varied from setting to setting and in the main, consisted of brief informal conversations about the child. In general, practitioners claimed that while there was a daily discussion with the PSNA, it tended to be at a superficial level. Typically, PSNAs described how, on arrival at the setting in the morning, they *"just have a quick chat about the child with special needs with the staff in the room"*. These chats were associated with the sharing of routine information about the child. For example the childcare worker would *"always tell me how he is, if he's been sick or how he was the day before"* (PSNA interview).

On the other hand, communication was considered more essential when there was a problem.... *"If I have a problem I'll go to her or if she feels she has a problem she'll come to me"* (PSNA interview). Childcare providers/practitioners also stated that they would communicate with the PSNA.... *"if something needed to be said there and then, rather than leaving it to the end of the day, or you'd write up your notes and discuss it"*. There was an awareness of the need for more detailed discussion between practitioners and PSNAs with many highlighting the tokenistic nature of present communication systems and referring to the need for *"proper communication between the person that you work with and you"* (private provider). The general lack of communication between PSNAs and childcare practitioners was linked to fears with regard to PSNAs not wanting to cross boundaries within the setting and also because of the inconsistency between the hours allocated for the PSNA which were generally less than the hours attended by the child with special needs. Consequently, PSNAs were dependent upon the practitioner to keep them up to date about the child's progress.

In some instances, practitioners and PSNAs discussed *"what works and what doesn't work"* for the child with special needs (private practitioner). This approach resulted in a shared understanding and the development of a plan for *"the next day"*. Generally however, the overall absence of a shared plan between the PSNA and practitioners was highlighted. As stated by one childcare provider *"as for a plan going forward, there's nothing"*. The need for all practitioners working with the child to be aware of how the PSNA works and to know what activities and strategies the child is engaged in was highlighted as being paramount. Practitioners said that information may or may not be shared with the team leader or the key worker in the setting. They stressed the importance for the whole team (practitioner, PSNA, provider) to be fully *au fait* with everything that is happening with the child. The emphasis on team-work was associated with recognition of the need for continuity and consistency in order to work effectively with the child who has special needs. Yet again, practitioners stressed the importance of a hand over of information during the transition period before the PSNA completes her shift.

I was communicating with the special needs assistant saying 'maybe try this, maybe try that' and we were trying to put a little programme ourselves together. But it changed every day. Because one day you might sit down with spooning rice or pasta, and the next thing it's all over the floor. And the next day you might try cylinders and it's thrown across the room. And then you might try the same things again because one day he would do it better than another day, depending on the way he felt that day (private provider).

The majority of childcare providers (11) agreed that there was a considerable *"gap"* in terms of this transition leading to difficulties in working with a child who has special needs. Although the PSNAs appeared to have a programme that they implemented with the child in the setting, practitioners felt that once the PSNA finished for the day there *"was no one there to say what they needed me to do or anything else to do other than let him be included in what was happening"* (community provider). Indeed, the lack of a clearly articulated, comprehensive and shared plan between the PSNA and other childcare workers led to significant inconsistencies in the child's overall care and education in certain circumstances.

The following observation undertaken in an early years setting at a time when the child's PSNA was absent, shows that little effort was made to include Jessica, a 3 year old with Down syndrome, in a musical activity.

Narrative Observation 2	
Context: There are 10 children, one of whom is Jessica, a 3 year old girl with Down syndrome, two practitioners. The primary practitioner is leading the children in a musical activity.	
Gaining entry	<p>The practitioner calls loudly to the children <i>"I want to see everyone dancing. I don't want to see anybody running around the room; dancing everybody"</i>. She turns on a CD and the children begin to dance.</p> <p>Jessica stands in the middle of the floor sucking her finger. The practitioner calls <i>"okay guys, come on let's go"</i>. Jessica sucks the top of her dress walks slowly backwards until she stands with her back against the edge of a circular table.</p>
Negative commentary	<p>The practitioner calls <i>"I can't see anybody dancing. Shake your bums"</i>. Some children laugh and begin to dance more energetically.</p> <p>Jessica continues to suck the top of her dress looking into the distance not focused on anything. She turns around and walks towards a corner window. She leans her body against the broad window ledge and looks out.</p> <p>The practitioner looks in Jessica's direction saying: "Jessica you're not dancing of course".</p>
Exclusion	<p>She turns up the volume of the music and continues to dance with the group of children.</p>
Feeling isolated	<p>Jessica continues to stand by the window facing towards the group of children. She bends her body forward slightly placing the palms of both hands behind her on the window ledge. Turning around towards the window she begins to play with a wooden doll's house that is standing on the window ledge; she slides a mini abacus towards her [also on window ledge] moving the pink counters over and back on the bar. She turns around faces the other children, puts her finger into her mouth watching the children.</p>
An alternative is offered	<p>The practitioner picks up a red plastic bucket. She walks towards Jessica asking "Do you want some toys?" Without waiting for a response from Jessica, she places the bucket on the window ledge before returning to the other children. Jessica picks up a flat grey plastic square from the bucket, sucks on the corner and watches the children dancing.</p>

Continued isolation	The practitioner encourages the children to make a variety of animal sounds by following the instructions on the CD. Jessica stands; thumb in mouth watching. She smiles; turns back to the window ledge picks up a small soft plastic car and turns the wheel repeatedly with her left hand. The practitioner approaches Jessica picks her up and sits her on the window ledge. She again rejoins the group of children
Positive interaction disrupted	A boy approaches and stands looking at Jessica. She picks up a toy handing it to the boy and smiles. The boy takes the toy; Jessica continues to hand toys to him. The practitioner approaches, takes the boy by the arm saying "Come and sing". Jessica is left sitting alone on the window ledge for a further twenty minutes.

Throughout this activity which was undertaken between 10.20am and 11.00am, there was no attempt by either of the practitioners in the room to include Jessica in the musical activity. Although Jessica retreated from the group of children, she was clearly interested in what was happening as she continuously watched the children as they danced. The practitioner's comment "*Jessica, you're not dancing of course*" suggests that this was normal practice within the setting and that the practitioner did not have any expectation of Jessica in terms of participating in the activity. Rather than inviting and encouraging participation, Jessica is given a bucket of plastic toys to play with. She is further isolated from the children and the activity when placed on the window ledge by the practitioner.

Both practitioners failed to notice Jessica's spontaneous smile as she watched the children imitate the animal noises at the practitioner's prompting. This would have been an ideal opportunity to invite her participation. A second opportunity presented itself when the boy approached Jessica. The observation shows Jessica's attempts to interact with him as she shared the toys with him. Again, the practitioner overlooks this learning opportunity by ignoring the interaction between the children and removing the boy to continue his engagement in the musical activity while Jessica is left sitting alone on the window ledge for a further twenty minutes.

Later, when asked about their attempts to include Jessica in this musical activity, the practitioners in this particular setting explained that as the PSNA was not present, they "*didn't know what to do with her because she doesn't like music....it is very hard*". Yet, notwithstanding their awareness of her dislike of such activity, a forty minute musical activity was chosen for the whole group of children. Effectively, this meant that there was no choice or flexibility for Jessica or for any other child within the group.

4.12 Relationship between PSNA and parents

Findings revealed that there was a positive relationship between parents and PSNAs. With the exception of two PSNAs who had not met the parents of the child with whom they

worked, each of the other ten interviewees communicated on a daily basis with the child's parents during dropping off and collection. Describing the nature of her relationship with the parents of the child she was working with, one PSNA explained how *"I always meet them when they're dropping the child and there's always communication. If they were at any special classes they tell me how they got on and what they were doing and even photocopy the stuff and give it to me"* (PSNA interview).

Communication with parents was characterised by informal reciprocal conversation which the PSNAs found invaluable. Parents appeared to share relevant information about their child with the PSNAs, such as *"how they're getting on at speech therapy and what they're doing next and we try to go from there so we're all on the same side"* (PSNA interview). In recognition of the many parents who may not have time for a daily chat, some PSNAs provided a written report for parents detailing their child's progress *"I write a little note for the parents because you wouldn't always get a chance to talk. The parent would read it and write back"*.

4.13 Tensions between PSNAs and practitioners in communicating with parents

Practitioners tended to feel undermined by the level of communication between PSNAs and parents and articulated how they were often *"left out of the loop"* by the PSNA. In one instance, a private provider explained how his relationship with the Early Intervention Team (EIT) changed once the PSNA was appointed. Prior to the appointment of the PSNA, this provider claimed that the EIT *"did actually sit with us.... We did get a little bit of direction there, and then it kind of petered out when the SNA came on board"*. The lack of communication between the EIT and the childcare setting was reiterated by all childcare providers who spoke of a distinct lack of communication/support from the EIT. Accordingly, providers stressed their need for support and advice on how to deal with situations that can arise when working with children with special needs. One practitioner articulated feelings of helplessness describing it in terms of *"scratching your head because you really want to help the child but there is nobody to tell you"*. Overall, practitioners agreed that there was a *"massive gap"* in terms of accessing support and advice. As a result of this gap, practitioners described how they felt that they were not *"doing their job 100% or that [they] are not giving enough to the child"* (Limerick city and county childcare provider network).

Similarly, the national disability agencies claimed that effective inclusive practice was underpinned by team work, where practitioners, PSNAs, parents and professionals work together on behalf of the child. It is essential that all those with an interest in the child's life *"sing from the same hymn sheet"*. Highlighting their awareness of the difficulties experienced by practitioners, the national disability agencies also stated that it was important to acknowledge that *"....the special needs assistant does not work in isolation, there needs to be linking in with all of the people who are involved with the children"* (national disability agencies focus group). There was consensus that it is only when people work together as a team that

a holistic picture of the child's abilities and needs emerges; *"it has to be the big picture to make it work"*.

Although, the national disability agencies, the CCCs, the NVCCs and the BCCN acknowledged the considerable commitment of practitioners to working with children who have special needs; they stressed the importance of recognising that *"these children have huge abilities. There will also be needs. We need to build the bridges to meet these needs"* (national disability agencies focus group). Childcare practitioners, professionals, PSNAs and parents must collaborate as a team to identify and address these needs appropriately. This point was reiterated by practitioners who further pointed to the necessity for *"the three of them [practitioner, parent and PSNA] to sit down together and communicate"*. People cannot work in isolation they must work together *"....if you're out on a limb on your own, you don't know what's happening"* (Limerick city and county childcare provider network). It was widely acknowledged that when all those involved in the child's early childhood care and education work in partnership, that *"it makes life a whole lot easier for the child and for the parents as well"* (ibid).

4.14 Communicating with professionals

Practitioners and parents alike were critical of the nature and extent of communication between the various intervention services and early years settings. Parents specifically referred to the absence of any formal link between the two, claiming that at best the approach was *"ad-hoc... sometimes we just give a load of stuff [to practitioners] and wait and see what's happening"*. One parent spoke of how she *"tried to get a coordinated approach but there's nothing, there's no proper plan in place"*. Another parent highlighted the importance of early intervention in terms of developing basic skills and pointed to the limited window of opportunity saying that the child *"only has until she's five"*. In common with other parents, she also spoke of the need for continuity between the EIT and the childcare setting.

Findings revealed that responsibility rests primarily with parents for passing information to practitioners in the hope that they will implement any programme developed by the EIT for the child in the setting. Parents were acutely aware of the limitations associated with this lack of coordination and consistency and they were particularly concerned that *"there is no monitoring"*. According to the NVCCs, *"the reality is that in many instances, there is minimal support available either to the child or to the service provider.... That is the real issue"*. It is vital that parents and providers work together to keep lines of communication open. As noted by the national disability agencies:

No matter whether you have a child that fits into the perfect norm, is at the top, is at the bottom, is struggling, the parent has to keep in liaison with the school, right through from preschool right through to the end(national disability agencies focus group).

In this way, opportunities for reciprocal communication emerge and lines of communication remain open. Everybody is enabled to work in the best interests of the child at all times. On the other hand, the CCCs, parents and practitioners were adamant about the need for *“communication and links with professional services...staff need the support from the people with the knowledge of how to put things in place”* (CCC focus group).

4.15 Effective strategies for communicating with children

Practitioners utilised a variety of strategies to support communication with the child who has SEN. Such strategies ranged from offering explanations to being acutely aware of the child's body language in order to interpret and respond to individual needs. As section 2 of this report indicates, many children with special needs present with speech and language difficulties or may even be non-verbal. Indeed, the audit of provision undertaken for this study showed that 21.37% of the overall numbers of children with a diagnosed special educational need had a specific speech and language disorder. Therefore, it is vital that alternative forms of communication are used when working with these children so that there is not a dependency on verbal communication which can be disempowering for the child with special needs. A father described how his son *“has no verbal skills; he needs us to interpret for him”*. Stressing the need to watch and learn from a child's body language, this child's PSNA stated that it was essential that she was able to read his body language. She was also aware of the need to take things slowly and not to overwhelm the child. She explained that because of his specific needs *“he wouldn't be able to use his hands or speak to me. So instead of him speaking he can pick with his eyes. Just give him a choice of three things and he'll be able to pick which one he wants to do”* (PSNA interview).

Other strategies included explaining what was happening to the child if things seem *“to be going over his head”* or doing hand over hand to ensure that the child *“is not perplexed”* (ibid). In terms of enhancing social development, PSNAs described how in one instance a child was encouraged to *“mix with the others slowly...introducing them one at a time”* whereas for another child it involved letting her make choices about the activities she wished to participate in and also which children she wanted to engage with. The national disability agencies pointed to another key strategy when working with a child who has a speech and language disorder. Accordingly, they stated that it was essential that practitioners did not get a child to constantly repeat words, and that they respected and acknowledged any attempt by the child to communicate.

A predominant focus on verbal and written communication in some settings can be problematic for some children with speech and language difficulties. One PSNA described how the child with whom she worked had limited muscle tone, was unable to verbalise and in addition, she found it difficult to use crayons or colouring pencils. Consequently, her ability to communicate within the setting was severely limited due to the predominant focus on

verbal communication in the setting. Ideally, the PSNA *"would love her to have a little keyboard, a little computer because she doesn't have the power in her hands to lean on a pencil or a crayon"*. In light of the significant numbers of children with speech and language delay that participated in this study, it is a matter of concern that the most prevalent method of communication observed in settings was verbal.

4.16 Environment

Two key aspects relating to the environment emerged from the data analysis; the physical and the emotional environment. Both these aspects are inherently linked to communication within the setting as previously outlined.

4.16.1 Physical environment

In terms of the physical environment, there was consensus among all interviewees on the need for attention to detail at the very outset when drawing up plans for the building. Early years settings should be designed *"from the bottom up with the children's needs in mind"* (NVCC focus group). Forward planning from the perspective of children's needs would ensure that the environment *"reflects the needs of a variety of children"* (ibid). As a result, *"things like ramps, bars and special signage could be the norm"* (national disability agencies focus group).

Toileting can be particularly problematic when caring for an older child. One practitioner outlined a continuum of difficulties ranging from physically lifting a child, to inadequate facilities in the setting. This practitioner provided insights into the challenges associated with a boy attending the setting who turned four years of age in November, 2009... *"He's a strong lad. He cannot walk. He cannot verbalize. He cannot talk. He is not toilet trained"*. In this instance, it would be desirable to *"install some kind of power-operated changing unit...that would be great altogether...where to go for that, I don't know"*. While it was difficult for practitioners to lift this boy, change him and support his walking, the provider was particularly concerned about the future; especially as the child would remain in the setting for a further 12 months. At the time of this study, it was becoming increasingly *"difficult to physically change him, at the minute two of the staff have to go with the SNA to manage him"* (private childcare provider). While this problem was at the extreme end of the scale, it was not an isolated case. The researchers observed four other younger children with similar needs during Phase One of this study.

The nature of the child's special need has an impact on the layout and furnishing of the environment. One parent whose child was deaf, spoke of making the *"building more acoustically appropriate...soft flooring, walls to make it better for someone who is deaf"*. In addition to soft flooring, it is important to consider the inclusion of other sound absorbing materials as children can be overwhelmed and distracted by an overly noisy environment.

She described the significant impact the environment had on her child. She stated that *"you have to teach them [deaf children] to listen, you have to get them to watch you... to watch your expression... she lost the knack of listening"* (Parent interview). She attributed loss of this skill to the noisy pre-school environment saying that because *"there was so much going on in the background she [her child] lost that knack [of listening]"*. Other research participants also spoke of the impact of a noisy environment on a child with special needs. The level of hustle and bustle within early years settings appeared to be a particular challenge as the following interview excerpts demonstrate:

Private practitioner: Voice 1: *"He becomes agitated by the numbers of children and the noise"*

Community practitioner: Voice 2: *"The room is quite noisy and just to get him to work"*

PSNA: Voice 3: *"Keeping things calm, she doesn't like too many people all together"*.

Parent: Voice 4: *"He gets weary of people, different people coming in, like students"*.

In explaining how the environment impacted on a child with special needs, one practitioner described how a particular child in her setting with complex needs... *"really didn't need to be in a room of ten children. Maybe he needed to be in a room of three children"*. This child was simply unable to cope within a larger group. A particularly effective strategy in one case was the removal of the child by the PSNA to a quiet area.... *"If he becomes agitated, I take him out at that stage and I might bring the sensory box with him. Even to put the lights out when I remove him to the other room and he's really calm then"* (PSNA interview).

There was agreement on the need to arrange the layout of the environment to support inclusion. For example, in one community setting additional space was required for a child in a wheelchair. As noted by the PSNA, adequate circulation space was essential as children with special needs *"have to be able to move around like everyone else"*. In another setting, provision was made for a child who was unable to walk but shuffled about on her bottom to access the equipment and materials. The practitioner explained how she *"tries to leave as much floor space as possible... she is very independent... she goes to the shelf herself whenever she can"*. The physical layout of the environment, including the availability of floor space to facilitate mobility and access to materials was considered essential in terms of enhancing the child's *"self-confidence"* (community practitioner). In another setting, a *Sound Field* system was used to help a child with a moderate hearing loss to hear the practitioner's voice better. A microphone was used by the practitioner and the sound was then transmitted to speakers that were placed all around the room. According to the practitioner, *"this system benefits not only the child with the hearing loss, but also all of the other children in the class as well"* (private practitioner interview).

4.16.2 Emotional environment

Positive attitudes were seen as key to successful inclusion, which it was claimed, starts with the manager of the setting. A positive attitude from the manager filters through to those working directly with the children and impacts on all aspects of early years provision. If the manager does not have a positive attitude *"no matter how good the workers are or the group leader, then it's not going to work"* (NVCC focus group). Poor relationships within the early year's setting and negative attitudes can have serious consequences for children.

The need to create a positive culture within the setting is vital. To this end, positive role modelling was highlighted as essential. There were concerns that children learn and develop negative attitudes about difference and disability from observing adults working with them. Children who do not have special needs are *"picking up from how they see adults relating to the children with special needs. So it is all picked up"* (national disability agencies focus group).

There was consensus between the national disability agencies, the NVCC, the CCCs and the BCCN that practitioners must be aware that children with special needs are individuals with strengths and abilities just like other children. Practitioners must work to the child's strengths while also identifying areas that require additional support *"...so trying to instil that in the culture is the challenge"* (national disability agencies focus group). It is important too, that practitioners recognise that they may need help and support that they can say *"right, this terrifies me completely. I cannot get past the picture of not being able to work with the child who is sitting in my room. To 'Who, I'm only beginning to realize, now a year later, is very able, and I should have been able to do this, that, and the other"* (ibid). The national disability agencies suggested that negative attitudes disempowered practitioners who may tend to overlook the child's abilities, and think *"they'll never be able to, and we'll stick them down there and we'll give them something to play with"*.

There was consensus about creating and maintaining a positive environment in the setting. This is achieved through the creation of an emotionally-safe environment where positive relationships prevail. Ultimately, an emotionally safe environment is strongly linked to effective communication between all of the stakeholders as previously outlined. Children thrive in an emotionally-safe environment. In instances where they feel insecure or overwhelmed within the environment children may regress. The first sign of this may be misbehaviour or acting out. The national disability agencies suggested that such behaviour, which is often the child's only way of expressing their distress or frustration, can be mistakenly attributed to the child's special need. Consistent with the national disability agencies' perspective, PSNAs suggested that it was important that those working with children who have special needs did not operate from a deficit model where the focus was solely on the child's *"disability"*. There is a risk that where the focus tends to be centred on the child's disability that people *"lose sight of what the child can actually do or wants to do in it all"* (PSNA interview). It is therefore important to be positive as *"children pick up on"* any negativity.

PSNAs emphasised the need to recognise what suits the child and stressed the need for balance between structured and non structured activities depending on the child's needs and abilities. In the words of one PSNA, there are instances where *"free play just doesn't suit the child who seems to be more comfortable with a structured day"*.

The creation and establishment of an emotionally-safe environment was considered essential for all children attending an early years setting; both the child with special needs and the typically developing child. In this respect, practitioners stated that their primary concern in working with children who have special needs related to behaviour management *..."that's the thing that I would be most concerned about"* (private practitioner). The following accounts demonstrate the extent of the issue for practitioners who clearly felt ill equipped to deal with certain behaviours:

Private practitioner: Voice 1: *"I have a little boy in my place and he's extremely disruptive. He's a lovely child but....if you're one-to-one with him he's great. Otherwise he's belting someone over the head and you just can't turn your back on him for even a second"*.

Community practitioner: Voice 2: *"They can get very aggressive and would pull the hair on the other children. If you don't mind the child's hands and keep them away from the child's head; as quick as a flash, it would put out it's hand and pull the child's hair"*.

Private practitioner: Voice 3: *"Our little fellow now; he changes from time to time. We had to go outside the other day and everybody put on a coat. As soon as he saw them put on their coat he threw a hissy fit. He just didn't want to go out. He kept that up all the time until they came back in and took off their coats"*.

Providers/practitioners described extremes of aggressive behaviour that had resulted in themselves and other staff members being *"injured, bitten and scratched. These things really happen and it is very difficult. How do you deal with it when someone gets hit in the face with something?"* (Limerick city and county childcare provider network). Practitioners claimed that a lot of their time was spent in attempting to resolve behavioural difficulties *"....trying to get the child away from the other children"* (ibid). They questioned the impact of both their own behaviour and the child's behaviour on inclusive provision. One practitioner typified concerns stating that *"you're trying to be inclusive and yet you're constantly saying 'sit and stop' and trying to stop the child from pulling at the other children"* (private practitioner). As a consequence, there was a knock-on effect in terms of tension in the relationships between staff and management in the setting.

Providers were concerned about the impact of aggressive behaviour on the other children within the setting. A significant number of respondents (7 PSNAs and 9 providers) suggested that it can lead to the child with special needs being shunned and isolated by the other children. Thus, while *"some children can deal with children with special needs, if the child gets physically violent or physically hurting them, they back off and they're afraid"* (private

practitioner). Frequently, children say that they “*don’t want to sit beside this little boy who’s disruptive. They don’t want to sit beside him so he can’t get in and he doesn’t know why*” (ibid).

The following account by a PSNA who was working with a child who had complex needs further points to the impact of challenging behaviour on the other children attending the setting

It was a tantrum all day long. She didn’t mix with the others. She couldn’t sit. There was no discipline at all. She couldn’t sit or relate to others, or communicate with the pre-school teacher or interact in any way. She wasn’t used to children her own age. The other children were really scared of her because they didn’t know what to expect, it was constant tantrums and lashing out.

In addition, practitioners were worried about the impact of aggressive behaviour on other parents within the setting. As noted by one practitioner not “*every parent is happy, especially if a child, their child, is particularly picked on*”. The difficulty for practitioners is that they are responsible for the safety of all the children in their care. Ultimately, “*you are responsible for the other children....what do you do?*” A fundamental concern for practitioners throughout this study was “*How can we make it safe for everyone?*”

4.17 Approaches to planning curriculum/programmes within settings

As previously discussed, parents stressed the need for their child with special needs to have structure and routine. Indeed, this was seen as one of the benefits of accessing early years provision for their child with special needs. Parents cited the need for consistency and repetition while for others the need to prepare their child for school was important. It is apparent that parents expect and wish their child to engage in some form of a planned curriculum/programme within the early years setting. A primary consideration of this project is the provision of a planned curriculum appropriate for all children including those with special needs in early years settings.

In order to develop and implement a planned curriculum/programme, practitioners must be aware of children’s strengths, abilities and learning needs. Formal assessment of children’s needs is usually undertaken by health professionals, multi-disciplinary professionals and psychologists at particular intervals to identify specific areas of strength and difficulty, and to put supports in place and to monitor progress. Various models of assessment and support are used within different HSE regions. In some areas, assessment of the child may result in the development of an Individual Development Plan (IDP) by an Early Intervention Team that is given to parents for their child. This plan may or may not be shared with the early years setting.

In the absence of an IDP or support from an EIT, practitioners are often at a loss about how to plan for the child with special needs within their setting. A major finding of this study was the lack of specific planning for the child with special needs within early years settings. Generally, children with special needs were simply incorporated into the normal pre-school routine. Practitioners explained that there was a general care and education plan that was characterised by *“work time in the mornings, followed by the children’s play time and then there’s lunch, then activity time. So you work into that”* (private practitioner interview). The PSNAs claimed that their remit was to integrate the child into the daily life of the setting and to fit in with whatever was going on. The following observation points to the inadequacy of expecting a child with special needs to simply fit in. This observation of Monique, a 4 year old whose condition had not been diagnosed, but who was partially blind, non-verbal and used a specialised wheelchair, leaves no doubt that she was agitated and tormented by the musical activity in the setting:

Narrative observation 3:

Context: Monique attends a private childcare service. She has the support of an SNA: Sara. The SNA has completed an intensive one-to-one thirty minute session with Monique during which she tried to encourage object recognition. Monique was agitated throughout this exercise. It is now time for Monique to join the other children in an adjoining room.

Positive PSNA interaction	Sara places her hand gently behind Monique’s head and with her other hand she places her head in the centre of the head rest saying “now pet, is that more comfortable”. She wheels the chair across the corridor into a small room where there are 10 children with a practitioner. The children are sitting in a circle on chairs with the practitioner sitting in the centre facing them. Sara places Monique’s chair at the edge of the circle just inside the door. She sits alongside her to her right.
Including Monique	The practitioner proceeds to do a roll call of children calling each child by name. As their name is called, each child answers “anseo”. The adult calls “Monique”. Sara holds Monique’s hand up high saying “anseo”. Monique’s hand flops back down and she says “aggh”
Inappropriate response	The practitioner begins to lead the children in reciting a series of nursery rhymes beginning with <i>Little Bo Peep</i> . The group now recite <i>Two little Dicky Birds</i> . Sara holds Monique’s hands and attempts to join in the actions as the rhyme is recited. Monique’s head flops forward.
Feeling isolated	Sara addresses the practitioner: <i>“She is not great at all today, she’s not interested”</i> . Practitioner: <i>“I notice that. Is she tired?”</i> Sara: <i>“She has a heavy cold and a cold sore on her lip”</i> The practitioner continues to recite rhymes with the children.
Monique’s increasing agitation	As the children recite <i>Georgie Porgie</i> , Monique’s head hangs to one side. Her eyes roll. The children continue with the next rhyme: <i>There was an old man with a beard</i> . Monique moves her head from side to side. She says <i>“aggh”</i> . She sounds agitated.

PSNA empathy	The children recite <i>Let's go to bed said sleepy head</i> . Monique arches her back, her head flops forward and she says "aggh". She sounds more agitated than previously. Sara is visibly upset. She gently massages Monique's hands with her fingers. She again addresses the practitioner: " <i>She's not herself today</i> ". Looking toward Monique, the practitioner says: " <i>You're not happy today, Monique</i> " before moving on and continuing to recite <i>Boys and girls come out to play</i> with the children
Adding to Monique's distress	The practitioner turns on a CD and joins in the singing of <i>I am a music man</i> . The children sing very loudly obviously enjoying the song. Monique is very agitated; she pulls her hands back, rolls her eyes, turning her head towards Sara saying "aggh, aggh". Again, Sara is visibly upset. She places one hand behind Monique's head, the other under her chin and gently eases her head back onto the head rest. The children now sing ABCD. The volume increases.
Comforting Monique	Sara strokes Monique's hair and whispers to her. She massages her hands. Monique says "aggh" loudly blowing saliva through her mouth. The children sing <i>Row, Row, Row your Boat</i> . Sara sings all the time looking at Monique and holding her under her arm making rowing actions as she attempts to include her in the activity. Monique arches her back, pushing forward. She says "aggh, aggh". She appears distressed. Sara places her hands gently on the tray in front of her.
Continual agitation	The children sing <i>Incy Wincy Spider</i> . Monique pulls her hands away from Sara's grasp. She moves her head from side to side saying "aggh". Sara holds her hands together – Monique pulls away again, her movements are becoming increasingly jerky. As the researcher leaves the room the children begin to sing <i>I'm a little tea pot</i> .

From the outset of this observation, it was apparent that Monique was agitated. While it is difficult to specify the cause of her agitation, there are a number of factors that may have contributed to it. Monique was totally dependent upon her SNA; Sara to act on her behalf and to interpret her actions and attempts to communicate. In this regard, the SNA intuitively sensed Monique's agitation; she made every effort to respond to her needs. The observation shows how Sara repeatedly attended to Monique's physical comfort, attempted to calm her by massaging her hands and whispering to her. Upon noticing Monique's increased agitation, Sara brought it to the attention of the practitioner. Although the practitioner was aware of and acknowledged Monique's agitation, she did not alter the activity or offer an alternative.

This observation highlights the need for practitioners and PSNAs to work together to plan an appropriate curriculum that takes account of the child's specific needs. It reflects a key finding from this study where, in the absence of an IDP from the early intervention team, children with SEN were in the main simply expected to fit in with whatever was going on in the setting.

The need for an IDP for the child with special needs was reiterated throughout the study. Right across the sector, respondents (national disability agencies, CCCs, BCCN, practitioners, PSNAs) expressed disquiet with the approach as outlined in Narrative Observation 3 where the child simply fits in with whatever is going on in the setting. Indeed, the majority of PSNAs and childcare providers interviewed (20) expressed a wish to *"see a programme in front of me to kind of show me that I'm doing what is expected rather than just doing it and trying to figure out; am I doing what's needed"* (community practitioner). Furthermore, practitioners felt guilty that they may not be doing the right thing with the child. They would welcome support from the professional services by way of support visits. Any such visit would *"affirm us"* and at the same time *"provide support and guidance"* (private practitioner).

Findings indicate that planning appropriately for children's specific needs can be challenging for both the practitioner and the PSNA. The following account provides an insight into how one PSNA approached planning for a child with special needs. As she was not given any specific plan by the EIT and in the absence of an overall curriculum within the early years setting, this PSNA described how she did a *"run around the pre-school"* each morning.

I do a run as far as equipment and toys and what I'd need to work on; his concepts, his language skills....bringing even the bricks....that's how I plan. I just get some things off the shelf and I plan with those. It might be writing skills, it could be concepts of "in" "on" "at" "beside" simple things like that (PSNA interview).

However, PSNAs were acutely aware of the inadequacies within the current system and the necessity of proper planning.... *"It's all willy-nilly thrown together, it's hit and miss from start to finish"* (PSNA interview). The need for IDPs was a particular concern for PSNAs who were frustrated with the manner in which the intervention services approached this aspect of their work. They were specifically disappointed with the delay in getting development plans from the appropriate services. Again, a PSNA expressed her frustration stating that the child with whom she was working had *"been through the whole year and I haven't had any programme, so I just run with the curriculum here in the playschool"*. Likewise, another PSNA who, as previously discussed, was appointed to two children with special needs in one early years setting articulated her dissatisfaction that it was *"February now, I'm here since September and I haven't got a plan yet for either of the two children"*.

In other instances, while IDPs had been given to the PSNAs, it appeared that a review was long overdue. A PSNA explained the difficulty... *"When I started in 2007; I got the IDP which covered all of the things she needed to do, sharing, playing, her pincer grasp, a physiotherapy chart"*. At the time of this study in 2009, this IDP was described as being *"as old as the hills now, she's too bright for those things now, she is very good at sharing, she's brilliant with her numbers, she's brilliant with her letters, she's reached all the goals they set for her and passed them"* (PSNA interview).

For this PSNA and others, they were at a loss in terms of supporting the child's ongoing development within the early years setting. PSNAs claimed that while waiting for a review

of the IDP by the early intervention team or other professionals, *"we just potter on, we do our own thing basically"*.

Observations undertaken in settings during Phase One of this study, revealed a marked absence of planned curricula/programmes. Analysis of stakeholder interviews clearly showed that approaches to planning were, in the main, undertaken on an ad-hoc basis and varied greatly from setting to setting. In many instances, practitioners were dependent upon the PSNA to put a plan in place for the child with special needs. In others they waited for a plan to be developed by the intervention services. In others the child was expected to simply fit in with whatever was happening within the setting and yet in other settings there was an acute awareness of the need to plan for each individual child.

In one setting, the provider and practitioners tried to *"have a meeting every week"*. *We look at...say there's ten children in that group, we'll look at where our plan is going for that week. We have a monthly plan and we break it down for that week, so we review it every week. And generally at that meeting we'll discuss then the needs of each child in that group. Some weeks it might be toilet training; whatever the needs are* (private practitioner).

Within this approach, each individual child was discussed including how/where he or she fits in and participates within the overall group structure. Bearing in mind that practitioners have a responsibility for all children attending the setting, this provider stated that it was essential to *"look at each child"* and not to focus solely on *"the child with the disability, and taking over the meeting, we have the others as well to be looked at"*. Another provider outlined a different approach where they developed a programme for the year. Within the programme *"you try to implement say numbers and letters and all that type of thing"*. In this particular setting a written record was kept detailing what each child did. This involved ticking the activities engaged in by the child on a chart. Personal notes regarding the child's progress were also recorded on this chart; for example, the practitioner would write *"very good' if they were very good at something"*. Likewise, she also noted when a child was experiencing difficulty with an activity so that both she and the child could *"go back over it again"* while at the same time the child had the flexibility to work independently on any activity.

Another respondent, a Montessori teacher, said that she makes *"a plan for my own room"*. By recording children's progress she felt that she was able to *"show proof to parents and others that the child was actually moving along"*. It was common for Montessori teachers to both implement a specific educational programme as well as maintaining a record of children's progress as part of their daily routine.

4.17.1 Planning for children's specific needs within settings

There was consensus between the CCCs, the NVCC and the BCCN as well as the majority of providers (12) on the need for practitioners to work collaboratively with parents to plan for children's individual needs within the setting. The need for practitioners to observe children in order to plan for their learning within the setting was especially highlighted. The national disability agencies, the NVCCs and the BCCN in particular emphasised the importance of undertaking child observations on a regular basis "...stepping back from the child and observing them is very important" (BCCN focus group). Each of these various stakeholders emphasised the need to take things slowly, "to look at the individual child, at their age and not their stage" (national disability agencies focus group). The national disability agencies, the CCCs and the NVCCs recommended that when working with a child who had SEN that practitioners initially step back, taking time to observe the child so that they build up a picture of his/her strengths, skills and any specific areas for development. As commented by the national disability agencies, "...it could be three months before the practitioner decides to work on this and this and this because all children are different and practitioners need to observe and plan for these differences". In this regard, it is important to be mindful of children who "perform exceptionally well academically" but who can "remain unchallenged and bored" within the setting. Children who are "intellectually hugely able at a young age may be gifted....the difficulty is that they may not be socially and emotionally able" (ibid). Critically therefore, practitioners must understand that their role in observing children is to build up a picture of the child's strengths and abilities over time, to identify any areas of need and to use this information to plan for and support the child's learning within the setting. The NVCCs, the BCCN and the national disability agencies advised that practitioners should not be "making any diagnosis about a child, rather if they are concerned they should be observing the child, documenting that and have evidence to go back on so that they can talk to a parent or plan for the child" (NVCC focus group).

Moreover, the NVCC suggested that practitioners could also undertake developmental checks on children with special needs. They stressed the importance of getting parents on board rather than practitioners taking it upon themselves to tell a parent what the child should be doing by age two or three and so on. This paves the way to develop a positive relationship with parents while at the same time giving them "ownership of that relationship" (ibid).

Stepping in too soon and offering inappropriate activities that are not directed at the child's ability can cause the child to "switch off". Inappropriate activities or interventions can result in the child becoming "nonverbal because you are pushing them too far. And so there's a balance you have to get" (national disability agencies focus group). The NVCC, the CCCs, the BCCN and the national disability agencies stressed the importance of affording children opportunities for play. There was a concern that while young children learn and develop through play that there was a tendency to over emphasise the more academic activities such as reading, writing and mathematics within settings. This was seen as inappropriate

for “typically developing children but even more so for the children with special needs” (BCCN focus group). Interviewees were adamant that “sitting and learning numbers and everything shouldn’t be at the expense of learning to play, learning how to share, learning how to turn take and to becoming confident” (NVCC focus group).

4.18 Conclusion

Inclusion is a process. It is “heavily influenced by the attitudes of childcare providers” (Winzer et al., 2000:203). Indeed, Robinson (2003: 178) asserts that beliefs about children with special needs, whether physical, social or emotional are “filters for our thinking”. UNESCO (2005:12) defines inclusion as “a dynamic approach of responding positively to pupil diversity and of seeing individual differences not as problems, but as opportunities for enriching learning”. Consistent with UNESCO (1994:11) these research findings support the assertion that inclusion and participation are “essential to human dignity and to the enjoyment and exercise of human rights”. This study indicates that while practitioners were willing to include children with SEN in early childhood settings, their understanding of inclusion and its impact for their practice was limited. In this regard; Jennings (2005) reminds us that inclusion evolves over time.

Moreover, in common with Jones (2004), this study provides new empirical evidence that the placement of children with SEN in early years settings does not automatically result in meaningful inclusion. On the contrary, children with SEN were predominantly expected to adapt to the setting rather than the setting adapting to accommodate their diverse learning needs (Mittler, 2000). Thus, while practitioners attempted to support inclusion, their efforts were restricted in many cases by a range of factors including, poor understanding of inclusion, ineffective communication at multiple levels, inappropriate environments, limited assessment and planning, absence of curriculum and weak professional development. These core areas which underpin the Draft Framework for Action and subsequent Framework for Action were delineated from the research findings and are embedded in the practice frameworks *Sólta* (CECDE, 2006), and *Aistear* (NCCA, 2009). As with UNESCO (2005: 16), both frameworks are concerned with “improving inputs, processes and environments to foster learning both at the level of the learner in his/her learning environment as well as at the level of the system which supports the learning experience”. It is evident that effective inclusion is about overcoming a range of obstacles including prevailing attitudes and values, lack of understanding and appropriate skills, limited resources and inappropriate organisation. Overall, as previously mentioned, effective inclusion is primarily about altering peoples’ mind sets towards children with special needs. It is about vision, willingness to change, to embrace and plan for difference thus creating effective inclusive practice from the earliest possible time in the child’s life.

In terms of a coordinated approach and availability of resources, this study consolidates the view that there is no “comprehensive State funded system for children with special needs

and their families" (CECDE, 2005:12). Rather, it is difficult for parents and practitioners to negotiate and access appropriate services and supports for children with SEN. Often the availability of supports and resources is determined by geographic location. In the HSE Mid-West region, for example, children with special needs can avail of services and support from a range of multi-disciplinary professionals including speech and language therapists, occupational therapists, physiotherapists, psychologists, early intervention specialists, social workers, and assistive technology specialists. In this region, a multi-disciplinary early intervention team works in conjunction with the staff in the early years setting. Thus, communication and consultation is easier as members of the early intervention team usually make a number of visits to the early years setting to meet with the child, parents and early years practitioners. However, as this research shows, this represents an ideal scenario, and the reality is that in the majority of cases, families have limited access to such supports and/or the early intervention team works independently of the early childhood setting. The absence of a coordinated comprehensive universal support mechanism is problematic leading to an *ad hoc* approach to inclusion in early childhood settings. As discussed previously, arrangements for the provision of supports vary between HSE regions. As a result, practitioners articulated their frustration at the difficulties they encountered in trying to assist parents in accessing multi-disciplinary services and support. While acknowledging the importance of the period from birth to six years in shaping the child's developmental trajectory, researchers also recognise the need for adequate resourcing and supports so that children with SEN can fully participate in early childhood settings (CECDE, 2005; 2006, Curtis et al., 2003; NCCA, 2004, 2009; Puri et al., 2004; DES, 1999a; Winzer et al., 2000).

Research findings confirm the central role of communication in terms of inclusive practice. Therefore, while it is evident that communication at multiple levels is required, there are instances where communication is ineffective. For example, practitioners highlighted uncertainty in terms of how to share information with parents about their child with special needs. Similarly, there are gaps in communication between practitioners, PSNAs and other professionals. At the heart of communication is the need for team work; practitioners, PSNAs, parents and professionals working together on behalf of the child. Communication with parents and families is the first important step towards successful inclusion. Parents are the most significant people in young children's lives (NCCA, 2009) and it is important that parents and early years practitioners work in partnership to enhance children's learning and development in the early years. Communication between staff within the setting and with multi-disciplinary professionals is also an essential pre-requisite to effective inclusion in the early years. Furthermore, effective communication with the child is a vital element in ensuring the successful inclusion, care and education of children who have special educational needs. Fundamentally, ineffective communication impacts on the child's learning experience within the setting.

Communication is also interwoven with the establishment and maintenance of emotionally-safe environments. While this is important for all children, it is especially so for children with special needs and begins with positive attitudes and interactions within the setting.

The physical environment is crucial to enriching children's development and learning. Thus, the experiences offered within the setting should stimulate curiosity, foster independence and promote a sense of belonging (CECDE, 2006; NCCA, 2009). Indeed, this study endorses the importance of the physical environment. Thus, the design and layout as well as attention to acoustics, noise levels, equipment, materials and facilities are critical. The interplay between both the physical and the emotional environment is instrumental in supporting inclusive practice within settings.

As the findings of this study indicate, parents access mainstream provision for their child with special needs because they believe that it provides structure and routine through a planned programme of appropriate activities or curriculum. Clearly, while some settings consciously plan for children's learning, the approach to planning in the main is *ad hoc* and varies considerably from setting to setting. Practitioners readily acknowledge that planning appropriately for children's specific needs can be challenging. In addition, they express their desire to understand how to plan effectively in order to support children's learning.

Planning for children's specific needs involves recognising their particular strengths and abilities while also identifying any areas that require support (NCCA, 2009). In order to do this, practitioners must observe children to build up a picture of their abilities and specific learning needs over time. As with planning, it appears that child observations are undertaken on a very limited basis within settings. However, the necessity for observations was highlighted repeatedly throughout the research. When used appropriately, observations are a useful tool to help practitioners to identify and track a child's abilities and levels of progress and to develop appropriate support strategies that ensure the child with special needs is fully included in all of the activities of the setting. Although, practitioners were aware of the need to observe, many were uncertain about how or what to observe and then how to use the data from observations effectively. Nonetheless, the practice of observing children in a systematic way should become the norm within the daily routine within settings (CECDE, 2006, NCCA, 2009).

Consistent with researchers (Griffin and Shevlin, 2007; Jones, 2004; Winzer and Mazurek, 2000), this study supports the view that if properly supported, children with SEN can thrive in mainstream education settings and that their presence often has a positive impact on their peers within the environment. It is however apparent, that any such programme must be of high quality. Equally apparent is the complex and multifaceted nature of supports required by children with SEN. These include partnership with parents and early interventions that are led by trained and experienced adults. The White Paper on Early Childhood Education: *Ready to Learn* highlighted the link between effective early childhood intervention and a "high quality, intensive and clearly articulated programme, delivered by highly skilled and carefully trained personnel in contexts of small groups and individual instruction, and designed to specifically address individual identified needs" (DES, 1999: 84). Moreover, the DES specified the need for progress in the areas of curriculum, training,

qualifications and the quality and quantity of inputs in terms of practitioners, equipment and materials.

In the context of this study and convergent with *Ready to Learn* (DES, 1999a), *Síolta* (CECDE, 2006) and *Aistear* (NCCA, 2009), these research findings highlight the need for all those working with and on behalf of the child with SEN to share information, insights and recommendations in relation to the child. Findings further support the need identified within *Ready to Learn* (DES, 1999a), and the National Children's Strategy (DHC, 2000), for all practitioners and PSNAs to undertake relevant pre-service training, ongoing professional development and support. Research participants across the ECCE sector pointed to the centrality of training and ongoing professional development as the cornerstone of effectively supporting the inclusion of children with special needs in mainstream settings. Bearing in mind the requirements of the Childcare (pre-school services) (Amendment no 2) Regulations, 2006 and the free pre-school scheme, it is evident that much more is expected of the early years sector than heretofore. Consequently, practitioners must be equipped with the knowledge and skills that empower them to respond appropriately to children and parents. The key to success lies in specialised training programmes that are accessible, affordable, practical and adaptable to the needs of the sector.

It is interesting to note that those practitioners and PSNAs that had undertaken special needs specific training stated that they recognised that a child with SEN is first and foremost a person. In this respect, and consistent with Gargiulo et al. (2004), the national disability agencies and the NVCCs stressed the importance for practitioners to focus on the child and not the "impairment". It is equally important that practitioners look for similarities between children with special needs and their typically developing peers, not differences. As noted by the NCCA (2009), attention should be focussed on children's strengths and abilities not their disability. Hence, professional development is central to the development and implementation of inclusive early childhood care and education practice.

Given the significance of all of these issues in terms of supporting inclusive practice within early years settings, the Draft Framework for Action (DFA) was underpinned by five core concepts emerging from the findings. Thus, the DFA and subsequently, the final Framework for Action is presented as an umbrella concept incorporating each of the following core elements:

Figure 14: Overview of the Draft Framework for Action (DFA)



The DFA comprised five distinct sections as depicted:

1. Professional Development
2. Communication
3. Environment
4. Assessment for Learning
5. Accessing the curriculum/programmes

Each section provided practical guidelines and strategies for use by practitioners to support the inclusion of children with special needs within their setting.

Section 5: Implementation Phase: Piloting of the Draft Framework for Action (DFA)

As discussed in Section 2, the research team delivered three preparatory DFA workshops in October, 2009. These workshops, two of which were held in Limerick and one in Tralee, were attended by childcare providers/practitioners and PSNAs from fourteen early years settings participating in Phase Two of the research. The purpose of these workshops was to share the findings from Phase One of the research, to introduce practitioners to Phase Two and to disseminate and familiarise them with the DFA. The following table provides an overview of the number and types of settings as well as the numbers of practitioners and PSNAs participating in the pilot study.

Table 4: Overview of participating early childhood settings

Setting	Type	Practitioners	PSNAs
A	Private full day care	3	
B	Private sessional	5	1
C	Private sessional	2	1
D	Private sessional	4	
E	Private sessional	3	
F	Childminder	1	
G	Private sessional	3	1
H	Community crèche	3	3
I	Community crèche	3	1
J	Community sessional	3	1
K	Community sessional	3	1
L	Community sessional	3	
M	Community crèche	3	1
N	Community crèche	4	1
	Total	43	11

Those practitioners that were working directly with children in each participating setting were asked to undertake the following tasks:

1. Familiarise themselves with the DFA.
2. Identify four actions to support the inclusion of children with special needs in their setting. One action was to be chosen from each of the following areas within the DFA: Communication, Environment, Assessment for Learning and Accessing the curriculum/programme. Participants were asked to prioritise these actions for implementation during the piloting of the DFA between October 27th, 2009 and January 29th, 2010.

3. Maintain portfolios of children's work as well as samples or photographs of any materials made to support the inclusion of children with special needs in their settings.
4. Complete a reflective exercise at the end of each week considering each action they had implemented from the DFA.

With regard to the requirement to maintain a reflective journal, while 43 practitioners and 11 PSNAs were involved in the piloting of the DFA, each of the fourteen participating settings nominated one practitioner to complete the journal. Thus a total of 14 completed reflective journals; one from each setting was submitted.

Each participating setting was provided with resource materials and equipment to support their specific needs in terms of enabling inclusion in their setting in accordance with the DFA guidelines.

Parents of children with SEN participating in the study were asked to provide feedback on the piloting of the DFA in their child's early childhood setting by completing a questionnaire. The next section of this report provides detailed analysis of parent, practitioner and PSNA feedback on the piloting of the DFA. It describes the actions undertaken by the participating early childhood settings during the pilot study as well as analysis of reflective journals.

5.1 Introduction

Based upon analysis of parent questionnaires, this section begins by presenting parental feedback in relation to the DFA. It examines the impact of the DFA on the child's experiences within the early years setting from a parental perspective. Following this overview, the report examines the various activities undertaken by practitioners under the core areas from the DFA; communication, environment, assessment and curriculum. It also explores attitudes towards professional development which were identified as a key aspect of effective inclusion during Phase One of the study. Analysis of reflective journals and interviews provides insight into both the positive experiences and the challenges encountered by practitioners/PSNAs during the piloting phase.

Table 5: Overview of Section 5

Feedback from Pilot of the Draft Framework for Action (DFA)	
Core area from the DFA	Data source
1. Communication	Reflective journals, home/setting notebooks, interviews, site visits
2. Environment	Observations, reflective journals, interviews, participant feedback at workshops
3. Assessment	Reflective journals, interviews, participant feedback at workshops
4. Curriculum	Observations, reflective journals, interviews, participant feedback at workshops, sample curricula shared with research team
5. Professional development	Interviews, participant feedback at workshops
6. Positive experiences during the piloting of the DFA	Reflective journals, interviews, participant feedback at workshops
7. Challenges encountered during the piloting of the DFA	Reflective journals, interviews, participant feedback at workshops
8. Parental feedback	Parent questionnaires
9. Strengths and weaknesses of the DFA	Evaluation Forms. Participant feedback at workshops

5.2 Parental feedback

A total of seventeen parent questionnaires were disseminated. Of these, eleven completed questionnaires were returned, representing a 64.7% response rate. The purpose of the parent questionnaire was to determine:

- a. Awareness of the DFA
- b. Awareness of any strategies/approaches based on the DFA being used with their child
- c. Impact of strategies on child's participation in the activities of the setting
- d. Awareness of specific benefits for their child as a result of the DFA
- e. Challenges encountered during the pilot study
- f. Areas that parents would like to have included in the final framework for action under the core aspects of communication, environment, assessment for learning and programmes/ activities that would support the inclusion of children with special needs in early childhood settings.

Of the eleven parents who completed the questionnaire, ten stated that they were aware that the DFA was being piloted in their child's early childhood setting. The parent who was

unaware of the DFA did not *"recognise the name DFA as being the name of the study we have participated in....they asked me to let you know"* (private practitioner, personal correspondence, February 2010). Notwithstanding their lack of awareness of the DFA, the parents in question forwarded a detailed account of their child's special need as well as an overview of the intervention programme being implemented in the early childhood setting. While this intervention programme was developed by the *"psychology team"*, it was dependent upon *"constant planning, setting of milestones, evaluation and review"* undertaken by *"his two SNAs and the manager and staff at the pre-school"* (parent personal correspondence February, 2010). These parents concluded by saying that they *"owe a great debt of gratitude for their dedication, professionalism and invaluable contribution to our son's experience at playschool"* (ibid).

All ten parents who completed a questionnaire stated that they had noticed a *"change"* in their child during the study. Parents were particularly positive about the way in which practitioners engaged in the pilot study. One parent commented that *"they have truly risen to the challenge in an exceptional manner. We never expected such a response when we gave permission for our child to take part in the study....we are truly delighted"* (parent response 2). Another parent claimed that *"only for this pilot study my child and I would not be aware or have learned as much as we did, or what we have to do to prepare him for school so that he can participate fully just like other children"* (parent response 3). All parents stated that they were *"happy"* that their child *"had the opportunity to participate in the pilot study"*.

In terms of the specific strategies and their impact on children's participation in the activities of the early childhood setting, the following extracts from the parent questionnaires highlight many of the strategies being implemented.

Parent response 1: *"He has been encouraged to speak to his playmates when they are in groups. He is more confident now and has more self-confidence when speaking to his peers"*

Parent response 2: *"In playgroup, they encourage him to interact with the other children. He doesn't know how to integrate into a group or how to play with other children. Other than this approach, he would not know how to play or have anyone to play with. It has given him a little more confidence in himself and he is calmer and less aggressive"*

Parent response 3: *"My child always got confused....she found it hard to follow instructions and got very agitated. The girls in the crèche are making eye contact with her now and slowing things down...talking slowly for her. She seems to be calmer and happier coming to crèche now. We're using the same approach at home and it is making a huge difference"*

Parent response 4: *"They are using a note book for school and home coordination and they are keeping a scrapbook so we can see his progress. We know how well he is doing now....we feel that they study made the staff and ourselves more aware..."*

Parent response 5: *"There is more labelling in the room now...more meetings/communication. Staff are more aware of our child's needs, they have definite goals. We get more feedback about what he is doing...they're using more visual aids and using symbols in songs and rhymes"*

Parent response 6: *"Even though we were happy with the crèche we were always worried about how he was coping with the big group of children. Since the study, we notice that the girls are breaking the children into small groups. There is a massive change in Colin...in every way; his speech has come on, he is making little friends and he seems happy, smiling more. We are delighted at the change in him...it's like he is able to cope now..."*

As indicated by these various responses, parents recognised how practitioners who participated in the pilot study implemented a wide range of strategies from the DFA to support their children's inclusion in early childhood settings. Depending on the child's specific needs, these strategies ranged from supporting speech and language development, to enhancing social skills, to the use of visual aids and symbols, to providing more feedback to parents. Parents did not experience any specific challenges during the pilot study.

All ten parents agreed that the core areas of communication, environment, assessment for learning and programmes/activities were *"very important for inclusion"* (parent response 4) and should be included in the final framework for action. Only four parents made a suggestion in relation to what should be included in the final framework for action to support the inclusion of children with special needs in early childhood settings. Each of these four parents stated that *"training in special needs"* should be included. One parent highlighted the need for practitioners to *"take part in training to help them understand children with special needs and how to cater for them"* (parent response 2). Two parents also suggested the need for guidelines on *"assessment"*. As noted by one parent *"I had my suspicions that something was wrong with my child, so did Margaret [practitioner] but she wasn't sure what to do, or how to assess him or where to go. Early assessment is vital...it should be covered in this framework for children with special needs..."* (parent response 1). Another parent who also highlighted the need for assessment pointed to the need for information on *"the signs and symptoms...you know little pointers that things might not be 100%"* (parent response 8).

While parents concurred that there was a need for the core areas identified through Phase One of the study to be included in the final framework for action; they specifically highlighted the importance of professional development and assessment for learning as a central mechanism to support the effective inclusion of children with SEN in early childhood settings.

Overall, parents were positively disposed towards the DFA. In the words of one parent, *"If this framework was put into action in every pre-school, it would benefit so many more children and parents with issues of their own. It was brilliant, we felt so involved and saw an improvement every single week"* [parent response 7].

The next section of this report examines the various strategies based upon the core aspects of the DFA that were implemented by practitioners during the pilot study.

5.3 Communication

5.3.1 Communicating with parents

Analysis of reflective journals from each of the fourteen participating early childhood settings shows that practitioners sought to enhance communication with parents during the piloting of the DFA. This action was based on practitioners' belief that *"if you get communication right with the parents then everything else falls into place. Communication with parents is the basis for everything...it helps us to do our job well with the child"* (private practitioner 1: reflective journal). Phase One of this study revealed that practitioners tended to communicate with parents primarily during drop off and collection times from the setting. The DFA recommended that settings explore ways to establish a system for communicating regularly with parents and suggested a range of strategies including the use of a home/setting notebook, progress meetings and communication logs.

Of the fourteen settings participating in the pilot study, six used a home/setting notebook in order to share information with parents. As explained in the Draft Framework for Action (DFA), the home/setting notebook goes back and forth between the home and setting and acts as a tool for sharing communication between the practitioner and the parent. Practitioners used the note book to provide detailed accounts of children's activity and participation levels within the early years setting. In this way, a diverse range of information was shared with parents about their child including details of emerging friendships, the child's likes and dislikes, whether the child was upset/happy, as well as details of progress in developing or enhancing skills and practical information about toileting, eating patterns, difficulties with specialised equipment and so on.

The following excerpts from the home/setting notebooks provide an overview of the nature and scope of information shared by practitioners with parents. The first excerpt, taken from the home/setting notebook of a community setting (1) was written from the child's perspective. In each of the other settings, staff wrote on behalf of the child when sharing information through the home/setting notebook.

Excerpt 1: Community setting (1)

"Hi Mom and Dad, I had a nice day today. I did painting; I did it by flicking the straw and Susan painted my hand and put it on paper. Maria sang Humpty Dumpty and fell on the floor off the chair. I laughed at Maria; I enjoyed it. I did some symbols today. I ate all my liga and yogurt and most of my milk."

Excerpt 2: Community setting (1)

"Hi Mom and Dad, I played in the block area with cars. I did the 'Wheels on the Bus go Round and Round' and enjoyed it with the other children. Maria asked me the children that were in school and were not. I said yes/ eyes up for the children that were in school and put my head down and eyes down for the children that were not in school"

Excerpt 3: Community setting (2)

"Today, Sean watched worms wriggling in the wormery. He joined his hands together and wriggled them to indicate worms and tried to say "worm". He used his index finger to wriggle finger paint down a long sheet of paper. He showed his hand to Lucy and chatted about the worms with her using his joined hands"

Excerpt 4: Private setting (1)

"Robert spooned half a bowl of pasta by himself again. This took some time as he didn't want to do it. He did great with the peg board; he put 20 pegs in and out with no help"

Excerpt 5: Private setting (2)

"Zara's hearing aid was making a lot of noise today. Maybe they need to be cleaned out. Zara is doing very well at school"

Excerpt 6: Private setting (3)

"Harry played well at the construction corner until tidy-up time; he became very upset when other children helped me. I explained that we wanted to be a tidy-up team and we could tidy-up faster and go outside to play. Another child snatched a toy from Harry today. He remained very calm while I spoke to the other child and returned the toy. Harry would have become very aggressive in this situation before. I praised both of them for resolving the situation"

Excerpt 7: Private setting (4)

"Leah is a little charmer; told me that she loved me and that she needed a hug. Her colouring is improving and she asks to do copy work"

Although six settings used the home/setting notebook, only three parents shared information with settings in this way. Of these three parents, and notwithstanding "loads of reminders" (private practitioner 2) one parent discontinued this method of communication. This breakdown in communication was described as "really frustrating" by the practitioner who also found it "impossible to communicate with the mother in the mornings or the evenings...she is always in a hurry. That's a major issue..."

The other two parents who continued to exchange information through the home/setting notebook shared a range of information about their child. As with the practitioners, parents used the notebook to provide practical information about their child such as whether they

had a good's night's sleep, how they were at the weekend and also details about activities the child was involved in while away from the setting.

Again, the following excerpts demonstrate the range of information shared between home and setting.

Excerpt 1

"Leah was tired when she came home but was very happy to tell me about her painting. She even told me that she pulled her own sleeves up"

Excerpt 2

"Today, Leah told me that she had homework; so I did some colouring with her. She lasted about six minutes on and off"

Excerpt 3

"Hi everyone, after school I went to Nana and Grandad's house, then I went for a sleep with my teddy bear. When I woke up I had great fun with my Nana and Grandad and Uncle Simon. I was writing and drawing with Uncle Simon and drew a picture of Nana and Grandad. Then I gave Dad his birthday card and he loved it"

Excerpt 4

"I went in Dad's van yesterday from school. I went for a drive in the van with Dad and splashed into the water puddles"

Excerpt 5

"I posted my letter to Santa Clause. I put it in the post and I hope Santa is going to come to me because I'm a good boy"

In addition to the use of the home/setting notebook, four settings also set up a system of "progress meetings" (DFA, section 1) with the parents. These meetings were used to

- A. Build rapport with parents
- B. Gain an understanding of parents' perspectives
- C. Exchange information in an unobtrusive manner
- D. Show examples of the child's work and talk about the progress s/he has made
- E. Share records of assessments with parents
- F. Give parents an opportunity to discuss the goals and priorities that they have for their child
- G. Encourage parents to ask questions and voice their concerns
- H. Incorporate family suggestions and ideas and promote ways of working together with families to enhance the learning experiences and progress of the child
- I. Outline any concerns and issues sensitively (DFA, section 1).

One community setting held four meetings with the child's mother during the pilot study. The child's PSNA was also involved in these meetings. In the words of the practitioner, the DFA *"opened up communication to the whole team. We gained so much confidence in talking to the parents about the child"*. Another community practitioner stated that *"we have a fantastic relationship now with the parents; this was helped by our meetings and home diary"*.

A private setting held three meetings, again with the child's mother. These meetings which were held in *"November, January—just after Christmas and in early February"* meant that the provider/practitioner had *"lots more time to chat with the mother in a more formal way...before it was always rushed in the morning"* (private provider/practitioner 7). The practitioner explained how these meetings had made a *"huge difference"*. According to the practitioner, there was greater rapport and increased trust between the parent and the staff of the setting. Consequently, the child's mother *"seems to understand more what we're trying to do and she's happier in herself. She is more inclined to tell us things now....you know; she'll tell us that he liked the painting we did yesterday or she'll tell us he's going to speech and therapy. Those things were never said before...I think that there's more trust there"* (ibid).

Overall, practitioners agreed that their relationship with parents, especially, the child's mother was *"better than it ever was before we got involved in this project"* (private practitioner 2). As a result, there was *"more communication and positive interaction"* with parents than here-to-fore (community provider/practitioner 3). Entries in nine reflective journals indicate that the relationship between practitioners and parents was enhanced because the DFA had given them the *"language to communicate with parents. We learned to keep it simple and to stay focussed"* (private practitioner 4). Indeed, the need to use appropriate language when communicating with parents was highlighted as a significant issue by the national disability agencies during Phase One of this study. They were particularly concerned that *"parents are often isolated by the use of words and phrases that they don't understand or that they don't associate with their child"* (national disability agencies focus group).

Another strategy implemented by three settings during the piloting of the DFA was the use of a communication log. This log comprised a record of all formal and significant informal communications with parents. The purpose of this log is to

- a. Highlight the level of contact with parents throughout the year
- b. Keep communication lines open
- c. Serve as a reminder to follow up on any actions that practitioners commit to.

It also provides a written record of interactions with parents which can be very helpful in the occasional circumstances where there might be disagreement between parents and the early year's provider/practitioner. A private practitioner who found it *"impossible to meet"* the parents of a child with SEN attending her setting, found the communication log a *"really great way of keeping a record of all the times I tried to get in touch with her [mother]. Like this week, I really needed to let her know that Zara's hearing aid needs to be checked...I think the*

batteries are flat. So, I wrote it in the home/setting notebook and made a note in the communication log (private practitioner 2).

Overall providers/practitioners were very positive about the DFA in terms of how it had helped them to communicate more effectively with parents and others involved in the child's care and education. In this regard, 10 settings stated that it had *"opened up lines of communication between parents, staff, SNA and manager"*. Specifically, the *"notebook for communicating with parents"* was described as *"a real God send"* (private practitioner 1) and a *"major breakthrough – it actually opened dialogue both written and verbal between us [practitioner and parent]"* (community provider 4). Another community provider stated that as a result of the settings involvement in the DFA that she would have *"spent more time than usual communicating with the child's mother. This project provided opportunities for developing a greater bond and understanding of his needs"*.

The following extract from a reflective journal provides insight to how one community setting enhanced communication with parents during the piloting of the DFA. It reveals how the progress meetings provided a safe place for the child's mother to express her feelings and to discuss her hopes and expectations for the child while attending the setting. It further shows that all those working with the child in the setting established a shared understanding about how to work with the child to support his ongoing development in the setting. This extract also reveals how the practitioner struggled to engage with one of the child's PSNAs and shows how this impacted on her relationship with her.

Sample 1: Reflective journal – Community setting 1

	Describe the action taken from the DFA in the area of communication	What worked well?	What challenges did you encounter?	Implications for inclusive practice?
Week 1	As room leader, I am communicating more with the SNA. Mum is communicating through Big Mac and journal.	I feel we are all working together now. From reading the DFA we are all singing from the same hymn sheet.	Trying to get everyone together outside of the room to meet; trying to find time to do so.	Communicating more with child- letting him communicate back by giving lots of choice and not assuming what he wants.
Week 2	Planned a meeting with the SNA for Thursday Met with child's Mum today to find out what she wants for him (goals).	I felt that the child would benefit more if all communicated more with him and I got this across at the meeting.	One of the SNAs didn't attend to go through the outcomes of the meeting again.	Planned a meeting with Mum to find out what she wants for the child while he's in our service.
Week 3		Communication between mum, SNAs and staff in the room – now we all know what Mum wants.	SNA	From this communication we will adapt all activities so that child is always included.
Week 4 - child on annual leave				
Week 5	Another meeting arranged with Mum.	Long meeting with Mum – lots of information shared	Mum talked at length; began to cry. We all cried together – Mum, SNA, manager, me.	Mum is happy with what we're doing. It's so hard sometimes adapting routine.
Week 6	Communicated to Mum about carol service for parents. Child will participate.	I was nervous for Mum as she wasn't sure whether he would get upset or not.	Talking to Mum about it. She wanted to know every detail; all songs to be sent home.	We sang the songs into tape recorder so she and child would be familiar

Week 7 and 8 - child absent					
Week 9	Child is communicating so much better using his eyes. Mum has asked for the work she did over Christmas to continue.	Talking to child, asking him eyes up for yes, down for no. We feel he is understood more.	Mum communicated to us that the support agency don't think he could be able for main-stream.	Shouldn't he be able to go to school where the parents want him to go (Inclusive practice).	
Week 10 - no details given					
Week 11	Mum communicates by phone if she needs to and in book.	Mum seems very relaxed around us now.	I find it hard communicating with one of his [child] SNAs. I have tried many times.	I find it hard on the one day that this SNA is in to include her and the child. She just doesn't seem to fit in.	
Week 12	<p><i>Communication between Enable Ireland to Mum, to us is very good. From communicating with Mum we are all aware of where child is at and what Mum expects from us and child. The team is working well together; staff and SNAs all want the same thing for child and his family. The challenges are far and few between. Thank you for all your ideas about putting a communication book together for the SNA around our setting and the method in the room. I enjoyed communicating with the Mary I team and appreciated their feedback. I have learned so much – how important communication is with family, outside agencies and SNAs.</i></p>				

5.3.2 Communicating with colleagues and pre-school special needs assistants (PSNAs)

As highlighted in the DFA (section 1) communication between all practitioners including the PSNA is essential to ensure quality inclusive provision for children with special needs. Good working relationships among early years staff are at the heart of effective early years provision. Findings from Phase One of this study highlighted a significant issue in terms of the relationship between the practitioner and the PSNA in particular. While this continued to be a challenge throughout the piloting of the DFA, discussions with practitioners and PSNAs during on-site visits as well as analysis of reflective journals shows that a certain level of progress was made in this area during Phase Two of the study.

One setting for example set aside *"specific time"* each week to *"consult and to share information"* about the child with the PSNA (private provider/practitioner 5). Following this approach, the setting found that there was a *"better understanding"* between the practitioner and the PSNA. Accordingly, the *"SNA knows what we expect and we know what to expect as well. Everybody knows where they stand"*. Moreover, there was greater *"continuity...I think we work better as a team now"* (private provider/practitioner 5: reflective journal). In another setting, the PSNA was invited to attend a staff meeting in order to *"give her an opportunity to discuss the child with us and to help us to understand how we could help her to support the child in the crèche"* (community practitioner 3). Overall, practitioners stated that there was *"now better continuity with the SNA allocated to the children. We follow up on our findings and we work together to help out"* (community provider 1: reflective journal).

While experiences of working with the PSNA were in the main positive, two settings, both community based, described the challenges associated with their efforts to enhance communication with the PSNA. In one setting where the child with SEN shared three PSNAs, the reflective journal shows that two of the PSNAs were *"very interested and wanted to be involved. They tried everything and made really useful suggestions"*. Conversely, the third PSNA *"couldn't be bothered; there was no interest there at all"* (community practitioner 1: reflective journal). Notwithstanding *"several attempts to get her interested"* this PSNA *"never got involved and always found a way out of planned meetings. She just continued to do her own thing"* (ibid). In the second community setting, the issue was that the PSNA *"assumes she knows better than us. She takes total control of him [child with SEN] and there is no getting through to her no matter how we try"* (community practitioner 3: reflective journal). In this instance, the issue with the PSNA extended beyond the staff team and was impacting upon the *"child's progress...she smothers him and won't let him get involved in anything and yet she won't listen or get involved with us"*. This practitioner was very concerned about the impact of the SNA's *"control of the child"*. An entry in the settings reflective journal during week 5 of the pilot study reads *"I am really finding it difficult to find ways to try and distance the SNA from smothering him and preventing him from discovering for himself. She tends to interface and spoils what may have been interesting scenarios with other adults and children. This situation is leading to frustration amongst the staff who recognise a problem but also feel helpless"*.

Practitioners working in community settings 1 and 3 stated that the DFA had helped them to pinpoint the issues associated with working with the PSNA and had *“actually highlighted the importance of communicating with all involved”* (community practitioner 3: reflective journal). Because of the difficulties experienced in trying to open lines of communication with the PSNAs, these providers felt that they had *“a much greater awareness of the need for us all to work from the same hymn sheet. The framework...you know; trying to implement the framework just made the problems more obvious”* (community practitioner 1).

Irrespective of the challenges associated with endeavours to improve communication between the practitioners and the PSNAs, there was widespread belief that the guidelines on communication in the DFA *“helped to make all of the staff aware of what we were trying to do and we became very focussed. This has spilled over to our daily work not just with special needs and we are trying to make time to meet to discuss our days with each other”* (private practitioner 6). The DFA was the impetus for each of the fourteen settings to organise a staff meeting at the outset of the piloting phase to *“explain what it was all about and to make sure that we were all involved”*. It gave settings a *“real focus, we discussed how we might work together to improve what we were doing with all children not just the child with special need”* (community provider 6: reflective journal). As with the challenges of PSNA involvement, practitioners also encountered difficulties in trying to motivate their colleagues within the early childhood setting. One practitioner summed it up saying that *“getting everyone involved was difficult. Some took it and were involved totally; others didn’t get involved at all”* (private practitioner 4: reflective journal). However, in settings where staff were *“100% committed to the DFA and to improving how we communicate and work with the children”*, the benefits were described as *“enormous”* (community practitioner 1). In the words of a private practitioner *“we’re all on the same page now. We know what we want the child to achieve and we work together to help her to achieve her goals. It’s a real team effort and it’s easier for us all”*.

5.3.3 Communicating with children

Communication is fundamental to children’s learning and development. Many children with communication delay have difficulty simply interacting. Early years practitioners play a crucial role in promoting communication and language development in children with special needs. The need to communicate effectively and to enhance the communication and interpersonal skills of children with special needs was recognised during Phase One of this study. A particular concern was the predominant focus on verbal communication. Drawing on the guidelines within the DFA, six settings made picture schedules to encourage and support communication with children who had a speech and language delay. The picture schedules were used to *“offer choice”*; to *“explain what’s going to happen next”*; to *“offer another way of expressing himself”*; to *“let other children and staff see that there are other ways to communicate”* (extracts from reflective journals). An entry in one reflective journal reads *“the picture schedule worked very well...it’s well worth taking the time to make up the schedule for communication. It helps everyone; staff, the SNA and the other children”* (community practitioner 5: reflective journal).

Ten of the fourteen settings altered their group size, so that the child with special needs was part of a small group of four to six children rather than being part of a large group of twenty children. This strategy, which also reflected a change within the physical and emotional environment, was directed towards facilitating the child's communication and to enable the practitioner to work "*closer with the child*" (community practitioner 3). As one private practitioner explained "*before we divided the tables, she was always very shy and slow to interact with us or the children. I think she was overwhelmed by the numbers of children. Now she answers questions and is getting better at trying to chat with the children sitting beside her*". In the words of another practitioner "*working in a small group; Jillian felt confident to speak*" (private practitioner 5: reflective journal).

Five settings appointed a key worker who had responsibility for the child with special needs in the setting. During a site visit to one setting, the key worker described how she was a "*constant person for him here in the crèche. He doesn't have an SNA so I help him a lot. I work more or less with him and explain everything to him. If we're changing from one activity to another or going to the dining room for lunch, he gets very agitated. My job is to tell him what's happening and help him to get ready for those changes in the routine*" (key worker: community setting 2). Because of her work with this child, the key worker stated that he "*seems happier now and he plays more with the children*".

Analysis of a reflective journal from another setting revealed that the key worker had made a "*massive difference*". Prior to the DFA, the child in this setting was described as being unresponsive and "*you couldn't get any good of him, he never spoke or interacted with anyone really*". Following consultation with the child's mother in week one of the piloting phase, the key worker was appointed. The entry in the reflective journal in week twelve states that "*Sam is like a different child. When he comes into the pre-school he hugs us now and he always smiles at us and the children. He even said hello on Wednesday that was a major breakthrough but that hasn't happened since*" (private practitioner 4: reflective journal). As a result of working with the key worker, the practitioner was able to see "*his potential, we could see him growing in confidence every week*" (ibid). Because the practitioners in the setting viewed the child more positively and saw his potential rather than his special need, they described how they "*have such hope for him now and we can encourage him to say more words, to keep going and reach his potential*" (ibid).

The following excerpt from a reflective journal under the core area of communication shows how the practitioner began with a simple objective to "*encourage language in interactive play*" progressing to increasingly complex objectives including "*clarity in language used*" and to "*develop language skills by giving him choices*".

Sample 2: Reflective journal - Private setting 5

	Describe the action taken from the DFA in the area of communication	What worked well	What challenges did you encounter	Implications for inclusive practice
Week 1	Encourage language in interactive play	The group was small and certain children played well together	If the group got too big, Sean didn't speak	To develop confidence to use more language
Week 2	Encourage language in interactive play	Children joined in the game	Others sometimes took over talking so Sean didn't talk	To develop confidence in his language skills
Week 3	To stimulate clear and more language use	New toys (tractor) brought out lots of questions	Sean is still quite happy to sit and talk with teacher more than friends	He joined in the singing and is now enjoying himself
Week 4	To instil confidence to chat comfortably with friends	One to one with teacher or with another child	More interaction with others	He has lots of chat to say
Week 5	To further clarity of words in using language	Using the sheets from the speech therapist within a group situation	Sean is easily distracted within a group and we don't want to do the sheets one-to-one	He is practising words that are reinforced at home
Week 6	To bring out clarity in words	Repeating words often	Time as lots to be done for Christmas	The parents are very involved with ideas and games that are shared
Week 7	After Christmas break – settling in	Chatting about Christmas, gifts, visitors and the snow	Sean was very excited after the break	Lots of very fast chat but still a lot unclear
Week 8	To develop clarity with language used	Challenging his ability and asking questions in all areas of activity	Keeping his attention – running around	One-to-one – lots of chat enquiring about everything
Week 9	To develop language skills by giving him choices	Asking him to choose two colours to thread and picking colours for others to thread	Time to work with Sean and giving choices and watching progress	Sean makes decisions for which game he wanted and choices for other children
Weeks 10 - 12	Not completed			

It is evident from this excerpt that the child's parents were also involved in his care and education in the setting. It also shows how during week 5, the practitioner incorporated *"the sheets from the speech therapist within a group situation"*. This approach ensured that the work specified by the speech and language therapist was undertaken with the child without isolating or making the child feel different to the other children.

As a result of the pilot study, practitioners stated that they were more aware of *"how to communicate"* with a child who has SEN. As commented by one practitioner, *"I just took it for granted that he understood what I wanted, it never crossed my mind that maybe he didn't understand. I am more conscious now of what I say and how I say it"* (private practitioner 3). Among the various communication strategies implemented during the pilot study, practitioners cited the following:

- *We have developed a distinct and slower method of talking to the child during this programme.*
- *I am so conscious of getting down to the child's level now to get his attention.*
- *The draft framework taught us about how important it is to make eye contact with him when we are communicating with him.*
- *I pause now and wait for a response when I am chatting to her. I didn't know how to do that before and would always ask too many questions or just keep talking. It never crossed my mind that she didn't respond...I never noticed.*
- *The picture schedule is really great....we use cards and pictures now as part of circle time especially. I think he is included more because he can point to things and make choices. Before, we kind of assumed that he wanted to do the things we decided...*
- *We introduced puppets...we encouraged him to speak through the puppets; he loves them and responds so well.*

Not only did these various strategies enable practitioners to communicate more effectively with the children, they also benefited the children who were said to be *"calmer and more relaxed now"*. According to two practitioners, the children with SEN were *"not as aggressive;" "their behaviour has improved a lot"*. A community practitioner typified responses saying that the child in her setting *"is calmer, listens well and follows instructions more easily"* (community practitioner 4: reflective journal). Reiterating the benefits of the various communication strategies, all fourteen settings agreed that *"the strategies given in the framework benefit all the children not just the child with special needs"* (private practitioner 4: reflective journal).

Research findings during Phase One, point to the issue of time when working with a child with SEN. In this respect, a private practitioner claimed that the pilot study had made her *"even more aware of how much time is needed to include a child properly in the pre-school"*. Prior to the pilot study she *"always took every child that was looking for a place; I never refused anyone. I often had four children with special needs at the same time"*. As a result of the DFA, she described how she had *"come to realise that if you want to include a child and do it right then you can really only take one or two children. The draft framework made me see that we*

were only half caring for children; we hadn't time to get to know them, to communicate with them".

This latter point is inherently linked to the development and maintenance of a positive learning environment, for, as highlighted in the DFA (section 2), the environment comprises everything that is encountered from the time the child enters to the time that the child leaves the setting. The DFA offered guidelines and practical advice on how to create an inclusive learning environment under four interrelated areas: aesthetics, organisation, schedules and routines, and relationships. The next section of this report describes the strategies used by practitioners to enhance or adapt the learning environment during the pilot study.

5.4 The learning environment

5.4.1 Emerging awareness

Although practitioners in the majority of settings (10) undertook actions under the learning environment, this aspect of the DFA proved challenging. Consequently, practitioners in four settings did not recognise the "need to alter the environment". Indeed, one practitioner was of the opinion that "everything we do is centred on the child anyway so really, there isn't anything we can do with the environment..." (private practitioner1: reflective journal). As the following observation undertaken in this particular setting shows, this comment indicates a lack of awareness/recognition by some practitioners regarding the impact of the learning environment on the child's ability to negotiate and participate in the activities of the setting. The observation shows how Henry, a four year old with a general learning disability and physical disability was distracted and agitated by the numbers of children and noise level during story time.

Narrative observation 4

Context: There are twenty four children, two of whom have special needs; Jack and Henry. All children with the exception of Jack who is immobile are sitting on story mats around a practitioner who is holding up a story book to show them pictures of Cinderella as the story is relayed on a CD player. The purpose of this activity is that the children listen to the story. Two other practitioners are sitting on the floor with the children, while a PSNA is seated alongside Jack who is sitting in his wheelchair. The volume of the CD player is high so that the story can be heard above the children's chatter.

Impact of noise on Henry

Practitioner: *Listen everybody, listen to the story*
 Child: *We can't hear it; it's too noisy*
 Practitioner: *We must sit quietly and listen to the story. No talking now, shh, shh*
 Henry sits rocking back and forth holding both hands over his ears
 Adult: *Who can tell me what happened to the pumpkin?*
 The children scream together: *It turned into a carriage*
 Henry presses his hands firmly over his ears and sits rigidly.

Didactic practitioner	Practitioner: <i>No shouting. What did I say about talking? No talking while the story is on.</i> Two children kneel up to get a better look at the picture as the practitioner holds the book up high so that the children can see the carriage. The children are immediately reprimanded by a second practitioner who says <i>Sit down, sit down you're blocking the view.</i>
Henry's choice versus practitioner agenda	Henry tugs on the third practitioner's sleeve. She looks at him saying <i>Yes, Henry, what is it?</i> Henry: <i>Me colour now</i> Practitioner: <i>You want to colour, is that what you want.</i> Henry nods his head indicating: "yes" The practitioner who is showing the pictures to the children immediately intervenes saying <i>No colouring Henry. Its story time now. No colouring, we have to finish our story and then maybe we'll colour.</i> There is no recognition that Henry is agitated and wishes to undertake an alternative activity. Rather, the adult increases the volume of the CD player and continues to hold the book up so that the children can see the pictures. Quite a number of children have lost interest in the story and are shuffling, elbowing and poking each other.
Practitioner threatens to remove privileges	The practitioner becomes increasingly irate, correcting the children and threatening to remove privileges from them. Practitioner: <i>Shh, shh, listen to the story. Shh....if I don't have silence, you're not going outside to play at juice time. Shh, no chocolate spread on the toast today....</i> Henry continues to rock, head down holding both hands to his ears.

This observation demonstrates the predominance of the adult agenda, lack of communication between practitioners, and the absence of choice and freedom within the setting all of which are important aspects of a positive learning environment

It seems however, that involvement in the pilot study prompted this practitioner to consider the learning environment as evidenced through the reflective journal entry in week 12. It reads "from reading the DFA, I am looking and observing how I might change things around to suit the child's needs". This entry suggests that the practitioner may have had more awareness of the child's needs and the importance of the learning environment following her participation in the pilot study. Findings indicate that other practitioners also were more aware of the need to adapt the learning environment to suit the needs of children with special needs. Section 5.4.2 of this report examines how a community based practitioner, who was unsure about changing the environment, implemented a range of strategies from the DFA to support the inclusion of children with SEN.

5.4.2 Specific strategies that worked

A fifth practitioner, who found it difficult to contemplate changes to the learning environment, explained that because the setting was using the High/Scope method that

she was “happy with the environment” and did not “know what to change as the room is laid out for accreditation”. Regardless of her misgivings, her journal entry on week 2 reads “we are getting James out of his chair a lot more....down on the floor working and playing with the other children”. The journal entry points to the difficulties associated with this change in approach to working with James, “it’s hard on our backs lifting him in and out of his chair”. The pro-active approach of practitioners in this setting resulted in a solution, “we are taking turns lifting him so that the same person isn’t doing it all the time” (community practitioner 1: reflective journal). The benefits of removing James from his chair to play on the floor were recorded in week 9: “The children play with him a lot more now that he is on the floor with them. They build him things; getting him hammers and tools”.

In addition to increased floor time for James, this practitioner implemented a number of additional strategies to enhance the learning environment for him (Table 6).

Table 6: Practitioner devised strategies to enhance learning

Journal entry	Action	Result
Week 3	<i>I have adapted the sand and water area to suit James’ needs.</i>	<i>This has worked well and I feel he is more included.</i>
Week 4	<i>We are making sure that everything has a label so that James knows where everything is.</i>	<i>Now when we ask James where does the equipment that he is using go back to at tidy up time, he looks at labels....pictures and he knows to put it back.</i>
Week 5	<i>Added new equipment to the environment.</i>	<i>A new fish game worked really well. We are going to get new books that represent his needs...</i>
Week 11	<i>Bought new books of children with additional needs.</i>	<i>It was so good reading them to the children and them not noticing any difference; just accepting.</i>

The final entry in week 12 reads “I am looking to buy something for James for outside area; just can’t see something suitable. I need to get more equipment for him; equipment that represents him and that he could use”. Again, this entry suggests ongoing practitioner reflection throughout the pilot study. Moreover, notwithstanding initial hesitancy regarding adaptations to the environment, this setting rose to and responded to the challenge in a positive manner that resulted in numerous benefits for the child with SEN and the other children attending the setting.

5.4.3 Benefits of reduced group sizes

As previously mentioned, ten of the fourteen settings altered their group size to better facilitate the inclusion of children with special needs in the activities of the setting. In one

community setting, where previously children worked around a *“group of four tables as a group of twenty children”*; the practitioners decided to separate the tables into small groups. In effect, there were five separate tables with four children at each table. The impact on the child with special needs who *“was always that little bit confused”* was that he *“worked better in the smaller group”*. Mirroring parental perspectives, there was consensus among practitioners that children were *“more confident within the small group; able to ask questions and interact with the other children”* (community practitioner 5: reflective journal).

Practitioners explained how the strategy of placing children in smaller groups; especially during table top and art and craft activities meant that the children were able to *“form friendships with specific children in a safe environment”* where they were not overwhelmed by the large numbers of children and their *“voice was heard”* (private practitioner 4 interview). In three settings, practitioners acknowledged that children with SEN may have been *“intimidated by the numbers and the noise”* (ibid). Frequently, through their involvement in smaller groups, practitioners found that children with SEN developed the *“skills and confidence to participate better in larger group time like circle time and outdoor play* (community practitioner 6: reflective journal).

A further strategy implemented simultaneously with small group time in a private setting was to seat the child with SEN *“who found it really hard to talk to other children and socialise”* alongside a *“chatty outgoing child”*. The practitioner described how *“slowly, we noticed that she [child with SEN] was chatting away to the girl beside her...and in the yard, we noticed that the other girl was looking out for the child with special needs and making sure that she was included in games”* (private practitioner 5: reflective journal). In general, practitioners agreed that smaller group sizes resulted in an increase in social networks within the setting for the child with SEN.

5.4.4 Introducing a quiet space

A private practitioner described the guidelines on removing a child with SEN to a quiet room or area as a *“major breakthrough”*. In her words, she was at her *“wits end trying to calm him down when he was upset. That happened a lot; he would just act out. He was so aggressive, hitting and lashing out at the other kids. When I explained that he couldn’t hit other kids he became very angry”*. The use of the quiet room resulted in a significant change in the child’s behaviour and interaction with the children in the setting. The practitioner explained that *“he seems to calm down considerably in the quiet room. Providing this space is essential to his progress”*. The quiet room was made available to the child at all times, however, in week 6, the practitioner wrote *“the quiet room is still available to him but he seems to want to join in more with the other children. Knowing that the room is there for him seems to be a bit of security for him. He is much calmer”*. The child’s progress was recorded in detail from weeks 6 through 12. Although there was a *“minor setback”* in week 7 when he was *“a bit agitated”*; journal entries describe a *“happy and calm child. The improvement in his behaviour and his enjoyment of the other children allowed for positive inclusion”* (reflective journal week 9). In week 12, the

practitioner wrote, *"he doesn't seem to need his own space as much anymore. He plays more with the other children. The group play was wonderful. It was a very positive experience for all the children"*.

5.4.5 Schedules and routines – the need for flexibility

Section 4 of the DFA addresses the importance of the daily schedule which determines the pace of the day within the setting. It is critical that the schedule is not dominated by the clock. Rather, it should allow sufficient time for children to begin an activity, engage in it and complete it at their leisure. It is equally important, that children are not hurried or interrupted so that the activity is an enjoyable learning experience for them. As demonstrated in narrative observation 4, when the pace is set by the adult, it creates difficulties for children as they are dependent upon the adult to change the activity. Accordingly, children's individual abilities and needs tend to be overlooked.

During the final site visit to the setting outlined in section 5.4.4 in February, 2010, as the practitioner reflected on the child's progress throughout the pilot study, she spoke of adapting routines to facilitate children's play. She acknowledged the importance of being *"flexible and moving away from the daily routine"* in order to support and facilitate children's choice within the setting. Contrary to the rigid adult driven approach depicted in narrative observation 4, she acknowledged that *"allowing their play to continue means that we have to be flexible because what they want to do and where they want to go with their play affects the normal daily routines. Sometimes, the routine needs to be flexible to support this"*. Likewise, another community practitioner explained how she realised the importance of pacing activities to *"suit the child's attention span"*. She stated that *"before, I would always keep going to finish an activity, it was the routine and that was the way we did it"* (community practitioner 5: reflective journal). Following the pilot study, a revised approach was implemented in this setting where practitioners would *"shorten the activity or extend it longer to suit his needs and his attention span"*.

Practitioners in a small minority of participating settings (4) found the concept of flexibility challenging. These practitioners spoke of their tendency to *"lead and direct the activities"* acknowledging that for them, having a schedule gave a sense of *"order and control to the day in the crèche. Otherwise it would be kind of chaotic ..."* (community practitioner 6: reflective journal). Such perspectives must be challenged and questioned in the context of developing inclusive practice in early childhood settings.

5.4.6 Aesthetics

As highlighted in the DFA, the aesthetics of the environment can often be overlooked. Accordingly, it was recommended that attention be given to colour, texture, design, pattern and sound. The use of carpet floor covering in the main activity area of a community setting was central to decreasing the noise level which previously caused difficulties for the child

with SEN and the practitioners. Because the room was large, with a wooden floor, there was a constant echo which meant that the child with SEN could not be heard by practitioners. Moreover, as children moved about, there was a build up of noise as they moved chairs or jumped and danced during routine everyday activities. The resultant noise level had been "*distressing*" for the child with SEN. Fortunately; all of these issues had abated following the covering of the floor in carpet.

Another community practitioner described how the introduction of "*plain wooden tables and chairs*" had created a "*calmer, relaxing environment for all the children*". In addition to the new furniture, this setting also rearranged the physical layout of the room over the Christmas holiday period. This involved relocating the book cases, the home corner and the messy play area so that children "*were able to access everything, it is all in easy reach for them*" (ibid). During a site visit to this setting, the practitioner articulated how, when the children returned to the settings after Christmas, there was a significant improvement in their behaviour. Such was the noticeable impact of the newly organised and equipped room, that a colleague in the setting had queried whether it was "*a new group of children that had suddenly appeared*" (ibid).

A private practitioner stated that the DFA made her aware of "*sensory overload*" in the environment. As a result, she removed all posters, wall friezes, and Walt Disney™ characters and so on from the walls. They were replaced by children's paintings which became "*a focal point*" in the room. The practitioner claimed that the children were more aware of the wall displays and seemed "*proud of their work; they love seeing it up on the walls now....I think before it was lost in the clutter*" (private practitioner 5: interview).

5.4.7 Positive relationships within the environment

As previously discussed, the learning environment is underpinned by the relationships and interactions between children/practitioners, children/children, practitioners/PSNA, practitioner/parents and practitioner/other professionals. Findings point to particular difficulties in establishing and maintaining a positive relationship with the PSNA in certain instances. Consider for example, the case of the PSNA who was "*smothering*" the child with SEN. Following child observations, consultation and discussion about how best to support and include the child with SEN in this early childhood setting during weeks 1 – 3 of the pilot study, the journal entry in week 4 reads "*have identified problem that SNA is stifling child and not allowing him a chance for self development. During our discussions we have set out a plan in the hope of removing her from consistent close contact with him. Am hoping that this detachment will give child space to either engage with other adults or just reflect and watch the other children*" (community practitioner 2: reflective journal). In order to preserve the anonymity of the setting in question, it is not possible to detail the actions taken in order to get the PSNA to reduce persistent close contact with the child. Suffice it to say, that a successful strategy was implemented. The following journal excerpt provides insight into

inner conflict experienced by the practitioner, her struggle to find a solution to the problem as well as the positive impact on the learning environment in terms of both the child and the other practitioners in the setting as the SNA distanced herself from the child over a period of time.

Journal entry	Action	Result
Week 3	<i>Have noticed that staff see lots of opportunities to interact with the child but are impaired because of the intensity of the SNA and they don't want to step into the SNA role or else they feel that they would overwhelm the child by so much adult intervention.</i>	
Week 4	<i>From doing observations in the framework; found child had too long a time with just SNA.</i>	<i>Need to work out techniques that will enable SNA to include other children so that the child's activities can be extended. He needs to learn skills to be able to join with other children. SNA is preventing him from doing that. It is so frustrating.</i>
Week 5	<i>Am finding it a challenge to find ways to try and distance SNA from smothering him and preventing him from discovery for himself.</i>	<i>She tends to interfere and spoil what may be interesting learning opportunities for him. Staff are frustrated, it is affecting relationships in the playgroup.</i>
Week 6	<i>Am making progress in prising her away from child. This is giving him room to move and explore.</i>	<i>He is growing in confidence and is looking to do things for himself a lot more.</i>
Week 7	<i>Am not sure whether it is the separating of child from his SNA or if its his growing confidence but there is a definite change in the relationships.</i>	<i>He is being given far more room and this has helped with staff morale. There was a definite frustration between other staff members about the situation.</i>
Week 8	<i>Child is now approaching other adults and children. He is forming relationships with children and staff.</i>	<i>Other staff members feel that they can now work with him and involve him more in what is happening in the setting.</i>
Week 9	<i>The situation has definitely improved – the SNA is happy to step back and give child some space.</i>	<i>He is definitely thriving and enjoying himself.</i>

This reflective journal indicates the need to delineate clear roles and responsibilities for the PSNA in order to avoid the issues outlined. In this particular instance, the setting was committed to finding a solution to the problem, but as stated by the practitioner “so much of my time has been taken up with trying to distance the SNA from the child and preventing her from stifling his development. It was very hard work; it has taken up a lot of my time as I feel a responsibility” (reflective journal entry week 12).

Research findings in Phase One indicate a lack of communication between practitioners and the agencies appointing PSNAs to early childhood settings. This issue was further highlighted during the piloting of the DFA. Indeed, the community practitioner discussed in this section, wrote of her “*dismay*” with the lack of response from the disability support agency to her concerns about the PSNA. In week 6 of the pilot study she wrote: “*A criticism—despite the fact that we had spoken to [the support agency] of the frustrating situation we had, the liaison officer has not been back to check how things are going. This lack of communication, liaison and back-up are huge failures in the system*”. Likewise, another community practitioner articulated her dissatisfaction with the manner in which PSNAs were appointed and the absence of communication between the appointing agency and the early childhood setting.

We could be told on a Friday that an SNA will be starting on Monday; sometimes we don't even have a name. They know very little about the child or about what programme we use in the centre. Because of the lack of communication and the lack of understanding it can cause problems (community practitioner 1: personal correspondence, March, 2010).

Consistent with journal entries in five other settings; she stated that the PSNA may be “*good for the child but doesn't fit in with the team already in the room. Sometimes they think they know it all and are not open to help from other staff members. They are vital, but it is also vital that they fit in with us*” (ibid). Following a suggestion that the setting develop an information booklet about the setting, the programme and the policies and procedures, this practitioner wrote “*thank you so much for your idea about putting a communication book together for the SNA around our setting and the programme. The environment will always be ongoing; developing it to suit the needs of the child. The team is working well together; staff and the SNA; we all want the same thing for the child*”.

A further critique of the current appointment of PSNAs related to the failure of agencies to “*match the SNA to the child*”. A community practitioner articulated this problem from two differing perspectives. In the first instance, she explained how the needs of a child with Down syndrome, in his second year of attendance at her setting “*have changed enormously this year. My concern is that there was no discussion of these new needs, we got a new IDP and there has been no assessment of his SNA's ability to meet these new needs. The situation just rolls over annually*”. In the second instance, she expressed concern that generally, there is no “*attempt to try to match an SNA to a setting or to a child. It is not enough to match a child with a named adult with no consideration of suitability either in the role or the placement. It is vital the SNAs understand about child development before they can begin to assist delayed development*”. There was consensus between five practitioners in five settings that the importance of the SNA role “*is not recognised at agency level*” and that “*more care should be taken with more communication with the setting prior to appointing an SNA*” (private practitioner 4: interview).

Bearing in mind that a key research finding in Phase One of this study pertains to the centrality of positive working relationships between all those involved in the care and

education of the child with SEN, it is apparent that due and care and consideration must be given by professional agencies when appointing PSNAs to early childhood settings. Although considerable progress was made in relation to enhancing communication and relationships during the pilot study, inadequacies in the systems and infrastructure in place to support the inclusion of children with SEN in early childhood settings may potentially undermine the willingness and commitment of ECCE practitioners to embrace inclusive practice.

5.5 Assessment for and planning for learning

Research findings from Phase One of this study, underpin the necessity for child observations. As highlighted in Section 4 of this report, observations are essential to help practitioners develop appropriate support strategies that ensure the child with special needs is fully included in all of the activities of the setting. There was compelling evidence in Phase One of this study, that even though practitioners were aware of the need to observe, many were uncertain about how or what to observe. Likewise, findings point to an overall lack of a comprehensive approach to planning for children's learning with considerable inconsistencies evident from setting to setting.

Drawing heavily on the practice frameworks, *Síolta* and *Aistear*, Sections 3 and 4 of the DFA set out guidelines specifically in relation to the core areas of assessment for learning and curriculum development. Each of these aspects is interrelated where the malaise of one impacts on the other. This section of the report, together with Section 5.6, highlights practitioner willingness to address both aspects of their practice while simultaneously depicting the challenges associated with these particular areas of the DFA.

5.5.1 Child observations

Practitioners in each of the fourteen settings undertook child observations during the pilot study. The overarching objective of observations undertaken was to gain an understanding of the child's strengths and weaknesses in order to plan for his/her learning. One community practitioner noted that "*there is a definite lapse in information from the Early Intervention Services*" (reflective journal). Moreover, she stated that "*due to the lack of an IDP and suggestions for activities for his development, we need to be pro-active and do it ourselves*" (ibid).

Following an initial support meeting (October, 2009) with the practitioners in a private setting where Sam, a child with Down syndrome was depicted in terms of having "*very little ability*"; and where "*everyone, the intervention team, the speech and language people and us...we all seem to give a negative picture to his Mum*"; it was decided to observe the child for the sole purposes of building a picture of his strengths (private setting 4: support visit, November, 2009). In this way, it was hoped to move away from a deficit model where practitioners

tended to see the child in terms of what he could not do, to a more positive focus on his abilities. During this initial meeting, it was acknowledged that the practitioners working with the child didn't "really know a lot about him" and they "wouldn't know where to start if we were to plan a programme for him" (private practitioner 4: support visit, November, 2009). As a consequence, a key worker was assigned to him who would be responsible for undertaking the child observations as outlined. The following observation undertaken by the key worker which was shared with the research team provides insight into Sam's ability.

Example of key worker observation A

Date: 13th November, 2009

Table top activity 1

Sam is playing at table with bricks with his SNA. He is stacking the bricks on top of each other. There is one other child at the table.

Sam is manipulating the bricks to fit together. He is very good at this activity. Concentration level very high. He ensures that pieces fit together correctly.

Sam and the SNA take turns to stack the bricks. One brick at a time each. The SNA leaves the table. Sam continues to stack the bricks. He gathers all the bricks together on the table. He tries to pull his bricks apart. He is very persistent. He gets upset when he can't pull them apart. Sam gets up and walks over to another child in the room to ask him to help him. The child is unable to help him. He walks over to me (practitioner). I help him pull them apart. Sam shouts "yah" and returns to his table.

This key worker shared twenty six child observations in total that were undertaken in October and November, 2009. In January, 2010, when she resumed child observations after a two month lapse, she wrote "*I see many changes in Sam since I did my last observation 2 months ago; especially social. Socially, Sam seems a lot more aware of others around him*".

Example of key worker observation B

28th January, 2010.

Note: it is two months since I last documented observations

I entered the pre-school room to meet Sam. I said hello to him, he came over to me, looked at me, smiled and ran to the bean bags. He got a book and sat down. I sat down beside him. I asked Sam would he get a book for me. He got up, picked a book and handed it to me.

I opened the book and started to read to Sam. He pointed to the pictures and started uttering sounds while looking at me. One of the pictures in the book showed a girl yawning. I pretended to yawn and Sam did the same. There was also a picture of a girl sleeping. I rested my head on my hands and pretended to snore. Sam did the same.

He started to flick through the pages himself. He came to the picture of the girl yawning and pretended to yawn himself.

Note: Sam sat at the activity for half an hour. He shows great interest when he starts an activity.

Using these child observations, the key worker and other practitioners were enabled to compile a synopsis of the child's strengths as depicted in the following table.

Table 7: Private setting 4: Overview of child's strengths based on key worker observations

Strength	Is very independent; likes to do things for himself	Is very resourceful	Is very good at a range of skills	Is very aware of and responds positively to routine	Is beginning to engage in imaginative play	Is beginning to play cooperatively with other children	Is able to communicate in a number of different ways	Is beginning to differentiate	Loves to sing
Evidence	Takes coat from coat hook Chooses activities Turns pages in a book Tidies up Uses outdoor equipment independently (especially the swing)	Finds ways to do things that he finds challenging – uses both hands to open and close scissors	Stacks bricks, cups, boxes Manipulates objects such as bricks to fit together and puzzle pieces Takes turns (in circle time and one to one) Asks for help Perseveres at an activity Paints Fine motor activity (is able to put small pegs into peg board and remove them without assistance) Colours pictures with crayons Follows instructions	Associates activities with different practitioners (when he sees key worker he immediately goes to the bean bag)	Imitates characters from stories Pretends to be asleep Pretends to talk on telephone Pretends to eat	Engages in hide and seek and peek a boo with other children	Gestures Smiles Hugs Laughs Makes direct eye contact Is beginning to use words more frequently (pull, knock, bang, eyes, nose)	Sometimes differentiates colours Can identify and say parts of the body (eyes and nose) Recognises adults and can say their name (Mary) Knows children's names Differentiates school bags when he is the class helper and gives to correct child	

During the pilot study, this setting requested four support visits from the research team to get advice on how to record information about the child as well as guidance on how to use such information. As the key worker became more competent in undertaking the child observations and sharing the information with her co-practitioners, everybody began to see the child in a *“more positive way”*. Practitioners expressed their *“surprise”* that the child *“can do so much”*. There was a belief that prior to specifically observing him, that he was in a *“little world of his own, just pottering around you know with no real focus”*. While he was portrayed as a *“happy little fellow”*, practitioners felt that there was no real purpose to his activities and that he *“just flitted from one thing to another...he didn’t seem to concentrate on anything”* (practitioner 4: site visit January, 2010).

An even bigger concern for practitioners was their belief that this child had *“no speech, he doesn’t make any attempt to talk”* (ibid), hence their *“amazement”* that he *“is so clever”* (key worker, February, 2010). The key worker and the practitioner stated that they *“couldn’t believe all the things he is able to do. There is an awful lot going on in his head. He has huge potential”* (practitioner 4: support visit, February, 2010). Practitioners were heartened to have built such a positive profile of the child and were *“eager to share what we have observed with his mother. It will be great for her to hear something positive for a change”* (ibid).

In the context of using the information garnered and using their positive profile of the child to plan for his future learning, practitioners acknowledged that they were at a *“bit of a loss”* in terms of how to use the information. However, as discussed in Section 5.6, the overview of the child’s strengths served to highlight particular areas for support that formed the basis of learning objectives within the setting’s overall curriculum. The key worker and practitioner in this setting agreed that although it was *“tough doing the observations, it was well worth it”*.

In ten settings, practitioners stated that as a result of the DFA, they had changed their method of assessment to suit the child with SEN. The DFA *“helped us to decide on a form of assessment that suited the child we are working with at present”* (community practitioner 4: reflective journal). In four settings, Target Child observations were used for the purposes of a) assessing the extent to which the child with SEN was included in the activities and b) to determine the precedents/antecedents to challenging behaviour. One community practitioner undertook Event Sampling to *“determine how [the child] is focussing and looking at areas where he might need help”*. Commenting on the benefits of undertaking child observations, a private practitioner articulated how the DFA helped her realise that *“behaviour can be tracked and adjustments made. It isn’t as hard as we think it is”*.

As part of their involvement in piloting the DFA, each practitioner was asked to maintain a portfolio of children’s work. The purpose of the work portfolio was to establish a *“holistic collection of samples of children’s work, demonstrating growth and development over an extended period of time”* (DFA, section 3). While each of the fourteen settings maintained such a portfolio, only two practitioners mentioned it in the reflective journal. A Montessori teacher

highlighted the benefits of compiling a portfolio of the child's work *"the scrapbook was brilliant. It enabled us to look back and see the progress that Caiman was making over timeand it was a wonderful way of showing his Mum how he is coming along."* Analysis of the fourteen submitted work portfolios on conclusion of the pilot study, show that children were involved in a diverse range of activities; joining dots to form letters and numbers, colouring between the lines, brush painting, finger painting, phonic worksheets, number and colour recognition, for example.

5.6 Time as a factor in child observations

The biggest issue for practitioners in the majority of settings (12) related to the time involved in undertaking observations. The following accounts taken from two reflective journals typify the difficulty for practitioners.

Reflective journal	Setting 1- community based	Challenge	Setting 2- private	Challenge
Week 1			Kept a record of how activities worked. The continual evaluation helped direction of programme.	Finding time to keep notes. Evaluation proved valuable but realistically, it is difficult to maintain note taking and evaluation on just one child.
Week 2	From reading the DFA I will be changing the way I assess James. It gives a better picture of what he does during the day.	Finding time to do it as it takes longer from the way I normally do it. I am observing him differently- is this inclusion?	Am recording activities each day and challenges encountered. In continual discussion with his mother. The records help map his progress of areas of difficulty.	Getting time to observe and record all his activities. This would be difficult to sustain as the other children would not receive equal attention.
Week 3	Have decided to do a time sample and free description	Time again as I have other children I need to observe. As I observe James in a different way is this inclusion?	No entry	
Week 4	Assessment shows what he did at certain parts of the day.	Getting his SNA to do them also.		The challenge lies in record keeping and still trying to work with other children. Note taking and discussion with parents are not practical on a daily basis.
Week 5		This is not working well. SNA will not do observations. I have nominated staff member to do observations.		Keeping records is difficult especially at this time of year (18/12/09). Extra help would be needed to maintain this level of assessment.
Week 6	Staff are observing as much as they can.	It is not working very well as staff also have other children to work with.		Still find record keeping time consuming. It is good to develop and plot children's progress but it takes time.
Weeks 7 and 8 child absent				
Week 7			Unfortunately, left most of his work home up to now but have started to put scrap book together.	Getting time to record activities while supervising other children. Should have kept work and art from the beginning of the year.
Week 8			Learning now how to record and map the development of child during implementation of programme.	Time, always time. I am conscious of concentrating on only one child.
Week 9	Assessment hard. Nominated other staff member to be his key worker to try and get some observations.	Time		
Week 11	Quiet day last week- I spent the morning with him and got some observations done.	Time is very hard to get observations of James. SNAs won't do observations on James. Two don't know how. He deserves to be observed the same as other children.		
Week 12				Staff levels would have to be considered if such records were kept for each child.

As this table demonstrates, while the primary issue associated with child observations was time, practitioners also encountered other challenges. For example, setting 1, again mentions the difficulty of trying to involve the child's PSNA in undertaking the observations. A journal entry during week 11 reads *"I don't want them [SNAs] to think that it is just our job"*. As this commentary indicates, the issue of boundaries and clearly defined roles and responsibilities for PSNAs requires urgent attention.

A total of nine practitioners referred to the difficulty of dividing their time between observing the child with SEN and supervising the other children in the setting. This suggests a lack of understanding about how to undertake child observations, what to record as well as knowledge of effective child management strategies while undertaking observations. Furthermore, it indicates a need for training in the area of child observation and planning for learning, issues that are addressed in section 5.7.

On the other hand, findings highlight the positive aspects of observation and assessment for learning where practitioners were empowered to map and track children's progress as well as to identify areas for development. Overall, practitioners were positive about observation and assessment for learning. In the words of one private practitioner the *"continual assessment and evaluation of the child's progress developed a strong, positive and progressive framework for him, his behaviour and subsequent enjoyment of pre-school improved"* (reflective journal). Given the embryonic nature of this study, such findings are heartening and auger well for the ECCE sector and inclusive practice into the future.

5.7 Curriculum

Although practitioners in all fourteen settings acknowledged the link between child observations and curriculum planning, there is little doubt that this aspect of the DFA was the most daunting for the participating early years practitioners. Reflective journals bear testimony to the challenges associated with curriculum planning and implementation. A standard entry in relation to curriculum in nine of the fourteen reflective journals was *"the child is included in all areas of the curriculum"*. In these settings, practitioners appear to have introduced or attempted activities from the DFA including *"water play"*, *"finger painting"*, *"role playing"*, *"blowing bubbles"* and so on.

Five of these nine settings attempted to concentrate on specific skills development but in the absence of any curriculum framework. Therefore, while the objective might have been to promote independence, there was no plan put in place to achieve it. Consequently, a series of isolated activities were offered to children where there was no overall plan to extend or integrate activities to support development. The following table based upon journal entries provides an overview of the types of skills that practitioners sought to enhance and the activities offered.

Area of development	Activity
Independence	Tried to get children to use the glue themselves
Self care	Washing hands
Language	Introduced new words to improve Nathan's language use
Fine motor skills and pincer grip	Introduced more dot-to-dot activity to improve his pincer grasp
Cognitive	We went through some books and photocopied sheets for pencil work.

In another instance, the practitioner stated that the child was *"developing good rapport with other children"* (private practitioner 7: reflective journal). Therefore the priority in this setting was that the child *"would develop the skills to interact and play with the other children"*. In order to facilitate the child's emerging social skills, the practitioner explained that she had not *"challenged him [the child] cognitively as much as the other children"*.

Through her involvement in the pilot study one practitioner realised the importance of *"giving the child enough time to master an activity"*. Whereas, she would *"always have finished with the puzzles and put them away by Christmas, I realise that Katrina isn't ready to move on from puzzles yet"* (private practitioner 2: reflective journal).

Two community practitioners incorporated speech therapy exercises into their own curriculum so that all children were involved. According to journal entries *"all the children enjoyed working on the sheets"* (community practitioner 3: reflective journal).

Another practitioner *"introduced clay"* during week 4 of the pilot study. The clay was introduced during large group time. Therefore it was a new sensory experience for all of the children. The reflective journal described how the *"child enjoyed working with the clay – he seemed to enjoy the feel of it. He described the clay as smooth and cold"*.

As already mentioned, findings indicate that practitioners in nine settings found curriculum planning challenging. However, in each of these nine settings, practitioners stated that they were *"delighted with all the new ideas"* in the DFA (private practitioner 3). In the words of another practitioner *"the ideas in the DFA are invaluable for all children not just the child with special needs"* (private practitioner 5: reflective journal). As the journal entries testify, in these settings, curriculum was primarily associated with providing a series of disconnected activities for the children. It was far removed from any attempt at planning for the long or the medium term as recommended in the DFA. By contrast, the other five settings made a concerted effort to *"incorporate the guidelines in the framework into our curriculum here in the crèche"*.

Practitioner willingness to engage with the draft framework as well as their interest in enhancing the quality of their practice for children with SEN is apparent. From a broader perspective, and in light of the myriad difficulties for many children with SEN in terms of coordination and manipulating equipment, the introduction of dot-to-dot exercises and photocopied sheets for pencil work gave rise to fundamental questions about the appropriateness of certain approaches to supporting children's learning and development, pointing to an overall need for continuous professional development within the early childhood sector.

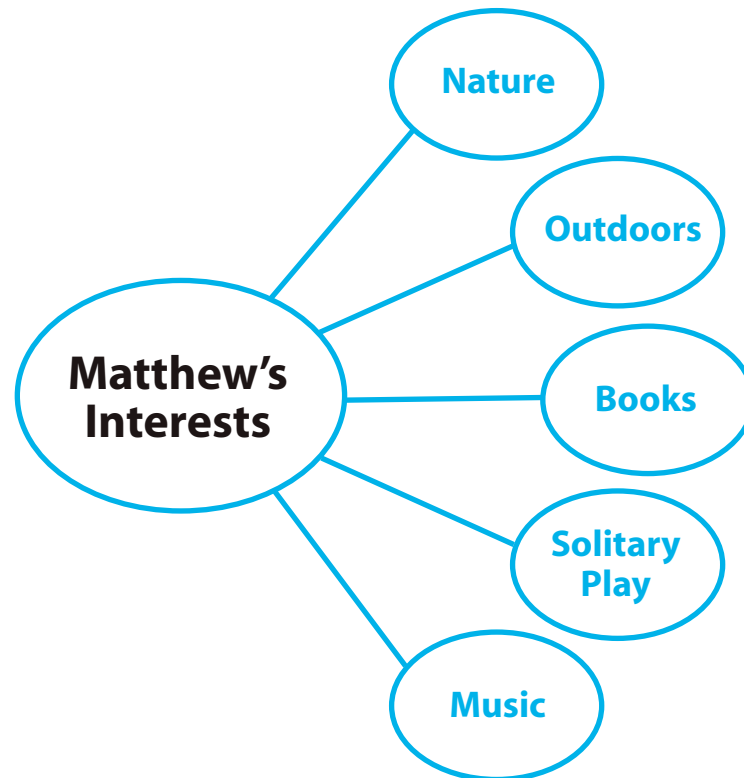
5.7.1 Building on children's interests

Upon completing a series of child observations on a child with Down syndrome, a community practitioner stated that they provided her with invaluable insight into the child's abilities and reinforced her belief that the current curriculum being implemented in the setting was not meeting his needs. In her words "*although we deal with children aged 3 to 5 years, I see that we need to be aware of the type of curriculum geared for 1 to 3 years because Matthew is still at this level in some areas of development*" (community practitioner 4: reflective journal). The practitioner was particularly concerned about Matthew's social development. She explained how "*he needs to learn the skills to be able to join with the other children. He looks at what they're doing but he needs to be helped to provide situations which other children will want to join*" (ibid). Having considered the guidelines for curriculum development in the DFA, the practitioners in this setting established a number of core objectives that they wished to achieve during the pilot study. The specific objectives were to:

- Take their lead from Matthew's own interests
- Build upon these interests
- Incorporate these interests into the overall curriculum of the setting
- Enhance Matthew's speech and language development
- Support Matthew's social development
- Encourage and support Matthew to be independent

In order to determine Matthew's specific interests, the practitioners analysed the child observations previously undertaken as well as photographing him involved in the normal routine activities of the setting. The following figure provides an overview of Matthew's interests based upon analysis of child observations and photographs.

Figure 15: Overview of Matthew's interests



This overview enabled the practitioners to consciously plan for and support Matthew's development within the overall curriculum framework of the setting. For example, in week 2, the reflective journal reveals that Matthew *"is interested in worms"*. Using this information, the practitioners facilitated the group of children including Matthew to *"join hands together and wiggle them"* like a worm. This simulated the sense of worms moving, gave Matthew an opportunity to interact safely with the other children and introduced him to *"another type of communication"* where he *"adopted"* the wiggling hand movement as *"our sign for worms and he has used it outside of the setting when talking"*. This simple strategy empowered Matthew to actively engage in other curricular activities. As explained by the practitioner *"he was able to communicate with the other kids and with us and he was able to join in the search for worms and the preparation of the wormery with the other children"* (community practitioner 4: reflective journal). As mentioned, practitioners photographed Matthew engaged in a range of activities. These photographs were used as a *"display chart – this provided a crutch to include other children and to initiate conversation. This gave him a chance to explore and talk about the world around him"* (ibid). Furthermore, as noted by the practitioner, the wormery *"gave him something positive to focus on and, encouraged other children to join him when he searches the soil for signs of worms"* (ibid).

Not only were the photographs used to document Matthew's involvement in the curriculum, serving as a focal point for interaction with the other children, the practitioners also used them to further build on Matthew's interests. Accordingly, the practitioners made a series of

"home-made books" from the photographs. Again, the reflective journal reveals that when the practitioners *"found a butterfly, it was photographed, when a frog came to visit, it was photographed"*. These photographs were subsequently compiled into a series of picture books for Matthew that *"he likes to take off the display and look and talk about the children and the pictures. He returns to the picture books often"*. Yet again, we see how a simple innovative practitioner response resulted in a longer term impact on Matthew's learning and development within the setting. The home-made books empowered him to associate pictures with activities, he *"learned the names of animals and birds....he looked at pictures of the other kids and pointed to them in the classroom; so he learned who they were and sometimes they sat beside him looking at the books too"*. It is also evident that Matthew was empowered to develop independence as the books were freely available for him to access whenever he wished.

During week 4, practitioners *"extended his awareness of the natural world"* by introducing a nature box to the setting. While this activity was specifically intended to build on his interests, *"the fact that a group of children gathered round with him to share what was in the box – his interest lasted a long time"*. Because of Matthew's interest in nature, practitioners sought to *"present as many different interest boxes as possible because we are working together on winter"*. As with other practitioner commentary throughout this section of the report, this practitioner stressed that while the activities undertaken were directed towards supporting Matthew's development that *"everyone benefitted; all the children, the staff....it was a brilliant experience for all of us and so worthwhile"* (community practitioner 4: final site visit, March, 2010).

In another setting, the practitioner explained how the objective was to both *"extend activities to suit the child and to make them more interesting for him"* (private practitioner 4: reflective journal). Using the example of story time, this practitioner described how the child enjoyed the *"story of Hungry Harry but found it hard to concentrate after 5 minutes"*. Rather than persisting with the story as would have been the case prior to the DFA, the practitioner *"decided to add colours and get him to colour the pictures"*. Building upon the colouring activity, the practitioner saw an opportunity to *"extend his use of language"* and through discussion introduced new concepts; i.e., *is Daddy the big or the small one?*

5.7.2 Identifying curriculum objectives

Section 5.5.1 describes how practitioners in private setting 1, used child observations to develop a positive portfolio of Sam, a child with Down syndrome. This portfolio enabled practitioners to identify a range of skills and activities that Sam had already mastered. The challenge for the practitioners lay in how to use the information gathered to plan for Sam's learning in the setting. With the support of the research team, the following matrix was developed to empower the practitioners to identify key curriculum objectives for Sam.

Table 8: Matrix developed to empower practitioner to identify key curriculum objectives for Sam

Strengths	Implications for curriculum	Objective
Tidies up Follows instructions Differentiates school bags when he is the class helper and gives to correct child	Eager to help Eager to please	Give child more responsibility - develop independence Support social development
Gestures Smiles Hugs Laughs Is beginning to use words more frequently (pull, knock, bang, eyes, nose)	Current focus on non-verbal communication Focus on single word use	Support speech and language development
Loves to sing	A form of communication Opportunity for speech development	Use music/singing to support speech and language development Introduce rhymes and stories to reinforce language use through repetition and rhythm – for example “head, shoulders, knees and toes” Use books to help child to associate words with pictures head, nose, toes.... Support interaction with other children

As this matrix shows, the key objectives during the pilot study were to:

- Support Sam’s speech and language development
- Support his social development

These represented the broad long-term goals for Sam during the pilot study. The next step for practitioners was to translate these goals into practice in the medium and short term. The practitioners stated that the establishment of the key objectives gave them “*something to work towards*” and that “*it’s the first time really that we can see where we’re going with him*” (site visit: January, 2010).

5.7.3 Achieving the objectives

Discussion with the key worker revealed that while Sam used single words such as *eye, nose, Mammy, dog*, it was an infrequent occurrence and was often the result of “*sheer persistence and determination*” where she “*kept at him, and at him, to say a word*”. The key worker determination was apparent during observations of practice where she would persist in repeating “*yellow, yellow, say yellow, yellow, can you say yellow for me*” over and over again while pointing to a picture of a yellow car in a book for example. On another occasion, she was observed encouraging Sam to “*show me the apple, where’s the apple, apple, do you know*

how to say apple, apple” while helping him to complete a wooden fruit puzzle. Generally, Sam did not respond to these prompts and persistent questioning. Rather, his attempts at speech tended to be spontaneous, sudden outbursts that were often not associated with an activity or piece of equipment.

Observations also showed that often there was no need for him to speak as practitioners tended to interpret his body language and gesticulation to guess his needs. For example, an observation undertaken during morning juice break demonstrates that Sam simply pointed to the jug of juice, or to the plate of toast to indicate a request for more. Practitioners automatically responded by asking *“do you want more toast, is that what you want”* while simultaneously handing the toast to him. As a result, his immediate needs were being met without him having to verbalise them and an opportunity was missed to allow him to give his own response.

In order to *“break the cycle of always guessing and interpreting what he wants”*, practitioners agreed that they would use juice break time as an opportunity to encourage and support Sam’s speech and language development. A simple strategy was agreed upon by all three practitioners working with Sam – to create opportunities for him to verbalise his needs. As explained by the key worker *“when he pointed to the juice, we would say – do you want some juice and then we would wait for his response. If he didn’t respond, we repeated the question – do you want some juice and waited again for his response. We would then say; I don’t understand what you are trying to tell me”*. This strategy was used consistently during the piloting of the DFA and extended to all non-verbal requests such as when Sam *“pointed to a book he wanted, pointed to the jam or the milk, pointed to a puzzle”*. The practitioners implemented their agreed response; *“I don’t understand, can you tell me what you want”*. Initially, Sam either continued to point to the item he wanted waiting for the practitioners to respond, or alternatively *“he used to get out of his chair and walk to the shelf and touch the jug or the book or whatever it was he wanted us to get for him. He had it all sussed and we had to hand it to him because he made it very clear what he wanted”* (key worker: site visit February, 2010). There was a *“major breakthrough”* at the end of February when *“out of the blue one morning, we heard this little voice saying ‘bread’...it was the first time that I ever heard him actually say what he wanted. We were all so excited”*. After this watershed moment, the key worker stated that it was *“like everything changed...he began to use our names and the children’s names, not all the time now but it was progress”* (site visit: March, 2010).

This strategy was extended to story time also when Sam was involved in individual work with his key worker. Rather than pointing to the picture of a “cat” for instance and telling Sam *“it’s a cat, look at the cat”*, the key worker decided instead to encourage him to speak by asking him to tell her what was in the picture. As with the strategy utilised during juice break, initially Sam remained silent, simply pointing to the pictures and smiling. Occasionally he would imitate the animal depicted in the story saying “miaow” or “woof”. Over a period of time, he began to spontaneously point to the pictures saying *“woof – dog”* or attempting to

say "apple or banana...he couldn't actually say the word sometimes but he tried"(Site visit: March, 2010). Beginning with this basic strategy, Sam began to respond to simple questions during circle time and large group time. For example, he was "able to say "red" when we were doing our colours or shout "dog" when we were learning about pets...it was great..."

There was a marked change in how Sam began to communicate with all those around him... "he would come to us in the morning and hug our legs and say hello...that was huge for him; he never did that. Sometimes he just came and stood in the doorway grinning as if to say "I'm here".

There was a noticeable difference in his social development. As noted by the key worker "the other kids always loved him but he played on his own a lot, we notice now that he seems to play more with them...you know that he's not on his own as much...I don't know; maybe its because he communicates more with them...I don't know" (site visit: March, 2010). Prior to the DFA, practitioners stated that "we had this quiet little child who kind of pottered around doing his own thing and not really taking part" (site visit: March, 2010).

At the end of the pilot study, this child's development had improved in "lots of ways...he is using more words, he plays more with the children, he interacts with us, he can make choices, he is able to point to a picture in a book and say "dog or cat" (ibid). While all of this was seen as "great progress and so rewarding", practitioners recognised that it was "only the beginning, we know we have a long way to go, but thanks to this study we know how to plan and how to set objectives. We can only get better and everybody has benefitted..."

5.7.4 Combining DFA curriculum guidelines with existing curricula

Section 5.4.2 details how practitioners in community setting 1, altered the environment to better facilitate the inclusion of James who used a wheelchair. In this setting, practitioners already used the High/Scope curriculum where "James uses his eyes to plan – do – review". Accordingly, James chose and planned his own activities on a daily basis. However, a particular challenge for the practitioners working with James related to ways in which he could be included in whole group activities which was difficult due to his immobility and the fact that he was non-verbal. The DFA guidelines served as the impetus for practitioners to include James in a whole group activity. During a site visit in March, 2010, one of the practitioners explained how James participated and led a song about "Tom the train driver and 5 little red engines... James held a steering wheel in his hands and balancing it on the tray on his wheelchair, he led the whole class around the room in a train and the whole class sang '5 Red Engines... He threw his head back and laughed with delight as the children sang the song and followed him around the room". At the final DFA workshop, this practitioner said that the curriculum guidelines "worked well with High/Scope; it heightened our awareness of including James in everything we do and made us think about how we do things and why".

Two settings used the Montessori method of education. In each instance, the practitioners stated that the DFA lent itself to the existing curriculum of the setting; "there was so much in

the framework that fitted with what we were doing already and it was so easy to incorporate your guidelines into our Montessori work” (site visit: private practitioner 3, March, 2010). A community setting that was using “Aistear” the early childhood curriculum Framework, through the themes of Well- Being, Communicating, Identity and Belonging, and Exploring and Thinking (NCCA, 2009) stated that “we incorporated the DFA into that. Combining both worked really well for us” (workshop evaluation sheet). In the words of one practitioner; the DFA was “universal in that it could be adapted to the children in the setting at their different stages of development” (workshop evaluation sheet).

This section demonstrates that practitioners made every effort to engage with the DFA and that they made significant progress in each of the core areas within the DFA; communication, environment, assessment for learning and curriculum. Section 6 details analysis of workshop evaluation sheets and discusses the inextricable link between professional development and inclusive practice in early childhood care and education.

Section 6: Professional Development

6.1 Introduction

Since, 1999, the Irish Government have aspired to develop a system of high quality early childhood education (DES, 1999). Such a system is dependent upon progress across a wide spectrum of areas including curriculum, training and qualifications (DES, 1999, 2009, DHC, 2000, OMCYA, 2010). Considerable progress has been made in this regard in recent years through the development of a range of progressive policy initiatives including the National Quality Framework: *Síolta* (CECDE, 2006), the Early Childhood Curriculum Framework: *Aistear* (NCCA, 2009), the Workforce Development Plan (DES, 2009) and the Free pre-school year in ECCE scheme (OMCYA, 2010). On the other hand, research findings from Phase One and Two of this study, consolidate the need for both pre-service and ongoing professional development for all those working with children who have special needs in early childhood settings. Indeed, there was overwhelming agreement between practitioners, PSNAs and parents on the need for training specifically in the area of special educational needs.

Evaluation of the pilot study demonstrates that while practitioners engaged 100% with the DFA, that certain aspects were embraced more readily than others. Although practitioners made considerable progress in all four areas addressed in the DFA; there is little doubt that they found “assessment for learning and curriculum development” particularly challenging. Evidence shows that while practitioners used the ‘assessment for learning’ tools recommended in the DFA and conducted a variety of event sampling, target child and narrative observations, that difficulties arose when faced with what to do with the information gathered. In other words, many practitioners struggled with how to interpret and make sense of the child observations undertaken and did not understand how to use them to inform their curriculum planning. As a result, practitioners in nine of the fourteen settings participating in the study, continued to provide a series of isolated activities such as painting, table top activities, story time, and circle time and so on, in the absence of an overall curriculum framework. Moreover, these practitioners were unable to develop a differentiated curriculum to suit the individual needs of children with SEN. Notwithstanding their best intentions and their satisfaction with the “ideas for activities” presented in the DFA, practitioners in these nine settings continued to expect the child with SEN to simply “fit in” with whatever was going on in the setting.

That said, the other five settings made significant progress both in terms of analysing their child observations and in using the information to plan for children’s specific needs within the curriculum. These settings used the child observations to set broad learning objectives for the child with SEN, which they then used to differentiate the curriculum to ensure that they could adequately respond to the child’s individual needs.

It is not surprising that the majority of settings experienced difficulty in the areas of assessment for learning and curriculum development given practitioners' limited training in SEN as highlighted in Phase One of this study. Furthermore, prior to the implementation of the Childcare (Pre-School Services) Regulations, 2006, while many practitioners undertook child observations as a matter of good practice, there was no statutory requirement to do so. It is therefore, logical to conclude that practitioners may not have developed the skills necessary to enable them to observe, assess and plan for children's learning.

6.2 Practitioner perspective on professional development

Throughout the pilot study, practitioners repeatedly stressed the need for training in order to fully understand and implement the DFA. There is compelling evidence in Section 5, that practitioners were overwhelmingly positive about the DFA. Analysis of the final workshop evaluation sheets adds further to this positive attitude towards the DFA as the following excerpts demonstrate:

Excerpt 1: *I loved reading the framework and taking part in the study....it was great. I learned so much from taking part. The best thing was seeing how happy the child was and seeing the big smile on his face every day. Thank you.*

Excerpt 2: *The framework is my bible. It is always in my bag. I take it with me everyplace. Thank you so much for letting us take part, it was just brilliant and everybody has benefitted especially the child and his mother.*

Excerpt 3: *Thanks to the DFA, we learned how to observe children. I am more confident now about doing observations. The suggestions on curriculum were so easy to follow and suitable for any child at any stage of development. We see the benefits of our involvement everyday not just for the child with special needs but all the children.*

Excerpt 4: *I find the booklet is very helpful. We have used it a lot in our setting. I would recommend it to anyone working with young children not just children with special needs.*

Excerpt 5: *The DFA gave me the confidence as a manager – confidence to speak with parents and the language used. It is a fabulous resource for any organisation to have; not only for children with additional needs.*

Excerpt 6: *Thanks to this study, I have new skills that I can apply to other situations. The mothers of the children are encouraged by the additional support their children received and the children have made considerable progress.*

Excerpt 8: *One of the most encouraging insights has been to observe the child respond and develop as the structures fell into place. For the first time we felt that we were doing things right.*

Excerpt 7: *We learnt an awful lot from the framework. It was great to see it working on the ground. It was practical and useful; everybody should have a copy and everybody should have the support we had to put it into practice.*

This latter point goes to the heart of the issue for practitioners – the need for support and professional development. Pointing to the trepidation experienced by practitioners at the outset of the pilot study and the importance of training and support, one practitioner said that she was *“slightly panicked about what was required; but once we had the first evening course and the first visit to our setting it was very encouraging and doable”*. Of the twenty eight practitioners and PSNAs that completed an evaluation form at the final workshops, twenty five stated that the ongoing support and mentoring by the research team *“made all the difference”*; *“we just wouldn’t have been able to do it without the help that the Mary I team gave, their support was just invaluable”*; *“the workshops and the visits were brilliant, I don’t think we could have done it without them”* (workshop evaluation sheets). Specifically in relation to undertaking child observations one practitioner explained *“we were really stuck with how to observe until [the researcher] paid a visit. She could see the child doing things that we hadn’t picked up on and she advised us on what to do. We were able to observe more over time and catch crucial triggers to behaviour etc”*. Another described how *“on a visit to our place of work [the researcher] highlighted the simplicity of what needed to be done in terms of observing the child with special needs. To observe him in a similar situation everyday was a huge benefit and then we were able to build on that”*. Yet another evaluation sheet reveals how the practitioner was *“lost; I hadn’t a clue how to plan the curriculum. I read the framework and it seemed so easy but I just couldn’t do it until... [The researcher] went through it and looked at our observations and helped me to make sense of them”*. Clearly, while training on the framework was limited due to the restrictions of the study, its impact on practitioners’ understanding and ability to implement the DFA was considerable.

Highlighting the need for training, one practitioner stated that the DFA gave *“excellent direction and clear reference points in all areas of our work. But we needed the training that the support team gave to us and if we are to continue we need even more training”*. Another said that the *“success of the programme was the four tiered approach, that we had to do something about all four areas. It put huge pressure on us and we couldn’t have done it without the information and training we got and the ongoing advice from the Mary I team”*. The critical factor for all practitioners appears to have been the initial capacity building workshops and the ongoing support and mentoring throughout the piloting of the DFA. Although, twenty five practitioners and PSNAs cited the need for ongoing professional development, an overwhelming twenty two specified the need *“for training on the framework”* of whom twelve stated that *“a year-long course”* on the framework was required. As commented by one practitioner *“sadly, this is the only study that was introduced to us which was of great benefit. More courses should be available to childcare workers that are involved with children with special needs. We need training, training and more training to make it work”* (workshop evaluation sheet).

Other than training on the entire DFA, practitioners and PSNAs specified a number of core areas in which they would like to receive additional training. An overview of these core areas is set out in the following table.

Table 9: Training Needs

Training need	Numbers of practitioners citing this specific need
Curriculum development	23
Observation techniques	20
Workshops on specific conditions	18
Speech and language development	10
Working in partnership with PSNAs and other professionals	7
Child development	6
Team work	5
Communicating with parents	3

Practitioners were less specific about the nature of training required and even though twelve practitioners articulated the need for a year-long course specifically on the DFA, for training as outlined in table 9, the preferred format appeared to be “workshops” (20). The involvement of personnel from the Early Intervention team and other support agencies in the provision of training was also highlighted as essential by sixteen practitioners.

Mindful that many practitioners cited time as a particular constraint in terms of undertaking child observations, it would appear that there is also a need for training in the area of effective child management strategies while undertaking observations.

In conclusion, the link between professional development and early childhood intervention and successful inclusion is clear. Participants in this study were keenly aware of the need for training in the area of special educational needs. It is evident that their participation in the pilot study heightened their awareness of inclusion as well as the need to develop specific skills in the areas of communication, environment, assessment and planning. The next section of this report which discusses the key research findings is followed by Section 8 which sets out a range of recommendations for policy, practice and research based on the study.

Section 7: Conclusions

7.1 Introduction

Findings from this research study are simultaneously heartening and give cause for concern. There is much to commend within the Early Childhood Care and Education sector in Ireland, not least of which is practitioner willingness to embrace change in order to enhance children's experiences within early years settings. The enthusiasm and commitment of participating practitioners to engage with this study, to examine, reflect upon and alter their practice throughout the study was admirable.

The development of the Framework for Action occurred during a time of unprecedented change within the ECCE sector in Ireland, as evidenced through the revised Childcare (pre-school services) (Amendment no. 2) Regulations, 2006, the publication of both *Síolta* and *Aistear*, the development of the *Workforce Development Plan* and the introduction of a *free pre-school year in ECCE scheme*. These progressive initiatives are the pillars upon which the ECCE infrastructure will be developed into the future. Specifically in relation to supporting the sector to facilitate the inclusion of children with SEN, the *Framework for Action for the Inclusion of children with SEN in Early Years Settings* complements both practice frameworks; *Síolta and Aistear* in terms of providing specific evidence-based guidelines for working with children with SEN.

Notwithstanding the considerable progress that has been made within the sector generally, this study raises concerns about how the concept of inclusion is understood, and queries the extent to which current practice can be deemed inclusive. As noted by Jennings, (2005:90) inclusion is not a "finite state; it cannot be universal or absolute in its application". Rather, inclusion is a process, it is not a placement issue, and it does not begin and end once a child has accessed an early years setting. At the conclusion of this study, a key question remains. What does inclusion mean in everyday practice? As this study shows, there is a dichotomy between allocating a place within an early years setting and facilitating and supporting the child to access and participate in all aspects of daily life in that setting.

Research findings from this study highlight a range of concerns in relation to the support infrastructure for children with SEN accessing early years settings as well as the quality of existing provision. These concerns relate to the staples of early intervention: availability and allocation of resources; quality of provision in terms of the environment; communication at multiple levels; curriculum development and implementation; and critically, practitioner training and ongoing professional development. The next section of this report provides a summary of the key research findings.

7.2 Key findings

7.2.1 Impact of Framework for Action on inclusive practice in settings

There is little doubt that the pilot study had a profound impact on inclusive practice within the participating early years settings. Clearly, through the piloting of the Draft Framework for Action, providers, practitioners and PSNAs transformed their practice. They achieved the ultimate goal of enhancing the quality of children's experiences within settings. This was achieved through a combination of professional development and ongoing mentoring throughout the twelve week pilot study. In fact, practitioners claimed that the success of the study stemmed from the initial training workshops together with the ongoing mentoring and support provided by the research team. This demonstrates that the model of targeted professional development, combined with on-going support enabled practitioners to change some of the key behaviours on the ground in terms of organising the learning environment, enhancing communication with children, parents, colleagues, and other professionals, observing and interpreting children's participation in the day to day activities of the setting and consequently planning appropriately for their ongoing learning and development. This model was implemented relatively easily during the pilot study and could be replicated in other contexts without significant costs to the exchequer.

The importance of professional development cannot be overstated. It is for this reason, that "professional development" is the unifying frame that underpins the *Framework for Action for the Inclusion of Children with Special Needs in Early Years Settings*. It is the cornerstone of the framework that enables all other aspects to unfold and over time, to become embedded as normal best practice within settings. Thus, professional development informs and shapes all aspects of inclusive practice – communication, the learning environment, assessment for learning and curriculum. Ultimately, professional development is the engine that drives inclusive provision and practice in the early years.

7.2.2 Levels of practitioner qualifications and training

There is widespread agreement about the link between practitioner education and/or specialised qualifications, process quality and child outcomes (Burchinal, Cryer and Howes, 2002; Loeb, Fuller and Kagan, 2004; Mekos, Philips, Carr et al., 2000; Roach, Adams and Edie, 2005; Vandell and Wolfe, 2000). Research evidence indicates that settings employing higher numbers of practitioners with higher levels of training and education are of better quality and achieve improved learning outcomes for children than those who do not (Sylva et al., 2004; Schweinhart et al., 2004).

This study provides compelling evidence that the level and quality of practitioner training is a critical factor in developing and implementing inclusive early years practice. Against the backdrop of the National Framework of Qualifications (NQAI, 2003), the majority of

practitioners and PSNAs participating in this study held a FETAC Level 5 qualification. Effectively, this places the majority qualification at below university degree level.

In addition to holding a basic FETAC Level 5 qualification in Early Childhood Care and Education, 36 practitioners (audit of provision) and ten PSNAs (qualitative research) had also undertaken stand-alone component modules of training specifically in the area of special needs. Within this category, a wide variety of individual modules were undertaken including: Special Needs Assistant; the Special Needs Assistant in Practice; Care of the Special Child or Care of the Special Needs Child; Classroom Assistant; and Integrating Children with Special Needs.

Inclusion is challenging. It calls upon practitioners to recognise a “continuum of diverse needs amongst all children and utilise all its available resources to make appropriate provisions to meet their needs” (Puri, 2004: 42). This is at the core of the issue for practitioners. This study demonstrates that lack of training, particularly in the area of special needs has a detrimental effect on practitioners’ ability to effectively support the inclusion of children with SEN in early childhood settings. Although, practitioners had the child’s best interests at heart, they were constrained by their lack of appropriate training.

There is a direct correlation between practitioner training and practices within early years settings. Thus, findings in this study, relating to levels of qualification within the ECCE sector are a serious concern. Lack of practitioner knowledge and skill about how to work effectively with children who have special needs creates an inevitable barrier to the implementation of inclusive ECCE practices. As this study indicates, the lack of necessary skills and knowledge, leads to a corresponding lack of practitioner confidence about their ability to work effectively with and include children with diverse abilities. In turn, this creates pressure for practitioners who struggle to do what is best for all children and may result in some ECCE settings refusing access to children with SEN. Indeed, this study provides evidence that many practitioners felt ill-equipped to cater for a child with SEN without the support of a PSNA. In other instances, practitioners may pass the responsibility for the child with SEN to the PSNA who is expected to support the child’s learning often in isolation from the other children in the setting. These issues are compounded by the fact that PSNAs receive little or no training themselves in relation to their role, responsibilities or inclusive practice.

Mc Gough et al. (2005: 116) posit that for children with SEN, practitioner expertise is a critical factor in “mediating the learning environment and constructing the differentiated practices required for meeting the complexity of children’s needs”. Consistent with McGough et al. (2005), this study found that in relation to practitioner expertise, much of the existing early years provision for children with SEN in the birth to four age cohort falls far short of what is required in terms of meeting children’s individual and specific needs. In the context of current training levels this finding is not surprising. Rather, it points to the need for a comprehensive practitioner training programme for all those working or intending to work with young children who have special needs.

7.3 Quality of existing provision

This study raises serious concerns about the quality of provision for children with SEN. There is little doubt that practitioners had children's best interests at heart and worked to the best of their ability to support their development within early childhood settings. None the less, findings highlight considerable weaknesses in terms of day-to-day practice specifically in relation to the learning environment, communication, and curriculum. These weaknesses are directly related to a lack of appropriate pre-service and ongoing professional development within the ECCE sector particularly in the area of special needs.

7.3.1 Environment

A basic premise of Early Childhood Education is that young children's learning is based primarily on experiences gained through interacting with the environment. Indeed, educators in the Reggio Emilia schools in northern Italy refer to the learning environment as the *third teacher* because children construct knowledge through their interactions with it. As noted by Feeney et al. (2006: 224) the environment is a "powerful teaching tool and the outward and visible sign to families" that you care about their child's needs and work towards supporting their learning and overall holistic development.

Findings in this study, suggest that the physical environment can be challenging for practitioners and children with SEN alike. From a practitioner perspective, a continuum of difficulties may be present including lack of appropriate toileting facilities for an older child (3-4 years), inadequate storage space for specialised equipment as well as lack of available circulation space to facilitate mobility and access to materials.

From the perspective of children with SEN, the physical environment can be difficult for them to negotiate due to the inaccessibility of equipment and materials, lack of circulation space, the large numbers of children within an area, and crucially, inappropriate noise levels and sensory overload. The danger with an inappropriately planned learning environment is that it can seem like a "chaotic jumble" particularly for children with special needs (Larocque and Darling, 2008: 99). It was alarming to find that practitioners were often unaware of the impact of the environment on the child with SEN. This was most noticeable in terms of the acoustics of the environment where children with SEN were overwhelmed by loud music, radios playing in the background during activities and lack of sound absorbing materials.

From birth, relationships with adults are the "critical determinants" of children's social and emotional development (Becker and Becker, 2008: 147). *Aistear* (NCCA, 2009) highlights the critical role played by adults in influencing what children learn and how they learn in the early years. Consequently, children learn and develop through caring and nurturing relationships with adults (NCCA, 2009). At the same time, children also need to initiate and

regulate their own learning and interaction with peers (Becker et al., 2008). All of these factors are central to creating an emotionally-safe environment which is predicated on respect, trust, honesty, acceptance, protection and positive interactions. As this study shows, the emotional environment is closely linked to communication between practitioner/children, practitioner/parent, practitioner/PSNA and practitioner/peers. A break down in any one area has a knock-on effect upon children's experiences within the setting. The need for effective communication strategies at multiple levels was identified as an underlying principle of inclusive practice in this study.

7.3.2 Curriculum

Research is unequivocal about the need for children with SEN to access an appropriate curriculum in the early years (Cederman, 2006; CECDE, 2006; NCCA, 2009; McGough et al., 2005). Such is the importance of the curriculum that Odom (2000) for example, asserts that while children of differing abilities certainly benefit from attending different settings, the quality of the programme being implemented has a greater impact on development than the nature of the actual setting.

A major finding of this study was the lack of specific planning for the child with special needs within early years settings. Generally, children with special needs were simply incorporated into the normal pre-school routine. Specialised or differentiated curricula designed to meet the needs of children with SEN were seldom used by practitioners. Overall, notwithstanding the significant lacuna in communication between the Early Intervention Services/multi-disciplinary professionals and settings, there was a significant culture of dependency within early childhood settings, where practitioners simply waited for the intervention services to develop and disseminate an Individual Development Plans (IDP) for children with SEN. Findings point to inordinate delays in terms of Intervention Services developing IDPs for children. Frequently, children were mid-way through their year in the setting before an IDP was issued. There were also instances where IDPs were out of date and had not been reviewed. While this approach to developing IDPs is unacceptable, it must be remembered that practitioners have a responsibility towards the child with SEN. This involves ensuring that the curriculum of the setting is sufficiently differentiated to meet children's individual and specific needs.

Data indicate that there were very few efforts to differentiate curricula to include children with SEN in a meaningful way. Indeed, a worrying finding was the dearth of curriculum planning in general, for any child in the birth to four age cohort attending an early years setting. With the exception of settings using a particular curriculum model (High/Scope or Montessori) where practitioners implemented a specific educational programme as well as maintaining a record of children's progress as part of their daily routine, approaches to planning were, in the main, undertaken on an *ad-hoc* basis and varied greatly from setting to setting. This finding is contrary to the principles of Universal Design for Learning as

discussed in section four of the Framework for Action. As noted by Bauer and Kroeger (2004), Universal Design does not remove challenges-it removes barriers to access. Thus, Universal Design for Learning involves the conscious and deliberate creation of lessons and outcomes by the practitioner that enable all children access to and participation in the same curriculum.

Curriculum development is dependent upon practitioner ability to engage in the ongoing practice of “collecting, documenting, reflecting on and using information to develop rich portraits of children as learners” in order to support and enhance future learning (NCCA, 2009: 72). A combination of formal and informal assessment measures in a variety of areas is required to secure a full picture of a child’s strengths and priority learning needs. In relation to formal assessments, these are undertaken by multi-disciplinary professionals such as psychologists, speech and language therapists, and occupational therapists. Following formal assessment of the child’s specific needs, the multi-disciplinary professionals develop an Individual Development Plan for the child that in ideal circumstances should be shared with the early years setting. The IDP can then be used to support the child to reach the objectives set out in it.

Child observations undertaken by practitioners as children engage in routine activities provide a starting point for children’s learning within the early childhood setting (Rodger 1999). In order to support practitioners to plan for each individual child’s development within the setting, it is essential that assessment is undertaken in a systematic way on a regular basis. Informal assessments can also be used to complement the IDP in certain areas of the child’s development, by identifying areas for support not readily visible during formal assessment by the multi-disciplinary team. For example, the practitioner may observe over a period of time that the child finds it difficult to establish/maintain friendships, or finds outdoor play challenging. This information forms the basis for developing an Inclusion Plan (see Framework for Action, section 3) for the child with SEN as a way of tailoring the curriculum to meet the child’s specific learning needs. The IP identifies the child’s strengths and learning needs, the education and care targets for the child as well as the additional supports and resources required to enable the child to meet those specific targets. It can be developed in conjunction with or in the absence of an IDP. Either way, the development of an IP ensures that practitioners take a systematic approach to planning for the child’s learning thus ensuring that it is not left to chance.

Data indicate that because of their lack of training, practitioners were restricted in their ability to assess children’s learning in any comprehensive manner. As with planning, child observations were undertaken on a very limited basis within settings. Many practitioners were uncertain about how or what to observe and critically, they did not know how to use the data from observations to plan for children’s learning.

Likewise, practitioners in this study were concerned about how to approach a parent with a concern about a child whom they felt may need to be assessed. While this issue is directly

linked to the development of effective strategies for communicating with parents (as discussed in Section 7.3.3), it is also related to practitioner capacity/ability to use data from observations and informal assessment to highlight a child's abilities and needs.

Findings in relation to assessment for learning and differentiating curricula reflect an overall lack of appropriate training and consequent lack of practitioner expertise in providing for children with SEN.

7.3.3 Communication

A key finding of this study relates to the critical importance of communication in terms of working effectively with the child with SEN. As with professional development, the importance of communication cannot be over stated. It is an underlying principle of effective inclusion. Notwithstanding its importance, findings indicate that overall, there were relatively few communicating strategies in place. This was especially the case with regard to communication with parents where communication was limited. Parents and families are important partners in their child's care and education (DES, 1999; NCCA, 2004, 2009; CECDE, 2006). The need for effective parent/practitioner partnerships is critical to developing and implementing inclusive practice. The active involvement of parents and families is a vital element in planning for and monitoring children's development and learning. There were multiple reasons for the lack of communication between practitioners and parents. These included lack of confidence, fear of parental response when approached about a concern, practitioners feeling undermined by the PSNA and lack of parent/practitioner time.

Data further suggest that collaboration between practitioners, early intervention services and multi-disciplinary teams was weak right across the sector. As far back as 1999, the DES highlighted the benefits of multidisciplinary teams in sharing recommendations and insights with ECCE practitioners. Such sharing would be of "immediate value in pre-school and in schools in developing education plans for pupils with disabilities" (DES, 1999: 85). The literature is unequivocal that the best outcomes for children result from all stakeholders working together. The dearth of collaboration between practitioners, the early intervention services and multi-disciplinary teams impacts negatively upon service provision and has a direct impact on children's experiences within settings. This is most evident in terms of the considerable lapses in developing and reviewing Individual Development Plans for the child with SEN as well as practitioner misunderstandings about how best to work with the child. It is absolutely essential that effective communication strategies are established between all those involved in the child's care and education so that information about the child is shared, that issues and concerns are discussed and that a shared approach to supporting the child's development is put in place.

Likewise, communication between all practitioners, including PSNAs is essential to ensure quality inclusive provision for children with special needs (Moyle, 2006; Sandall et al., 2000).

The ability to work as part of a team is an essential aspect of working with all children in early years settings. Within *Síolta* (CECDE, 2006), teamwork is defined as the expression of cooperative, coordinated practice in any setting.

Findings indicate deficiencies in terms of effective team work and an absence of communication strategies with regard to sharing information about children with SEN within settings. Consistency and routine which are important for all children; especially those with SEN can only be achieved when all practitioners work together as a team to plan for and support children's learning.

Bearing in mind the centrality of communication in children's learning and development, early years practitioners have a vital role to play in promoting communication and language development in children with SEN. As noted by Deiner (2010), communication plays an important role in children's cognitive development and social development, and is vital for their overall well being. The NCCA (2009) highlights the critical importance of positive interactions in the early years, stating that they must be respectful, fun, playful, enabling and rewarding. In this sense, the adjective "enabling" is the operative function of communication in early childhood settings. By its nature communication is reciprocal. It is dependent upon each communicating partner; that is, child and practitioner, understanding each other and responding to each other. Where there is a breakdown in communication, for example, the child with SEN is unable to understand an instruction due to a language processing difficulty; this can lead to the child missing out on valuable learning opportunities.

Given that 21.37% of children with SEN participating in this study had speech and language difficulties or were non-verbal, the predominant focus on verbal communication within settings was worrying. Although practitioners readily acknowledged the importance of communicating effectively with children who have SEN, they were unaware that a dependency on verbal communication could be disempowering for the child. Yet again, this lack of awareness is directly attributable to the absence of appropriate training for practitioners working with children who have SEN. As a result, practitioners generally did not have the knowledge or the skills to incorporate alternative communication strategies into their practice.

In relation to each of the areas outlined, the learning environment; assessment for learning; curriculum planning; and communication; evaluation of the pilot study demonstrates how, with appropriate support, the Draft Framework for Action transformed practice within settings. Specifically in relation to communication, findings from the pilot study evaluation indicate that collaboration is central to successful inclusion. In this respect, when collaboration extends to practitioners, parents, children, PSNAs and other professionals, the benefits for the child are tremendous. Ultimately, collaboration is about a shared vision for children. It ensures that everybody is "singing from the same hymn sheet"; that everybody involved with the child has a vested interest in ensuring that all learning opportunities are maximised and that children receive quality supports and services in the early years.

7.4 Availability of resources for children with SEN

Inclusion is about improving inputs, processes and environments to “foster learning both at the level of the learner in his/her learning environment as well as at the level of the system which supports the learning experience” (UNESCO, 2005: 16). Ultimately, it is about a shift in attitudes on the part of those working with young children. It is about acceptance, valuing difference and being open to embracing better ways of working with all children so that inclusion becomes the norm within every day practice. Early years providers must explore issues of accessibility and accommodation, develop knowledge and understanding of these processes and establish best practice to achieve their effective implementation. Fundamentally, positive attitudes are a vital aspect of inclusive practice.

While it is acknowledged that the period from birth to six years is central to shaping the child’s developmental trajectory, this study consolidates the view that, as yet, Ireland does not have a “comprehensive, State funded system for children with special needs and their families” (CECDE, 2005: 12). The lack of a universal State funded system is problematic. Research findings clearly indicate that anomalies within the system have a cascading effect upon all those working with children who have special needs. Although pre-school special needs assistants (PSNAs) were perceived as a vital resource for children with SEN, multiple inconsistencies were identified in relation to such support in terms of

1. How PSNAs were allocated to children with SEN
2. The descriptors used
3. Clearly defined roles and responsibilities.

7.4.1 Allocation of PSNAs

At the time of this study, 131 children attending 171 early childhood settings were diagnosed with SEN. Of the children diagnosed, 22 (16.79%) had ASD, 20 (15.27%) Down syndrome, 19 (14.50%) General learning disability, 28 (21.37%) Speech and language disorder, 17 (12.97%) a Physical disability, 9 (6.97%) Emotional and behavioural difficulties, 9 (6.97%) Hearing impaired, 4 (3.05%) Visual impairment, and one child (0.76%) diagnosed with Tuberous Sclerosis Complex. Of the 131 children diagnosed with SEN, less than half; (45%) had the support of a PSNA.

Currently, the allocation of PSNAs varies from region to region across Ireland. In Kerry, where the highest incidences of SEN were recorded, only 33% of children had the support of a PSNA. In Clare and North Tipperary, 16.66% and 13% respectively had this support. In Limerick city the figure rose to 59% while in County Limerick, 71.4% of children with SEN had such support. Hence, depending on their geographic location, parents may be fortunate enough to have support or they may struggle to have a PSNA appointed to their child with SEN.

The system is inconsistent, difficult and cumbersome for parents to negotiate. Parents and practitioners were at a loss to understand why one child with SEN was allocated a PSNA while another was not. Frequently, parents attempted to negotiate the system alone, or in some instances in partnership with the ECCE practitioner. The present method of allocating PSNAs is inequitable to families, parents, children and services. It is analogous to “geographic inclusion” where access to services is determined by geographic location as well as parental capacity to advocate for access to appropriate supports and services for their child. This system presents a very real danger that parents who advocate vigorously for their children may be able to secure supports more successfully than parents who lack the confidence and ability to interact with the agencies involved. Presently, in Ireland, access to supports and services is like a jigsaw puzzle where those parents who know more get more, who live in a particular location have greater access to services, while parents who are not as well informed or who live in an area that is not as well served receive less. The key to successful inclusion is universal access. It is imperative that all children with SEN have equal access to quality ECCE provision as a basic human right. Such access should not be determined by geographic location. Equity of access is vital to creating an even playing field for all children, including children with SEN.

The issues surrounding PSNA allocations were compounded in some instances, where children with very complex needs had the support of more than one PSNA who were provided by different support agencies. These PSNAs attended the child’s early years settings on different days and at different times. For example, a child would have the support of PSNA (A) on Monday and Tuesday and the support of PSNA (B) on Wednesday while PSNA (C) attended the setting for the remainder of the week.

This approach was problematic on a number of levels. It undermined the significance of consistency for children with complex needs, and impacted upon their capacity to build a relationship with each PSNA. It was challenging for parents and practitioners in terms of building a relationship with any one PSNA. It further created difficulties for practitioners in relation to the solidarity that can be achieved through team work. Practitioners articulated the challenge for them in ensuring an agreed comprehensive approach to working with the child who had SEN in the context of the need for mutual sharing of information and planning. Practitioner ability to promote a comprehensive whole-team approach to working with the child was compounded by the appointment of multiple PSNAs, each of whom came with different levels of training, expectations and instructions.

7.5 Descriptors

While the need for PSNA support is not in dispute, this study found considerable confusion with regard to the terms used to describe the person (PSNA) appointed through the various support agencies to work with children who have SEN while attending an early years setting. Multiple terms were used that had different connotations for different practitioners across the country. Thus, PSNAs were described differently in various regions throughout Ireland. A commonly used descriptor was “Special Needs Assistant” / “SNA”. However, this term was the source of much confusion during the primary research phase of this study. SNAs are recruited specifically to assist in the care of pupils with special needs in the context of primary and secondary schools. Hence, the term is predominantly associated with the formal primary and secondary school system in Ireland.

The terms “pre-school assistant”, “personal assistant”, and “classroom assistant” were also frequently used. These terms too, led to confusion and misunderstandings across the sector as often, the practitioner working directly with children in the setting was known as the “pre-school assistant”. Likewise, as with the term “SNA”, the term “classroom assistant” was equally associated with the primary school system. Each of these terms had different meanings in various regions throughout the country. Such anomalies require immediate attention. At a practical level, there is a real need for an unambiguous title for PSNAs as well as clear guidelines and a national strategy for the Provision of PSNA support.

7.5.1 Roles and responsibilities of PSNAs

This study points to considerable ambiguity in relation to the role and responsibility of the PSNA. This is due to the absence of clearly defined guidelines which specify roles and responsibilities for the post. The issue was compounded by a perceived lack of communication between some Early Intervention Services and the early years setting both before and after the appointment of the PSNA. Consequently, there may be a mismatch between the expectations of the PSNA and the practitioner with regard to the role. Moreover, PSNAs in the HSE Mid-West region indicated that they often felt constrained by what they perceived as a “*triangle of employment*”. In this region, PSNAs were answerable to the early years provider, the Early Intervention Services and the Support Agency by whom they were employed. As a result of these various issues, both PSNAs and practitioners were uncertain about where the role of the PSNA started and finished within the early years setting.

Primarily because of uncertainty with regard to the role of the PSNA, early years practitioners often abdicated responsibility for the child’s care and education to the PSNA. As previously mentioned (7.2.2), the study yielded evidence that in some instances, the PSNA was left to his/her own devices in a corner of the main activity area to work with the child away from

the other children. Findings also indicated that practitioners often had pre-misconceptions about the child with SEN which resulted in them pre-empting difficulties where they did not in fact exist. For example, research findings in Phase One show that practitioners felt that for the most part, all children with SEN required the support of a PSNA. In the absence of such support, practitioners believed that they were unable to work with the child. In certain instances, the child with SEN was required to leave the setting once the PSNA completed his/her allocated number of hours even if this resulted in the child missing out on certain activities or part of the day. Such practices are inappropriate and serve to isolate rather than include the child with SEN. These findings highlight the lack of understanding around a) the role of the PSNA and b) the concept of inclusion. Gargiulo et al. (2004: 26), stress the need for practitioners to look for similarities between children with SEN and their typically developing peers, not differences. Attention should be focussed on children's strengths and abilities, not their disability. ECCE practitioners need to understand what inclusion is and their role in terms of working with all of the children in the setting. It is critical that practitioners and PSNAs work collaboratively in the best interests of the child to maximise his/her participation in the daily routine and activities of the setting.

7.6 Timely assessment

Researchers agree that if properly supported, children with SEN can thrive in a mainstream education environment, and that their presence has a positive impact on their peers within the environment (Griffin et al., 2007; Jones, 2004; Winzer et al., 2000). It is vital that children are diagnosed early so that interventions can be put in place to support their development during the critical period from birth to six years. Recent Irish studies, underpin the need for children with SEN to experience quality early intervention within early years settings, to enhance their future progress and well-being (McGough et al., 2005; Cederman, 2006). At the time of this study, significant numbers of children attending early years settings were awaiting assessment.

As previously outlined, the audit of provision undertaken during Phase One (October, 2008 to May, 2009), shows that 3,633 children in the birth to age four cohort were accessing 171 early years settings. While 131 of these children were diagnosed with SEN, an additional 38 (22.48%) of children were awaiting assessment. Parents were particularly concerned about the long delays in having children assessed at a time when early intervention is so critical. Others too, have expressed disquiet about the amount of time lost by leaving intervention for children with SEN until entry to primary school (OECD, 2004; McGough et al., 2005). Delays in assessment lead to difficulties for children, parents and practitioners as they struggle to respond appropriately to the child's needs and support his/her development. Moreover, delays in assessment can further compound difficulties experienced by the child with SEN as s/he transitions from pre-school to primary school.

7.7 Continuum of provision

It is indisputable that children with SEN benefit from mainstream ECCE provision in circumstances where that provision is of high quality (Griffin et al., 2007; Jones, 2004; Winzer et al., 2000). In so far as possible, mainstream provision is the best possible option, affording as it does opportunities for children with SEN to develop and learn alongside their typically developing peers. However, this study raises important questions about the suitability of existing provision to meet the needs of all children with SEN, particularly those, whose needs are more complex. There is compelling evidence that for certain children with SEN, existing provision falls short of what is required to adequately meet their complex and diverse needs. Consequently, alternative, flexible and affordable models of provision must be available to children so that they can access the best possible early intervention. A dual placement model which would include mainstream provision coupled with specialised provision should be available as an option to those children for whom mainstream provision alone is unsuitable.

It is important to bear in mind that a dual placement model may present particular challenges for some children with SEN. In this respect, it may be especially difficult for some children to deal with two different learning environments, two different sets of practitioners, and diverse approaches to working with the child. Careful consideration should be given to the child's individual needs and abilities before selecting a dual placement model of early years care and education.

All of the issues outlined thus far: the lack of a state funded system; the absence of clearly defined PSNA roles and responsibilities; weak communication strategies between the Early Intervention services and settings; magnify the issues for children with SEN and stand in the way of inclusion within mainstream provision. In the event that all of these issues were resolved, many of the challenges associated with inclusion would be redressed. Then, mainstream provision could become the optimal experience for children with SEN.

Part Two of this report comprises the *Framework for Action for the Inclusion of Children with Special Needs in Early Childhood Education Settings (FFA)*. This FFA was developed based upon the evaluation of the pilot study in Phase Two of the research project. In accordance with the research objectives, the FFA includes guidelines, practical tools and professional development activities for the inclusion of children from birth to four years of age with SEN in early childhood settings. It has application and relevance across a range of settings to be disseminated to the wider ECCE sector.

Section 8: Recommendations

Recommendations arising from this study have implications for policy, practice and research. This section of the report sets out a series of key recommendations that are critical to the development and implementation of inclusive practice in Early Childhood Care and Education in Ireland. In this respect, while the child's right to inclusive education is mandated through educational legislation (Education Act, 1998; EPSEN Act, 2004; and the Disability Act, 2005) in the formal primary school sector, there is no such mandate for the Early Childhood Care and Education sector. With the exception of the EPSEN Act (2004), references to inclusion are implicit rather than explicit within the Childcare (Pre-school services) (Amendment no 2) Regulations, 2006; *Síolta* (CECDE, 2006); and *Aistear* (NCCA, 2009). This lacuna in the legislative framework, with regard to Early Childhood Care and Education provision for children with SEN warrants attention.

Recommendations for policy

Recommendation 1: National ECCE Inclusion Policy

It is recommended that:

Policy makers from the Office of the Minister for Children and Youth Affairs, the Department of Health and Children and the Department of Education and Skills work cooperatively to devise a clearly stated and communicated national inclusion policy for the Early Childhood Care and Education sector in Ireland. In order to devise this policy, it is further recommended that an interagency working group at senior management level be established with immediate effect.

Discussion: In devising a National ECCE Inclusion policy, it is recommended to :

- a. Take account of the needs of all children with SEN in terms of planning, implementation, evaluation and resourcing of settings catering for children with SEN.
- b. Include comprehensive guidelines in relation to the:
 - i. Allocation of PSNAs to children with SEN in early childhood settings to ensure equitable access for parents and children. This policy is essential to ensure that access to PSNA support is not determined by geographical location.
 - ii. Specific role and function of PSNAs.
 - iii Multi-disciplinary approaches to working with children in the Early Childhood Care and Education Sector.
 - iv Timely assessment of children from birth to 4 years (with parental permission), followed by the immediate development of Individual Development Plans to be shared with and implemented in collaboration with early years practitioners, PSNAs and parents. These guidelines must make provision for ongoing review and monitoring procedures in relation to the child's progress.

Recommendation 2: A Continuum of Provision

It is recommended:

To provide a continuum of early years provision to ensure that a wide range of choices are available for parents and children with SEN.

Discussion: While every effort should be made to provide inclusive early years education in mainstream settings for children with special educational needs, there is a need to establish flexible models of early years provision to support the inclusion of children with more complex special educational needs. Consideration should be given to the provision of Specialist Early Intervention Settings for children aged birth to four years throughout the country. Early intervention is crucial for children with special educational needs; especially where children with more complex special educational needs are struggling in a mainstream setting. A comprehensive, accessible system of dual placement should be available throughout the country to meet children's individual learning and socialisation needs.

This model of complementary mainstream and specific early intervention provision; based upon expertise in the areas of curriculum, pedagogy and interventions for children, is critical for children with the most complex special needs. Moreover, a selection of the specialist Early Intervention Settings could serve as centres of "Best Practice" and could facilitate visits from and share innovative practice with mainstream ECCE providers as appropriate.

Recommendation 3: Training and Education to support Inclusion in the Early Years

It is recommended that:

A mandatory training requirement for new entrants to the ECCE sector and for those already working with children who have SEN be introduced over a period of five years.

Discussion: A radical transformation is required in the Early Childhood Care and Education sector in terms of how practitioners are prepared to work with children who have SEN. It is vital that the workforce acquire the knowledge and skills necessary to translate theory into practice. This research study bears testament to the huge commitment and concern amongst practitioners in terms of meeting the needs of children with SEN in their care. It shows their hunger for knowledge and skills to empower them to engage in effective and meaningful inclusive practice. It is vital that the recommendations in this report, with regard to supporting pre-service and ongoing professional development of practitioners are implemented in order to fully utilise and build upon this untapped resource and energy within the ECCE sector.

It is imperative that the provisions of the free pre-school year in ECCE scheme in relation to the requirement that all pre-school leaders must hold a minimum training standard at FETAC Level 5 by 2012, should be extended to all practitioners and PSNAs working with children who have SEN. It is also essential that if early years personnel working directly with children

are to support early identification and inclusive practice; they undertake core training in the areas of child development as a matter of urgency. Given the critical importance of professional development, the specific body of knowledge and skills required to support the inclusion of children with SEN must be reflected within the development of the Workforce Development Plan.

Recommendation 4: National Roll-out of the *Framework for Action (FFA) for the Inclusion of Children with Special Needs in Early Years Settings*

It is recommended that:

The Framework for Action for the Inclusion of Children with Special Needs in Early Years Settings be implemented nationally with early years providers, early years practitioners, PSNAs and all those working with young children who have special educational needs.

Discussion: This research study shows the considerable impact on practice resulting from the pilot study which consisted of six to eight hours of targeted professional development together with support/mentoring visits from the research team. This model could be replicated nationally, so that the entire staff team within early childhood settings could be trained in the use of the FFA. This would ensure a concerted approach to changing the philosophy and practice within individual ECCE settings. In effect, a relatively small investment could result in a transformation of practice nationally, yielding significant benefits for children with SEN and parents alike.

Settings completing the training and meeting certain criteria could be considered for FFA accreditation. In this regard, good practice would be rewarded. These measures could be incorporated into the free pre-school year in ECCE scheme, where additional capitation could be paid to FFA accredited settings.

Recommendation 5: Strengthen existing ECCE training programmes

It is recommended that:

Existing ECCE training programmes (pre-service and continuing professional development) embed *Síolta* and *Aistear* as core aspects of professional development.

Discussion: It is essential that both *Síolta* and *Aistear* are embedded in all existing ECCE training programmes in order to promote:

- a. Curriculum and pedagogy that are responsive to the individual learning and socialisation needs of children with SEN
- b. Practitioner competence in working with early intervention and multi-disciplinary teams.
- c. Parental/family involvement in Early Childhood Care and Education. It must equip practitioners with the skills to appreciate and understand the range of issues (cultural, psychological, and social) for parents in terms of parenting a child with SEN.

In keeping with the broad thrust of the Work Force Development plan, pre-service and continued professional development must be flexible and accessible to meet the needs of practitioners currently working in the sector.

Recommendation 6: Establishment of a National Professional Early Years Inclusion Support Service

It is recommended that:

A national Professional Early Years Inclusion Support Service (PEYISS) be established.

Discussion: A Professional Early Years Inclusion Support Service staffed by early years educators/mentors with specialist knowledge of interventions for children with SEN in the birth to 4 age cohort would be of enormous support to the ECCE sector. Such a Professional Early Years Inclusion Support Service (PEYISS) would work closely with the established ECCE infrastructure (the City and County Childcare Committees, The National Voluntary Childcare Collaborative, the Health Service Executive and the national disability agencies) at local and regional level to provide training and support to providers, practitioners and PSNAs. This would ensure a co-ordinated and consistent approach to up-skilling the ECCE workforce across the country. The PEYISS is central to supporting practitioners to include children with SEN in a meaningful way within early childhood settings, as well as encouraging them to engage in continued professional development through work-based learning opportunities. Furthermore; the establishment of a PEYISS, could serve as the nexus point in terms of playing an advisory role for providers, practitioners, parents and families of children with SEN, as well as disseminating good practice, i.e., encouraging and providing opportunities for providers to share information about good practice between ECCE settings.

Recommendation 7: National Funding to Support Inclusion

It is recommended that:

A dedicated national funding stream to support inclusion in the early years is allocated as a matter of priority to enable the Early Childhood Care and Education sector to support inclusive practice.

Discussion: In order to ensure that these policy recommendations can be realised it is essential that funding is specifically ring-fenced for this purpose. This funding stream should be decentralised regionally so that it is more cost effective and responsive to local needs. It should be used specifically to:

- a. Fund the implementation of the *Framework for Action* nationally (recommendation 4)
- b. Fund the allocation of PSNAs to children with SEN attending early childhood education settings
- c. Fund both full-time and part-time training provision so that the diverse education and training needs of the Early Childhood Care and Education workforce in relation to special needs can be met

- d. Support practitioners and pre-school special needs assistants to acquire the necessary supports, make adaptations to the setting and the learning environment to effectively support inclusion, i.e., changing facilities, mobility aids, specialised equipment, and storage. It would be important that any adaptations made would follow the principles of Universal Design in order to realise optimal learning environments for children with SEN.
- e. Support the up-skilling and continued professional development of all those currently working (practitioners and PSNAs) in the Early Childhood Care and Education sector.
- f. Facilitate access to special needs specific training for new entrants to the sector including pre-school special needs assistants.

Recommendations for practice

Recommendations for practice are interrelated with recommendations proposed in relation to a National Inclusion policy, qualifications and training; and a dedicated national funding stream, each of which is fundamental to the realisation of inclusive practice within the ECCE sector.

Recommendation 1: Establish and Maintain Accurate and up-to-date SEN Database to support Inclusion in the Early Years

It is recommended that:

A system for maintaining accurate and up to date information about the numbers of children with SEN and the early intervention services that are available in each region be established to ensure that services are meeting local needs and responding to changing needs.

Discussion: Such a system is critical for parents and providers who need basic information about how to access specialist services and supports for children with SEN. It is particularly essential for families who wish to access independent information and advice so that they can make informed choices about early intervention / provision and so that they can be involved in planning to meet their child's needs.

At a practical level, there is a need for:

- a. An awareness raising campaign in relation to the benefits of inclusive practice to be devised for those providers who are reluctant to accept children with SEN in their settings. The established support infrastructure (National Voluntary Childcare Collaborative, City and County Childcare Committees, Health Service Executive, Early Intervention Services and disability agencies) are well placed to implement this recommendation.

Recommendation 2: Utilisation of Assessment for Learning to empower practitioners to meet individual needs of children.

It is recommended that:

Particular attention is paid to assessment for learning by practitioners and PSNAs when working with children who have SEN.

Discussion: Practitioners and PSNAs need to establish comprehensive observation and evaluation systems in their work; and use these records to highlight the child's progress, issues/concerns and specific areas that require attention. Practitioner ability to undertake and interpret child observations is key to facilitating children's agency in a meaningful way within early childhood settings. When practitioners truly understand children's abilities and needs, they listen to and communicate with children, follow their lead, extend their learning and empower them to become active agents within their learning by affording them choice and flexibility within the learning environment. Assessment for learning empowers practitioners/PSNAs/parents to plan and make provision for intervention strategies that support children's specific learning needs.

Recommendation 3: Curriculum Planning and Implementation

It is recommended that:

Practitioners/PSNAs draw upon assessment for learning to plan and implement an appropriate inclusive curriculum within their ECCE setting.

Discussion: If settings are to meet the challenge of including children with diverse needs in all aspects of the early childhood setting, practitioners must plan curricula that engage and encourage all children. It is essential that practitioners and PSNAs use the information gathered through assessment for learning to develop and implement an inclusive curriculum that emphasizes children's strengths yet accommodates their needs. Linked with this is the need to take account of the physical and emotional learning environment and the level of support and collaboration required to support children to access the curriculum. Effective curriculum planning is central to the level of involvement of children, especially those with SEN and the quality of the interactions between practitioners, PSNAs and children.

Recommendation 4: Effective Communication Strategies to support Inclusion.

It is recommended that:

Practitioners devise effective communication strategies for the mutual sharing of information about the child with all those involved in the child's care and education.

Discussion: Effective communication is a core principle of inclusion. It is vitally important that practitioners devise effective communication strategies for:

- a. Supporting and facilitating parental involvement in their child's early care and education.
- b. Engaging in meaningful ways with multi-disciplinary teams/ early intervention services to ensure that collaborative working relationships are established. This is essential to

ensure that Individual Development Plans are shared, implemented and reviewed in a timely manner.

- c. Supporting the child's transition from home to pre-school and from pre-school to primary school. A transition plan should be developed in partnership with parents, the pre-school setting and the primary school.

Crucially, practitioners must assume responsibility for all children in their care irrespective of their individual needs. Practitioners should not abdicate their responsibilities in this regard. It is recommended that time should be set aside each week in the early childhood setting to provide opportunities for practitioners to discuss, collaborate and plan to meet the specific needs of children with SEN in the setting. Practitioners must engage in reflective practice in order to enhance their understanding of the child's learning and development and to improve their own practice.

Recommendation 5: Collaboration between Practitioners and PSNAs

It is recommended that:

Practitioners and PSNAs engage in ongoing collaboration so that they ensure consistency of approaches and so that they can support one another in embracing new strategies and ways of working with children who have SEN.

Discussion: Practitioners and PSNAs should not work in isolation. Children's participation in all aspects of the daily routine within the setting and the early childhood curriculum is maximised when practitioners work together on behalf of the child. This involves sharing information, joint curriculum planning and implementation, and shared problem solving. Ongoing collaboration leads to enhanced relationships between practitioners, PSNAs, children and parents. It ensures that all those working with children will develop consistent and collaborative ways of working, problem-solving and decision making. Ultimately, practitioners and PSNAs become agents of change for children resulting in a more inclusive ethos within early childhood settings.

Recommendations for research

In order to better understand the needs of children with SEN and how best to work with them in early childhood settings, ongoing research is essential. The following recommendations in relation to research are concerned with national and practice domains:

Recommendations for National Research

Recommendation 1: Development of a Standardised Early Years Assessment Tool

It is recommended that:

Research is undertaken to develop a standardised Early Years Assessment Tool or Checklist which early years practitioners could use to assist them (with parental permission) in identifying children who may need referral to multi-disciplinary professionals for formal assessment.

Discussion: Currently in Ireland, practitioners are uncertain about how to record particular concerns about children with SEN. Likewise, they are unsure about what to do or where to go with their concerns. Coupled with appropriate professional development, and subject to parental permission, access to a standardised Early Years Assessment Tool or Checklist would be of considerable benefit to practitioners in terms of redressing current ambiguity in relation to issues and concerns.

Recommendation 2: Longitudinal Research on the roll-out of the Framework for Action

It is recommended that:

Longitudinal research is undertaken to evaluate the roll-out of the Framework for Action to measure its immediate and long-term impact on participants (children, parents, practitioners and providers).

Discussion: In terms of Early Childhood Care and Education, the concept of inclusion is in its infancy. Yet, the pilot study demonstrates what can be achieved with targeted support in a short period of time. The roll-out of the Framework for Action presents an ideal research opportunity to undertake longitudinal research into the long term gains for children, parents and practitioners. Particular attention should be paid to children who are exceptionally able in order to generate evidence-based interventions that are sensitive to the developmental needs of these children. Longitudinal research of this nature is crucial to progressing children's needs and rights within ECCE policy and practice in Ireland. It would further inform the development of continual professional development programmes as well as the generation of specific intervention strategies and supports needed to support inclusive practice.

Recommendation 3: Research to address Continuity of Provision for young children with SEN.

It is recommended that:

Research is undertaken in relation to continuity of provision for young children with SEN in terms of supporting the child's transition from home into pre-school and from pre-school into primary school or special school

Discussion: Transition to school has long been recognised as a time of significant stress for children. Issues associated with transition to school are magnified for children with SEN due to differences in school culture, pedagogies, practice and supports. In order to understand the issues and to ease the transition for children with SEN, it is important that research is undertaken in relation to continuity of provision between home and pre-school and onwards into primary school or special school. This research should focus on models of good practice with a particular emphasis on curriculum, pedagogy and intervention strategies. In this respect, it would be important to identify models of effective inclusive practice both nationally and internationally and that research would be undertaken into opportunities for mutual sharing and cooperative learning between such models.

Recommendation 4: Research to address the Integration of multi-disciplinary services and supports within Early Childhood Care and Education settings

It is recommended that:

Research is undertaken to explore ways to increase the integration of multi-disciplinary services and supports within early childhood care and education settings.

Discussion: The benefits for parents and children with SEN are considerable when everybody works collaboratively on behalf of the child. The importance of working in partnership with multi-disciplinary services should not be underestimated. This study shows that there was little communication between practitioners and multi-disciplinary services which directly impacted upon the quality of provision in ECCE settings. This matter requires attention. In order to enhance relationships between practitioners and multi-disciplinary services, research must be undertaken with practitioners, the Health Services Executive and the Disability agencies to explore ways of working together so that each understands and respects the others perspective in order to develop effective partnership strategies.

Recommendations for Practitioner Research

Recommendation 1: Practitioners' engagement in Reflective Practice and Action Research

It is recommended that:

Practitioners engage in reflective practice and use action research within their own early years settings as part of their continued professional development in relation to building their knowledge, understanding and capacity to respond positively and effectively to children who have SEN.

Discussion: Reflective practice is considered to be a core practitioner skill in the ECCE sector. It is firmly embedded in both *Síolta* and *Aistear*. In order that reflective practice becomes part and parcel of everyday life for practitioners they must engage in reflective activities on a daily basis in their own settings. Action research is an ideal way for practitioners to identify, act, and reflect upon their practice. Through action research, practitioners can become adept at reflection and evaluation and in turn enhance the quality of children's experiences in early years settings.

Recommendation 2: Research with parents

It is recommended that:

Practitioners undertake research with parents in order to determine their perceived needs.

Discussion: In addition to enhancing communication between parents and practitioners, it is also essential that practitioners take the time to assess parent needs in relation to their expectations for their child with SEN. Ongoing research would enable practitioners to identify and respond appropriately to parents' needs, to enhance practice and to ensure that quality standards in relation to inclusion were maintained. Research with parents would help to build and maintain quality relationships between home and setting resulting in seamless provision for the child with SEN.

Recommendation 3: Ongoing practitioner research into developments in Inclusive Practice and SEN

It is recommended that:

Practitioners engage in their own research on an ongoing basis to keep up to date with developments in the field of Inclusive Practice and SEN.

Discussion: Throughout this study, practitioners felt compromised in their ability to work effectively with children who have SEN because of a lack of appropriate information about certain conditions or syndromes that they may not have heard of previously and a lack of knowledge and expertise in terms of inclusive practice. It is critical that practitioners are pro-

active in seeking out information and learning about particular categories of SEN about which they may not be well-informed. Furthermore, by researching current literature, practitioners will be able to keep up-to-date with the latest ideas and thinking in relation to Inclusive Practice in the Early Years. In addition, it is recommended that practitioners keep abreast of policy developments and avail of any opportunities for professional development in the area of SEN that are provided by the OMCYA, the DES, the CCCs and the National Voluntary Childcare Collaborative.

In relation to research generally, it is essential that all avenues are explored with regard to disseminating research findings to diverse populations (parents, providers, practitioners, PSNAs, support services etc).

Conclusion

The evaluation of the pilot study in relation to the Draft Framework for Action, demonstrates the value of researching the impact of intervention strategies on inclusive practice. Practitioners experienced a sense of “I can do” through the success of the pilot study which impacted positively on their attitudes towards children with SEN and their capacity to respond to children’s diverse needs. There was a real shift in thinking where practitioners were empowered to respond positively to the children’s learning needs and to see individual differences not as problems, but as opportunities for enriching learning (UNESCO, 2005).

It is essential for young children with SEN and their families, that early childhood education settings must be ready for inclusion. This study highlights the many and varied supports and intervention strategies required to create optimal inclusive learning environments for children with SEN. The recommendations in this report pave the way for a radical transformation in current practice and in preparing practitioners for inclusion in the future. Political will, in addition to practitioner commitment, parent willingness and professional collaboration, will ensure that the majority of children with SEN in the birth to four age cohort can benefit from inclusive early years settings.

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Appendix A.1.



Dear _____,

I am delighted to inform you that following on from the success of the 'What Difference?' project, the Curriculum Development Unit of Mary Immaculate College and Limerick City Childcare Committee are now embarking on an exciting new project of national significance. This new project which is funded by the Centre for Early Childhood Development and Education (CECDE) involves the 'Development of a Framework for Action for the Inclusion of Children with Special Needs in Early Childhood Settings'.

This project will include:

- Identifying and developing a model of good practice distilled from on the ground participant research and National and International research on including children with special educational needs in early years settings.
- Drafting a Framework for Action to include guidelines, practical tools and professional activities.
- Evaluating the framework within settings from the perspective of practitioners, special needs support staff, parents and children.
- From this evaluation, developing a framework that has application and relevance to the wider sector.

We are confident that this new and exciting framework will help to support the implementation of the pending Early Childhood Curriculum Framework for Early Learning (2009) and Síolta (2006).

We are now inviting participation in this project which will involve:

- 4 x 20 minute target child observations within your early years setting
- Interview: with manager and childcare staff.

Please note that participation is dependent upon you currently having a child or children with special needs in your setting.

If you are interested in participating, please complete and return the attached expression of interest form. In return for your participation, you will automatically be included in the piloting of the framework during 2009 and receive free training and support during the implementation phase.

In any event, we would really appreciate you taking the time to complete the attached questionnaire even if you currently do not have children with special needs. This will provide valuable information which will inform the initial development of the draft 'Framework for Action' and I would be most grateful if you could return it to me by **Friday, the 14th November.**

Yours Sincerely

Marie Doherty
Project officer
Mary Immaculate College
South Circular Road
Limerick
Telephone 061 204557
marie.doherty@mic.ul.ie

Appendix A.2.



A _____, a chara,

Cuireann sé áthas orm tú a chur ar an eolas gur éirigh go maith leis an tionscadal ‘What Difference?’ agus go bhfuil an tAonad Forbartha Curaclaim de chuid Choláiste Mhuire gan Smál chomh maith le Coiste Cúram Leanaí Chathair Luimnigh ag tabhairt faoi thionscadal nua spreagúil lena mbaineann tábhacht náisiúnta. Tá baint ag an tionscadal nua seo atá á mhaoiniú ag an Lárionad Oideachais agus Forbartha don Luath-Óige (CECDE) le ‘Forbairt Creatlach Ghníomhaíochta um Chuimsiú Leanaí ag a bhfuil Riachtanais Speisialta i dtimpeallachtaí Oideachais agus Luath-Óige’. Lámh chúnta a bheidh sa chreatlach seo i ndáil le tacú le feidhmiú na Creatlaí um Luathfhoghlaim (Framework for Early Learning) (2009) atá ar feitheamh chomh maith le Síolta (2006).

Áireofar na nithe seo a leanas sa tionscadal seo:

- Samhail dea-chleachtais a shainithint agus a fhorbairt a cuireadh le chéile ag taighde na ndaoine a bhí ag oibriú i measc na leanaí agus ag an taighde Náisiúnta agus Idirnáisiúnta ar nithe áirithe, lena n-áirítear leanaí ag a bhfuil riachtanais speisialta oideachais i dtimpeallachtaí luath-óige.
- Creatlach Ghníomhaíochta a dhréachtú ina mbeidh treoirínte, uirlisí praiticiúla chomh maith le gníomhaíochtaí proifisiúnta.
- Measúnú a dhéanamh ar an gcreatlach laistigh de thimpeallachtaí ó thaobh dhearcadh na gcleachtóirí, comhaltaí foirne um riachtanais speisialta, tuismitheoirí agus leanaí.
- Creatlach a fhorbairt, i ndiaidh an mheasúnaithe seo, a bhfuil feidhm agus fiúntas aici ó thaobh na hearnála móire de.

Fáiltimid roimh rannpháirtíocht sa tionscadal seo. Beidh na nithe seo a leanas i gceist le rannpháirtíocht:

- Ceithre spriocbhreathnú 20 nóiméad laistigh de do thimpeallacht luath-óige.
- Agallamh leis an mbainisteoir agus le comhaltaí foirne um chúram leanaí.

Braitheann rannpháirtíocht ar pé acu an bhfuil nó nach bhfuil leanaí ag a bhfuil riachtanais speisialta i do thimpeallacht.

Más spéis leat páirt a ghlacadh sa tionscadal seo iarrtar ort an fhoirm léirithe spéise atá faoi iamh a chomhlánú agus a sheoladh ar ais. De chomaoin do rannpháirtíochta, déanfar thú a chur san áireamh i gcur ar bun na creatlaí go huathoibríoch agus beidh teacht agat ar oiliúint agus tacaíocht atá saor in aisce i rith na céime feidhmiúcháin.

Pé scéal é, ba mhór againn é dá gcaithfeá an t-am leis an gceistneoir faoi iamh a chomhlánú fiú mura bhfuil leanaí agat ag a bhfuil riachtanais speisialta. Cuirfidh sé seo eolas fiúntach ar fáil dúinn i ndáil le forbairt tosaigh na ‘Creatlaí Ghníomhaíochta’ agus bheinn thar a bheith buíoch díot dá mbeifeá in ann é a sheoladh ar ais chugam sa chlúdach litreach ar a bhfuil seoladh agus stampa atá curtha ar fáil.

Is mise, le meas,

Marie Doherty
Oifigeach tionscadal
Coláiste Mhuire gan Smál
Luimneach
Guthán: 061 294557
marie.doherty@mic.ul.ie



Appendix A.3.



Dear

I am following up on recent correspondence with you regarding the development of a Framework for Action for the Inclusion of Children with Special Educational Needs in Early Years settings. The research team have now selected a variety of early childhood services within Clare, North Tipperary, Kerry, Limerick city and county to participate in the development of this framework. I am delighted to let you know that your setting has been selected.

As you know, this project is primarily based upon qualitative research which involves spending time observing children with special needs in the everyday activities of the setting. It is proposed to conduct 4 x 20 minute target child observations in your setting. These observations will be conducted at different times of the day so that a variety of activities and experiences are recorded. In addition, face to face interviews with the manager, childcare staff working directly with the children and the child's parents will be conducted. These interviews will enable managers, staff and parents to have their say and to have input into the development of this valuable Framework for Action.

It is really important that parents of children with special educational needs give permission for their child to be observed while participating in the activities of the setting. In this regard I attach a letter explaining the nature of the research as well as a parental consent form for those parents who have a child with special needs attending your setting. I should be obliged if you could distribute these letters to the appropriate parents in your setting.

I will get in touch with you in early January 2009 to arrange a suitable time to conduct the target child observations and the interviews. In the meantime if you need any further information or clarification please get in touch.

Yours sincerely,

Marie Doherty
Project Officer
Curriculum Development Unit
Mary Immaculate College
South Circular Road
Limerick.
Phone 061204557
marie.doherty@mic.ul.ie

Appendix B.1



Dear Parents,

The Curriculum Development Unit of Mary Immaculate College and Limerick City Childcare Committee are embarking on an exciting new project of national significance. This project which is funded by the Department of Education and Science (DES) involves the 'Development of a Framework for Action for the Inclusion of Children (birth -4years) with Special Needs in Early Childhood Care and Education Settings'.

This project involves:

- Drafting a Framework for Action based on research undertaken with a variety of early years settings in Limerick city and county, Kerry, Clare and Tipperary to include guidelines, practical tools and professional activities. This Framework will also be informed by National and International research on best practice in including children with special educational needs in early year settings.
- Evaluating the draft framework within settings from the perspective of practitioners, special needs support staff, parents and children.
- From the evaluation, developing a framework that has application and relevance to the wider early years sector.

The research team involved in this project have selected a variety of early childhood services within Clare, North Tipperary, Kerry, Limerick city and county to participate in the development of this framework. The setting which your child attends has been selected and has chosen to participate in this important research.

Participation in the project means that your child will be observed participating in the daily activities of the setting. It is proposed that 2 x 20 minute observations will be conducted at different times during the 12 week implementation phase so that a variety of activities and experiences are recorded. In addition your early year's provider has been asked to keep a portfolio of your child's work (art, drawings etc.) as well as introducing a number of activities based on the framework that support effective inclusive practice. We would also welcome your input and we will be getting back to you in the coming weeks to discuss your possible involvement.

If you would like your child to be involved in this project please complete the attached consent form and return it to the manager of your childcare setting by **Monday the 9th November** if you would like any further information please get in touch.

Yours sincerely,

*Director,
Curriculum Development Unit
Mary Immaculate College
South Circular Road
Limerick.
Phone 061204508
eucharia.mccarthy@mic.ul.ie*

Appendix B. 2



Parental Consent Form

I _____ (parent's name) give permission for my child _____ (child's name) to participate in the development of a Draft Framework for Action for the inclusion of children with Special needs in early years settings.

All information will be confidential and will only be used for the purposes of the research and the development of the Framework for Action. Where the information is used for presentations or reports, identities will remain anonymous.

I understand that ID codes will be used so that my child cannot be identified by anybody other than a member of the research team.

My child _____ is free to withdraw at any time during the development of this framework.

Contact telephone number: _____.

Signed: _____.

Date: _____.

Appendix C1

Guidelines on completing the Questionnaire

This Questionnaire is vital in enabling us to establish the numbers of children with special needs attending early year settings, the nature of their need and the support staff and children with special needs are receiving in Tipperary, Clare, Kerry, Limerick City and County

The Questionnaire is divided into five parts:

Part A to be completed by the Manager

Part B to be completed by staff working with children Birth – 12 months

Part C to be completed by staff working with children 13 months – 24 months (2 years)

Part D to be completed by staff working with children 25 months – 36 months (2.1 years -3 years)

Part E to be completed by staff working with children 37 months – 72 months (3.1 years – 6 years)

I would be grateful if you would fill out the **sections** applicable to you as a Manager. Also could you please distribute the relevant sections to your staff and then put the completed Questionnaires in the stamped addressed envelope provided and return it by post to me.

Thanks ever so much

Marie Doherty
Project Officer
Curriculum Development Unit
Mary Immaculate College
Telephone: 061204557
E-mail: marie.doherty@mic.ul.ie

Appendix C. 2

Treoirlínte um chomhlánú an Cheistneora

Baineann ríthábhacht leis an gceistneoir seo agus sinn ag iarraidh na nithe seo a leanas a fháil amach: líon na leanaí a bhfuil riachtanais speisialta acu a fhreastalaíonn ar thimpeallachtaí go luath sa bhliain, saghas an ghátair atá acu chomh maith leis an tacaíocht atá á fáil ag bainisteoirí, ag comhaltaí foirne agus ag leanaí i gContae Thiobraid Árann, i gContae an Chláir, i gContae Chiarraí, i gCathair agus i gContae Luimnigh.

Tá an Ceistneoir roinnte ina chúig chuid:

Cuid A le comhlánú ag an **mBainisteoir**

Cuid B le comhlánú ag comhaltaí foirne a oibríonn le leanaí **Nuabheirthe – 12 mhí**

Cuid C le comhlánú ag comhaltaí foirne a oibríonn le leanaí **13 mhí – 24 mí (2 bhliain)**

Cuid D le comhlánú ag comhaltaí foirne a oibríonn le leanaí **25 mí – 36 mí (2.1 bhliain – 3 bliana)**

Cuid E le comhlánú ag comhaltaí foirne a oibríonn le leanaí **37 mí – 72 mí (3.1 bhliain – 6 bliana)**

Bheinn buíoch díot dá gcomhlánófá na **codanna** a bhaineann leat mar Bhainisteoir. Ina theannta sin, bheinn buíoch díot dá mbeifeá in ann na codanna cuí a scaipeadh i measc do chomhaltaí foirne agus na Ceistneoirí comhlánaithe a chur sa chlúdach litreach faoi iamh a bhfuil stampa agus seoladh uirthi agus iad a sheoladh ar ais chugam sa phost.

Go raibh míle maith agat

Marie Doherty
Oifigeach Tionscadal
An tAonad um Fhorbairt Curaclaim
Coláiste Mhuire gan Smál
An Cuarbhóthar Theas
Luimneach
Guthán: 061204557
Ríomhphost: marie.doherty@mic.ul.ie

Appendix D.1
Research Project Title:

**Development of a Framework for Action for the Inclusion of Children with Special
Needs in Early Childhood Care and Education Settings**

Part A

To be Completed by the Manager

Details of Setting

Name: _____

Your position/work title within the setting: _____

Name and Address of the Setting:

Limerick City

Limerick County

Kerry

Clare

Tipperary

Is your setting Private or Community

Type of Setting:

Full Day Care /Crèche Childminding Sessional

Other (please specify) _____

Type of programme:

Montessori Naíonraí Play- Based High Scope Early Start

Other (please specify) _____

1. What is the total number of children attending the setting?
2. Do you currently have children diagnosed with special needs attending the setting Yes No

If you answered Yes to this question, please proceed straight to Question 9

3. Have you ever worked with a child with special needs? Yes No

If you answered yes, was this in
the last 5 years last 2 years or last year

4. When you worked in the past with a child/children with special needs did you receive any of the following?

Financial support: Yes No
Specialist personnel: Yes No
Specialist training: Yes No
Resources: Yes No
Equipment: Yes No

5. Would you know where to source support i.e. Financial, specialist personnel etc? Yes No

6. If you never worked with a child/children with special needs
Would you feel competent enough to effectively meet their needs?
Yes No

Please feel free to explain further

7. What changes do you imagine you would have to make to effectively include children with special needs in your setting?

8. Do you perceive any opportunities or challenges in effectively meeting the needs of children with special needs?

Opportunities: _____

Challenges: _____

9. If you answered **Yes** to currently having children with special needs. Please complete the following:

How many children with special needs are currently attending your setting?

The nature of the child/children's special needs

Speech/ Language and communication disorder

How many Male Age Female Age

Emotional /Behaviour disorder

How many Male Age Female Age

Physical disability

How many Male Age Female Age

Visual impairment

How many Male Age Female Age

Impairment

How many Male Age Female Age

Down syndrome

How many Male Age Female Age

General learning disorder Mild Moderate Severe

How many Male Age Female Age

Autistic Spectrum Disorder

How many Male Age Female Age

Exceptionally able/Gifted

How many Male Age Female Age

Waiting assessment

How many Male Age Female Age

Suspected special need

How many Male Age Female Age

Explain the nature of the suspicion

Other

Describe _____

10. Are you in receipt of any external supports to assist you in providing for the children with special needs in your setting?

Financial support Information Resources Training

Other _____

11. Where is the source of this support?

12. How did you access this support?

13. Have you encountered/experienced any particular challenges involved in accessing support?

Thank you for your input and time



Research Project Title:

Development of a Framework for Action for the Inclusion of Children with Special Needs in Early Childhood Care and Education Settings

Part B

To be completed by Staff Working Directly with

Babies: Birth- 12 months

1. Your current position/work title within the setting:

2. What is the total number of children you work with?

3. Are you currently working with a child/children who have been diagnosed with special needs?

Yes No

If you answered Yes to this question, please proceed straight to Question 10

4. Have you ever worked with a child with special needs Yes No

In the last 5 years in the last 2 years or never

5. When you worked in the past with a child/children with special needs did you receive?

Financial support: Yes No

Specialist personnel: Yes No

Specialist training: Yes No

Resources: Yes No

Equipment: Yes No

6. If you have never worked with a child/children with special needs
Would you feel competent enough to effectively meet their needs?

Yes No

Please feel free to explain further

7. What changes do you imagine you would have to make to effectively include children with special needs?

8. Are there any opportunities or challenges you perceive in effectively meeting the needs of children with special needs?

Opportunities: _____

Challenges: _____

9. Would you know where to source support i.e. Financial, specialist personnel, equipment etc? Yes No

10. If you answered Yes to currently having children with special needs,

Please complete the following

How many?

Child 1: Male Female Age of the ch

Nature of the child's special need

Speech/ Language and communication disorder

Emotional /Behaviour disorder

Physical disability

Visual impairment

Hearing Impairment

Down syndrome

General learning disorder Mild Moderate Severe

Autistic Spectrum Disorder

Exceptionally able/Gifted

Waiting assessment

Suspected special need

Explain the nature of the suspicion

Other

Describe _____

Child 2: Male Female Age of the child

Nature of the child's special need

Speech/ Language and communication disorder

Emotional /Behaviour disorder

Physical disability

Visual impairment

Hearing Impairment

Down syndrome

General learning disorder Mild Moderate Severe

Autistic Spectrum Disorder

Exceptionally able/Gifted

Waiting assessment

Suspected special need

Explain the nature of the suspicion

Other

Describe _____

Child 3: Male Female Age of the child

Nature of the child's special need

Speech/ Language and communication disorder

Emotional /Behaviour disorder

Physical disability

Visual impairment

Hearing Impairment

Down syndrome

General learning disorder Mild Moderate Severe

Autistic Spectrum Disorder

Exceptionally able/Gifted

Waiting assessment

Suspected special need

Explain the nature of the suspicion

Other

Describe _____

Supports the child/children receive

11. Are the children with special needs receiving specialist support while attending the setting? Yes No

Describe these supports:

Speech and language therapy

Occupational therapy

Psychologist

Early intervention team

Pre-school Assistant (SNA)

Equipment

Other

Describe _____

12. What other supports would be important to meet the individual needs of the children with special needs while attending the setting?

13. In your experience has having a child with special needs changed how you work with parents?

Does it differ to how you work with other parents? Yes No

If you would like to share examples here please feel free

14. Do you use or have you used any of the following strategies?

Communication Journal: Yes No

If Yes how often do you use

Daily Weekly Monthly

Informal chat-time: Yes No

Daily Weekly Monthly

Sharing Information: Yes No

Daily Weekly Monthly

Sharing helpful ideas: Yes No

Daily Weekly Monthly

Home visits: Yes No

Weekly Monthly Yearly

Individual developmental/educational plans: Yes No

Daily Weekly Monthly

Working with other professionals: Yes No

Daily Weekly Monthly

Other: please feel free to share below

Staff support

15. Are you receiving supports to help you meet the individual needs of the children with special needs you work with? Yes No

16. Do you know where to source support? Yes No

17. Do you receive any of the following?

Access to specialist personnel: Yes No

If **YES** please give some more details below

In service training: Yes No

If **YES** please give some more details below

Extra time to plan: Yes No

If **YES** please give some more details below

Information: Yes No

If **YES** please give some more details below

Extra resources/material/ equipment: Yes No

If **YES** please give some more details below

Guidance: Yes No

If **YES** please give some more details below

Counselling: Yes No

If **YES** please give some more details below

18. How did you access this support?

Explain

19. Have you encountered/experienced any particular challenges involved in accessing support?

20. Are there any other specific supports you believe would help you to meet the needs of a child/children with special needs?

Training

21. Do you have specific training in the area of special needs? Yes No

Specify Course Type: FETAC Level 5 FETAC Level 6 Other

Name of Course: _____

Name of module relating to special needs _____

Duration of Course:

2 years 1 year 6 months 3months less than 3 months

22. Was your training useful in terms of your work with children who have special needs? Yes No

Explain: _____

23. Are there any other specific training programmes/ workshops you have attended relating to working with children with special needs in the early years? Yes No

Name of training programme/workshop:

24. What extra knowledge/understanding/Skills/ would help you meet the individual needs of the children with special needs with whom you currently work?

<u>Knowledge/understanding on:</u>	<u>YES</u>	<u>NO</u>
Typical development and atypical development of young children		
Developing children's language and communication skills		
Helping children to play		
Speech Language and communication difficulties		
Emotional /Behaviour difficulties		
Physical Disabilities		
Sensory Difficulty/visual or hearing		
Down syndrome		
Autistic Spectrum Disorder		
Exceptionally able		
Behaviour management strategies		
Strategies for working closely with parents		
Adapting the learning environment		
Other: Give details		

Skills/strategies such as:

The process of early identification: Yes No

Target setting and planning for individual children with SEN
Yes No

Hanen communication: Yes No

Floor Time: Yes No

LAMH: Yes No

ABA: Yes No

Picture exchange communication System (PECS): Yes No

Observation/assessments: Yes No

Other

Give details _____

25. Have you a particular preference in how would you like to learn/gain new skills/ knowledge and information within the area of special needs in the early years?

Group classes: Yes No

One to one mentoring: Yes No

Information evenings: Yes No

Specialised Workshops: Yes No

Ongoing on the job training: Yes No

Other

Thank you very much for your input and time

Appendix E. 1

Codes applied to target child observations (Sylva, Roy and Painter, 1980)

The Social code: whom the child is with

Sol = Solitary, Pair = 2 people together (Tc + adult or one other child), SG = small group (3-5 children), LG = large group (six or more children)

One can add a P for parallel to the social code if the child is with others but working on his/her own i.e. SG/P

The Language code: what the child says and what is said to the child

TC = Target child , C = other child, A = Any adult, >Speaks to.

The task code: what the child does

3 Rs = Three Rs activities (attempts at reading, writing and counting)

ADM = Adult directed Manipulation (collage tracing etc)

Art = free expression, painting, sticking, cutting.

CIA = Child Initiated activity (organising a game or choosing ones own activity)

CR = Cruising (active movement towards and object, place or person i.e. going outdoors, searching for something to do)

DA = Domestic activity (Includes going to the toilet, hand washing, dressing, arrival and departure, snack or meal time.)

GWR = Games with rules (singing and action games, ball games, circle games)

IG = Informal games (children playing informally and spontaneously e.g. Following one another around, jumping, singing, holding hands etc)

LMM = large muscle movement

LSC = Large scale construction (building dens, large crates or blocks)

MAN = Manipulation (Clay, sand Dough water play arranging and sorting objects)

MUS = Music (Listening to music, playing instruments.)

Pre = Pretend play

PS = Problem solving (the child solves a problem in a purposeful way)

SAA = Standing around aimlessly (not actively engaged or watching a specific activity.)

SCP = small scale play (Dolls houses, farms etc)

SM = Structured material (puzzles, etc)

SSC = Small scale construction (Lego etc)

W = Wait (Inactivity while waiting for adult or other child.)

WA = Watching (other people or events and listening in to conversations without participating.)

Appendix F.1

Focus Group Discussion: Childcare Committees

1. Perspectives on Inclusion (of children with SEN) in the Early Years

- a. What are your views about including children with special needs in early years settings?
- b. In your experience, does inclusion work? (consider specialist settings vs mainstream settings)
- c. In your role as a childcare co-ordinator how and to what extent are you involved in supporting inclusion?
- d. In your capacity as a childcare co-ordinator are there any supports/resources that you feel would benefit you in supporting inclusion in the early years?
- e. What are the challenges for you as a childcare co-ordinator to encourage providers to develop inclusive practices?
- f. What are the challenges for childcare providers and staff in meeting the needs of children with special needs?
- g. In your opinion does inclusion in the early years provide opportunities for childcare providers? ... staff?...other children?....

2. Inform the Development of the Draft Framework for Action

- h. In developing a Framework for Action for inclusion in the Early Years what would your priority needs be? ... and in terms of importance what issues should be addressed within the Framework?
- i. Consider the needs of key stakeholders: children, parents, practitioners and providers....could you prioritise the issues that should be addressed?
- j. What should be included in the Framework for Action from the point of view of policymakers?
- k. What type of a framework for action would they like to see...practical...theoretical....mix...
- l. Do you see yourselves having a role to play in the roll-out of the Framework for Action?
- m. Who do you think should lead the roll-out of the Framework?

Appendix F.2

Parent interview schedule

1. How did you go about finding a suitable early years care and education setting for your child?
2. What were your reasons for seeking a place in an early year's care and education setting?
3. Does your child attend the setting for the same time period as other children? Explain...
4. Does your child have the support of a special needs assistant while in the setting?
 - What are the benefits for your child in having this support?
 - To what extent is there communication between you and the SNA?
5. Is your child participating in any early intervention programme or in receipt of any therapies (e.g. SLT, physiotherapy, OT etc)?
6. In what ways are these interventions supported within the setting?
7. To what extent does the staff in the setting share your expectations for (child's name)?
8. What other supports would benefit (child's name) while in the early years setting?
9. In your opinion, what should be included in a framework for action for effectively including children with special needs in early years care and education settings?

Appendix F.3

Practitioner interview schedule

1. What are the key issues for you in working effectively with young children who have special needs?
2. How do you involve the parents of the child with special needs in their child's care and education?
3. What specific strategies have you found beneficial when planning or working with children with special needs or with ...name current child/children
4. Is there a written programme/plan for each child with a special need?
 - Who is responsible for implementing the programme/plan?
 - How often is this plan reviewed or updated?
 - How does this plan fit in with the general programme implemented within the setting?
5. Do children who have been identified with a special need attend the same hours per week as children not identified with a special need? If not, why?
6. What are the benefits of having a special needs assistant (SNA) work with a child with special needs while attending your setting?
 - Do you and your staff meet with the SNA prior to their appointment?
 - In what way do you work with the SNA to plan for the child's specific needs?
 - If you don't have the support of an SNA for a child identified with a special need, how do you plan for their needs within your programme?
7. Are there other interventions or supports the child has access to while attending the setting?
8. Can you identify any other supports to further benefit the effective inclusion of children with special needs in your setting?
9. What additional supports would help you in your role?
10. Having considered all of our discussion, is there anything else that you would like to add or would regard as key areas that should be included in a framework for action for those working with young children who have special needs in early years settings?

Appendix F.4

PSNA interview schedule

1. What are the key issues for you in your role as an SNA?
2. What supports would help you meet (child's name) needs while attending this setting?
3. Do you have specific training in special needs?
 - Describe this training... (model of delivery, content, accreditation)
 - Describe the ways in which this training helps you in caring and educating children with special educational needs within a group setting?
4. In what ways were you prepared for working with (child's name)?
5. How do you plan for the child/children with specific needs within the setting?
6. To what extent do you communicate with the other staff/the manager/the parents about the child's needs?
7. In what ways does the support you give the child, benefit the child... benefit the other children while in the setting?
8. When you are allocated hours to a specific child, is this time solely given to the specific child or do you engage with the whole group and general programme?
9. Having considered all of our discussion, is there anything else that you would like to add or would regard as key areas that should be addressed or included in a framework for action (a broad action plan) for the inclusion of children with special needs in early years settings?

Appendix G.1



Dear Parent,

We are happy to tell you that phase one of our research on the development of a Draft Framework for Action for the inclusion of children with special needs in early years settings is now complete. We have met with your childcare provider and introduced them to the Draft Framework for Action which they will now pilot in their early years setting over a twelve week period from October 2009 to January 2010. In this regard, childcare providers have been asked to prioritise a number of actions that they will implement in the setting during this period. In order to monitor the implementation of the Draft Framework for Action, they have also been asked to maintain:

- Portfolios of children's work (drawings, art work, photographs of children's work)
- Research Journals to be completed by childcare staff including the pre-school special needs assistant working directly with your child

In addition, we will also be visiting the early years setting to offer advice and support and to undertake further child observations. We will be encouraging childcare staff to introduce a "Communication" note book that will be used to share information with you and in turn will enable you to share information about your child with the childcare setting. It is hoped that this will enhance communication between the early years setting and home. We will also be asking you to provide some feedback to us during the course of the implementation process. Further information on this aspect of the project will be provided over the coming weeks.

We would like to thank you for your cooperation and hope that your child will benefit from the implementation of the Draft Framework for Action over the coming weeks.

Yours sincerely,

Eucharia McCarthy,
Director CDU,
Mary Immaculate College

Mary Moloney,
on behalf of Limerick City Childcare Committee.

Appendix G. 2



20th January 2010

Dear Parent,

As you are aware, your child has been participating in a pilot study which aims to develop a Framework for Action for the Inclusion of Children with Special Needs in Early Childhood settings.

We would love to hear your thoughts about this study and how your child has been progressing. We attach a Parent Feedback Form and would appreciate if you could take a couple of minutes to complete same and return it to the manager of your child's early years setting, in the enclosed stamped addressed envelope.

We would like to take this opportunity to thank you for your support and cooperation without which this pilot study would not have been possible.

Yours sincerely,

Eucharía McCarthy,
Director CDU,
Mary Immaculate College

Mary Moloney,
on behalf of Limerick City Childcare Committee.

Appendix G.3



Pilot Study of Draft Framework for Action for the Inclusion of Children with Special Needs in Early Years Settings

Parent Feedback Form

1. Are you aware that a Draft Framework for Action (DFA) is being piloted in your child's early years setting? Yes No
2. Are you aware of any strategies/approaches based on the DFA that have been used with your child? Yes No

If yes, please specify:

3. How have these strategies affected your child's participation in the activities within the setting?

4. Are there any specific benefits that your child has experienced while participating in this pilot study?

5. Did you experience any challenges during your child's participation in this pilot study. Yes No

If yes, please specify:

6. Is there anything in particular under the following headings that you would like to have included in the final Framework for Action that would support the inclusion of children with special needs in early childhood settings?

If so please specify :	
a) Communication	
b) Environment	
c) Assessment for learning	
d) Programmes/Activities	

7. Any additional comments:

We would like to thank you for taking the time to complete this feedback form. Please give this feedback form to the Manager of your child's early years setting (in the attached Stamped Addressed Envelope).

Appendix H 1

**Draft Framework for Action for the Inclusion of Children with Special Needs
in Early Years Settings**

Reflective Exercise prior to Piloting of Draft Framework

Current Strengths in Inclusive Practice	Areas for Development in Inclusive Practice

Prioritise actions under the following themes:

Communication:

Environment:

Assessment:

Curriculum:

Professional Development:

Appendix H.2



My Reflective Journal

Draft Framework for Action for the
Inclusion of Children with Special Needs in the Early Years

Sample Page from Week One. A similar template was completed during each week of the pilot study.

Week 1: Reflection Date: _____

1. Describe Action taken from DFA in the area of Communication

What worked well?

What challenges did you encounter?

Implications for inclusive practice:

2. Describe Action taken from DFA in the area of the Environment

What worked well?

What challenges did you encounter?

Implications for inclusive practice:

3. Describe Action taken from DFA in the area of Assessment

What worked well?

What challenges did you encounter?

Implications for inclusive practice:

4. Describe Action taken from DFA in the area of the Curriculum

What worked well?

What challenges did you encounter?

Implications for inclusive practice:

Notes

Notes



FRAMEWORK FOR ACTION FOR THE INCLUSION OF CHILDREN WITH SPECIAL NEEDS IN EARLY CHILDHOOD EDUCATION SETTINGS

Eucharía McCarthy and Mary Moloney

Coláiste Mhuire Gan Smál



Mary Immaculate College



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Acronyms – Framework for Action

AAC - Augmentative or Alternative Communication

ADD – Attention Deficit Disorder

ASD – Autistic Spectrum Disorder

BCCN - Border Counties Childcare Network

CECDE - Centre for Early Childhood Development and Education

DES - Department of Education and Science (until March 2010)

DES - Department of Education and Skills (since April 2010)

DFA – Draft Framework for Action

DHC - Department of Health and Children

DJELR - Department of Justice, Equality and Law Reform

DSCFA - Department of Social, Community and Family Affairs

ECCE - Early Childhood Care and Education

EECERA - European Early Childhood Educational Research Association

EOCP - Equal Opportunities Childcare Programme

FETAC - Further Education and Training Awards Council

HETAC - Higher Education and Training Awards Council

ICT - Information and Communications Technology

IDP – Individual Development Plan

IEP - Individual Education Plan

ILP – Individual Learning Plan

IMEB - Irish Montessori Education Board

IPPA - The Early Childhood Organisation

NAEYC - National Association for the Education of Young Children

NCCA - National Council for Curriculum and Assessment

NCNA - National Children’s Nurseries Association

NCO - National Children’s Office

NCSE – National Council for Special Education

NDA - National Disability Authority

NDP - National Development Plan

NESC - National Economic and Social Council

NESF - National Economic and Social Forum

NQF - National Quality Framework

NVCC - National Voluntary Childcare Collaborative

NVCO - National Voluntary Childcare Organisation

OECD - Organisation for Economic Cooperation and Development

PSNA – Preschool Special Needs Assistant

UN - United Nations

UNESCO - United Nations Educational, Scientific and Cultural Organisation

SEN – Special Educational Needs

SNA – Special Needs Assistant



Glossary of Terms

Aesthetics: Qualities of objects, representations and environments that evoke sensory (usually visual, auditory, tactile or emotional) responses.

Assistive Technology: Assistive technology is any item, piece of equipment or product system that is used to improve functional capabilities of a child with a disability (NCTE, 2010).

Auditory Cues: A signal provided which will be received through the hearing channel, e.g., a clap, a bell ringing, speech etc.

Augmentative or Alternative Communication (AAC): Any method of communicating without speech, such as using signs, gestures, facial expressions, pictures, electronic and non-electronic devices.

Best Practice: Strategies recommended and recognised by members of a profession as being highly effective. These are usually derived from evidence-based practices.

Bilateral: Affecting or undertaken by both sides.

Cause and effect: Effect is what happened and the cause is why it happened.

Cohesion: The bonds or connections between members of a community or a group.

Cohort: A group of people.

Collaboration: Two or more partners working co-operatively with mutual respect to reach a common goal through shared decision making.

Curriculum: This refers to all learning experiences, whether formal or informal, planned or unplanned, which contribute to a child's development (NCCA, 2004: 2).

Dexterity: Skill in performing tasks, especially fine motor skills.

Developmental Domains: Essential dimensions of early childhood development and learning including: social, emotional, physical, cognitive and linguistic development.

Early Intervention Educator: A specialist educator with expertise in the field of ECCE and special education who works as part of a multi-disciplinary team to provide assessment and intervention services to children with disabilities. The early intervention educator considers the child's holistic development and works to embed developmental targets into a meaningful, functional, play-based programme of activity for the child and family.

Early Years: For the purposes of this *Framework for Action*, early years refers to the period from birth to four years of age.

Early Years Practitioner: In the context of the FFA, the term early years practitioner is used generically to mean any adult working in a paid capacity in an ECCE setting.



Ethnicity: People who have common ancestry and who share a distinctive culture often having racial, religious, linguistic, and certain other traits in common.

Experiential Learning: The process of making meaning and developing understanding from direct experience.

Fine motor skills: Small and refined muscle movements in the fingers, hands and wrists usually in co-ordination with the eyes.

Icons: Images, symbols or pictures.

Inclusive Practice: Inclusive practice is understood to be attitudes, approaches and strategies taken to ensure that children are included in a meaningful way within the learning environment.

Intellectual Disabilities: Disability characterised by significant limitations both in intellectual functioning and in adaptive behaviour, which covers many everyday social and practical skills.

Intervention: An intentional and systematic effort to change a child's behaviour.

Intrusive: Disturbing others by an uninvited or unwelcome presence.

Jargon: Vocabulary which is specific to a particular profession or field and which can be difficult to understand.

Key Worker: A key worker is a nominated member of staff who has special responsibility for a particular child/children in the early years setting.

Multi-disciplinary professionals: Professionals who provide specialist services for children with special needs, including psychologists, occupational therapists, physiotherapists, speech and language therapists etc.

Occupational Therapist: A specialist health professional who focuses on the development of motor, sensory and functional skills in children with physical and/or sensory disabilities.

Parent: Parent includes all parent(s)/guardian(s) of the child.

Picture Schedules: Portray a full day's activities using pictures to represent each activity.

Pre-requisite: Required beforehand as a necessary condition for something to happen.

PSNA: Pre-school Special Needs Assistant (PSNA) is used throughout this framework as the term to describe the role of the person who assists the child with SEN in the early years setting. Other terms used to describe this role include: SNA, Pre-school Assistant, Childcare Assistant and Personal Assistant.

Physiotherapist: A health professional who evaluates gross motor skills and who treats disorders of movement with particular attention to physical mobility, balance and posture.



Psychologist: A psychologist evaluates and treats the learning, behavioural and emotional problems of children.

Reflective Practice: This refers to a style of working in an ECCE setting that involves regular and rigorous review of practice through reflection (CECDE, 2006).

Reinforcement: An activity or strategy which is used to strengthen an approved behaviour.

Scaffold: Support provided by an adult or more able peer, to enable the child to solve a problem or perform a task that could not be accomplished by that child alone. The child is supported as much as necessary while they build their understanding and ability to undertake the task and then the support is faded out gradually until the child is able to complete the task independently.

Sensory-motor experiences: Sensory motor experiences occur through the interaction of sensation and movement. We receive sensory information from our bodies and the environment through our sensory systems (vision, hearing, smell, taste, touch, perception of movement and body awareness).

Sensory processing difficulties: Occur when a child's sensory signals don't get organised into appropriate responses. In some children only one sense may be affected, such as, touch, sight or movement. Others can be affected in multiple senses. One child may over-respond to sensation and find physical contact, light, sound, clothing, food, or other sensory input to be unbearable. Others might under-respond and show little or no reaction to stimulation, even extreme hot and cold.

Special Educational Need: Refers to a limitation in the ability of a person to benefit from or participate in education due to a continuing sensory/physical/learning disability, mental health or other condition (NCCA, 2009).

Speech and Language Therapist: A health professional who provides support to individuals who have speech, language and communication disabilities and disorders.

Tactile Cues: Use touch or movement to signal an activity, a communication or an event.

Transitions: Experiences designed to promote learning that help to organise children as they move from one learning situation to another.

Vantage Points: Places from which something can be viewed.

Visual Schedule: A visual sequential system, (using objects, pictures, photographs or symbols) to provide children with consistent cues about what they will do in their daily activities.

Zone of Proximal Development (ZPD): ZPD is the gap between what a child can do independently and what he or she can do with adult/peer scaffolding.



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Introduction

The Framework for Action for the Inclusion of Children with Special Needs in Early Childhood Education Settings was developed through consultation with providers, early years practitioners, parents, children, multi-disciplinary professionals, disability agencies, national childcare organisations and key stakeholders in the early childhood care and education sector. It is informed by the latest evidence-based research and best practice in the field of Inclusion in the Early Years and was refined following a pilot implementation study. It does not just incorporate a list of strategies and ideas. Instead, it is a scaffold upon which early years providers and practitioners can work in partnership with parents, families and professionals to build effective inclusive practice for children with special educational needs in the birth to four years cohort.

A core principle underpinning the Framework for Action, is the child's right to inclusive early years care and education as highlighted in international legislation (United Nations Convention on the Rights of the Child, 1989; the Salamanca Statement, 1994; United Nations Disability Convention, 2005; UNESCO Guidelines for Inclusion, 2006) and national legislation (the National Children's Strategy, 2000; the Education for Persons with Special Educational Needs Act, 2004; and the Disability Act, 2005). Equally, the belief that all children with special educational needs are children first and foremost and that every child, whether they have a special need or not, is an individual with his or her own unique gifts and talents, is a central principle which permeates this Framework for Action.

Designed to complement the existing practice frameworks, *Sólta* (CECDE, 2006) and *Aistear* (NCCA, 2009), the Framework for Action provides specific guidelines, practical strategies and professional tools to enable early years practitioners to support the inclusion of children with special educational needs in early childhood settings.



The Framework for Action is underpinned by a central handle of Professional Development which is essential in providing core support for the four overarching themes which are: Communication, Environment, Assessment for Learning and Curriculum. The research study which informed the development of this Framework highlights the urgent need, enthusiasm and thirst among early years practitioners for professional development and support in order to enable them to meet the challenge of inclusive practice in the early years. It is our hope that this Framework for Action will empower early years practitioners to engage in effective and meaningful inclusive practice which will benefit, not only the young child with special needs, but ultimately will benefit parents, families and all of the children and practitioners in the early years setting.

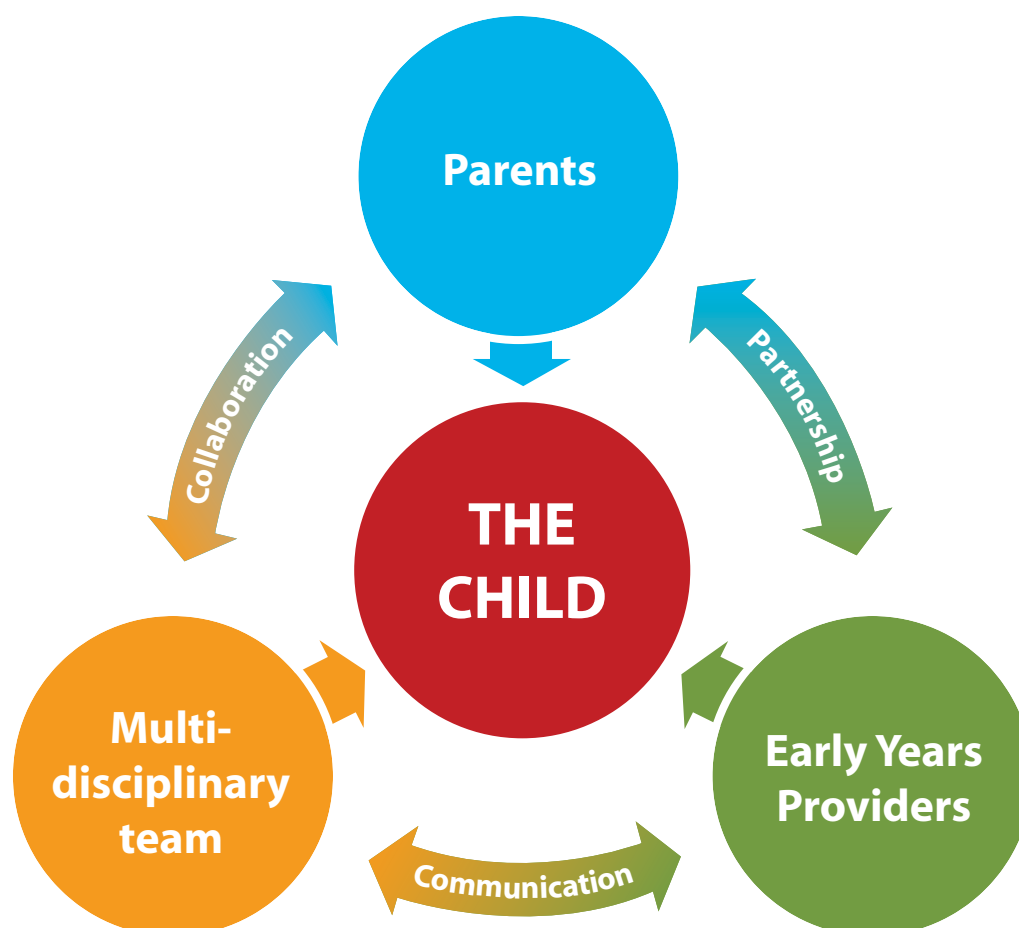


Section 1: Communication

Introduction

Communication can be defined as 'the ability of two or more people to send and receive messages' (Howard et al., 2005: 119). Communication is at the heart of effective inclusion in the early years. In order to ensure that inclusion is successful, meaningful communication needs to take place at a number of levels. Communication with parents and families is the first important step towards successful inclusion. Parents are the most significant people in young children's lives (NCCA, 2009) and it is important that parents and early years practitioners work in partnership to enhance children's learning and development in the early years. Communication between staff within the setting and with multi-disciplinary professionals is also an essential pre-requisite to effective inclusion in the early years. Furthermore, as communication and language are central to all learning and development, effective communication with the child is a vital element in ensuring the successful inclusion, care and education of children who have special educational needs in early years settings (Deiner, 2010; Quigley et al., 2007).

Figure 1.1: Communication for Successful Inclusion





Communication with Parents and Families

'Mutual respect, a valuing of diversity and effective communication are essential to forming good relationships with parents' (Dukes and Smith, 2009: 9).

Parents are the first and most important teachers of their children with special needs (Hooper and Umansky, 2009; Mitchell, 2008). The importance of parental involvement is highlighted in nearly 100 research studies which have identified tangible educational benefits for children whose parents are involved in their education (Dunlap, 2009; Glazzard et al., 2010; Henderson and Mapp, 2002; O'Moore, 2009). This is especially vital for children with special needs whose parents often have additional and longer-term responsibilities and involvement as a result of their child's additional needs (Dardig, 2008). Parents can provide vital information for the early years provider which is essential to informing key decisions about the care and education of their child (Dunlap, 2009; Howard et al., 2005; Mitchell, 2008; NCCA, 2009). In addition to this, parents know what motivates and interests their child and can inform the early years provider about the things that the child likes to do at home (NCCA, 2009). The early years practitioners can then draw on these interests and build on them in the daily activities within the early years setting.

General Guidelines for Communicating with Parents

- It cannot be emphasised enough that children with special needs are children first. It is vitally important to use person-first language when discussing children with disabilities and to use the child's name when you are speaking about him/her. Person-first language involves referring to the child first and the disability last, e.g., Trevor is a child with Down syndrome; he is not a 'Down Syndrome child' (Willis, 2009).
- Remember that the fact that the child has special needs is secondary to the child's personality and the talents and abilities that the child has.
- Work in partnership with parents, treating them as equals in the decision-making process.
- All communications need to be treated sensitively. Confidentiality and privacy should be respected, as appropriate. Maintaining confidentiality is a crucial foundation to building trusting relationships with parents.
- Start off by asking parents what *they* want, what *their* priorities are, and how to assist them in that regard. After a level of trust has been established, start to use words like 'we' and 'us' that promote the idea of working together.
- Ask parents about the child. Find out what the child likes / dislikes and what works well, etc.
- Build a good rapport with parents by being a resource that they can tap into. Early years practitioners can help parents by making them aware of resources that are available to them.



- Share strategies that are effective in helping the child and show parents approaches and techniques that they can use with the child at home. For example, model simple ways to promote communication with infants and young children such as 'peek-a-boo' or rhymes and songs that encourage a response from the child. Sending home the words of songs and rhymes that the children enjoy in the early years setting can encourage parents to reinforce these songs and rhymes at home.
- Respect the opinion of parents even if you don't agree with them. Sometimes parents make choices that we don't understand. Acknowledge and respect social and cultural difference. Every family situation and child is unique and caring for a child with special needs brings an additional dimension to family life.
- Establish clear professional boundaries. Professional relationships should be based on friendliness towards parents, but not necessarily friendship with parents.
- Arrange regular general progress meetings with parents.
- A child's special needs are often not recognised until he or she attends preschool. The early years practitioner is often the first one to have concerns and must find ways to respectfully share these concerns with parents and help them to access relevant services.
- Avoid discussing issues and concerns about a child in front of other parents/children as a child is being dropped off/collected.
- Set up a system for communicating regularly with parents. Use communication notebooks or diaries which go back and forth between the home and setting. Alternatively use email, text messaging or the audio file on many new mobile phone devices as a tool or system for sharing communication between the early years setting and the parents. For children who have communication difficulties, record the messages as if the voice of the child is speaking, e.g., "*Today we made....*"; "*I helped to give out the lunch boxes.*"
- Be clear about the message that you wish to communicate.
- Consider sending newsletters or information sheets home to parents about the activities that the children are engaging in within the early years setting (See Figure 1.3: Sample Newsletter). These can provide ideas for reinforcing language development and learning in the home as well as communicating key information about forthcoming activities in the early years setting.
- Keep a record or log of all formal and significant informal communications with parents/guardians (See Figure 1.2: Sample Parent/Guardian Communication Log). This helps to highlight the level of contact with parents throughout the year, to keep communication lines open, and serves as a reminder to follow up on any actions that you have committed to taking. Furthermore it provides a written record of your interactions with parents which can be very helpful in the occasional circumstances where there might be disagreement between parents and the early years provider.

(Adapted from Dardig, 2008; Dukes and Smith, 2009; LaRoque and Darling, 2008; Willis, 2009)



Figure 1.2: Sample Parent / Guardian Communication Log
Keyworker / Room Leader: Mary Jones
Year: 2010 - 2011

Date	Child	Parent/Guardian	Type	Initiated by	Regarding	Follow-up


Contact Type P = Phone Call M = Meeting L = Letter/Note E = Email O = Other



Figure 1.3: Sample Newsletter (Adapted from Dardig, 2008)

Spring Newsletter

Hybrazil Pre-School
Ovenstown
County Clare
Ph: 065 612222
Email: hybrazilpreschool@eircom.net
Pre-school Room Leader: Mrs Lesley Doyle



Our News

We visited Ovenstown Pet Farm on February 27th and we had a great day out. We learned all about pets, how to take care of them, feed them and give them exercise. We took lots of photos which can be seen on our website: www.hybrazilpreschool.ie. Thank you to all of the parents who came along and helped us out on the day!

Our Pets 'Show and Tell' (March 14-18)

You are invited to join us on the week commencing March 14th for our Pet 'Show and Tell' in the Pre-Schoolers' Classroom. The children are encouraged to bring in their 'well-mannered' pets. No lions, tigers, elephants or any other savage beasts allowed please!! Child safety is of paramount importance. The 'Show and Tell' sessions will take place each day between 11am and 12pm. Please let us know if your child will be bringing a pet in on the day and/or if you are interested in attending. You can email us or phone us to let us know and we will arrange a day and time for you to bring your child's pet along.

Our New Fingerplay: Five little Kittens

Five little kittens standing in a row (extend left fingers upward, palm out.)
They nod their heads to the children, so. (bend fingers forward.)
They run to the left, they run to the right, (wiggle fingers to the left & right.)
They stand up and stretch in the bright sunlight. (stretch fingers slowly.)
Along comes a dog who's in for some fun, (move right fist slowly toward stretching fingers.)
M-e-o-w, see the kittens run. (run left fingers behind back.)
(Have fun practising this at home together.)

A Useful Webpage

The website <http://www.preschoolrainbow.org/preschoolers.htm> has some lovely ideas for educational activities that parents and young children can do together. Check out the 'Animal Theme' section for fun activities that link with our Pet theme of the month!



Arranging Meetings

Plan meetings carefully. It is recommended to keep a record of meetings with parents. Cook et al. (2008: 61) recommend the following approaches to meeting with parents:

1. Work towards building a positive rapport with parents and endeavour to be culturally sensitive and respectful.
2. Try to understand parents' perspectives and to be clear about any information that the family needs.
3. Obtain information from parents without being intrusive.
4. Use everyday language in all communications and avoid jargon.
5. Work collaboratively with parents to reach solutions to any problems that need to be addressed.
6. Summarise key points and make appropriate recommendations.





Figure 1.4: Guidelines for Meetings with Parents

Before the Meeting

- Send an Information Gathering Sheet (See Figure 1.5) home to parents asking for key information about the child and for the main goals and priorities that parents have for their child.
- Check with parents about convenient dates and times for meeting. If possible, offer different time slots during the day to facilitate working parents and parents with other commitments.
- Set aside ample time for each meeting. This will help to avoid rushing discussions or cutting short conversations prematurely. Allowing enough time can make a big difference to the quality of communications that take place between the parents and the early years practitioner.

During the Meeting

- Try to provide a suitable, comfortable, private meeting area and welcome the parents to the meeting.
- Put a sign on the door to avoid interruptions.
- Show examples of the child's work and talk about the progress s/he has made. Share records of assessments with parents. Always start by discussing the child's strengths and abilities.
- Give parents an opportunity to discuss the goals and priorities that they have for their child. Encourage parents to ask questions and voice their concerns.
- Incorporate family suggestions and ideas and promote ways of working together with families to enhance the learning experiences and progress of the child.
- Outline any concerns and issues sensitively. Be honest and open with parents.
- Conclude by summarising key suggestions and/or concerns and outline any actions to ensure that everyone is clear.
- End on a positive note and remember to thank the parents for attending the meeting. Make arrangements for the next contact with the parents, if necessary.

After the Meeting

- Follow up by sending the parents any information or documentation as promised.
- Contact other professionals for consultation, if necessary.
- Plan ways to incorporate family priorities into the child's early years programme and to address any concerns that parents have raised at the meeting.
- Arrange follow up meetings or phone calls as necessary.

(Winter, 2007)



Figure 1.5: Information Gathering Sheet

Child's Name: _____	
Date of Birth: _____	
Early Years Setting: _____	
Room: _____	
Family Members	Developmental Background
Key Interests	Medical Requirements / Diet
Communication Skills	Independence
Strengths	Areas of difficulty
Please list the main goals and priorities that you have for your child 1. 2. 3. 4. 5.	
Any Other Comments	



Communication between staff including the Preschool Special Needs Assistant (PSNA) within the setting

Communication between staff in the early years setting is essential to ensure quality inclusive provision for children with special needs (Moyle, 2006). Good working relationships among early years staff are at the heart of effective early years programmes. The Childcare Manager plays a crucial role in supporting and empowering staff to communicate effectively and to work in collaboration. It is vital that the Childcare Manager is fully informed about the child with special needs, is familiar with their early years programme and maintains ongoing communication with the parents, the staff working directly with the child and the multi-disciplinary team. A key requirement is to build cohesion among all of the staff who work with the child. Due to the real constraints of both time and the requirement to meet staff: child ratios, many informal discussions may take place during break-times in the staffroom. It is important to build in time on a regular basis for the childcare manager, the room leader, the preschool special needs assistant/s (PSNA/s) and any other staff who work with the child to meet, share information and plan. Every member of staff who works directly with the child needs to be aware of the child's strengths, learning needs and priority learning goals and targets. If a child has language difficulties, the staff needs to know how to communicate effectively with the child. Consistency is important for all children but is especially important for young children with special needs. Ensure that the childcare staff is as fully informed as possible about working with young children who have special needs through circulating information booklets, educational resources, and information about training opportunities.

Communication with multi-disciplinary professionals

In many instances children with special needs avail of services and support from a range of multi-disciplinary professionals including speech and language therapists, occupational therapists, physiotherapists, psychologists, early intervention educators, social workers, and assistive technology specialists. These multi-disciplinary professionals play a key role in supporting the child's individual developmental needs, for example, a physiotherapist can assess the child's gross motor skills and may devise a treatment and home management programme; an occupational therapist can provide treatment and equipment to develop the child's fine motor skills and an assistive technology specialist can identify technological supports to maximise the child's independence. In some cases these services are provided by an early intervention team who work in conjunction with the staff in the early years setting. Communication and consultation is much easier in these instances as members of the early intervention team usually make a number of visits to the early years setting to meet with the child, parents and early years practitioners.



Early intervention professionals often seek to collaborate with preschools to help meet the specific developmental needs of the child. Working on fine motor goals within the daily preschool routine, for example, is usually more motivating and effective than doing so in a clinical setting once every few weeks. Additionally, support given by early intervention professionals for a specific child often helps to inform a pre-school's overall practice. When you adapt routines for one child, you usually enrich her peers as well.

In most cases however, children receive support from multi-disciplinary professionals independently of the early years setting. In these circumstances, the early years provider can seek contact details from the parents and permission to make contact with the relevant specialist. Multi-disciplinary professionals can provide valuable information and support for the early years practitioner. Equally practitioners are well placed to support any interventions by working alongside the multi-disciplinary professional (Dukes and Smith, 2009). For example, speech and language therapists can provide critical information about a child's speech and language difficulties and details of ongoing speech and language programmes. When early years practitioners reinforce and consolidate speech and language programmes in their daily activities this often leads to improved outcomes for the child.

(Note that any discussions with outside professionals should only take place with parental permission.)

Key Worker System

In addition to having the support of a PSNA, it is recommended to operate a key worker system within the childcare setting. Many early years settings operate a key worker system. This means that a nominated member of staff has special responsibility for a particular child/children. This system can be particularly helpful when a child has special needs. The child's key worker provides personal attention to the needs and development of the individual child and their family. Circumstances vary from setting to setting. In some cases two members of staff take joint responsibility for the child. This means that if one key worker is on holidays or sick leave there will usually be a second person available. In situations where the PSNA is employed by an external agency, using a dual key worker system can work very well in terms of promoting effective communication and cohesion among staff.

The key worker can:

- assist with settling the child into the pre-school/early years setting
- monitor the child's progress in developmental domains
- provide a point of contact between the home and early years setting
- communicate regularly with parents regarding what the child has been doing and also discuss his/her progress with them



- ensure continuity of experience for the child during his/her time in the early years setting and support the child when making transitions from one room to another as he or she progresses through the setting
- help parents to understand the thinking behind the activities and programmes provided in the early years setting
- comfort and reassure the child as appropriate during times of distress
- communicate with multi-disciplinary professionals who are working with the child and share relevant information with staff who are working directly with the child (subject to parental permission, as appropriate).

Communication with children

'Communication is the platform on which we build relationships, share experiences and learn. Early years practitioners have an important role in promoting and supporting the communication development of all children they are working with.'

Margo Turnbull (2006) Communicating Matters Seminar

Communication is fundamental to children's learning and development. It plays an important role in children's cognitive development, social development, and is vital for their overall well being (Deiner, 2010). Early years practitioners play a crucial role in promoting communication and language development in children with special needs. Through engaging in positive interactions with children which are respectful, fun, playful, enabling and rewarding (NCCA 2009: 34), the early years practitioner can facilitate children's communication development and learning.

Some children with special needs can be slow to develop language and may have significantly delayed speech and language skills. Children who have physical disabilities may have difficulty formulating clear speech sounds or may even be non-verbal. Children with Down syndrome tend to have low muscle tone in their tongue and lips which can make it very difficult for them to articulate sounds clearly. Often, as a result of these articulation difficulties, others cannot understand what the child is saying and even family members can find themselves depending heavily on contextual clues to understand the child's speech (Wishart, 2005). Children who have a hearing impairment may need to learn Irish Sign Language in order to communicate.

Lámh is an alternative manual sign system, designed for children with intellectual disabilities in Ireland, which uses less complex hand positions and a reduced number of signs



www.lamh.org). Using Lámh in conjunction with speech, can be an effective approach to assisting a child's understanding and ability to communicate. Children with autistic spectrum disorders may have difficulty understanding non-verbal communication cues and may be unable to engage in social interactions with their peers. Children with speech and language disorders can experience difficulties in the following areas: receptive language, expressive language, pragmatic skills (the social use of language), and oral-motor skills. While children can theoretically be delayed in all four areas, the delay usually affects only one or a few areas. Furthermore, there is the key area of interaction skills, which are fundamental to all the aforementioned areas. Many children with communication delay have difficulty simply interacting - with or without speech and language skills.

There are many strategies and tools that can be used to support children who experience these communication difficulties. However, firstly it is important to understand the various stages of communication development that children experience before we start planning communication programmes and interventions for children with special needs. While each child has their own unique profile of communication development, most children will move sequentially through the following stages. Willis (2009: 190) describes four main stages of communication development:



Figure 1.6: Stages of Communication Development

Stages	Characteristics
<p>Level 1: Egocentric “It’s all about me”</p> <p>At this level the child’s main aim is to have his/her own needs addressed.</p>	<ul style="list-style-type: none"> • From birth, the child cries, gurgles, babbles, grunts and vocalises at self and others. • Has a special cry for hunger. • Responds to own name and looks at carer. • Repeats syllables ‘da da’ ‘ma ma’. • Reaches out to an adult to indicate ‘I want’. • Laughs and chuckles with pleasure. • Screams or throws a tantrum when adults don’t give him/her what s/he wants. • Smiles when someone looks at him/her.
<p>Level 2: Requesting “I want it”</p> <p>At this level the child starts to ask for things using language to communicate what he or she wants.</p>	<ul style="list-style-type: none"> • Says some basic words. • The child grabs the adult’s hand and pulls it towards something s/he wants. • Says ‘No’ with conviction. • Points to desired object. • Moves his/her body to communicate ‘I want more’. • Can follow simple instructions e.g. Wave ‘Bye bye’. • Asks for more. • Repeats words said by adults e.g. Please (could sound like ‘pees’).
<p>Level 3: Emerging Communication “Actions and Reactions”</p> <p>At this level the child’s emerging language is beginning to develop and he or she starts to experiment with language, words and/or pictures and signs where relevant.</p>	<ul style="list-style-type: none"> • Imitates the last word spoken. • Answers simple questions – especially those that require a ‘Yes’ or ‘No’ answer. • Takes turns with others. • Uses own name in conversation. • Knows the names of close family members and friends. • Enjoys singing along with music. • Makes 2 word phrases such as ‘all gone’, ‘teddy sleep’. • Mutters to self when engaged in an activity. • Uses plurals.
<p>Level 4: Reciprocal Communication “Two-way street”</p> <p>At this level the child has learned that communication is about sending and receiving messages.</p>	<ul style="list-style-type: none"> • Can carry on a short conversation. • Begins to understand how to use prepositions such as, ‘in’, ‘on’, ‘under’. • Combines words to make short sentences. • Intentionally uses words to greet and to ask for something. • Initiates speaking to adults about everyday things.

(Adapted from Dukes and Smith, 2009; Hooper and Umansky, 2009; Howard et al., 2005; Willis, 2009)

Building on the Stages of Communication presented in Figure 1.6, the following guidelines will help you to promote communication skills based on the child’s stage of development:



Figure 1.7: How to promote communication skills based on the child's stage of development (Willis 2009: 193)

Stages	How to promote communication development
<p>Level 1: Egocentric "It's all about me"</p>	<ul style="list-style-type: none"> • Mimic sounds that a baby makes back to them. • Smile, make eye contact and engage reciprocal responses (simulating conversation). • Encourage the child to show you what s/he wants by pointing, using gestures or sign language. • Use consistent basic vocabulary such as 'juice,' 'story,' 'play'. • Talk through what the child is doing. • Respond to every communication attempt that the child makes, even if it is unintentional.
<p>Level 2: Requesting "I want it"</p>	<ul style="list-style-type: none"> • Extend the child's language slightly emphasising the functions of objects e.g. if a child says 'milk', the adult says 'yes, milk for you to drink.' • Set up situations where the child will want to ask for more e.g. play a game and then stop and encourage the child to ask for more, either by moving his/her body or making eye contact. • When the child pulls you towards a particular object or points at an object, say the name of the object and smile. • Describe everything that the child does using short simple sentences. • Allow wait-time, while encouraging the child to respond.
<p>Level 3: Emerging Communication "Actions and Reactions"</p>	<ul style="list-style-type: none"> • Play 'turn-taking' games and encourage the child to play with other children. • Introduce children to songs and rhymes that have repetitive lines and verses. • Model exactly what you want the child to say and do. • Provide experiences that will help to build the child's vocabulary. Use books, story sacks and puppets to promote interactions.
<p>Level 4: Reciprocal Communication "Two-way street"</p>	<ul style="list-style-type: none"> • Set up activities that will encourage children to engage in conversations. • Play games that provide opportunities for children to practice the rules of conversation e.g. opening and closing conversations, listening, responding, taking turns. • Encourage children to share their opinions and feelings and to retell stories.



General strategies to support communication, speech and language development

- Get down to the child's level when you are speaking to him/her. Face the child, make eye-contact. If the child is small or sitting in a wheelchair, bend down so that you are facing him/her at his/her eye-level.
- Speak slowly and clearly and check for understanding. Be aware of your tone of voice.
- Make language activities and conversations a positive experience.
- Encourage the child to make non-speech sounds and to copy sounds in his/her environment.
- Play guessing games, role-play and use puppets to promote language development.
- Sing songs and recite lots of nursery rhymes, especially those with repetitive lines.
- Listen attentively when the child communicates and show interest in what s/he is saying. Make sure that only one adult communicates with the child at a time.
- Talk to the children about what they are doing and what the other children are doing.
- Support verbal input with visual supports (concrete items, pictures, symbols, drawings, key words).
- Use activities that strengthen the muscles of the mouth such as blowing bubbles and playing musical instruments that require blowing.
- Use a 'reduced language' approach (McCarthy, 2001). Avoid using elaborate sentences, focus on key words/phrases only and build on the child's own language e.g. If the child says 'boy kick ball' you repeat what the child has said and build on it slightly, saying 'yes, the boy is kicking the ball'.
- Name objects and add vocabulary about these objects as appropriate (e.g. characteristics and function). For example, *the red car, the ball rolls*.
- If necessary, repeat any instructions that you have given to the whole group with the individual child. Check that s/he has understood by asking him/her to repeat back what s/he has to do.
- Allow the child 'wait' time to think and formulate a response. As a general rule, count to 5 or 6 before interjecting.
- If familiar with Lámh, use it in conjunction with speech, to reinforce understanding and communication. Teaching children with Down syndrome to use signs and gestures such as Lámh, can be an effective method of assisting a child's understanding and ability to communicate. Signs and speech are used together to help to bridge the gap between comprehension and speech production (Buckley & Bird, 2001; Wishart, 2005) and as the child becomes more confident at using words the signs are faded out gradually (Lorenz, 2006). Most children with Down syndrome will use spoken language from 3 or 4 years onwards, however they may also use signs as a support when communicating. Research



has shown that children with Down syndrome who have participated in sign supported programmes have larger vocabularies (Buckley & Bird, 2001).

Lámh

Lámh is a manual sign system of communication 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.

Contact: www.lamh.org for further information

Using Pictures and Augmentative or Alternative Communication Devices (AAC) to Communicate

Some children with special needs are non-verbal and consequently are unable to use speech to communicate. These children need to use some form of augmentative or alternative communication (AAC). There are two forms of AAC: low-tech and high-tech. Low tech methods of communication are usually non-electronic and can include using pictures and/or objects. The child points to the picture or uses eye-gaze to indicate what s/he wants or needs. For example, if a child with special needs points to a picture of a drink, it means that s/he is thirsty. The child who is non-verbal can communicate very easily with an adult or child using this approach. Combinations of pictures can be utilised by children who wish to communicate more complex concepts and ideas.





Pictures can be used to create communication boards, communication books, communication strips, visual timetables and schedules. The early years practitioner will need to model using pictures to communicate with individual children and then encourage the child to use pictures to initiate a communication. It is really important to ensure that the same pictures are used consistently and that the child has lots of opportunities for practice and reinforcement. Parents and family members should be encouraged to use the same pictures and communication approaches at home to provide additional reinforcement and consolidation. The early years practitioner can ask questions and set up scenarios that require the child to use pictures to communicate. As the child progresses, the early years practitioner can provide further opportunities for the child to increase his/her repertoire of pictures and include pictures that represent feelings, action-words and additional ideas. It is worth noting that using pictures as a communication tool has the additional benefits of helping children to learn daily routines, to sequence activities, to learn new vocabulary and to increase independence and children's agency.

Visuals and pictures can be used in different ways. Sometimes pictures are used only for pointing (visual reference cards). At other times, pictures or icons can be used to support sequences of activities (visual schedules). When using the Picture Exchange Communication



System (PECS), the child exchanges a picture with others in order to communicate a need. Parents, multi-disciplinary professionals and early years practitioners will need to work together to ensure that the method which benefits the child is being used consistently and appropriately in the early years setting.

(Willis 2009: 194 – 195)

PECS Communication Book

Pyramid Educational Consultants, www.pecs.com

Recording Communication Skills

By keeping a record of the child's communicative abilities you can ensure that key stages of progress are tracked and that existing skills are built upon appropriately. Encourage the parents to do the same at home. In many instances, children use a greater repertoire of communicative skills in the home environment and when early years practitioners are aware of these skills they can provide opportunities for the child to utilise them in the early years setting.



Figure 1.8: Communication Grid

Record the exact words and signs that the child uses			
	During activities in the early years setting	During Free Play	At Home
Non-verbal cues			
Signs			
Single Words			
Two Word Phrases			
Three Word Phrases			
Longer Utterances (Not repeated after somebody else)			
Grammar Usage			
Full Sentences			
Conversation starters			
Asking a Question			
Telling about past events			
Giving Instructions			
Showing Imagination			
Other			

(Adapted from DSA, 2003)



Activities to Develop Attending Skills

1. Use a teddy bear or familiar puppet to attract the child's attention. State verbally that you want the child to look at you.
2. Use words and gestures to guide the child to make eye-contact with you.
3. Use musical instruments, clapping, a bell or other sounds while simultaneously calling the child's name to gain his/her attention.
4. If the child doesn't respond to the verbal and auditory cues, use touch to gain the child's attention.
5. Use positive reinforcement to highlight examples of children who are attending well e.g. *I really like the way Mary and Thomas are being 'good listeners' and 'good lookers'.*
6. When seeking the attention of a group of children, use signals such as playing a particular piece of music, turning the lights off and back on or clapping 3 times. When used appropriately, these strategies can work very well if you wish to signal a transition from one activity to another.

(O' Moore 2009: 34)

Activities to Develop Listening Skills

- 1. Sound Box:** Make a sound box for your room. Contents might include; shakers, a bell, assorted pairs of musical instruments, squeaky toys, scrunchy paper, alarm clock, sea-shells, beeper, horn, a music box. Use the sound box to play games such as Sound Lotto, Sound Matching Games, Create Crazy Sounds & Rhythms and Music Bands.
- 2. Find the matching instrument:** Using pairs of matching instruments hide one set of instruments behind a screen and place the other set on a table. The child listens while you play an instrument behind the screen. The child then chooses an instrument from the table. If the sounds are the same, she can put the instrument into the music box.
- 3. Echo my sounds:** Behind a screen, you play an instrument, e.g. a drum, by tapping it three times. The child has the same instrument and has to try to copy the same sounds that you have made.
- 4. Sound Lotto:** Sounds from musical instruments or the environment are recorded on audio tape. Pictures of the instruments are presented in the form of a lotto card. The child has to place a counter on the picture that matches the appropriate sound. (This can be repeated with animal sounds, human sounds etc.) .
- 5. Double Commands:** Complex commands include more than one concept, e.g. size, length, weight, position, action words, colour, number, texture and taste. For example in a shopping game, ask the child to get a big apple, or the heaviest potato and to put it in a paper bag, etc.



Activities to Develop Oral and Expressive Language Skills

1. Oral Language Activities: Use pictures, symbols and signing as a support to enable children with special needs to participate in a range of expressive language activities. Conversations, television shows, show and tell sessions, puppetry, dramatic play, speaking on the telephone, telling stories, jokes and role-playing are all activities that can be used to practise oral and expressive language skills.

2. Discuss characteristics: Help children to identify and describe the characteristics of an object (colour, shape, texture, size and major parts). Also ask the children to compare objects e.g. fruit.

3. Feelings: Describe feelings – happy, sad, tired, surprised, angry, etc.

4. Categories: Place items in a box that can be divided into categories, such as toys, clothes, animals, fruit, etc. Ask the child to find the items that go together and to name them.



5. Give Directions: Ask the child to give step-by-step directions for doing specific tasks, such as how to dress teddy, how to colour a picture, etc.

Using Storytime to Teach Language

Since the 1980s, the research team at the Down Syndrome Educational Trust, led by Professor Sue Buckley in Portsmouth, have been advocating the use of reading stories to support language development with children who have Down syndrome. Reading stimulates responses of signing, vocalisation and verbal approximations which can help accelerate the development of language skills (Bird and Buckley, 2001; Farrell, 2008). The combined use of both pictures and text in reading provides appropriate support for children with Down syndrome who learn better through the visual rather than the auditory channel. This also applies to many other children with special needs who are visual learners.



- Read stories (at least once a day) to small groups or individual children
- Ask thought-provoking questions appropriate to children's individual levels of language acquisition
- Select books that have predictable and repetitive language patterns e.g. refrain or sequence to read aloud and encourage children to repeat / join in with the predictable element
- Discuss illustrations in the stories
- Ask children to predict the outcome of the story, if they are able.

Conclusion

This chapter highlights the key role that communication plays in ensuring quality inclusive provision in the early years. Communication with parents is vitally important both in terms of providing the early years practitioner with key background information about the child but also in terms of ensuring that the parents' concerns and priorities are taken on board in a meaningful way when planning programmes for the child with special needs. Regular dialogue and collaboration among staff within the setting and with multi-disciplinary professionals is essential to ensuring effective early years provision for children with special needs. Finally, communication is at the heart of all learning and development. Consequently early years professionals need to communicate effectively with the children as well as understanding how children with special needs acquire language and communication skills. This knowledge and expertise will assist early years practitioners to plan and implement effective language and communication programmes for the children attending their settings.

'There is perhaps no area of development as crucial to the young child with special needs as communication skills. The early education teacher, in close partnership with parents, can have a major impact on this area of development' (Cook et al., 2008: 291).



Section 2: Creating an Inclusive Learning Environment

Introduction

Inclusion is about much more than the presence of children with special needs in early years settings. Rather, it is the full and active participation of children with special needs, along with typically developing children within all aspects of the pre-school setting. James (2008) defines inclusion as a philosophy whereby all children with or without a special need can learn and benefit from learning, working and playing together. The challenge for those working with young children in early years settings is to create an environment that “is rich in possibilities that encourage and support children’s learning and development” (Quigley, Moloney and McCarthy, 2007: 48). The degree to which early years settings are successful in including children with special needs is an important indicator of overall programme quality.

The learning environment is at the heart of inclusive practice. Its importance should not be underestimated, for, as highlighted throughout the literature, learning is primarily based on experiences gained through interacting with the environment. Indeed, educators in Reggio Emilia refer to the learning environment as the “third teacher” because children construct knowledge through their interaction with it. Accordingly, the environment speaks to the children, constantly providing messages to them (Feeney, Christensen and Moravcik, 2006; Gargiulo and Kilgo, 2004).

Typically, the learning environment is associated with physical attributes; design, layout, access, equipment and materials. In this respect, it is essential to consider the manner in which children can independently negotiate the physical environment so that it is a satisfying and rewarding experience for them. However, the physical environment is only one element in a continuum that also includes emotional, aesthetic and temporal components (See Figure 2.1).

Consider the environment from the child’s perspective

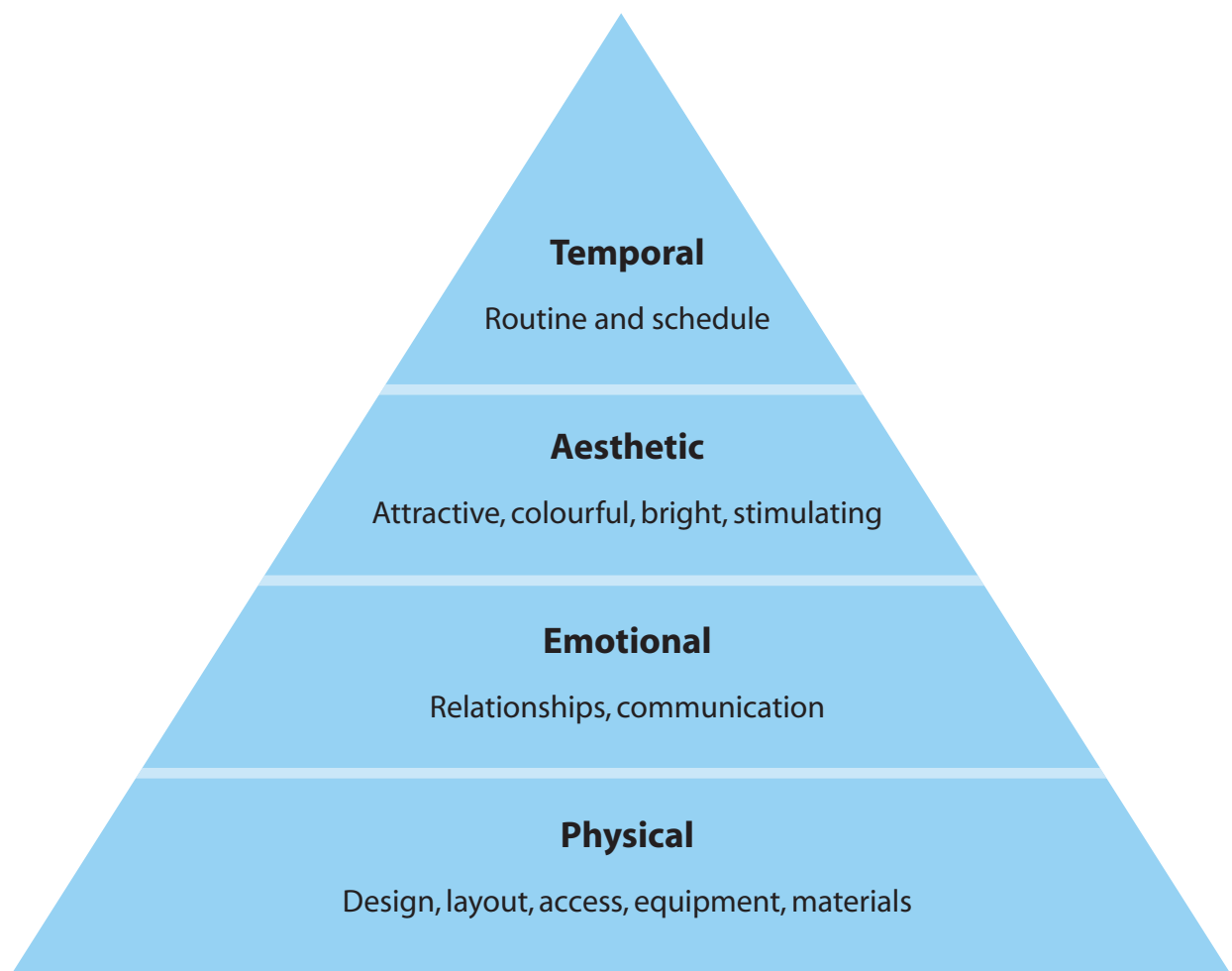
- What does the child see?
- How does the child read the environment?
- What messages does the environment send to the child?
- Is it attractive, inviting, bright, stimulating and challenging?
- Is it an emotionally safe place?
- Is it warm and friendly?



- Is there a daily schedule or routine?
- Are positive relationships established and fostered within the environment?

While it is not possible to separate the physical environment from the emotional, aesthetic or temporal aspects, these elements collectively form the basis on which to establish inclusive practice within the early years setting. As noted by Feeney et al. (2006: 224) the environment is a “powerful teaching tool and the outward and visible sign to families” that you care about their child’s needs and work towards supporting their learning and overall holistic development.

Figure 2.1: Factors that comprise a positive learning environment





When thinking about the environment, consider the words of Langston and Abbott (2005) the “environment is more than the planned space in the setting, it is everything that is encountered from point of entry to the setting to the point of departure” (p.70).

In the Framework for Action, we look at the learning environment from four interrelated perspectives:

- 1. Aesthetics.** Involves paying attention to colour, texture, displays and decorative aspects of the environment;
- 2. Organising the learning environment.** This is concerned with the arrangement and selection of furniture, equipment and materials within the setting to facilitate all areas of development;
- 3. Schedules and routines.** Involves the development of a programme to ensure that children’s basic needs are being met and that they have sufficient time for activities that support their learning and development. The schedule takes account of opportunities to move, interact, relax, explore, create and manipulate.
- 4. Relationships within the environment.** How does the environment support positive relationships between adults and children, children and children, and between adults?

By focusing on these perspectives, we offer guidelines and practical advice on how to create an inclusive environment.

Aesthetics

This is often an overlooked aspect of the child’s environment. The learning environment should appeal to the senses. Thus, colour, texture, design, pattern and sound are important factors. Some settings may be characterised by commercially produced displays, images and curricula, and shelves cluttered with toys and equipment. Quite often storage can be limited or poorly used with lack of differentiation between materials, boxes appearing damaged and torn, and children appearing to be simply putting down time and in general, the atmosphere can be one of noisy chaos. By contrast, other settings can be highly organised, characterised by diverse activity centres, freedom and flexibility, accessible materials, coordinated furnishings, walls adorned by children’s art work, and children who are actively engaged in activities. Consider the messages that these environments convey to children, parents and adults within the setting?



The description above is used simply to demonstrate that minor adaptations can lead to a more inviting, stimulating and rewarding environment for children and adults. As noted by Quigley et al. (2007: 50) children will “inevitably be noisy as they express their excitement, wonder and enjoyment of an activity”. Therefore, while acknowledging that children are by nature noisy and exuberant in their play and work, it is important to minimise excessive noise where possible. Sometimes, by simply adjusting the amount of floor or table space the problem can be diminished. Sometimes, the activity needs to be reorganised, perhaps separated into two activities or it may need to be eliminated (Kostelnik et al., 2007).

Guidelines to enhance aesthetics

Here are some specific suggestions for the aesthetic enhancement of the learning environment for young children:

Colour: Select soft, light, neutral colours for walls and ceilings. Bright colours will dominate a room and detract from art and the natural aesthetics of the environment while also distracting and over stimulating children. Neutral colours provide a good background on which to display children’s art work. They also make it easier to mount visual cues and displays so that children can read and make sense of such cues more easily.

Furnishings and equipment: Group similar furnishings and equipment together. Again, keep colours neutral to focus children’s attention on the learning materials on shelves. Label shelves or use pictorial cues so that non-verbal children or those with language impairment can choose activities independently.

Storage: Rotate materials on shelves rather than crowding all materials together at one time. Crowded shelves are unattractive. They discourage children from choosing materials. They are also difficult for children to maintain. Use storage containers; transparent crates, wooden boxes or baskets. Place a pictorial cue on the outside of the container so that the child knows what it contains.

Displays: Mount children’s art work and display on walls. Each picture tells a story. It documents the child’s learning and involvement in the process (Isbell and Isbell, 2005). Children’s efforts should be acknowledged and regardless of the finished product, the child’s work should take pride of place within the learning environment. This tells children that their work is valued. Ensure that displays are at children’s eye level. This encourages conversation among children, creates awareness of symbols, signs and writing and fosters appreciation for each other’s work.

Art and culture: Provide art work by fine artists. Avoid cluttering the walls with posters, cartoons or advertisements. Children will see this as so much meaningless clutter. Display sculptures and items of natural beauty; shells, stones, pine cones, feathers, fish tanks and sponges on shelves (adapted from Feeney et al., 2006).



Plants: Use plants and flowers to decorate the environment and to create and enhance the sensorial impact for children. Encourage children to collect twigs and tree branches when out walking. These can be decorated by the children and mounted on walls and ceilings to further display children's work which can be hung from these natural artefacts. When decorated in this way, the environment is more cosy, attractive and inviting. It further represents the world outside the early years setting and makes the environment a living, breathing space.

Care: Encourage children to be responsible. This involves modelling appropriate behaviour such as maintaining the environment in a clean and orderly manner. When children observe that adults respect the environment, it increases the likelihood that children will do likewise. Encourage children to return materials to where they belong. While this activity helps to maintain order it is also a means of learning about matching, classifying, sorting and coordination skills. It can support emerging literacy skills when accompanied by appropriate labelling.

Organising the learning environment

According to Willis (2008) by the time children attend pre-school, typically developing children know how to "explore new environments and can generally remain actively engaged in developmentally appropriate games and activities" (p. 148). The same may not necessarily be true of a child with special needs. It is important therefore, to consider how best to organise the learning environment in order to offer children successful and meaningful learning experiences. Practitioners must "intentionally structure" (Willis, 2008:148) both the learning environment and the activities within that environment in order to facilitate and maximise each child's active participation within the daily life of the setting. While recognising that no two early years settings will be the same, the suggestions in this framework are designed to help you to take stock of your particular setting and enable you to take steps towards creating an inclusive and accessible environment for children, parents and staff.

Children and adults read the learning environment differently. While adults assess the environment practically in terms of how it functions, children lack this ability to filter their perception of the setting and therefore they take in the entire environment at one time (LaRocque and Darling, 2008). As a result, the environment can appear to be a "chaotic jumble" particularly for children with special needs (ibid: 99). It is obvious that the physical environment has a direct impact on individual children, the group as a whole and on staff working within the setting. Careful planning and organising of the physical space helps children to pursue their individual interests. It provides cues and directions that help children understand the purpose of the environment, what is expected of them, while supporting their active participation and interaction within the setting.



Learning environments will be different for different age ranges of children, but there will be similarities across the early childhood age span, in this instance, from birth to four years. In this regard, attention is drawn to the requirements of the revised Childcare (Pre-School Services) Regulations, 2006 which set down the minimum standards in relation to premises including, maximum numbers of children, adult/child ratios, grouping of children, accessibility, space requirements, sanitation, heat and light, ventilation, access to drinking water, and so forth. While the Childcare Regulations refer to the suitability of furniture, work and play surfaces, it is important to remember, that in general, physical arrangements and materials that are suitable for typically developing children will also be effective for children with special needs. However, depending on the nature of the child's specific special need some adaptations may be necessary. Many children with special needs require a highly organised and predictable environment in order to learn and develop.

Organising space and materials

As mentioned previously adults and children view the environment differently. With this in mind, walk through your early years setting and consider the following core questions:

How can I make this setting the best possible place for young children to live and learn?

What do I want the children to achieve in this setting?

The answers to these questions will determine how the environment is organised and managed.

Spaces for infants and toddlers

The Framework for Early Learning: *Aistear* (NCCA, 2009) is intended for children in the birth to six age cohort. Within this range three broad, overlapping age groups are considered

- Babies – birth to eighteen months
- Toddler – twelve months to three years
- Young child – two and a half to six years (NCCA, 2009).

Using the Framework as a back drop and in acknowledgement of the considerable variations in development within the different age ranges, we first of all consider the learning environment broadly from the perspective of infants and toddlers bearing in mind, that notwithstanding the child's age, some of these principles may also be applied to the organisation of space for older children depending on the nature of their special need.

The CECDE (2006:8) highlighted the impact of the physical environment on the young child's well-being, learning and development, suggesting that it should extend and enrich the



child's development and learning. These experiences stimulate curiosity, foster independence and promote a sense of belonging. Infants and toddlers thrive in environments that facilitate movement, exploration and interaction with one another. Thus, when organising the learning environment for infants and toddlers the availability of free space that encourages and facilitates movement is a priority. They need places to crawl, stretch, reach and climb. Cook et al. (2008) recommend carpeted steps and ramps that lead to interesting play areas. Recognise and accept that toddlers are climbers. In the words of Feeney et al. (2006: 249) "anything that can be climbed will be climbed". With this in mind, remove all accessible and unstable shelving from toddler environments. Play equipment for babies and toddlers can be stored in accessible wicker baskets on the floor for example.

Different textures facilitate sensory exploration. Provide different floor coverings such as carpeting one end of a room while using linoleum on the remainder. Absorptive materials on floors, walls and ceilings such as rugs, curtains, pillows, soft toys helps to reduce noise and create a feeling of warmth and security.

Consider the impact of background noise on children with special needs. Radios and CD players that are continuously playing are distracting and confusing for all children but particularly so for children with sensory processing difficulties. When their central nervous systems are ineffective in processing sensory information, children have a hard time functioning in daily life (Kranowitz, 2005). A child with sensory processing difficulties may be afraid of water, sand, loud noise and new sensory experiences. Remember too, that adults may be distracted by the background noise and can therefore be slow to respond to children's needs. Equally, they can become immune to the background noise emanating from these appliances, and generally, tend to speak above the noise level. This creates a domino effect as children must also cry or shout more loudly to be heard. Within this cacophony of noise, children with special needs in particular, become confused and agitated, and find it difficult to discern individual sounds including the human voice.

Infants and toddlers need lots of individual attention and adult interaction. This means that they must be held, looked at, cuddled, spoken to and sung to by carers. Soft furnishings, such as a rocking chair, a couch or a large bean bag facilitate one on one attention. It encourages adults to hold, read, talk and respond to infants and toddlers. All of which, helps the infant and toddler to establish positive relationships, read and make sense of facial expressions, intonation and gestures. Long term, it helps the child to build trust and confidence. It supports language development and communication skills. These strategies are especially effective for children with hearing loss who depend on vision and physical interaction with their environment to learn about their surroundings (Raver, 2009). Other strategies recommended by Raver include:



- Touching, patting or stroking the child to gain visual attention;
- Touch can also be used to provide positive feedback and reassurance;
- Moving an object directly into the child's line of vision or swaying back and forth to train the child to attend to the adult's face.

In addition to encouraging interaction with adults, furniture supports the development of gross motor skills as children struggle to crawl towards it, pull themselves into a standing position and eventually climb onto it. Consider introducing a water bed. This is an "effective movement motivator" while at the same time it is comforting for the young child (Cook et al., 2008).

Spaces for older children

Kostelnik, Soderman and Whiren (2007:109-110) advocate for three kinds of space within early childhood settings. In keeping with the overlapping age ranges identified within the Framework for Early Learning; *Aistear*, (NCCA, 2009) the following suggestions may also be suitable when organising environments for younger children. While remembering the need for adult supervision, consider how to accommodate the following:

- 1. Private space.** This is essential so that children can work independently or "gain control of their thoughts and feelings". This need for private space can be met in a number of simple yet effective ways such as the provision of "a desk in a quiet area, secluded chair or pile of pillows". The coat storage area, cubby holes and children's bags are private areas where children can store their scribbles, drawings, pictures, paintings as well as personal possessions. Young children can also design their own personal storage space by simply decorating an old shoe box for example. Encourage them to paste a photograph of themselves to the front of their storage box. As they begin to use crayons and pencils to make signs and symbols they can fix photographs of themselves onto their work to leave personalised messages in each other's boxes. This is a good way to encourage friendships and socialising as well as supporting the development of emerging literacy and communication skills.
- 2. Small group space** for two to six children encourages quiet interaction with one another. It is essential that children have opportunities to socialise and make friends. Children with special needs often misread social cues and therefore find it difficult to make friends (Willis, 2009: 13). For example, they may not know how to ask another child for a toy or understand what it means to wait for their turn. Their ability to establish lasting friendships, while limited, can be supported through small group activities whereby the child is slowly introduced to one child progressing to a larger or group of maybe four or six children. Willis (2009: 12) refers to the child's ability to make and keep friends, interact with others, and to ask for adult assistance as "*survival skills*". Children



are more likely to exhibit cooperative and helpful behaviours when they are in close personal space and when they are engaged in non-competitive activities. Vary the size of small group spaces by providing secluded spaces for a pair of children as well as for four or six children. This empowers children to make choices, scaffolds their emerging social skills, and gives them flexibility within and ownership of the environment. Remember that when areas are designed for small groups rather than for large groups or individuals only, disruptive behaviours such as wandering, running around, arguing over equipment and materials and repetitive activity can be minimised.

- 3. Large group space** where several children listen to stories, sing, engage in group games and movement activities as well as share in whole group instruction. Taking account of the age group, individual needs, ability to sit for long periods of time and concentration span having children sit on the floor is preferable to sitting at tables. Children feel more like a cohesive group when seated on the floor, they sit closer together, interact more with each other and with their carer, they can see pictures and demonstrations more easily and the risk of boredom is minimised.

The following guidelines will help you to structure all three types of space:

- 1. Delineate clear boundaries.** This can be achieved by dividing space using shelves, drapes, bulletin boards or moveable storage. Not only does this define areas that need protection and create cosy and attractive interest areas; construction, manipulative, sand/water play, home corner, and library it also helps to minimise noise. Strategically place a comfortable couch, a pillow/duvet, a large floor cushion or mat under a window or in a quiet corner so that when a child wishes to be alone, he/she can get a book or just go to the quiet area for time-out before returning to the main activity area. While this is particularly important for a child with autism, as it provides *a sanctuary* that enables the child to “temporarily get away from sensory stimulation” (Willis, 2009: 105), it is equally important for other children who may become fatigued by the activities throughout the day.
- 2. Use tactile or auditory cues** if necessary to designate areas for a child with a visual impairment. Cook, Klein and Tessier (2008) recommend using a carpet to mark a quiet corner and the bubbling of an aquarium to indicate a science area.
- 3. Establish clear unobstructed traffic patterns or pathways.** These fulfil a number of purposes. They ensure safety and maximum mobility when entering and leaving the room, putting belongings away, moving between activities. They enable children to move freely from one activity to another without interfering with other children’s



learning. Finally, they assist children with special needs to select and use materials. Plan pathways carefully. Use colour coding or adhesive tape to delineate pathways so as to ensure the smooth flow of adults and children within the area. Pictures and numbers can be affixed to shelving to indicate the purpose of different areas and the numbers of children that can be accommodated in a particular space. Scan the environment regularly for safety hazards. Remove clutter from walkways, corridors, entrances and exits.

4. **Use word and picture labels.** This strategy “matches different levels of understanding and encourages the transition to a higher level of literacy understanding” (Isbell and Isbell, 2005:22). It is especially effective for a child with autism. It is also effective for children with speech and language delay or impairment.
5. **Ensure sufficient space** for children who need to manoeuvre equipment such as wheelchairs or walkers. This strategy applies equally to table top activities. It may be necessary to adapt a table to accommodate a child in a wheelchair so that they can sit comfortably into the table to engage in an activity. Kidney shaped tables are ideal for this purpose.
6. **Keep tables/chairs to a minimum:** All children regardless of age or ability require access to floor and open spaces for play. Too many tables/chairs clutter the environment creating obstacles that prevent natural exploration and interaction with the environment. Consider first of all, those activities for which tables and chairs are essential, and then decide where best to locate them in order to maximise free space.
7. **Provide/use soft flooring and cushions** so that children can sit comfortably or work on their knees for all types of activities including floor play and large group time.
8. **Use individual mats** as a tool to direct children to a specific spot on the floor for story time or circle time and to act as a buffer between children.
9. **Use natural light sources** for activities such as reading, art and planting areas. This will ensure that these activities appeal to children and support their active engagement. This is especially important for children with a visual impairment.



- 10. Use light dimmers** to create a calm relaxed atmosphere during story time or other quiet activities. Dimmers are also useful when children are resting or relaxing during the day (Dukes and Smith, 2006). You can also create soft lighting by using floor or table lamps. Children with Autistic Spectrum Disorder or Attention Deficit Disorder may find the flickering, humming and brightness of fluorescent lights over stimulating. On the other hand, children with a visual impairment may find fluorescent lighting helpful. You can achieve a balance when you know the children in your setting and understand their individual needs and organise the environment accordingly.

- 11. Use picture schedules** in each area so that children who may be confused by instruction, distracted by noise and activity or who are non verbal can look at the schedule and get an idea of what is supposed to happen in that area. Again, this strategy is especially effective for a child with autism who likes to know what s/he is supposed to do. Therefore, a picture schedule is reassuring and helps to reduce anxiety and minimise outbursts (Willis, 2009: 106).

- 12. Provide landscaped areas.** This is an effective way of enabling children to sit near shrubs or under trees in their private outdoor space.

- 13. Provide a range of outdoor equipment** that supports different configurations including individual and small group activities. Climbers can accommodate three to five children at a time, swings can accommodate an individual child or a pair of children while, depending on the model, tricycles, tractors, crates and so forth may be used by two or more children.

- 14. Use fences, paved areas, curbs or grass to define boundaries** in outdoor areas. Other items such as cones can be introduced to delineate temporary boundaries for specific activities such as ball games, hula hoops or simple obstacle courses.

Now that we have explored ways in which to structure the learning environment to ensure that it is safe, accessible and conducive to learning for all children especially those with special needs, let us turn our attention to creating inclusive learning opportunities.

Activity/interest areas

Many authors concur on the need for children to engage in high quality play experiences in the early years. Children need “a variety of stimulating toys and materials.... [they] should look appealing, interesting and pleasing to the young child. Above all materials should be



accessible” (Quigley et al., 2007:51). It is essential therefore, that children have opportunities to participate in a wide range of learning activities and experiences, through which, they learn how to make choices, cooperate with others, share, follow their individual interests, discover new interests, enhance skills, to work at their individual level and above all experience success. In accordance with Article 31 of the United Nations Convention on the Rights of the Child (1989) every child is entitled to ... “have the chance to join in a wide range of activities”. Children with special needs have a right to and will often want to access the same activities as their typically developing peers. This provides both a challenge and opportunity for you to enable them to do this. An effective way to ensure that children are provided with a broad range of learning opportunities is to establish a number of activity/interest areas within the setting. These areas can be used interchangeably and are designed to actively engage children in their learning while building on individual interests and abilities. Isbell et al. (2005: 13) highlight the capacity of these areas to invite children’s participation and develop their skills in “personally meaningful ways.” Within this framework, we will concentrate on four specific areas commonly found in early years settings.

- Home corner
- Block area
- Sand and water area
- Fine motor area

Access to these areas should be flexible allowing the children to move freely about the room. Decide when the areas will be “open” and for how long each day. By having a plan in place about how the areas operate, you will establish routine within the environment, meet children’s expectations and minimise frustration associated with uncertainty. While there are many benefits to establishing activity/interest areas, the most significant aspect is that they allow for “different attention spans and children’s need for movement, as well as a wide range of developmental differences usually found in young children” (Kostelnik et al., 2007: 112). They are critically important for children who are exceptionally able or gifted, as they involve open ended materials that allow children to problem solve, direct their own learning to a large extent, and they require active involvement. The flexibility of activity areas allow for a combination of simple and more complex materials, thus facilitating more in-depth learning and exploration.

Guidelines for setting up an activity/interest area

The number of areas developed will depend on the size of the setting; floor area, the numbers of children attending, the range of equipment and materials available and the creativity of children, practitioners, parents and support professionals. The following general guidelines apply to the setting up of any activity/interest area:



- Provide displays of materials with labelled plastic containers in open storage on tables or shelves nearby
- Provide an array of writing, drawing and print utensils in every area (pencils, pens, crayons, markers, chalk)
- Provide a variety of paper in all shapes, sizes and colours. Include Post-it note pads, note books, writing paper, envelopes, blank postcards, copy books and so forth
- Display books, magazines, cook books, music manuscripts, telephone books, catalogues, clothing patterns and other sources of written material prominently in each area so that children can see what they are about. For example; an enlarged wooden kitchen from a magazine in the block area can stimulate construction as the children look and interpret the drawing or plan
- Provide the materials and tools needed for clean up; sponges and cloths in areas where art and water are used, a dustpan and brush where sand or cooking materials are used
- Consider electricity and water sources and the location of doors, windows and pathways as well as potential hazards throughout the room when placing specific centres in a room. Ensure that any centre established does not obstruct an exit or entrance.
- Include pictographs (using pictures to represent words and ideas) for the care and maintenance of each area (adapted from Kostelnik et al., 2007)
- Introduce new materials and tasks to all the children, and include pictographs, tape recorded instructions or other clues so that children can play and work independently.
- Position quiet areas away from more active noisy areas. A reading area for example should not be located alongside a construction or messy play area.
- Provide slanted work surfaces to support a child with a physical disability
- Provide Dycem mats, suction cups, mounting tape and so on to keep materials in place for children with special needs
- Provide large washing powder scoops for objects that children may find difficult to pick up with their fingers.

Home Corner

The home corner is a very important aspect of the child's learning environment as it enables children to engage in dramatic or pretend play. It provides a link to the home and the activities that occur in the home and the child's ever widening community. The home corner inspires children to imitate the actions of grown-ups in their lives, to enact how different roles might feel and to talk about important things in their lives. In this way, they use play props to pretend. They learn how to symbolise and practice the skills of daily living including negotiation, communication, sharing, manipulating the physical environment; dressing up, washing up, hanging clothes, using pegs and a whole range of other important life skills.



(See figure 2.3 for web of integrated learning).

Figure 2.2 Home Corner: Learning objectives

Through engagement in the home corner, the child with special needs will

- Imitate various adult roles that s/he has observed or experienced (nurse, doctor, Mammy, Daddy, taxi driver)
- Use language to accompany their play
- Develop skills that are used in the home and everyday life (sweeping, cleaning, pouring, spooning, cutting, tidying, manipulating zippers and buttons)
- Develop and enhance visual discrimination by matching foods and tools used during play
- Begin to consider others in play
- Develop confidence and self esteem
- Enhance fine motor development
- Enhance pre-reading and writing skills (noticing labels on containers, making lists, looking at recipes)
- Have meaningful and enjoyable experiences.

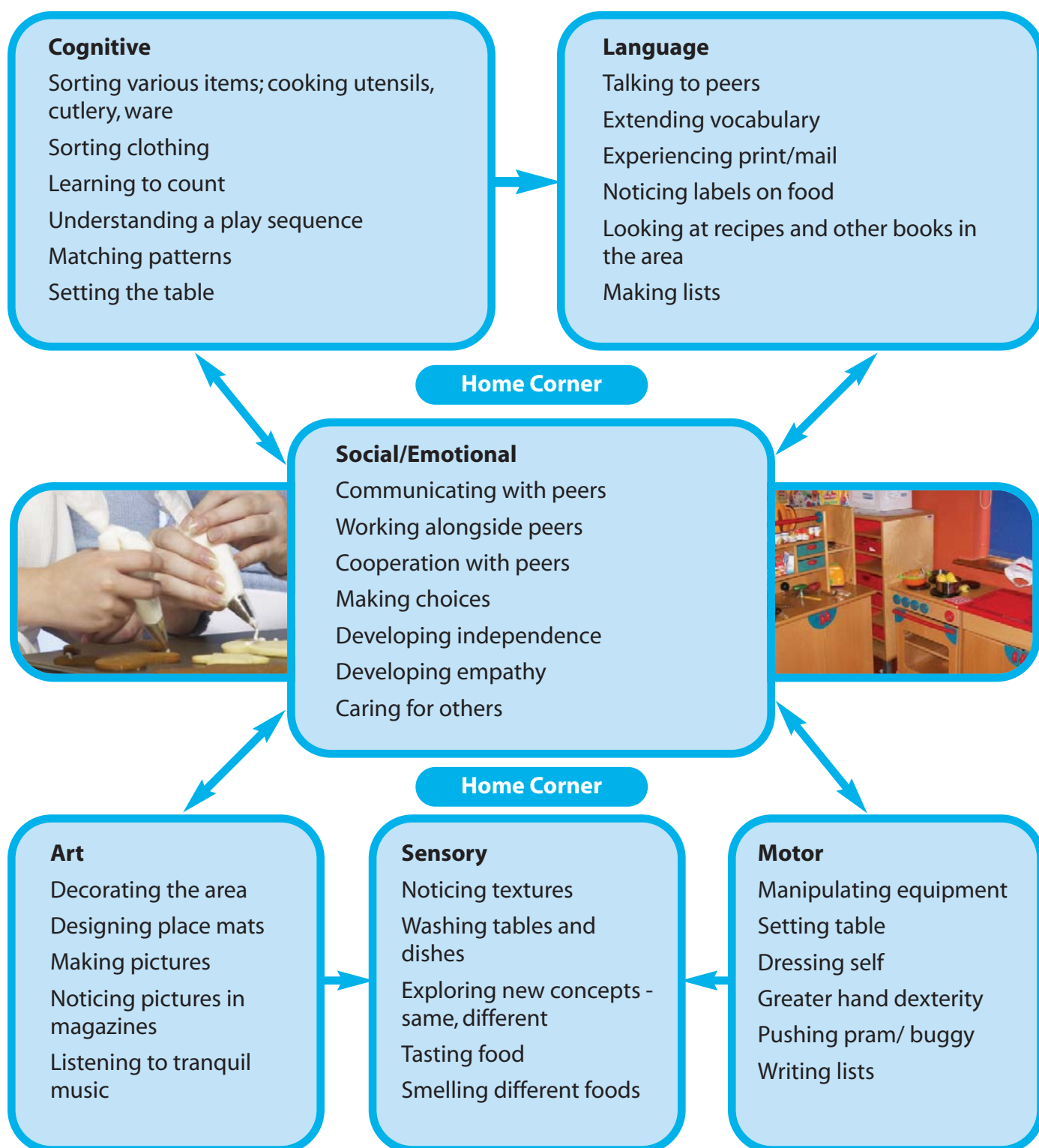
The home corner can be altered to present other options. It can become a restaurant, a post office, a supermarket, a farm, an airport, a hospital or whatever. You will need sturdy furniture that can be reconfigured to different dramatic or pretend play scenarios. You can respond to children's new and emerging interests by adding appropriate props when you observe their play or introduce a new topic yourself during circle time for example.

When establishing a home corner for toddlers, Feeney et al. (2006) recommend more simple materials, fewer in number but with lots of duplicates. Consider smaller sized furniture. Include hats, bags, purses, dolls, clothes with few or no fasteners and buttons, lightweight aluminium pots, and wooden stirring spoons. In so far as practicable, offer children real life utensils as this makes their play more meaningful and more representative of the real world and therefore, more personally meaningful and rewarding. Include a wide selection of cardboard boxes of varying sizes. These are ideal for extending play opportunities. They also inspire exploration, manipulation, crawling, climbing, and sensorial experiences. Always supervise children's play and ensure that play props are safe; no sharp edges, large protruding staples, etc.



It is a good idea to locate the home corner near the block area as this can encourage extensions of play as well as enhancing increased social exchanges and sharing of ideas between larger groups of children.

Figure 2.3 Home Corner: Web of Integrated Learning (adapted from Isbell et al., 2005)





The Block Area

Blocks are considered an important part of an early years learning environment (Feeney et al., 2006; Isbell et al., 2005; Willis, 2008). Their uses are many and varied and they can be used by babies and toddlers right through to primary school. There are many kinds of blocks to suit all ages including soft foam or rubber blocks, DUPLO™, LEGO™, hard wood unit blocks and hollow blocks. The more varied the range of blocks that are available for children to use, the more they are motivated to build and experiment with more complex structures. As young children build and construct, they communicate with other children, so developing social skills through parallel and cooperative play activities. These open ended materials foster a broad range of skills as they can be adapted to all developmental domains. (See figure 2.6 for Web of integrated learning).

By its nature the block area is noisy as children enjoy both building and knocking down. They will hammer and stack, balance, push, pull and carry blocks. Think of all the skills that are being developed. These range from gross motor development as children bend, stretch and reach, to increased manual dexterity as they pick- up, lift and carry, to improved hand-eye coordination and problem solving skills. By using blocks, children gain experience in abstract representation that contributes to their ability to read and write (Feeney et al., 2006). They also learn about mathematical concepts and spatial relations.

Figure 2.4 Block Area: Learning Objectives

Through engagement in the block area, the child with special needs will

- Manipulate blocks of various sizes, shapes, weights and textures
- Develop gross and fine motor skills and visual-perception skills
- Construct objects using blocks and other materials
- Enhance social skills
- Develop communication skills
- Work cooperatively with others
- Learn to problem solve (adapted from Isbell et al., 2005).



Try to locate the block area where noise can be contained. A large rug or carpeted area will absorb the noise. While children will enjoy kneeling in the initial stages of building, or lying on the floor to build a horizontal structure, it is useful to provide a table or a platform so that they can build while standing or sitting. A raised platform is particularly useful as it enables the child to walk around and survey the construction from many different angles and vantage points. In this way, children learn about architectural design and foster an appreciation for dimension and aesthetics.

In addition to conventional blocks that can be purchased, consider introducing other types of blocks into the area by using recyclables commonly found in the home environment. This is a good way to encourage parental involvement by asking them to contribute items to the setting.



Figure 2.5: Add variety to the block area

Cardboard and cereal boxes (all sizes)
Milk cartons (all sizes)
Cardboard cylinders
Ice-cream tubs
Dry sponges (cut into cubes and rectangles)
Egg cartons
Yogurt cartons
Juice cartons (all sizes)

Consider making your own building blocks by incorporating the following simple activity into your programme.

Make your own carton blocks

Involve the children in making these attractive and easy to use milk carton blocks

Materials

- Selection of milk/juice cartons in various sizes
- Masking or electrical tape
- Velcro
- Contact paper, plain or coloured paper
- Felt, metallic or sandpaper (used for added texture)
- Scissors
- Paint
- Brushes
- Sequins

Procedure

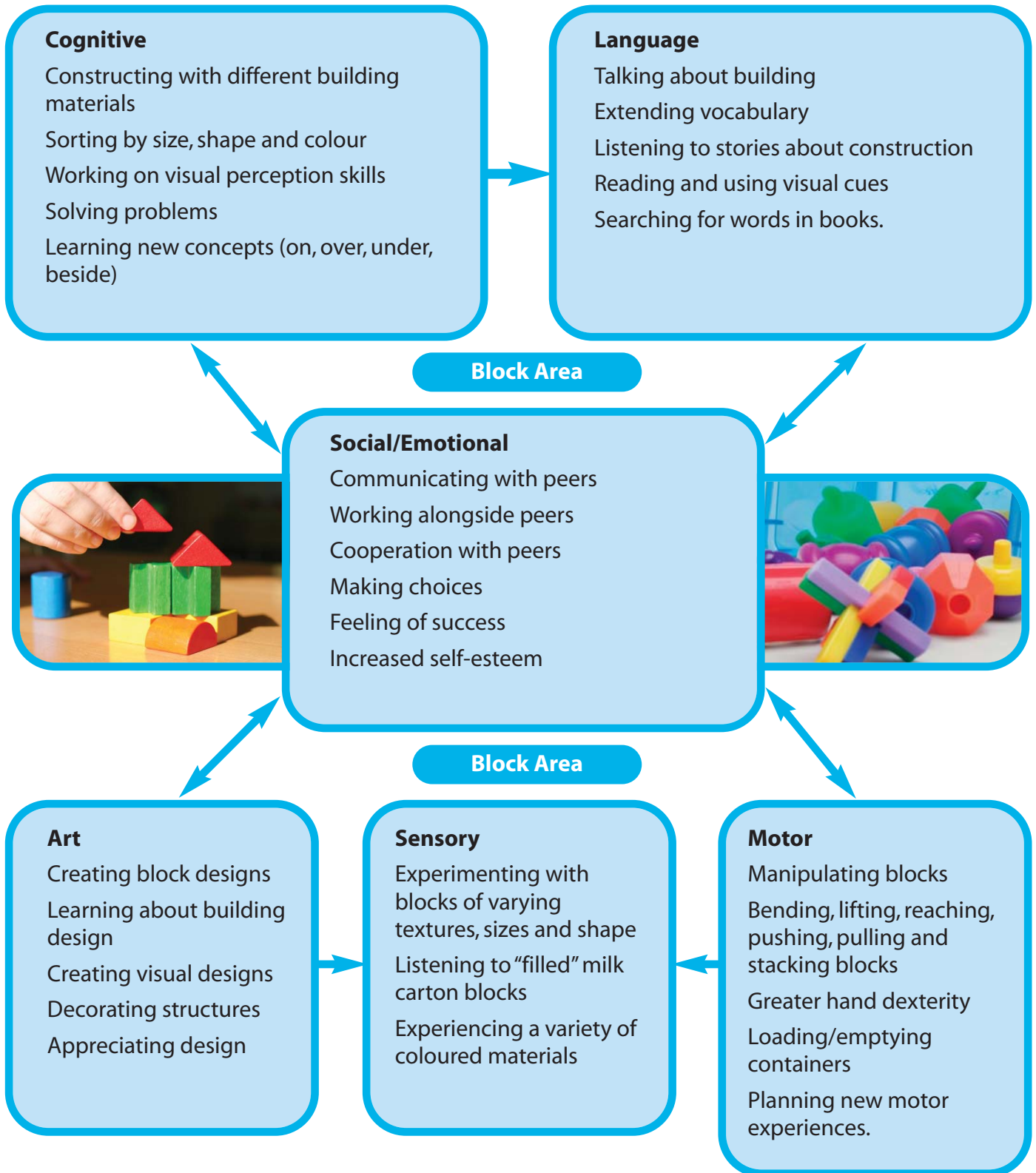
1. Wash cartons thoroughly and leave to dry
2. Fold the tops down flat
3. Tape the tops securely to the sides using masking or electrical tape
4. Cover the cartons with paper of child/your choice
5. Paint and decorate as desired using sequins/faces or any other pattern or design
6. Attach Velcro strips to blocks for easier stacking and building

Tips for use:

- These lightweight blocks can be knocked down
- Talk about different kinds of blocks and how they are used in building
- Provide the child with a few blocks initially. Add to the collection as s/he becomes more skilled.
- Fill the blocks with sand, pebbles, dry peas, lentils and so forth to make the activity more challenging and stimulating.



Figure 2.6 Block Area: Web of integrated learning



(Adapted from Isbell et al., 2005)



A final word about blocks

Younger children can be “overwhelmed by too many blocks as well as the daunting cleanup task they present” (Feeney et al., 2006: 238). Present smaller sets of blocks to younger children, and ensure that they can manipulate them. In this regard, size is important. Small milk carton blocks or cut sponge blocks are ideal.

As with other equipment, store blocks on low, open shelves. Shelves should be spacious enough so that each type of block has its own individual place. Store similar size blocks together so that children can easily see how they differ. This helps with classification; longer, shorter and so on. Label shelves in pictorial and written format so that children can find the blocks they need for their construction and return them to the appropriate location when play is finished. When labelling for a child with a visual impairment, high contrast materials work best using black, white, red and yellow in combination or individually (Isbell et al., 2005).

In order to fully engage in block play, children need adequate space and time. Allocate at least one hour so that children will benefit from the experience.

Sand and Water Areas

These activities “provide important sensory-motor experiences” for children with special needs (Quigley et al., 2007). These natural materials are relaxing and therapeutic to play with. They can be used in combination with toys and manipulative objects to stimulate the experience and enhance learning. Sand and water suit a “wide range of developmental stages and abilities” (Feeney et al., 2006: 241). Crucially, these materials enable children to safely vent strong emotions in their play with them (ibid). These activities are also suitable for outdoors where they can easily be set up.

The sand/water tray is the central feature of the sand area. A transparent tray will enable children to see what is inside and encourage them to engage in the activity. Ensure that the tray is at a sufficient height so that a child with a physical disability can access it.



Figure 2.7 Sand Area: Learning objectives

Through engagement in the sand area, the child with special needs will:

- Explore the properties of sand
- Develop fine motor skills through sifting, pouring, digging, shaking, stirring
- Develop gross motor skills through bending, lifting, carrying, emptying
- Use problem solving skills in meaningful ways
- Enhance communication skills
- Cooperate with other children
- Build attention span while using natural materials
- Learn about new concepts; heavy, light, wet, dry, full, empty
- Engage in sensory exploration (adapted from Isbell et al., 2005).

If you are setting up the sand/water area indoors, locate it in a place that is easy to clean. A linoleum or tiled floor is ideal. Otherwise, use a large heavy duty plastic cover underneath the sand/water tray. To maintain children's interest provide an array of interesting items in the sand/water area such as sieves, scoops, colanders, spoons, funnels, straws, pipes, and measuring cups, eye or medicine droppers and small spray bottles. Innumerable items can be introduced to these areas. It is good practice to introduce new materials and rotate equipment regularly. Provide children with aprons to protect their clothing.



Figure 2.8 Water Area: Learning objectives

Through engagement in the water area, the child with special needs will:

- Explore the properties of water
- Develop fine motor skills through pouring, shaking, blowing
- Develop gross motor skills through bending, lifting, carrying, emptying
- Enhance communication skills
- Cooperate with other children
- Build attention span while using natural materials
- Learn about new concepts; heavy, light, wet, full, empty, suds
- Discover cause and effect using water and equipment
- Increase scientific knowledge
- Engage in sensory exploration (adapted from Isbell et al., 2005).

Enhance the sensory experience

Place free standing mirrors (reinforced glass) in a small basin/bowl of water. As children move the water with their fingers, the corresponding wave can be observed in the mirror. They can also watch their hand movements. Add a small amount of washing up liquid or food dye for an even greater sensory experience.

See Figures 2.9 and 2.10 for webs of integrated learning.



Figure 2.9 Sand Area: Web of integrated learning

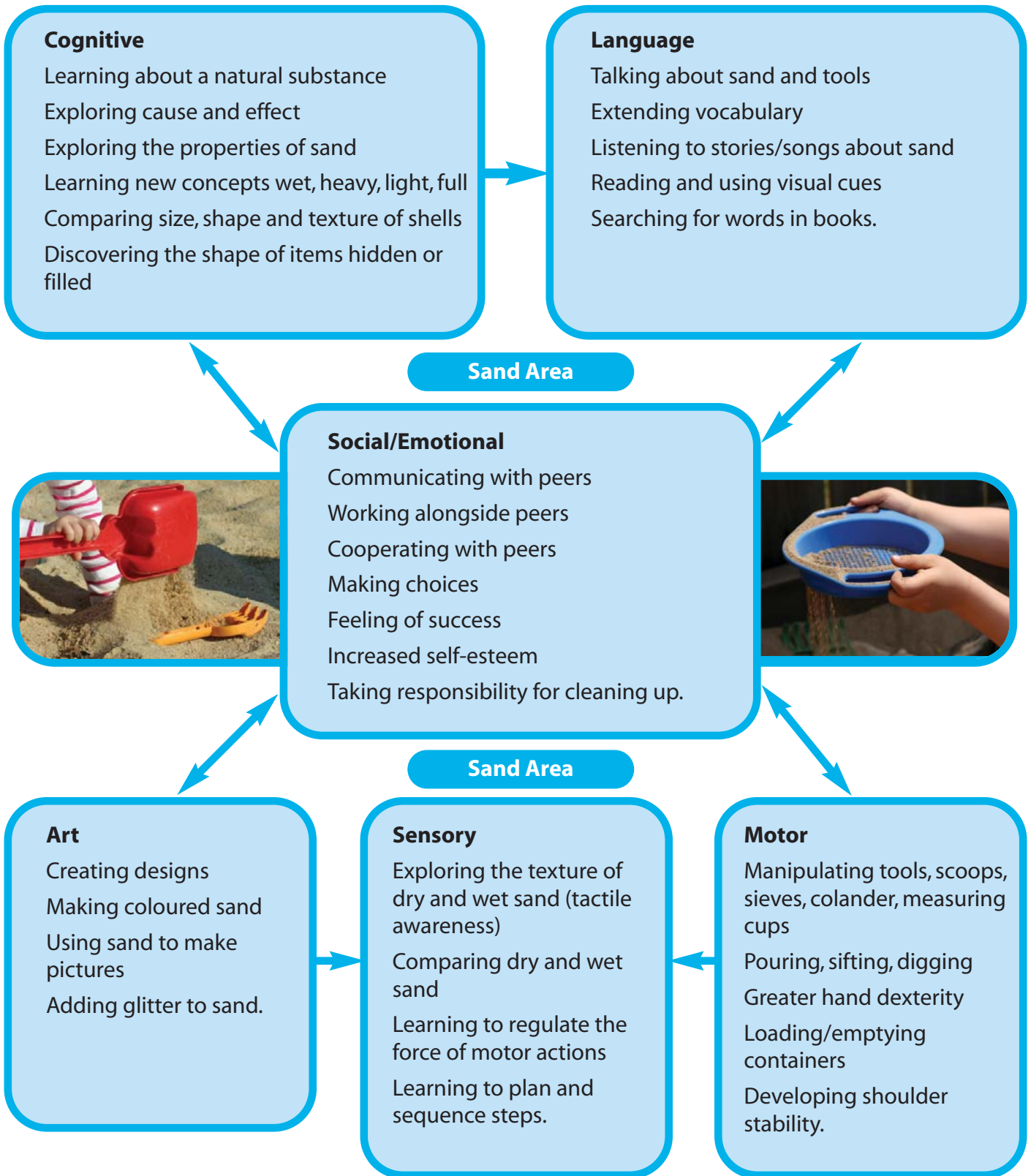
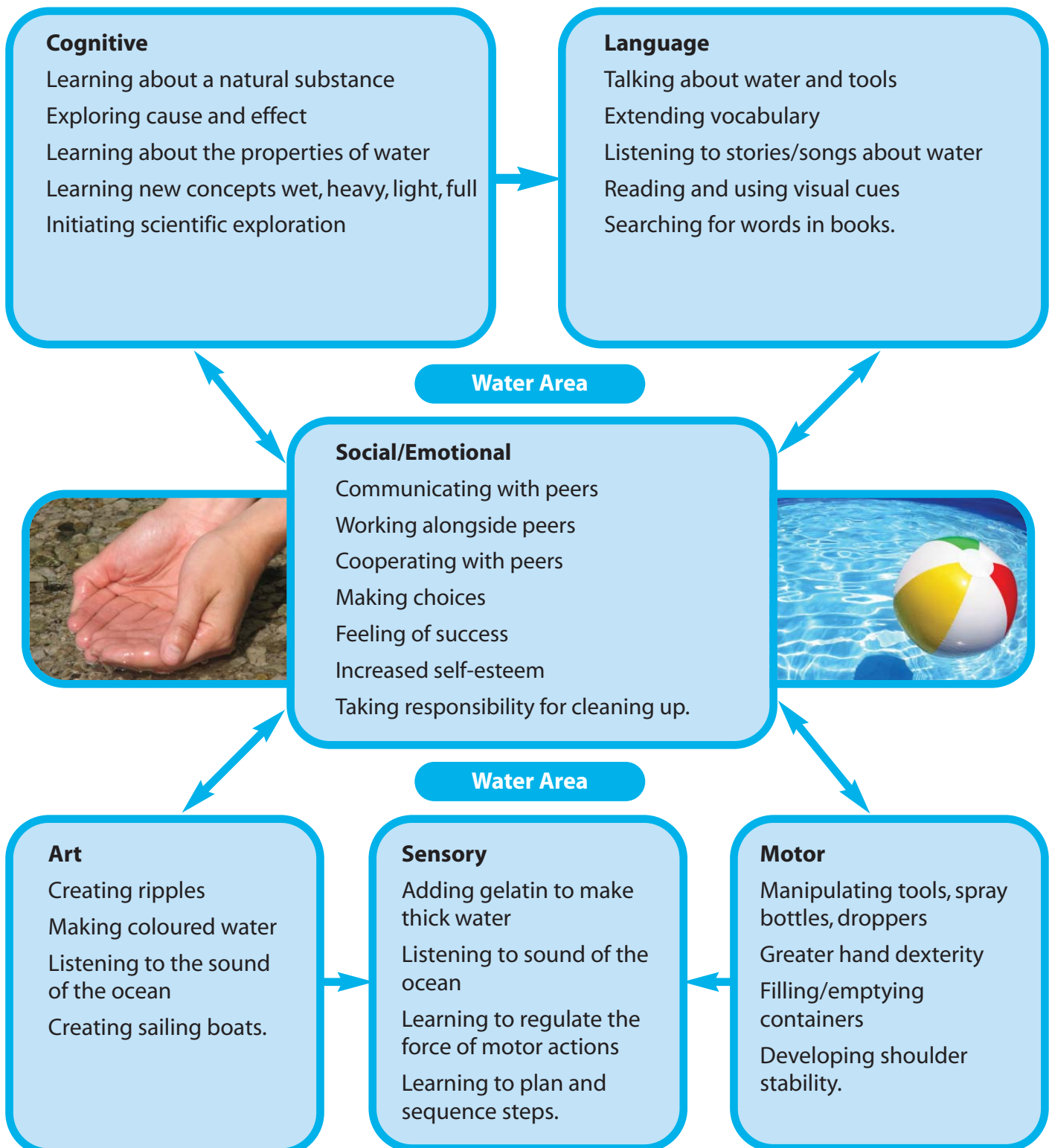




Figure 2.10 Water Area: Web of integrated learning



(Adapted from Isbell et al., 2005).



Children with sensory processing difficulties may be reluctant to touch sand or water (Sher, 2009). Gradually introduce children to these activities. Encourage them to observe other children. Slowly introduce them to the equipment in the areas; scoops, spoons, measuring cups. Encourage children to use the equipment provided rather than their hands. Place sand/water in a small plastic tub or bowl on the table or floor for easier access and to minimise fear.

Encourage the children to make thick water by introducing the following activity

Thick Water

Materials

- Large plastic tub
- 2 boxes of plain gelatin
- Water (according to gelatin recipe)
- Large spoons
- Plastic measuring jug

Procedure

- Get the children to add the gelatin to the water and stir
- Pour mixture into the plastic tub
- Refrigerate the tub
- Remove the tub from the fridge the following day
- Place the plastic tub with the gelatin on a low plastic covered table in the water area
- Let the children feel and play with the thick water

Useful tip

- Place a small piece of the gelatin on plastic plate so a child can experiment with it
- Use words and encourage children to describe the gelatin – thick, wiggle, shake.

Adding spark to the water tray

Isbell et al. (2005) suggest placing a collection of shiny stones on the bottom of the water tray. You can also use coloured pebbles or beads. They will not float and can be moved with the children's hands or with the water tools during play. Not only does this add sparkle to the water tray, it increases the sensory experience for the child. As with all activities, adult supervision is paramount.



Fine motor area

The provision of materials that help to support the development of hand/eye coordination and the small muscles of the child's hands and fingers are an important aspect of early childhood development. Equipment in the fine motor area is generally known as manipulative. It includes a wide variety of equipment such as pegboards, puzzles, beads, bricks, clothes pegs and tongues. Other materials can also be introduced; scissors, card, paper, pencils, crayons and chalk for instance. Within the fine motor area, children are exposed to a variety of new concepts including shape, colour and size. They learn about counting, sequencing and classification (Quigley et al., 2007). They begin to make scribbles and drawings that resemble letters or shapes as well as letter and word recognition. The development of fine motor skills lays the foundation for later writing skills. (See Figure 2.12 for web of integrated learning).

Figure 2.11 Fine Motor Area: Learning objectives

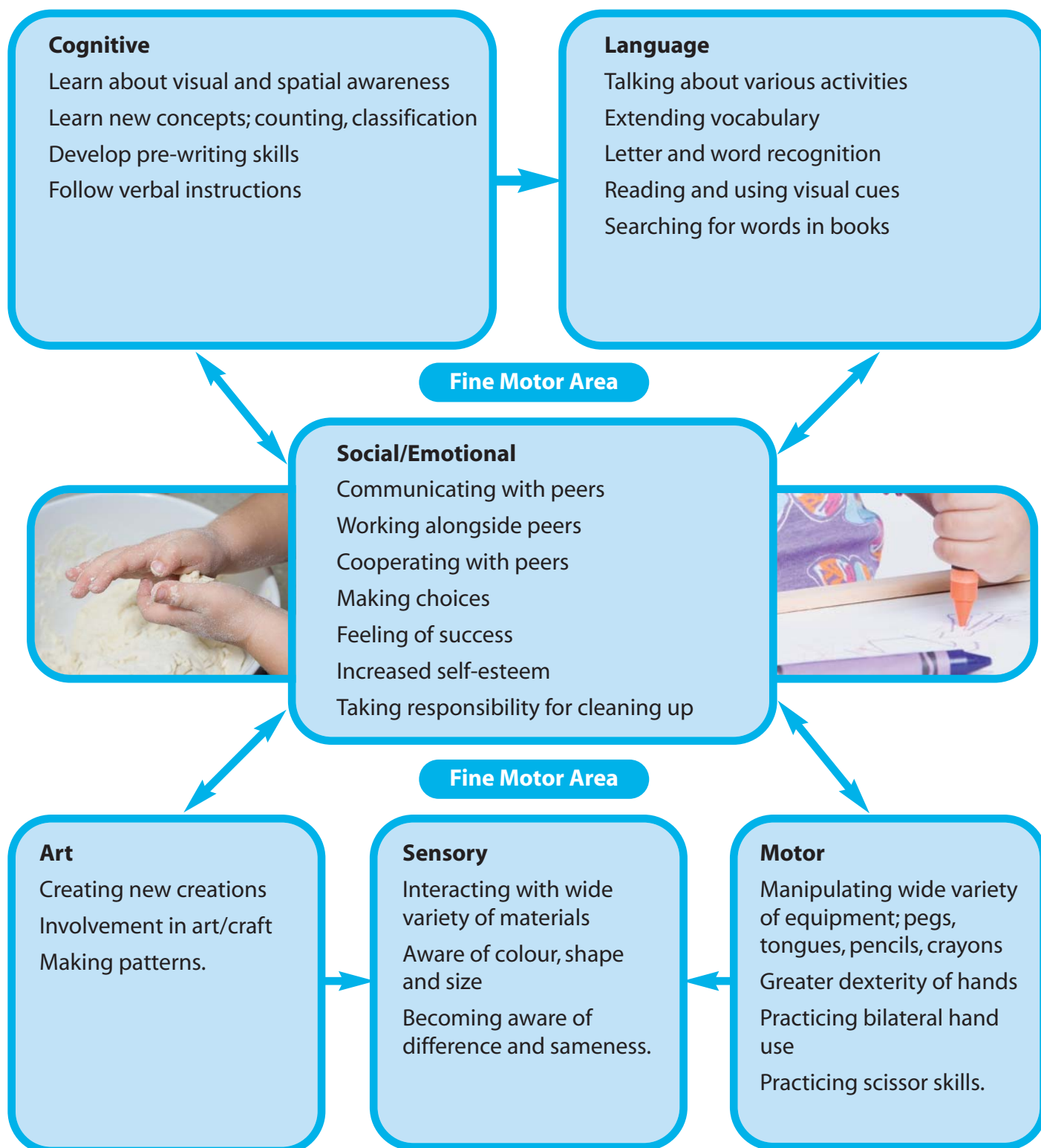
Through engagement in the fine motor area, the child with special needs will:

- Develop pre-writing skills
- Develop and enhance manipulative skills; pincer grasp, holding, squeezing, releasing
- Expand *bilateral hand use; using two hands together*
- Enhance communication skills
- Cooperate with other children
- Build attention span while using natural materials
- Learn about new concepts; colour, shape and size
- Engage in sensory exploration (Adapted from Isbell et al., 2005).





Figure 2.12 Fine Motor Area: Web of integrated learning



(Adapted from Isbell et al, 2005).



Children must have access to a stable work surface in the fine motor area. A slanted table top is especially effective for a child with a physical disability. It is also good practice to provide a table with a rim around the edge to prevent items falling to the floor. Ensure that table height and seating enables the child to sit or stand comfortably with their feet firmly on the floor. Provide an easel for drawing and writing to help children develop shoulder stability, which is a crucial prewriting foundation. Encourage parents to contribute items for this area; clothes pegs, foil, newspapers, and child-friendly tongs. Manipulative toys can be difficult for a child with special needs as they can find them physically difficult to handle and they may not hold their attention (Quigley et al., 2007). Introduce a small range of equipment initially so as not to overwhelm the child. Build up the range gradually depending on the child's ability, interest and need.

Enhance the sensory experience

Materials

- Round plastic tray
- Rice, lentils or dry peas

Procedure

- Let the child pour the rice, lentils or peas onto tray (Use only one ingredient at a time)
- Encourage children to feel the texture of the material on their fingers/hands
- Move the material about gently on the tray. Encourage the children to listen to the sound.

Useful tip

- Hide small objects in the tray and encourage the children to find them
- Talk to the children about the texture of the material (grainy, hard, round).

Tactile boxes can be simply made by using household materials such as sponges, make up brushes, bristle brushes, pot scrubs and rollers.

It is important to observe children as they play and work in each area. This helps you gather information about how children manage the transition between activities. While transitions are part and parcel of the normal activities of the early childhood setting, they can be difficult for some children and require sensitive handling. The next section of the framework provides guidelines on how to support children during transitions.



Transitions

In addition to arrival and departures, transitions occur throughout the day; between activities or from one area of the setting to another as well as between indoor and outdoor environments. Transitions can be especially problematic for children with special needs. They may be unsure about what is going to happen next, they may have difficulty stopping an enjoyable activity or they may feel threatened by the increased noise and activity level generally associated with transitions. Anxiety associated with transitions can be minimised by forward planning which includes the development of management strategies that become embedded in the daily routine of the setting. The following strategies when used consistently by pre-school teachers help to make transitions go more smoothly.

1. Indicate your intention to change an activity before the transition occurs. This can be done in a number of ways such as: ringing a bell, counting down from 5, turning off the lights, giving the child a timer, giving a specific cue such as a tap on the shoulder, or simply telling the child that it is time to make a transition.
2. Make transitions fun. Invite children to fly like airplanes or birds; walk like an elephant, gallop like a pony or tiptoe like a mouse. This strategy also presents an ideal learning opportunity for children as they become aware of concepts such as slow, fast, quiet and noisy. This strategy should be used carefully as children who dislike noisy environments may be overwhelmed by the level of activity or the numbers of children involved.
3. Use musical or sound cues to indicate that it is time for a transition. A song played or sung or a particular piece of music (Vivaldi's four seasons is a great favourite which also helps to restore peace and tranquillity to the environment) is a very useful cue. A xylophone, a chime or a small tinkling bell is also useful. Avoid loud noises, such as a large bell or symbols for instance as they can be overwhelming for a child with sensory impairment (adapted from Willis, 2009: 154).
4. Use pictures to help children follow the daily schedule and to anticipate and understand the transition to the next activity.
5. Take care to make transitions as brief as possible. Have the new activity ready to go so that children are not waiting too long. Consider having brief "cover" activities ready should the transition take a bit longer than planned – such as a staff member leading a rhyme or discussion to engage those waiting.



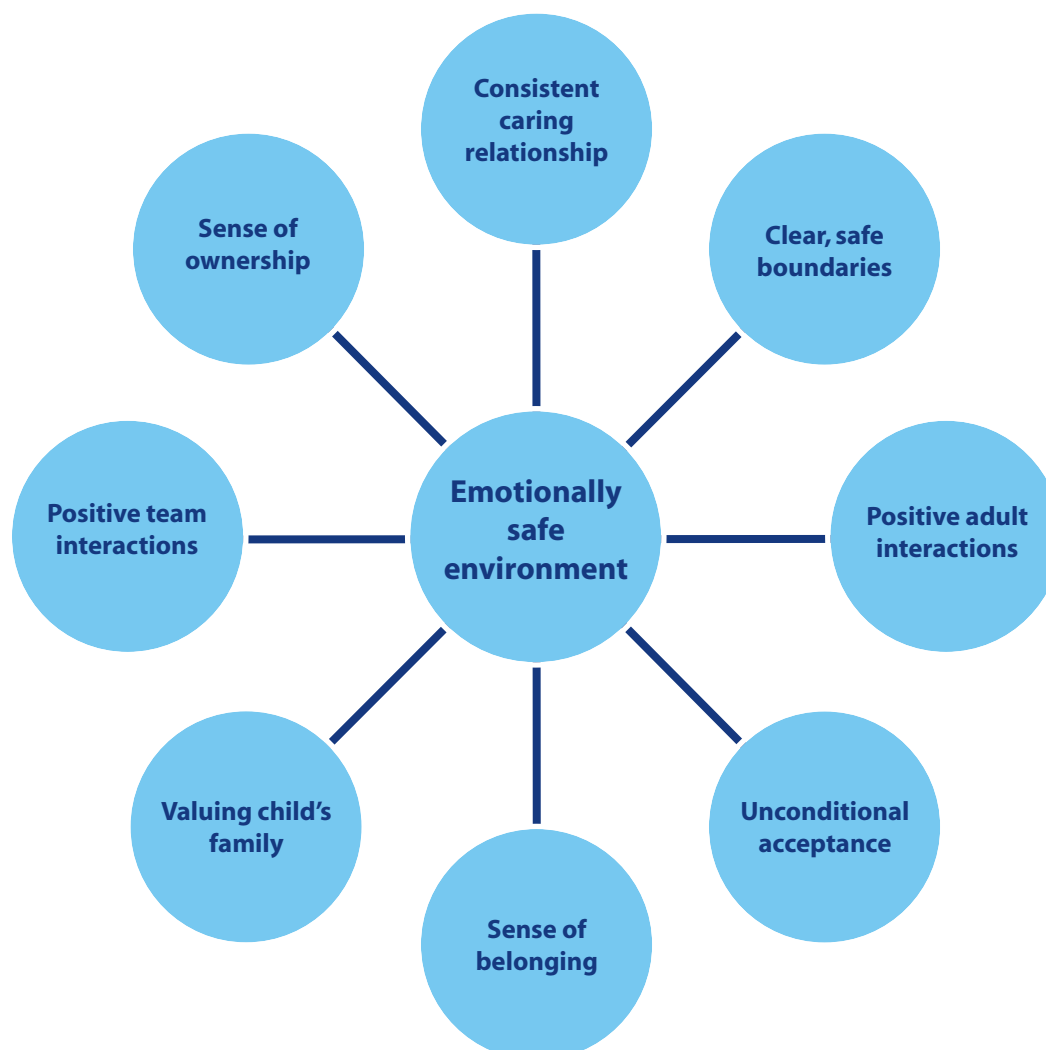
Remember that carefully planned transitions take account of signals/cues, sequencing and consistency.

Emotionally safe environment

The way in which transitions are handled within the setting enhances the emotional safety of the environment for children. As previously stated, in addition to getting the physical environment right, you must also consider the emotional environment. Children need to feel safe and secure within the environment, they need to learn how to express and control their feelings, and they need to know that they belong, that adults are there for them and that they value them unconditionally. From birth, relationships with adults are the critical determinants of children's social and emotional development (Becker and Becker, 2008). *Aistear* (NCCA, 2009) highlights the critical role played by adults in influencing what children learn and how they learn in the early years... "children learn and develop through caring and nurturing relationships with adults"(p.9). At the same time, children also need to initiate and regulate their own learning and interaction with peers (Becker et al., 2008). All of these factors are central to creating an emotionally safe environment. Such an environment is predicated on respect, trust, honesty, acceptance, protection and positive interactions.



Figure 2.13: Factors that influence emotionally safe environments



As you can see, there is an inextricable link between the design and organisation of the learning environment, the range and type of material and equipment, the level of choice and flexibility and the establishment of an emotionally safe environment. The role of the adult is a vital component in establishing and maintaining an emotionally safe environment. Indeed, there is consensus that “quality early childhood practice is built upon the unique role of the adult” (CECDE, 2006:8; Feeney et al., 2006; NCCA, 2009). Children look to adults for support and guidance. The way in which adults foster and maintain positive relationships with children determines children’s behaviour and consequently, the level of emotional security within the environment. An emotionally safe environment promotes:

- Acceptance, belonging and connectedness
- Predictability
- Responsiveness
- Physical and psychological safety (Roffey, 2005: 58).



Aistear (NCCA, 2009) highlights the adults role in fostering children's learning and development as well as influencing the types of interactions s/he has with children. These interactions further influence the nature of children's interactions with their peers and with adults in the setting. The following guidelines will support you in developing and maintaining positive interactions within your early years setting:

- 1. Context:** Remember that behaviour only has meaning in context. The behaviour that you require in your early years setting may not be the behaviour required of the child in other contexts such as home. Some children find it difficult to adjust to new routines and ways of doing things. The following steps help prevent unnecessary conflict and anxiety:
 - being clear about who has what, when;
 - having sufficient materials to go round;
 - establishing clear boundaries around activities; this is the paint area, the paint stays here;
 - providing sufficient physical space for children to move about freely;
 - showing children how to use equipment and materials; letting them have unsupervised practice;
 - encouraging children to use their words to express their needs, to ask questions or to express feelings;
 - sequencing – what is happening now, what is going to happen next;
 - grouping to avoid all children clamouring to do the same activity together;
 - varying groups so that over time every child gets to play and work with everybody else.

- 2. Clarity about expectations:** Children need to learn what is expected of them in different situations. Explain in clear concise language what it is you want them to do. Check back with them to ensure that they understand.

- 3. Clear positive communication:** It is more useful to tell children what to do rather than what not to do. Be positive and keep rules to a minimum. Many children, especially those with special needs may not have well-established verbal skills. Referring to what is expected of children is more powerful than correcting them for doing what is not expected. For example, saying, "Remember to walk!" is more empowering than saying, "No running! Therefore you need to communicate expectations in a variety of ways:
 - Demonstrating, modelling and showing what is expected;



- Using visual supports; pictures, diagrams, labels, colours;
 - Providing physical guidance; doing things together, using gesture, facial expressions or even miming;
 - Giving children time and opportunities to practice and carry out activities.
- 4. Concise communication:** Remember that children do not understand long drawn out explanations. Use simple language and short sentences.
 - 5. Catch the child being good:** Comment on positive behaviours rather than focus on negative ones. This is an effective strategy that fosters positive relationships. It also sends cues to other children who might wish to mimic the “good” behaviour so that they can be praised as well.
 - 6. Chaining:** Comment on the smallest possible step in the right direction and then offer the next step. You can set up a successful experience that presents an achievable target for the child. For example, you can teach steps in a sequence. This is called chaining and can be accomplished in a number of ways, forward chaining and backward chaining. Chaining is based on the idea that one step must be accomplished by the child before the next step can be attempted. Forward chaining involves starting at the beginning and working forward through a series of steps to complete the process, such as, putting on your coat. Backward chaining is used when the early years practitioner performs all of the steps in the process apart from the last step which the child performs. This gives the child an immediate feeling of success and confidence and then the adult will do all of the steps except for the last two and so on, moving gradually back along the chain with the child doing more and more of the steps involved. Remember to build success into each step and praise the child for what he or she accomplishes. Backward chaining tends to work well for children who have difficulty attending to or cooperating for tasks.
 - 7. Competencies:** Focus on what children can do rather than what they can't or don't do. Help them to feel that they can be successful with both behaviour and learning. Reinforcing emerging social and emotional competencies; telling children that they are a great help, that they listen really well or that they are a very good friend impacts positively on their self-concept and understanding of who they are. If their relationship with you is positive and they trust you they will want to meet the expectations set. Telling children that they can't do something does not motivate them to try. Negative labels serve only to reinforce unwanted behaviour. Affirm the child's effort or attempts more than focusing on whether they've got something “right/ wrong.”



- 8. Confidence:** Acknowledge that everybody makes mistakes especially adults. Children's confidence can be seriously undermined if making mistakes is not accepted as part of learning. Do not set unachievable targets. Children need to experience success. Let children attempt tasks/activities in stages so that they can build on their success. If targets are too high, children are presented with the fear of failure. Adults can model for children how to deal with mistakes, especially remaining calm and persevering; this can be done incidentally or in purposeful "drama."
- 9. Collaboration with adults:** One way of developing children's confidence is to undertake activities collaboratively. This is a very useful strategy for a child who is easily distracted or lacks interest in an activity. You can reduce the risk of distraction by working collaboratively with the child offering support and answering questions. Even if the child only does one small part of the activity, it is a step in the right direction that can be built on in successive attempts. Adult-child collaboration at play can be quite therapeutic as the adult models and affirms appropriate reactions. The adult can also help adapt the activity – to simplify or expand it — as the child requires it.
- 10. Cohesion:** There are many reasons for fostering group cohesion:
- It is less challenging for children if they are asked to do something as a group rather than asking a child as an individual;
 - Children provide models for other children – they learn from each other; group modelling can be helpful to children with limited receptive understanding who need to look for "clues" from the actions of others;
 - It promotes a sense of fun and excitement when children are doing things together;
 - It increases peer pressure to complete a task;
 - It provides an opportunity for inclusive praise and celebration ;
 - It develops and supports a valuable sense of belonging.
- 11. Commentary:** Providing structured opportunities and positive feedback on their social behaviour is more beneficial than direct teaching for young children. The basic social skills emerging at this stage are sharing and turn taking. Without these skills children cannot participate in cooperative activities and games. Commentary must demonstrate that pro-social behaviour is in the child's best interests. Commentary and feedback works best when it is immediate. A simple look can be enough to deter some children from unwanted behaviour. Always follow through with a smile or a nod when the child demonstrates improved behaviour. In other instances, it may be necessary to talk directly to the child. Children must be given clear messages about what behaviour is



expected. Otherwise children may learn that adult attention can be gained through inappropriate behaviour. Monitor the fairness and balance in children's interactions. Consider the following examples:

- *Ellen, it is Charlie's turn to have a go on the tricycle. You can get back on later on. I will make sure that it is fair for everyone*
- *Scott, if you snatch the ball every time it comes your way, the other children won't want you in their game. What else can you do so that you can all play together?*



Carol Gray's Social Story Method (Gray, 2000) can be helpful in teaching very specific skills or behaviours. For example, a simple story showing how a child shares a tricycle or plays catch can serve as a powerful model as well as supporting language development. Using actual photographs of the children playing appropriately (with the parents' permission) can have similar impact.

- 12. Construct pro-social identities:** Children who are told they are helpful are more likely to try and be helpful. Those who are told they can't do anything won't try.
- 13. Choices:** Children must have choice and flexibility within the environment. They respond well to being given some control in a situation. Provide limited options to avoid confusion. Children who can make choices are more likely to internalise behaviours than if they were just told what to do. .



- 14. Congruence:** Walk the talk and model the behaviour you want. This means living out your values in ways that do not send mixed messages to children. It means behaving towards children in ways that you wish them to behave towards others. The adult must show them how to be gentle, considerate and kind on a daily basis. Equally, it is important that you do not yell, nag or make unreasonable demands, for instance, if you do not want children to behave in that way themselves.
- 15. Consistency:** Whatever strategy or combination of strategies you use, it is important to be consistent so that children are receiving the same message. This helps to reinforce and consolidate learning and development (Adapted from Roffey, 2006: 26 – 39).

Conclusion

The learning environment plays a key role in supporting the inclusion of children with SEN in Early Childhood Care and Education settings. Fundamentally, the learning environment is a powerful teaching tool and the outward sign to children and families that you care for them (Feeney et al., 2006). It comprises many elements including physical, emotional, aesthetic and temporal aspects that form the basis on which to establish and maintain inclusive practice in the early years. A well designed and planned physical environment ensures that children can independently negotiate it so that it is a satisfying and rewarding experience for them. Equally, the emotional environment sends a powerful message to children about their safety, security and value. Children learn through caring and nurturing relationships with adults. The emotional environment is dependent upon positive, caring and respectful relationships between adult/child, adult/adult and child/child within the setting. It is predicated on respect, trust, honesty, acceptance, protection and positive interactions.

Section 3: Assessment for Learning



Introduction

Assessment can be defined as ‘the ongoing practice of collecting, documenting, reflecting on and using information to develop rich portraits of children as learners in order to support and enhance future learning’ (NCCA, 2009). Careful assessment and record keeping underpin effective early years practice. A combination of formal and informal assessment measures in a variety of areas is required to secure a full picture of a child’s strengths and priority learning needs. It is important to undertake assessments in order to plan programmes to address the child’s specific learning needs and to record the child’s progress. Assessments are the most meaningful when undertaken by practitioners themselves, providing early years practitioners with ‘starting points’ for the child’s learning (Rodger, 1999). Assessment in the early years involves a cycle of interconnecting steps (Figure 3.1) which include collecting information about the child through discussions with parents, undertaking observations, completing checklists, compiling portfolios of work, evaluating and reflecting upon outcomes and consulting with parents and staff. The data collected through this process can then be used to plan programmes to meet the child’s individual learning needs. Assessment needs to be undertaken in a systematic way on a regular basis.

Figure 3.1: The Assessment and Planning Cycle





Formal and Informal Assessments

Formal and informal assessments are utilised to establish a full picture of a child's abilities. Formal assessments are usually undertaken by health professionals, multi-disciplinary professionals and psychologists at particular intervals to identify specific areas of strength and difficulty, to put supports in place and to monitor progress. Although early childhood practitioners do not undertake formal assessments, they are 'well placed to notice early signs of potential difficulties and to bring their concerns to parents and relevant professionals' (NCCA, 2009: 94).

Informal assessments are generally undertaken by early childhood practitioners to provide them with information about the child's strengths and learning needs and to enable them to plan appropriate programmes for the child. Informal assessments include observations, checklists, work portfolios, samples, photographs and video recordings (subject to parental permission).

The Framework for Early Learning (NCCA, 2009) identifies two complementary forms of assessment:

Assessment for Learning and **Assessment of Learning**. The key difference between both forms of assessment is the manner in which the early years practitioner uses the information gathered.

Assessment for Learning: The early years practitioner assesses the child's understanding, levels of ability, his strengths and areas where he is experiencing difficulty. The practitioner and early years team then uses this information to plan programmes for the child, to give feedback to the child, to record progress, to celebrate his achievements, to provide appropriate supports and to plan for future learning.

Assessment of Learning: The early years practitioner records the child's progress in order to build a full picture of the child's abilities and learning needs. This information is shared with the child, the parents, colleagues and multi-disciplinary professionals. This can be a very positive experience for the parents, child and the practitioner as it provides a record of the child's achievements and progress (NCCA, 2009: 94).



Why is Assessment Important?

Assessment is important as it provides childhood practitioners with evidence and data to help them to make informed decisions about children's learning. It enables early years practitioners to:

- accurately identify children's individual strengths and learning needs
- gain an understanding of what motivates and interests children and build on those interests
- make informed judgements about children who may be showing signs of learning difficulties or special needs
- plan for future programmes and learning and to match instructional approaches, activities, materials and supports with the child's needs
- measure progress and evaluate the effectiveness of intervention programmes for a specific child
- monitor progress, compile reports and give feedback to parents and multi-disciplinary professionals
- become reflective practitioners and develop knowledge and understanding about how children learn and strategies that work to empower children with special needs.

Characteristics for Consideration when Assessing

Assessing children who have special needs in the early years can be a challenge. Young children with special needs can be delightful, unpredictable, easily distracted and can react in unexpected ways to people and circumstances in their environment (O'Moore, 2009). The young child who has behavioural difficulties may suddenly become 'angelic' when you ask an early intervention specialist to come and observe, or a child who has stereotypical behaviours associated with autism may behave 'normally' while being observed. Children with special needs may have additional difficulties such as motor difficulties, sensory processing difficulties, speech and language difficulties and behavioural problems which may need to be accommodated when undertaking assessments. As young children with special needs often have a short concentration span, early years practitioners need to work in short periods of time and over an extended number of sessions in order to gather information about a child's abilities. Children respond better to people, objects and situations in their normal environment, so assessments should be undertaken where possible when the child is engaged in meaningful tasks within their natural context (Dunphy, 2008; Rinaldi, 2008). Assessments need to take a balanced approach focusing on what the child can do, as well as areas where s/he is experiencing difficulty.



Assessment Tools and Techniques

Early childhood practitioners need many skills in order to effectively carry out assessments. They need to be keen observers of events, to interact effectively with the child, to be reflective and to be able to document their findings accurately and objectively (Dunphy, 2008). The following assessment tools can be used to gather information about the child. The type of assessment method used will depend on the aspect of development that is being assessed, the approach that best suits the individual child and the purpose of the assessment. *Aistear*, the Early Years Curriculum Framework (NCCA, 2009) presents a suite of assessment tools for use by early years practitioners. Many of these assessment tools are already frequently used in the early years sector. While noting that *Aistear* presents these tools on a continuum ranging from child-centred to adult-led, it is important to note that for children with special needs, assessment tools need to be chosen carefully in light of the child's strengths and abilities. For example, self-assessment may be well suited to young children presenting as exceptionally able or gifted.



Figure 3.2: Overview of Assessment Tools

Assessment Tool	Description	Aspect of Development
Target Child Observations	A focussed and detailed observation of a particular child's all round development at a specific time over part of a session.	All developmental domains: Behaviour Social Communication Concentration Motor Skills Play
Event Sampling	A series of short observations focusing on particular events to build up a pattern of a child's behaviour over a period of time. Event sampling looks at antecedents, behaviour and consequences.	Behaviour Interaction Social Skills
Time Sampling	Observing children for fixed regular short intervals of time over an extended period.	Behaviour Concentration Interaction
Free Description	A detailed observational account of a child's progress at a particular time, taking into account as much detail as possible about what is happening at the time.	Motor Skills Interaction Concentration
Checklist	A list of skills and/or behaviours that the adult ticks off when observed.	All developmental domains Motor Skills Language and Communication Social and Emotional Development
Work Portfolios	A holistic collection of samples of children's work demonstrating growth and development over an extended period of time.	Creativity Imagination Motor Skills Visual Arts
Conversations	The childhood practitioner engages the child/children in conversations about what they are doing and thinking.	Thinking Skills Imagination Language Social and Emotional Development
Self-Assessment	This involves children thinking about what they have done, said or made and assessing their own progress. The adult uses prompts to guide the child's thinking and reflections.	Life Skills Constructive Play Visual Arts Language Science

(Adapted from NCCA, 2009 and Quigley et al., 2007: 76)



Observations

Observational assessment is at the heart of effective early childhood practice (Quigley et al., 2007; Rodger, 1999) and being a good observer is a key skill that early years practitioners need to learn. In fact, Dukes and Smith (2009: 77) describe observation as the 'single most powerful tool' available to early years practitioners to help them to gather information about a child's ability and to pinpoint areas of difficulty that need to be addressed.

Ongoing observations are much more insightful than approaches that use one-off testing. In the United Kingdom, the School Curriculum and Assessment Authority (1997) cited in Rodger (1999:42) emphasises that 'a child's response during a single activity is not always an accurate or reliable guide to underlying competence...evidence collected over time from a large range of activities is always necessary in establishing what a child knows, understands and can do.' It is necessary to undertake several observations over an extended period of time in order to ensure that records of children are accurate. There are a number of observational techniques that can be used with young children. These include Target Child Observations, Event Sampling, Time Sampling and Free Description.

Target Child Observations

The purpose of a target child observation is to take detailed notes of a child's actions and behaviour during a session or part of a session. Many early years settings use this as their main observational approach. Codes are used to assist in recording information during the target child observation. The main challenge for the practitioner is to become familiar and competent in using these codes. Target child observations can be used to:

- Monitor specific activities;
- Examine interactions between the child and others;
- Establish the amount of time that the child spends on task;
- Observe several children at once.

(Adapted from: Greig and Taylor, 1999; Quigley et al., 2007; Tassoni and Beith, 2005)

It is a good idea to start with a short observation and to build up competence and familiarity with using codes gradually. With practice, early years practitioners can use target-child observations to track more than one child at a time. Concentration is required and the early childhood practitioner cannot be engaged in any other activity while the target-child observation is being undertaken.

Target child observations can be used to examine many aspects of a child's development.



Observations are recorded on an observation sheet or chart which is prepared in advance. A coding system is prepared that is clear and easy to use. Target child observations can allow a child's activity to be tracked over a continuous period, taking account of exactly what the child is doing, what the child is saying, for how long and those with whom the child is interacting (Quigley et al., 2007).

Equipment

Pen, observation sheet/ chart, watch and copy of the codes.

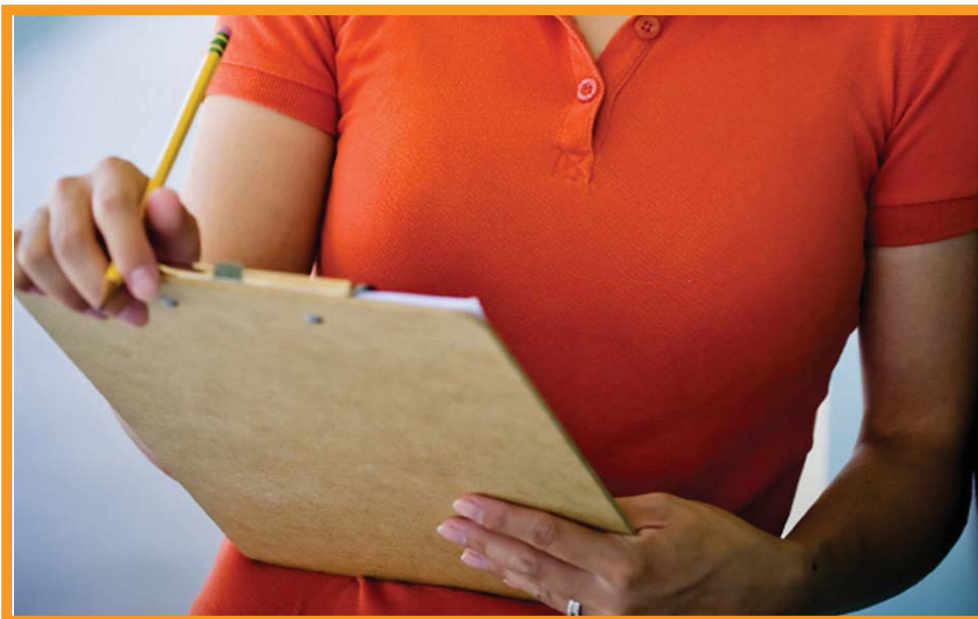




Figure 3.3: Sample Target Child Observation Sheet

Target Child:			Age:	
Gender:			Date:	
Time	Activity	Language	Task	Social Group
1 min				
2 min				
3 min				
4 min				
5 min				
6 min				
7 min				
8 min				
9 min				
10 min				
Name of Observer: _____				
Ages and gender of other children / adults involved in the activity with the TC: _____				

Code:	TC = Target child	Sol = Solitary	A = Adult	C = Child
	SG = small group	⇒ = child directed	← → = 2 children interacting	



Figure 3.4: Sample of a Completed Target Child Observation

Target Child: Joanne			Age: 4 yrs 1 month	
Gender: Female			Date: 4/10/2010	
Time	Activity	Language	Task	Social Group
1 min	TC deals out all of the cards on the table	TC is clicking to herself, rocking in her chair and smiling	Playing a card memory game	Sol →
2 min	TC ignores SNA as she sits down beside her	A - T.C. 'Can I play?' T.C. - A Nods without making eye-contact, continues to rock in chair	Card memory game	SNA joins TC
3 min	T.C. waits A turns a card over and then another and she makes a match	A - T.C. 'I will go first'	Card memory game	A + 1 C
4 min	T.C. turns over a card and places her hands in her pocket and smiles while looking in the direction of the A. A takes her turn with no luck. T.C. takes her turn and finds 2 cards that match.	A - T.C. 'Is it my turn again?' T.C. smiles.	Card memory game	A + 1 C
5 min	T.C. finds another match and another match	T.C. claps her hands excitedly.	Card memory game	A + 1 C
Name of Observer: Mary Burns - Room Leader				
Ages and gender of other children / adults involved in the activity with the TC: Elaine Duggan (SNA):F				
Code:	TC = Target child SG = small group	Sol = Solitary ⇒ = child directed	A = Adult ← → = 2 children interacting	C = Child



Event Sampling

Event samples are used to record particular events and build up a pattern of a child's behaviour over a number of days or weeks. This technique can assist early years practitioners in identifying not only how often a particular behaviour occurs but also the background as to why that behaviour is occurring. For example, event sampling can be used to provide information about what causes a particular child to have tantrums or to track how often a child communicates with an adult. In event sampling, information is only recorded when the behaviour occurs, for example, a child who is soiling himself/herself at particular times of the day may have his/her behaviour tracked over a week or more to determine if there is a pattern to the behaviour.

The design of an event sample record sheet will depend on the type of information that is required. In the following sample, Annabel (A) who is 18 months old and has a mild motor difficulty is getting upset when being dropped off at the crèche some mornings. The early years practitioner has decided to do an Event Sampling Observation for a week to track this behaviour.



Fig 3.5: Event Sample Sheet Exemplar

Day	Antecedent (What happens leading up to the behaviour)	Behaviour (How the child reacts and behaves)	Consequence (What happens after the behaviour)
Monday 8.30am	Annabel arrives at 8:30 a.m. Her mother carries her into the crèche. Tina (SNA) greets them smiling "Hello Annabel. Good morning, Mrs T? How are you today?"	Annabel glances at Tina, looks at mother. Mother smiles. Annabel hesitates then smiles. Mother says, "Say hello, Annabel. Tina is going to take care of you while Mummy is at work." Annabel holds her arms out to Tina.	Tina takes Annabel's coat off and talks quietly to her, counting the buttons and telling Annabel what she is doing. Annabel stands quietly watching her mother. Tina tells Annabel breakfast is ready and holds her hand ready to take her to join the other toddlers for breakfast. Annabel hesitates and looks at the children, then at Tina and at her mother. "Shall we wave bye bye to Mummy? Then we can have breakfast." Annabel copies Tina as she waves to Annabel's mother. Mother leaves quietly. Annabel stands for a moment looking at the door, and then walks towards the breakfast table.
Tuesday 8.35am	Same as yesterday	Annabel hesitates at first. Looks for reassurance from her mother and Tina.	Stands quietly while Tina takes off her coat. Holds on tightly to her teddy as she waves to mother. Enjoys her breakfast.
Wednesday 8.30am	Same as yesterday	Annabel seems calm and quiet.	Same as yesterday
Thursday 8.50am	Annabel arrives at 8:50 a.m. The traffic was busy and Mother is anxious not to be late for work. Tina was waiting by the door to greet Annabel and her mother. Mother has no time. She puts Ellen into Tina's arms, kisses her and says, "Goodbye, be a good girl and Mummy will see you soon."	Annabel looks flustered. Her lip quivers and her eyes fill with tears. She clings to Teddy and sobs for 5 minutes. Tina holds her close, rocks her gently and talks quietly to her.	Annabel stops sobbing and allows Tina to take off her coat. She looks sad. Tina talks to her about her plans for the day. Breakfast then an outing to the park. Annabel listens. "Toast. Een park," she says. She gives her hand to Tina and walks to the breakfast table.
Friday 8.30am	Annabel arrives at 8:30 a.m. She walks in holding Mother's hand. They are singing a song about the sun has his hat on. Annabel is laughing.	Annabel echos, "Hat on." She laughs to Tina. She is happy and relaxed. Mother and Tina clap their hands and tell Annabel she is a clever girl. Annabel beams and claps her hands. She sings, "ip ooray"	Annabel appears to remember the crèche routine and seems more confident this morning. She waits while Tina takes off her coat and hangs it on her peg. Annabel waves to her Mother. "Een toast!" she says and holds Tina's hand.



Consider:

- How does Annabel respond to separating from her mother?
- What helps her?
- What made Annabel seem unsettled?
- What comforted her?
- Why is the partnership between the parent and the SNA important for the child?
- How does Event Sampling assist in tracking the relevant behaviours above?

Sample adapted from: www.newchildcare.co.uk/evented.html

The above chart is also known as “ABC” charting, which can be used as data to help create a behavioural intervention. Many times the Psychologist on an Early Intervention Team will ask early years practitioners to track a specific behaviour over a period of time using ABC charting. When carefully done, ABC charting reveals the relationship between the child’s behaviour and the actions of adults and how our actions help to determine and shape the child’s behaviour.

Time Sampling

Time samples are observations of a child that are recorded at fixed regular intervals of time to gain a precise ‘snapshot’ of what the child is doing. This approach allows the observer to record over longer periods of time because recording is not continuous. When carrying out a time sample you will need to decide the length of the time sample, the focus of the observation and how many samples you will need. It is not recommended to space out the intervals between recordings too much as this may lead to you missing out on a lot of the child’s activity (Tassoni and Beith, 2005). Some timesheets include separate columns to assist the observer to focus on particular skills or activities during the time slot. It is helpful to use a watch during observations to record time accurately (Quigley et al., 2007). In the following time sample the observer is particularly interested in how Tommy (3yrs and 10 months), who has an autistic spectrum disorder, interacts with his peers.



Figure 3.6: Time Sample Exemplar

Time	Location/Activity	Social Group	Interaction	Comments
11.00am	Lining up for Outdoor play	7 pre schoolers including Tommy	T hugs Anna who is next to him and then holds her hand	The door opens and T and Laura skip towards the door leading outside
11.10am	Outdoor play Running game	Laura and Tommy	T says to Laura 'I can run fast' Laura replies 'me too' T stops and says 'running'	T is running after Laura
11.20am	Outdoor play Climbing Frame	Ben, Laura and Tommy	Ben bends down to the ground and says 'the ground is wet.' T says 'wet, wet' as he bends down and touches the ground.	Then T, Laura and Ben start running again laughing.

Free Description

Free description can also be called a 'narrative observation' (Beaver et al., 2001). This technique involves writing up a detailed narrative account of a particular situation or activity that a child is involved in. Using a notebook and pen, you observe the child for a short period of time and you record as much detail as possible. The present tense is used in free descriptions. It is recommended to write up the observation immediately as it may be difficult to decipher what has been written at a later date (Quigley et al., 2007).



Figure 3.7: Free Description Exemplars

Date: 12/10/2010	Focus Child: Sarah (4 yrs 5 mths)
Time: 10.30am	Other Children: Tom, Catriona, Anthony.
Activity: Structured Play: Puzzles	Other details: Sarah has a physical disability and is working with her SNA.

Sarah is sitting at a small table with her SNA and 2 other children (Tom and Catriona) putting together a clock puzzle. Tom picks up a number piece and Sarah pushes her hand away saying 'I don't want you.' The SNA says 'he is helping...look number 8' when Anthony shouts 'that's my age' while picking up a number with 4 on it. Sarah displays a cross face while looking in the direction of Anthony and proceeds to push the puzzle tray away in the direction of one of the other children (Catriona).

Date: 2/6/2010	Focus Child: Stephen (4 yrs 8 mths)
Time: 11.30am	Other Children: none
Activity: Blindfold Game: Weight	Other details: Stephen is on the autistic spectrum and is working with his preschool teacher (Niamh).

Simon and his preschool teacher (Niamh) are engaged in a game where Niamh has explained clearly and directly to him what she wants him to do. He is blindfolded and she places a small tile in both his hands and asks 'which one is heavy' and he hands her the tile which is heavy and 'which one is light' and he hands her the light one. She then asks 'heavy or light' as she places one tile in his hand and he answers her correctly. The game proceeds and Stephen gets them all correct. He takes off the blindfold and then states 'Now it is your go'. The preschool teacher puts on the blind fold and Stephen proceeds to place the tiles on her open hand and asks 'is this one heavy or is this one light' and then he puts more than one on her hand to trick her and asks again 'Is this heavy? Is this light?' When Niamh answers, Stephen says 'really' and smiles openly. Niamh removes the blindfold and looks at the heap of tiles she has placed incorrectly 'I made a big mess' and Stephen says 'I tricked you, I am so clever I put them there' and he laughs' the preschool teacher says 'you mixed up the heavy and light to fool me' 'Did I fool you?' he asks as he leans on the table, smiles and nods his head.



Checklists

Checklists are structured assessments of children which usually include a list of behaviours and/or skills that can be ticked off to indicate if the child has mastered them. They are useful in helping the observer to focus on a particular area of development. Checklists are quick and easy to use and can be helpful in tracking the child's progress over time. There are many standard checklists that are used by early years practitioners and multi-disciplinary professionals. If you design your own checklist, ensure that it is detailed enough to enable you to draw meaningful conclusions.

Figure 3.8: Sample Checklist (adapted from Early Childhood Direction Center, 2006 and Quigley et al., 2007)

Child's name:		Date:	
Date of Birth:		Observer:	
Developmental Checklist	By 12 months the child can:		
	Yes	No	Sometimes
Motor			
Get to sitting position without assistance (8-10 months)			
Crawl forward on belly			
Assume hand and knee position			
Pull self up to standing position			
Walk holding on to furniture			
Stand momentarily without support			
Walk two or three steps without support			
Walk with some help			
Hand Function			
Use pincer grasp (grasp using thumb and index finger) (7-10 months)			
Bang two one-inch cubes together			
Put objects into container (10-12 months)			
Transfer items from 1 hand to another			
Take objects out of container			
Find hidden objects			
Try to imitate scribbling			
Can imitate gestures			
Language			
Look at a person who's speaking to him/her			
Make tuneful babbling sounds like 'Da-Da'			
Makes simple gestures such as shaking head for 'no'			
Responds to simple verbal requests			



The above checklist provides a time-specific snapshot of the child’s ability – the practitioner indicates Yes or No at this particular time in the child’s development. Other similar checklists can be used at different points in time to check on the child’s ongoing progress. In these formats, instead of indicating either Yes or No, the practitioner records the date at which the child demonstrates (or does not demonstrate) the learning behaviour (see Figure 3.3).

Whichever checklist format is used, it is important to distinguish between a once-off expression of a learning behaviour and true mastery of the behaviour. For example, on a given day, a child might be able to blow a bubble through a bubble wand; this does not necessarily mean however, that the child can now “blow bubbles.” In this instance, it might be good to distinguish between an ‘emerging skill’ and a ‘mastered skill’, indicating that blowing bubbles is an emerging skill. It might also be useful to record brief notes on the quality of the action, such as whether the child used good lip-rounding and accuracy during the blowing.

Figure 3.9 Individual Targets: Progress Sheet

Child’s name:						Date:	
Date of Birth:			Observer:				
Targets	<i>N</i>	<i>E</i>	<i>A</i>	<i>I</i>	<i>M</i>	Intervention Methods	Personnel Involved

Achievement Codes: N = Not at this time; E = Emerging; A = With Assistance; I = Independently; M = Mastery. (See Appendix A for further information about these Achievement Codes).

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Work Portfolios

Work portfolios or samples are another form of assessment that can be particularly relevant to young children including those who have special needs (Deiner, 2010). Portfolios include samples of the child's writing, art work and drawing. Photographs of activities can also be included depicting various projects, skills the child has developed, friendships the child has made and play activities that the child has engaged in. It is important to start compiling a work portfolio from the very first week that the child attends the early years setting so that progress can be seen. To maximise the educational value of work portfolios, it is recommended to involve children in the selection of samples for inclusion in their portfolio (Rodger, 1999). Children can learn very quickly to put some of their work samples into the portfolio on an on-going basis. Portfolios can then move with the child as s/he progresses through the early years setting, thereby providing information for successive early years practitioners and ensuring continuity and progression as the child makes transitions to a new room/setting. There are a number of different types of work portfolios:

- **Showcase portfolios** which include the child's best work
- **Working portfolios** which allow the early years practitioner to discuss work in progress with the child and to reflect upon their work
- **Assessment portfolios** which are holistic and are scored or graded (Deiner, 2010: 63).

Building a portfolio of work is a valuable tool in empowering children as they endeavour to showcase their achievements through selecting samples of work which they feel are representative of the progress they have made over time. Encourage the child to celebrate the personal growth that s/he has made by comparing what s/he has done earlier with what s/he can do now. Discuss with the child how much s/he has learned and provide opportunities for him/her to share parts of his/her portfolio with the other children.

Conversations

'Day-to-day conversations provide rich contexts for assessments of children's early learning and development' (Dunphy, 2008). Adults have conversations with children and children have conversations with each other about what they are doing (Reggio Children, 2001). These conversations can provide rich information that complements all other assessment techniques. Conversations can give the early years practitioner an insight into what the child can do and understand. Some children with special needs may be non-verbal or may have a communication difficulty. Use pictures, sign language or AAC devices (see Communication section) as a means of holding conversations with these children.



How to carry out conversations

Invite children into conversations by:

- Responding to what the child says by making comments, for example, *I love blowing bubbles too*
- Thinking aloud (talking about what s/he is thinking)
- Reflecting back to the child what s/he has just said or done
- Allowing the child 'wait time' while the child thinks and formulates a response
- Agreeing or disagreeing
- Expressing an opinion
- Asking a question (NCCA, 2009: 109).

The early years practitioner can use a number of these strategies on a daily basis to find out what the child is doing, how s/he is thinking and feeling and to encourage him/her to think imaginatively. Work samples can be used as a focus for conversations. The early childhood practitioner can model good questioning and then encourage the child to have conversations with another child about his/her work or activities. By using a combination of open questions (e.g. *why? who? how? what for?*) and closed questions (e.g. *did you like the story?; what's teddy eating?*), the adult can encourage the child to interact and to engage in discussions. This is similar to the act of "bridging" a new skill from an adult-child exchange to a child-child exchange.

According to Flewitt (2005: 220), adults and children convey meanings not only through words but also through eye-gaze, facial expression and body movements. It is important to note that when having conversations with children who have special needs, the early years practitioner may benefit from taking note of the child's non-verbal cues and responses, as these can provide rich information about a child's feelings and ideas. For children with serious expressive language difficulties, the adult can facilitate conversations to occur by respectfully relaying his/her ideas to other children – and in turn help other children to respond directly to the child. For example, if you notice that the child enjoys water play, you can alert his/her peer to the fact and enable a conversation about water to the extent possible.

Self-Assessment

'Self-assessment involves children thinking about their own learning' (NCCA, 2009: 105). Many children do this naturally as they learn and they are best placed to assess what they have done or accomplished. For some children with special needs, particularly those who have a general learning disability in the moderate or severe range, this technique may be too difficult. However for other children, this approach can work very well, helping them to set



personal goals and to work towards achieving those goals. Self-assessment can be particularly helpful for children who are exceptionally able as it enables them to set a learning pace that is appropriate to their individual learning abilities.

How to carry out self-assessments

The early years practitioner plays a key role in helping children to develop self-assessment skills. This can include using the following prompts to guide the child's thinking:

- *What did you do when....?*
- *How did you do that? What did you use?*
- *What happened next? Why do you think that happened?*
- *What would you like to do next time?*
- *Who will you do it with?*
- *What were you thinking when...?*
- *What was easy / difficult about this activity?*
- *Are you happy with...?*
- *I wonder what would have happened if...*
- *What would help you to do it better?*

(NCCA, 2009: 105).

Self assessment can take many forms, even for a non-verbal child. You could invite him/her, for example, to decide which one of his/her efforts deserves a sticker, a stamp, or placement on a 'wall of fame' – or indeed which creations go into his/her portfolio. You could model this decision-making for a reluctant child, showing him/her how to affirm him/herself. Of course, be careful to compare a child's effort with his/her own previous effort, rather than to the efforts of others. Also be careful to affirm the child's effort more than the quality of the end-product.

Anecdotal Notes

This is generally a non-systematic form of observation which can involve using a notebook and pen which you bring around in your pocket or an index card/s that you keep for a particular child/ children. To ensure that anecdotal notes are useful ask yourself what is the purpose of the observation? Is it to record interesting events or is it to record significant academic and social achievements/ areas of difficulty?

Keep a small notebook and pen in your pocket where you can make 'on the spot' recordings of specific achievements that the child makes and areas where the child needs additional



support. These can then be transferred to your reflective diary or observational notes at a later stage in the day.

General Guidelines for Assessment and Observation

As outlined previously, there are many assessment tools and observation techniques that can be utilised in the early years. The type of assessment method used will depend on the developmental domain that is being assessed and the approach which best suits the particular needs of the individual child. Assessment can help a child with special needs by highlighting what the child can do. Using this information, the early years practitioner can take a 'strengths-based' approach to planning activities and can build on the child's competencies in the day-to-day activities in the setting (Deiner 2010: 81). The following guidelines may assist you in undertaking assessments with young children who have special needs:

- Consider the individual learning needs of the child and the developmental domain to be assessed when choosing an assessment tool or technique, e.g. a child with autism who is non-verbal for whom the focus is on social interactions and turn-taking. Target Child Observations or Time-Sampling would be useful assessment tools in this instance.
- Adaptations may be necessary for children with motor or sensory processing difficulties. Consider how the child responds. Does the child use sign language, pictures, gestures, or an AAC device to communicate? Consider how this can be facilitated in the assessment process.
- Observations need to be planned carefully. Ideally you will need to be undisturbed by other children for the duration of the observation. Arrange support from other staff as appropriate. In some cases you may need to set up a particular game or activity which will provide you with the information you need. This may also require the involvement of a staff member working with a group of children (Dukes and Smith, 2009).
- Focus on observing exactly what the child is doing and saying. Record the date, time, activity and setting. Write detailed accounts of precisely what the child does and says.
- Record the details of the observation as soon as possible after the event. This is essential to prevent information being lost or incorrectly recorded.
- Observe in a variety of situations and at different times throughout the day. There may be certain times in the day when a child becomes restless or irritable such as on arrival, during transitions, or during free play. Observations enable staff to track these times and to plan interventions that are needed to create a comfortable and positive learning environment for all of the children. Observing and identifying patterns can often lead to an explanation of behaviour.
- Take a 'low-key' approach. Avoid drawing attention to the child being observed or to the fact that an observation is taking place.



- Assessments should lead to the identification of a child's priority learning needs.
- While observations can be very useful in assisting the early childhood practitioner in identifying an area of difficulty for the child, it is important that early years practitioners do not try to 'diagnose the underlying reasons as we are not doctors or psychologists' (Tassoni and Beith 2005: 17).

(Adapted from Cook et al., 2008; Deiner, 2010; Dukes & Smith, 2009; Quigley et al., 2007)

Record Keeping in the Early Years

There are many different methods of record keeping. A combination of record keeping systems is recommended in the early years (Deiner 2010). Choose a workable record keeping system that suits your needs and recording approach. The purpose and method of assessment utilised will have implications for the record system to use. Consider using file cards, notebooks or a ring binder to identify which process is best for your context.

- Ensure confidentiality at all times, as appropriate. Notes should never be left lying around nor should a computer screen be left on open view. Use a system to code the children's names in order to ensure privacy. Never discuss observations in front of other children or parents of other children. Share information with staff members on a 'need to know' basis. Always seek permission from parents to share information with external agencies or individuals.
- Well organised, easy to read notes that are stored systematically, will facilitate the detection of patterns of behaviour and information that is crucial to understanding a child and planning programmes to maximise his or her potential.
- Share information from assessments with parents. Objective evidence of a child's achievements and progress is always welcome (Cook et al., 2008).

Using Data from Assessments to Inform Planning

It is important that information gained from assessments and observations is put to good use. Observational information is important and fulfils many purposes, "the written, pictorial, and audio record serves as a celebration of the young learner's personal, accomplishments, achievements, challenges and progress" (NCCA, 2004). It also provides the early years practitioner with an opportunity to compile a portfolio, a collection of child observations together with samples of the child's work during his/her time in the setting. By comparing current samples to earlier samples of the child's work the portfolio can be used to show the child's progress in one or more areas of development. In a similar way, information gained through completing checklists or undertaking observations can be used to provide the basis for planning for future learning. It enables the sharing of information and insights between parents and early childhood practitioners. This approach facilitates collaborative decision-making about how learning can be supported and enhanced (NCCA, 2004). Information



gained through assessments and observations is critical to the development of meaningful Inclusion Plans (IPs) for children with special needs. It may be necessary to share this information with other professionals (subject to parental permission).

(Adapted from Quigley et al., 2007)

Reflective Practice

Reflection is the process by which the early years practitioner strives to improve and maintain high quality standards in education and care (Allen and Whalley, 2010; Quigley et al., 2007; Woods, 1998). Reflective early childhood practitioners ask themselves the following questions: *Am I doing a good job? Are all children participating in all the activities? Can I do a better job? What do I need to enable me to do a better job? Are children with special needs being included in a meaningful way in the activities of the setting?*

Reflection enables us to 'enrich or amend the experiences that we offer in order to foster each child's all-round development, learning, health and well-being' (Woods, 1998: 27). Reflection is an essential skill that enables the early years practitioner to review and analyse their work with children in order to contribute more effectively to their development. The reflective practitioner should be involved in some or all of the following:

- Keeping up to date with new ideas, theories or ideas about Early Childhood Care and Education
- Developing analytical skills and a critical approach to their work
- Discussing ideas and theories with colleagues
- Contributing to discussion and debates on issues through participation at conferences staff development events or courses of study
- Observing children and analysing the data gathered
- Introducing new education and care practices to the early years setting in agreement with management and colleagues
- Supporting others to accept and welcome change.

(adapted from Kay, 2004 cited in Quigley et al., 2007)

'Enriching and informing all aspects of practice within the setting requires cycles of observation, planning, action and evaluation, undertaken on regular basis' (CECDE, 2006: 57). Evaluating practice is a continuous and ever changing process. It involves keeping up to date with current happenings, through ongoing professional development and reflecting on existing practices with a view to improving learning from the child's perspective (NCCA, 2004).



Conclusion

Undertaking systematic observations and assessments of children's learning enables early years practitioners to determine what children really know and understand, and to plan and implement appropriate, relevant and motivating learning experiences for each child (Allen and Whalley, 2010; Drake, 2009; Drummond, 2010; Rose and Shevlin, 2010). The range of informal assessment and observational techniques which have been outlined in this section can be used to support planning and to evaluate the progress of young children with special educational needs. Building a full picture of the child's abilities and learning needs can be very rewarding for the child, the parents and the early year's team, as it provides a record of the child's progress and achievements. It is also an essential pre-requisite to planning an appropriate and meaningful programme to meet the individual needs of children with SEN.



Section 4: Accessing the Early Childhood Curriculum

Introduction

One of the primary aims of the early years curriculum is to “support the development of all children from birth to six years as competent and confident learners within loving and nurturing relationships with adults and peers” (NCCA, 2004: 14). This broad aim can be used to form the basis of curriculum development for your early years setting. It is premised on the belief that children learn best within trusting responsive relationships. Thus, it encompasses care and education - both of which are at the heart of the early childhood curriculum.

Part two of this Framework for Action outlines the ways in which a thoughtfully planned environment helps to support and extend children’s learning and development by affording them opportunities to consolidate existing knowledge while, at the same time constructing new knowledge. The learning environment facilitates children to explore, manipulate and interact with the environment in ways that are relevant and meaningful to them. In this respect, bear in mind, that the younger the child, the more they need experiential learning contexts. One way of facilitating experiential learning, is by establishing activity/interest areas as previously outlined. However, these areas alone do not guarantee children’s learning. They are one step in the process of carefully planning appropriate learning opportunities for children and can form a central theme upon which you can build curriculum planning. Therefore, the learning environment and the early childhood curriculum are closely intertwined creating optimal conditions for the inclusion of children with special needs in early years settings.

The concept of curriculum represents different ideas to different people. For many, it is simply the programme, routine, plan or schedule which encompasses everything the child experiences within the setting. Others consider a particular curriculum approach or method of education such as Reggio Emilia, Montessori, or High/Scope, each of which adopts a specific approach to curriculum planning, implementation and evaluation.

The purpose of these particular guidelines is to inform and guide early childhood personnel about how to plan and organise an inclusive early childhood curriculum in the broader sense. Following on from their consultative document “*Towards a Framework for Early Learning*” the National Council for Curriculum and Assessment has developed an early year’s curriculum framework called *Aistear*. This framework embraces a particular view of the child, of learning and how learning can be celebrated and extended. It presents learning in four broad and complementary themes:



Figure 4.1: Overview of Thematic Areas: Aistear (NCCA, 2009)



In common with *Síolta*, the National Quality Framework for Early Childhood Education in Ireland (CECDE, 2006), *Aistear* is underpinned by a range of principles that are related to how children learn and develop including:

- Active learning
- Play
- Relevant and meaningful experiences
- Holistic learning and development
- Communication and language.

Preschool children who have concerns in more than one developmental area usually qualify for services from an Early Intervention Team. However, some children might have concerns in only one area, and therefore are seen by single-disciplinarians, such as a private Speech & Language Therapist. There is no harm asking professionals for their input into the child's curriculum; don't simply wait for them to contact you. Always seek the consent of parents before you liaise with professionals involved with the child.

The role of play in children's learning and development

While this section is particularly focused upon curriculum, the importance of play as a vehicle for children's learning should not be underestimated. Early childhood education is underpinned by a strong tradition that regards play as essential to children's learning and development. This view has been influenced by the work of pioneering educators such as



Rousseau, Dewey, Froebel, Mc Millan and Steiner for example. Play is “*central to the well-being, development and learning of the young child* (CECDE, 2006: 9). In depicting the complexity and diversity of play, Meckley (2002) defines seven characteristics of play where it is:

1. Child – chosen
2. Child – invented
3. Pretend, but done as if the activity were real
4. The doing – the process rather than the product is important
5. Done by children – the players, not by the adults; teachers or parents
6. Requires active involvement
7. Fun

There is a direct relationship between communication and play as children gesture, interpret each other’s meanings and verbalise in the process of play. Meckley (2002) notes, that frequently, in play, children make their first attempts at reading and writing when they act as if they are competent readers and writers for example. Through the process of play the child interacts freely and spontaneously with the environment. Play promotes the child’s innate curiosity and social experiences. In play, there is no contest, no right or wrong – no win or lose. Play empowers the child to build upon existing skills and to master new skills. In play, children are inventors, experimenters, attempting activities that they never tried before as they develop creativity and thinking skills (Meckley, 2002). As noted by (Gargiulo and Kilgo, 2004), it is through play that children have opportunities for learning through exploration, interpretation of situations, negotiation of relationships and utilisation of social and communicative behaviours such as turn taking, sharing, initiating and responding. Essentially, it is through play that children make sense of the world.

Play reveals the child’s true level of skill and development. It is vital to pay attention to a child’s play to get a sense of his/her functional skills. In fact, Vygotsky (1978) saw childrens’ play as a unique, broadly influential Zone of Proximal Development. He stated that in play

The child is always behaving beyond his age, above his usual everyday behaviour, in play he is, as it were, a head above himself... The relation of play to development should be compared to the relation between instruction and development...Play is a source of development and creates the zone of proximal development (Vygotsky, 1978: 102).



This calls upon practitioners to plan, support and extend children's learning as they engage in the process of play. Practitioners have a pro-active role in observing children as they play, so that they can carefully guide them along. Therefore, play is the primary focus in quality early years settings and children should have as many opportunities to play as possible both indoors and outdoors.

Play means different things to different people. For many it is associated solely with the concept of free play, where the child leads the play experience and controls the way it develops. Children decide what to play, how to play and for how long. They may engage in associative play, where they begin to play together, or in cooperative play, where they interact, take turns, decide how and what to play, share, develop new ideas and negotiate play strategies.

Individual children may like to play alone sometimes. This is known as solitary play. At other times, a child may watch others playing without joining in – spectator (or 'onlooker') play, while still others engage in parallel play in which they play alongside another child but without interacting.

There is also what we refer to as structured play which takes many different forms including pretend play, constructive play, exploratory play, manipulative play, creative play, physical play, games with rules, and language play. Each type of play is important for children's development and learning and they can engage in different forms of play simultaneously. For example, while playing in the construction area, they may pretend to be a builder, while giving orders to a peer to stack the blocks. Therefore, through construction play we also have examples of pretend play and language play occurring at the same time. One of the benefits of structured play is that it enables you to focus on an area of development in a way that free play does not. For instance, if through your observations, you determine that a child has poor spatial awareness, then you can organise a play activity to support development in this area.

Therefore, in the context of devising an early years curriculum, it is important to remember that any curriculum for young children must take account of the many ways in which children learn and embed multiple opportunities for play both indoors and outdoors.

What do we mean by curriculum?

Through Aistear (2009:7) the child asks that you

Remember that I am a unique individual with my own strengths, interests, abilities, needs and experiences. Recognise and build on these when you are helping me to learn and develop.



Elsewhere the child asks that you support him/her, to feel “equal to everyone else, to not let him be excluded because of ethnicity, culture, faith, home language, family background, **special educational need, physical appearance** gender or **ability**... remember treating people the same is not equality. You may have to treat me in a different way to ensure that I feel equal” (NCCA, 2009: 8).

These statements challenge us to create optimum learning opportunities that support children’s development and underpin the need to consciously plan for their learning in early years settings. They highlight the need for the development of a curriculum that takes account of children’s unique abilities, strengths, needs and experiences. In order to do this, it is essential to understand what is meant by curriculum.

Kostelnik and Grady (2009:129) define early childhood curriculum as all the “organised experiences, activities and events, both direct and indirect that occur in settings, designed to foster young children’s learning and development”. Inherent in this definition is the need for choice and flexibility so that the curriculum is not static and rigid but rather, it can be adapted and changed in accordance with children’s abilities as well as their emerging interests, needs and competencies. While Raver (2009:269) also associates curriculum with the activities within the setting, she sees it as being about so much more, suggesting that it is an *interrelated set* of plans and activities that are intended to result in learning outcomes. This means that learning is not left to chance; but involves planning for children’s learning and development in a systematic way. Crucially, Firestone (2008:8) specifies that a curriculum “should be about process as well as product”. Therefore, an inclusive early years curriculum should take account of the goals that are set for children; what they should *ultimately* be able to do as well as how to get them there in terms of activities, materials, necessary supports, schedules and the adult-child interactions that will support them to accomplish any goals set for them (ibid).

The most important aspect of the early childhood curriculum is that it encourages children to explore the world around them through a variety of stimulating and challenging experiences. These experiences are planned and presented within the framework of a curriculum which pays particular attention to the learning process.

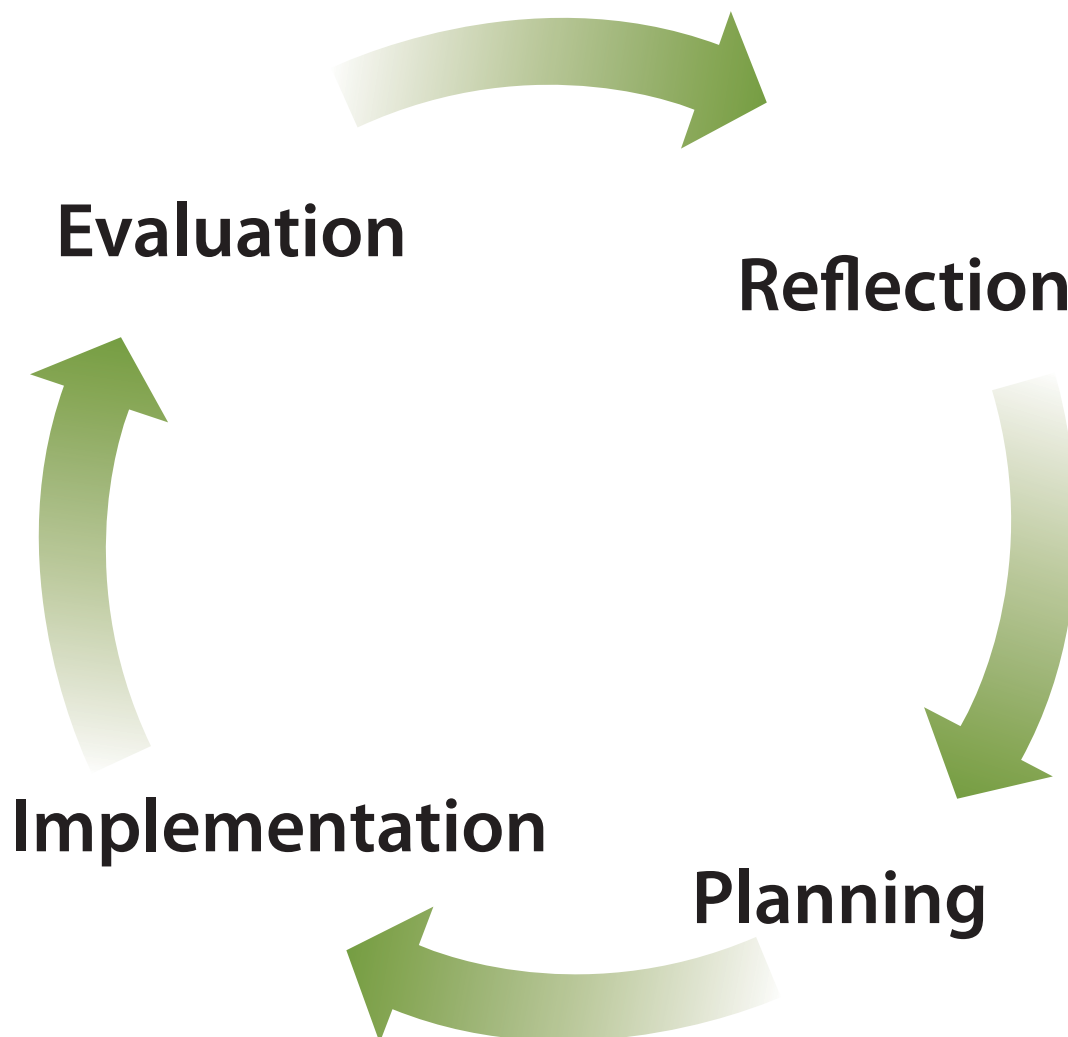
While planning a curriculum may seem a daunting task, this Framework for Action provides a number of guidelines that will support you in planning a curriculum for your particular setting. *Síolta* (CECDE, 2006) and *Aistear*, the Framework for Early Learning (NCCA, 2009) stress that good practice within early years settings requires “cycles of observation, planning, action and evaluation undertaken on a regular basis” (CECDE, 2006: 61).



With this in mind we suggest that you consider curriculum as a cycle of activity involving four stages:

- 1. Planning** – what is to be learned, when learning will take place, necessary resources both practical and human
- 2. Implementation** – ensuring that planned experiences, activities and events actually happen within the setting
- 3. Evaluation** – gathering information to improve the curriculum. This involves asking questions about what is and is not working well
- 4. Reflection** – examining your own practice in terms of how you approach children’s learning and development. It leads to improvement in facilitating and supporting children’s learning and development (see figure 4.2)

Figure 4.2: Curriculum cycle





Elsewhere in the Framework for Action, the importance of assessing children's learning and development to inform the planning process has been highlighted. The concept of assessment cannot be separated out from curriculum as the effectiveness of one will inevitably impact on the other. In other words, when combined with your knowledge of child development, observations help you to understand the ways in which children learn and make sense of the world. This in turn, helps you to plan for the child's learning by providing an insight to the child's specific needs, the context for learning, any particular areas that require attention as well as materials that would support the child's development.

Consider Louise (aged 4 yrs and 4 months) who has a speech and language delay and hearing loss.

Context: Louise is sitting beside her PSNA (Ruth) who has brought a tray of six puzzles (all animals) to the table. Ruth is trying to encourage Louise to complete the puzzles.

Ruth: *Will we do this?*

Louise does not respond.

Louise removes individual pieces from one tray. She then begins to place pieces randomly into the tray while looking in the direction of another child. She stretches across the table and begins to take another child's puzzle pieces.

Ruth: *No we'll leave that until we have finished the bird. Here, where will this go?*

Louise puts two pieces in and then removes them again. Ruth moves the tray closer to Louise. She points to one piece saying: *Look.*

Louise looks instead in the direction of another adult who is opening a cupboard door. She then removes a piece of the puzzle from the tray and pushes the puzzle away. The puzzle is unfinished. Ruth holds up a piece of the puzzle and asks Louise: *What's this? Is it a monkey? Where does his tail go?* As she draws Louise's attention to another puzzle in the tray, Louise pushes the piece handed to her by Ruth into the tray. She takes it out again. She repeatedly places this puzzle piece into and out of the tray before finally pushing the incomplete puzzle away.

Ruth: *No, we'll finish this one....put his tail in, that's it. Did Paul go to the doctor today? Where's the bird gone....no, no, no let's finish this first.* Louise again takes some puzzle pieces from the child sitting next to her. She begins to drop the puzzle pieces onto the floor. Ruth addresses another adult in the room saying: *She doesn't like those ones at all,* referring to the puzzles in the tray. Ruth then announces: *Let's tidy up, will you pick these up for me?* as she picks the puzzle pieces off the floor.



Think about

- Was this a relevant and meaningful activity for Louise? Why?
- Was Louise actively involved in the learning?
- How did this activity take account of Louise's ability to communicate?
- How did this activity fit within the four themes as set out within *Aistear*?
- What have you learned from this observation that would help you to better plan for Louise's specific needs?

As we can see from this observation, the activity was chosen for Louise by the PSNA. Notice how the PSNA asks six rapid fire questions during the observation. Although she is aware that Louise has limited verbal communication skills she does not wait for a response from her. Louise is not offered an alternative activity or puzzle even though her behaviour suggests her wish to do something other than the puzzle chosen for her. Notice also, how the PSNA fails to observe Louise reaction or behaviour throughout the activity which clearly indicates her disinterest from the outset. We, therefore, can deduce that consultation, choice and flexibility are important factors in curriculum planning.

With careful planning, you can take account of children's particular interests and abilities. In turn, the activities offered can build on children's interests, thus ensuring that the range of learning opportunities and experiences are relevant and meaningful. Essentially then, an inclusive early childhood curriculum includes the following key elements:

- a. The content and skills children are to learn
- b. Activities, strategies, and materials teachers use to address curricular goals
- c. Interactions among children and adults, and among and between peers
- d. The context in which teaching and learning occur (Deiner, 2010; Kostelnik et al., 2009:129; NCCA, 2009).

In addition, Deiner (2010) emphasises the need for curriculum to motivate and challenge children as well as providing for a broad range of social interactions that require high levels of peer interaction.



An integrated approach

There is an ever increasing emphasis on supporting the development of the whole child (NCS, 2000; Aistear, 2009) which recognises that learning is not isolated by domains, but rather that it occurs across areas simultaneously. Children ask that you are mindful of this aspect of their development requesting that you “remember that I learn lots of things at the same time and think about all areas of my learning and development – cognitive, creative, emotional, linguistic, moral, physical, social and spiritual” (NCCA, 2009: 10).

As the domains are interconnected, and children learn by constructing new knowledge from existing knowledge, the design of the learning environment and curriculum should consider and support the development of the whole child - cognitively, physically, socially, creatively, linguistically, morally, spiritually and emotionally (ibid). An effective curriculum integrates learning across several domains simultaneously. The integrated learning tables in Section 2 demonstrate the ways in which learning occurs across several domains during various activities. For example, Kostelnik et al. (2009) highlight how learning occurs across multiple domains while children are engaged in a painting activity through which they:

1. Practice both small and large muscle co-ordination (physical)
2. Learn the names of the colours and what happens when they are mixed (cognitive)
3. Share the paints (social)
4. Use their imagination (aesthetic)
5. Choose words and chat with adults and peers (language)
6. Describe events and feelings (emotional).

It follows that when children are engaged in active learning they will integrate knowledge and skills across domains. Because children’s learning is holistic and integrative (CECDE, 2006; NCCA, 2004, 2009; NCS, 2000) the early childhood curriculum should reflect this.



Planning the curriculum

As stated, the early childhood curriculum involves everything that children experience in the setting:

- How they are welcomed
- How the environment is organised
- How adults behave towards them
- How adults behave towards parents and families
- How they are expected to behave towards each other
- How time is allocated
- How play is facilitated.

Each of these experiences must be considered when planning the curriculum. Accordingly, planning incorporates the learning opportunities that will be presented to the children, the timing of activities, as well as staff roles and responsibilities in ensuring that planned learning occurs. As noted by French (2009: 94) "the child is at the centre of curriculum planning rather than the child having to fit in with the demands of the service". In other words, planning begins with the child. Children are the priority when planning the curriculum; activities are planned for them and with them rather than being planned around adult routines and schedules.

This point is critical for children with special needs. Some practitioners might feel badly about their own efforts when a child appears not to be successful within the curriculum. They might feel pressure (from managers or parents) to "meet the curriculum" and therefore unfortunately conclude that the child is struggling or "does not fit." At the heart of inclusion is the ability to recognise the true ability of each child and to adapt accordingly.

Advantages of planning

There are many benefits to planning an early childhood curriculum. One considerable advantage is that it serves as a point of reference for decisions and actions helping you to prioritise what you do with children as well as helping you to differentiate for children's specific needs. Furthermore, planning enables you to:

- a. Provide a sense of purpose to your work with children
- b. Work collaboratively with colleagues, parents and other professionals by providing a basis for conversation about what you believe is important as well as celebrating children's achievements and progress throughout the year
- c. Bring your philosophy of early education alive within your work



- d. Make informed decisions on the future direction of the early years curriculum enabling you to follow children's particular abilities, interests and emerging needs
- e. Reflect on and evaluate your work with young children both personally and in partnership with colleagues, parents and professionals (Adapted from: McNaughton, 2003).

On the other hand, failure to plan or poor planning also has consequences for the way in which you work with children and has a direct impact on children's experiences within the daily life of the setting.

What happens when you fail to plan?

Failure to plan results in *chaos or lacklustre programming* (Warner and Sower, 2005 in Kostelnik et al., 2007: 62). Children can become bored, wander aimlessly about the room or setting, misbehave, disrupt others and show little interest in engaging in activities. If the programme is dominated by superficial lessons it will not stimulate children's interest or engagement and they will not make progress (Kostelnik et al., 2007). Many early years settings develop short term daily or weekly plans without any long or medium term planning. It must be remembered that this 'off the cuff' planning is inadequate as it does not capture the breadth and depth of children's learning. More comprehensive broader planning is essential for all children but even more so for children with special needs. Ideally therefore, short term plans should be developed within the context of both long-term and medium-term plans. Moreover, poor or ineffectual planning may result in some children's needs being met while others are overlooked.

Planning considerations

When working with young children the curriculum is a "written blueprint for teaching" that sets out essential components such as purpose, content, method and assessment (Deiner, 2010; Feeney et al., 2006:333; Kostelnik et al., 2008; Raver, 2009). Curriculum is described as the 'what' of early education (Raver, 2009:269). By following the curriculum all those working with the child in the setting ensure that the needs of all children, especially those with unique learning needs are met (ibid). It is underpinned by a series of aims and goals. These words are often used interchangeably. However, it is important to note that an aim is a broad general statement of what the setting hopes to achieve, while a goal is the more specific intended outcome of activities (Feeney et al., 2006; French, 2003). Using the theme Exploring and Thinking from *Aistear* (NCCA, 2009), figure 4.3 shows how learning aims are linked to learning goals.



Figure 4.3: Exploring and Thinking: Aims and learning goals

Aim 1: Children will learn about and make sense of the world around them and the people and things in it

Learning Goals:

In partnership with the adult, children will:

1. Engage, explore and experiment in their environment and learn through these experiences
2. Learn about themselves and others through play, first hand experiences and discussions
3. Use new physical skills including skills in manipulating objects by using a range of playthings, real-life objects and natural materials
4. Play, explore and interact meaningfully with others using their increasing cognitive, physical and social skills
5. Develop working theories about how the world works and think about how and why they learn things
6. Develop a sense of time, shape, space and place.

Aim 2: Children will acquire and use skills and strategies for observing, questioning, thinking, exploring, experimenting, understanding, negotiating and problem solving

Learning Goals:

In partnership with the adult, children will:

1. Recognise patterns and make connections and associations between new learning and what they already know
2. Use a variety of strategies and/or materials to explore and make sense of the world: question, plan, predict, put into action, think, manipulate, reflect on, remember, modify, discuss, explain, wonder, speculate
3. Collaborate with others to confidently solve problems and share interests
4. Demonstrate their ability to reason logically
5. Use their creativity and imagination to think of new ways to problem solve
6. Gather information in different ways.

Aim 3: Children will explore ways to represent ideas, feelings, thoughts, objects and actions through symbols

Learning Goals:

In partnership with the adult, children will:

1. Explore ways of making marks and using drawing, painting, model making to record objects, events and ideas
2. Become familiar with the use of symbols (writing, numbers) in real-life contexts
3. Begin to associate symbols (pictures, icons, the written word) with the things they represent
4. Express and explore feelings, thoughts and ideas through movement, music, play, talk, art and written words
5. Use language (oral, signed, written, drawn) and other symbols to describe, recall and think about objects and experiences
6. Use books and ICT (software, the Internet) for enjoyment and as a source of information.

Aim 4: Children will have positive attitudes towards learning and will reinforce learning dispositions like curiosity, confidence, playfulness, perseverance, risk-taking and initiative

Learning Goals:

In partnership with the adult, children will:

1. Be confident and independent and develop a belief that they can do things for themselves
2. Address challenges and cope with frustrations
3. Develop higher order thinking skills like problem-solving, analysing information, making decisions and thinking logically
4. Take responsibility for their own learning
5. Feel confident that their ideas, thoughts and questions will be listened to and taken seriously
6. Be open to new ideas/uncertainty and have increasing confidence in their ability to satisfy their innate curiosity.



Raver (2009:269) underpins the need for the staff team to develop aims and goals that:

1. Meet the unique needs of the child
2. Are meaningful for the child and
3. Are functional in a variety of contexts.

It is important to remember that these aims and goals do not become the child's curriculum. Rather, when attempting to develop appropriate aims and goals for a child with special needs, the staff team must "build their educational programmes with the expectations of the general curriculum as a foundation" (ibid: 269). The priority in developing a curriculum for children is to determine the *most critical knowledge* across developmental domains to enable the children to reach their potential. Put simply, this is the broad programme for all of the children in your setting. Maintaining this broad programme as the foundation for the inclusion of a child with special needs. Use the data gathered through your observations and assessments to identify the child's priority learning needs. Adults then use this knowledge to develop Inclusion Plans (IPs) that ensure children with special needs have complete access to and progression within the general curriculum in the setting. IPs are discussed in more detail later in this section of the Framework for Action.

Inclusive early childhood curricula share a number of common characteristics:

- It is designed so that children of all ages and abilities are active and engaged
- Goals are clearly defined, shared and understood by , managers, pre-school staff and parents
- It is evidence-based and organised around the principles of child development and learning
- It is differentiated to meet the needs of each child
- It allows for learning through exploration, investigation, play, and focused intentional teaching
- It builds on children's prior learning, experiences and abilities
- It is comprehensive and focuses upon integrated learning domains
- It is clearly linked to assessment and evaluation procedures
- It allows for other dimensions such as parental and/or professional involvement.

(Adapted from Frede and Ackerman, 2006; Kostelnik et al., 2009).



In order to plan an inclusive curriculum you will need to gather information about the children in your setting from as many sources as possible. The following diagram provides an overview of key information sources:

Figure 4.4: Key Information sources



Staff competencies and skills

Planning is a whole team process involving all staff; full-time and part-time involved directly with the children in the setting. A team approach helps to develop a sense of ownership as each staff member has something to contribute and will ensure a consistent approach. It also means that tasks such as preparation, sourcing and adaptation of resources can be shared (Neaum et al., 2000) as well as ensuring that the curriculum is implemented within the setting.



Involving parents in planning an inclusive curriculum

Share your planning with parents, so that they will know and understand what is happening in the setting and why. It is especially helpful for parents who work voluntarily in the setting as they become familiar with what you are working on and therefore can help you to support children's individual needs when implementing the curriculum. It goes without saying that parents know their child better than anybody else. They may offer suggestions, contribute resources or time. It provides an opportunity for them to follow through on activities with their child. This is particularly important in terms of consistency and inclusion of parents in sharing the care and education of their child as equal partners with the childcare team. By sharing the curriculum with parents not only will they have advance notice of events such as a day trip or a celebration, they will be able to offer advice and support on any adaptations that may be required for their child. Display the curriculum in a prominent location within the setting. Provide information and updates through the setting newsletter or involve the children in designing a Term Calendar showing the themes, events and activities throughout the term (See Section 1: Communication). In this way you can provide additional information about the purpose of various activities as well as seeking parental involvement.

Elements in the planning process

Careful planning for meaningful learning involves making long-term decisions about what is always there and more spontaneous and short-term decisions, based on observations of children, about what is provided for a single or a short period of time. Planning is as much about knowing and understanding children and making events meaningful for them, as it is about further achievement in development and learning. This kind of planning requires a deep knowledge not only of child development in general, but of individual children in particular (Nutbrown and Page, 2008: 121)

Planning involves the development of long term, medium term and short term plans.

A **Long term plan** is a general plan that covers a long period of time such as a year or a term. Effectively, it presents an overview of the work and gives a sense of direction to the curriculum. It enables you to identify the overall curriculum aims and philosophy. It includes the methods that you will use to achieve these aims. It is useful in helping you to think about the predictable events that occur during the year (See Appendix B). For example, you may want to plan a trip to the local woods so that children can observe and experience changes in nature during the Autumn. You may wish children to learn about farm animals, or various farm activities. Equally, you may want to celebrate an annual festival or holiday such as Diwali or organise an open display of children's work for parents. The long term plan helps you to make decisions about equipment and materials, staffing ratios and organising trips or inviting guests to the setting.



Guidelines for long term planning

1. Discuss and agree the overall curriculum plan. This will be influenced by:

- what you already know about child development
- what you know about how children learn
- what you already know about the children in your setting based on discussions with parents and through observations
- what you want children to learn in your setting according to their developmental needs.

2. Decide what learning opportunities and experiences will help to best meet these aims. Think about:

- Day trips
- Special events
- Construction games
- Role play
- Cooking
- Art and craft
- Sand and water play.

3. Look at the four themes presented in *Aistear*: Well-being, Identity and Belonging, Communicating, Exploring and Thinking and decide whether the learning opportunities and experiences you have planned will help children progress in each of these areas.

4. Review your resources. Ensure that there is an ample supply and that materials are freely available and suitable. You may need to acquire additional resources or remove materials that are damaged or no longer suitable for a particular group of children (Adapted from Tassoni and Beith, 2002).

A **medium term plan** can “provide a bridge” between broad long-term and short term plans (Tassoni, 2004: 90). It builds on the long-term plan by setting out the ways in which the themes, events and visits will be carried out within the setting. The medium term plan covers planned activities that will cover a period of a month/fortnight and shows how the various areas of the curriculum will be met. When developing the medium term plan, you should match your observations with the plan. For example, you may notice that a child or a group of children are particularly interested in construction. By incorporating this interest into the medium term plan, you can plan in a differentiated way taking account of the needs and interests of individual children. In this way, you can extend children’s learning by introducing new and interesting props to support their interests. You can develop projects that are focused on the child’s interest for as long as the interest lasts. Therefore, the medium term plan needs constant review to make sure that it is relevant to children’s learning.



Guidelines for medium term planning

1. Discuss how a particular aspect of learning can be developed

- Through stories, song, music.
- Role play
- Construction
- Exploration
- Creativity.

2. Consider the language that might be used. For example if you are incorporating the concept of time into the curriculum, you may use terms such as early in the morning, late at night, in the middle of the day.

3. Plan activities for different sized groups of children. This will involve:

- One on one activities
- Individual work
- Pairs
- Small groups (4 to 6 children)
- Large group or whole group activities.

4. Decide what the adult's role will be

- Reading a story to a group of children
- Supervising water play
- Modelling
- Demonstrating
- Playing alongside children.

5. Consider health and safety implications (Adapted from Tassoni et al., 2002).

A **short term plan** covers a week or day in the life of the setting. Tassoni (2004:91) describes it as the "essential tool in the day to day running of pre-schools and implementation of the curriculum" (ibid: 91). It shows how children's individual needs will be met, as well as the individual activities and play opportunities. Activities such as story time, circle time, play time, cooking, arts and crafts provide the structure for the daily and weekly plans. As you plan, you will think about the concepts and skills that you want the children to develop in



the months, weeks and days ahead. You will consider how to include activity/interest areas into your curriculum plans. Feeney et al. (2006: 344), describe the short term plan as a *recipe* that outlines all of the ingredients required for specific learning experiences; learning objectives, necessary materials, teaching procedures and the evaluation process. In addition, the short term plan enables you to plan particular learning experiences for specific children.

The short term plan should be easy to follow, specific, complete and helpful. It is also important to note that the short term plan allows for flexibility in responding to children's interests. Moloney (2011) describes her observations of the spontaneity of an infant class teacher in responding to children's natural curiosity when the school caretaker began to cut the grass during a mathematics lesson:

Clearly, the teacher in this instance, had not planned for this intrusion into the normal classroom routine, but recognising it as an impromptu learning opportunity skilfully incorporated it into her schedule. By the time the observation was complete, the children had opened the windows to savour the sweet smell of cut grass, had discussed power mowers, push mowers and drive on mowers, they had written the word in their copy books and drawn the lawnmower. Some children had even decided that they wanted to be "the lawn cutter man" when they grew up (Moloney, 2011).

Clearly, in this instance the curriculum did not constrain the opportunity for incidental learning.

Guidelines for short term planning

Once you have decided what activities to include in the short term plan for a week or a day, there are a number of key considerations that will ensure that the short term plan will be implemented effectively. These guidelines are concerned with the health and safety aspects of the activity including the adult/child ratios, availability of space, the role of the adult during the activity and so on.

1. Is the activity accessible to all children? (availability of materials, floor space, adaptations to equipment etc)
2. Will the activity help to develop the children's holistic development? (speech, language, physical, social, emotional, intellectual)
3. What will the children do during the activity?
4. How will the practitioners/PSNA support the child during the activity?
5. How many children can participate in the activity at any one time?
6. Where will the activity take place?
7. How long will the activity last?



8. What resources and equipment will be needed?
9. How will health and safety requirements be met?
10. How will the activity support the planned learning outcomes?

Daily routine

The daily routine is very important for children in the early years setting. It provides structure and direction to the child's day. The routine is determined by the schedule that is developed based on the planning process. The ultimate goal of preparing a daily schedule is to create a social context in which children feel comfortable and secure (Kostelnik et al., 2007). Through the daily schedule you can ensure that every minute of the day provides a learning opportunity for children from arrival through to departure from the setting (Quigley et al., 2007). Knowing what to do and what comes next brings order and organisation to the child's day. While there is a need for flexibility, so that children can pursue their own interests, children also need routine. This is vital for children with special needs, particularly those who have an Autistic Spectrum Disorder. They are usually more comfortable and secure in their surroundings when they know that whole group time is followed by snack time and that snack time is followed by activity/interest areas and so on. Their confidence increases as they move about the room freely engaging in tasks independently. The visual schedule can also be used to show or teach change in an established routine – the pictures indicating the new sequence and helping children to adjust expectations. Children with Autistic Spectrum Disorder, for example, can process change better if they can see it depicted in advance.



Helpful tips

- **Present the daily routine pictorially (such as with a visual schedule)**
- **Make a flip chart with pictures of the different daily activities**
- **Draw a train with each carriage representing a different day of the week or a different part of the day (a drawing of a flower is equally effective)**
- **Make a large cardboard clock face with a pointer that can be moved to show the next activity**
- **Involve children as much as possible in drawing, making and decorating these pictorial routines**
- **Demonstrate and guide the child to understand and use the visual schedule.**

Pace

The schedule determines the pace of the day within the setting. It is critical that the schedule is not dominated by the clock. It should allow sufficient time for children to begin an activity, engage in it and complete it at their leisure. It should ensure that children are not hurried or interrupted so that the activity is an enjoyable learning experience for them. In effect, this means that you must get a balance between teacher-led and child-led activities. The importance of choice and flexibility within the schedule cannot be over emphasised. If the pace is always set by the adult it creates difficulties for children as they are dependent upon the adult to change the activities. This is very frustrating for children as it tends to overlook their individual abilities and needs. Invariably, some children will finish an activity quickly and want to move onto something else, while others may just be settling into the activity when they are asked to tidy up. The schedule should be flexible enough to extend an activity by an additional ten or fifteen minutes, if necessary. The schedule should clearly show the times for specific activities, for example; all children might be expected to come together for circle time or story time at a particular time in the day. The schedule will take account of this. In other instances the children will set their own pace. For instance, when some activities are scheduled for small groups of children alongside optional activities over a prolonged



period of time, children can set their own pace of moving through the planned activities (Kostelnik et al., 2007).

You may find that one child will only complete one activity, while another has completed two or three within the same time frame, yet another child may not complete any task and may need to return to the activity the following day. This is quite normal, as children vary considerably in their attention span, ability, task completion, need for repetition, understanding and learning pace. Flexibility of pace can provide opportunities for the PSNA and staff to provide support and to scaffold individual children's learning. See Figure 4.5 for a typical daily schedule.

It is important to bear in mind that child-led or free-play times can present a difficulty for children who have sensory regulation or social interaction difficulties. The adaptation required involves using both child-led and adult-led activities to teach more basic social exchanges.



Figure 4.5: Typical daily schedule

Arrival time: Children

- Are greeted individually by the manager, room leader or pre-school staff as appropriate (e.g., Lámh, signing, eye contact, get down to child's level)
- Remove and store coats and bags
- Greet friends
- Settle down as parents/families have a quick chat with staff member to share information about child

Introduction time: Children

- Participate in the opening routine – hello song, movement activity, job chart (use a visual schedule)
- Learn what to expect during the day
- Plan how they will spend their day

Activity/ interest area time: Children

- Engage in planned activities from the long and medium term plans
- Play
- Participate in activities planned by the staff to enhance their development across domains; physical, emotional, social, cognitive, and aesthetic
- Work alone or with peers
- Work individually with the staff or in small groups to practice and learn new skills

Snack/meal time: Children

- Experience new foods and balanced nutrition
- Engage in relaxed conversation with peers and adults
- Practice self-help skills (feeding, drinking; specialised utensils may be necessary)
- Practice language, math and social skills

Include hand washing, moving to the meal area, eating and clean up after the meal in this time. Do not compromise the children's enjoyment of this social occasion.

Clean up time: Children

- Practice self help skills and follow directions



- Work cooperatively with adults and children to complete a task
- Evaluate the quality of the group effort (Self-assessment)

Rest time: Children

- Sleep as necessary (babies and toddlers in particular need to sleep)
- Lie down or sit quietly and listen to soft music
- Children should not be forced to go to sleep. This is an opportunity to relax after the rigours of the morning. Explain to children what is going to happen and that it is going to be for 20/30 minutes.

During circle time: Children

- Gather with the staff and peers as a whole group
- Sing, dance and experience music
- Act out stories or hear them read aloud
- Play games and participate in movement activities
- Receive instructions or observe a demonstration
- Engage in group discussions
- Reflect on daily activities

During small group time: Children

- Work with teachers and a small number of peers (2 to 6) to practice specific skills identified during the planning process

Physical activity time: Children

- Move freely and move their whole bodies indoors and outdoors
- Practice gross motor skills (throwing, catching, jumping, hopping and so on). Adapted equipment such as Velcro® boards and beanbags or scoops for catching may assist a child with motor difficulties.

During departure: Children

- Are bid farewell by staff
- Gather things to leave for the day
- Say bye to their friends
- Depart (parents may also have an opportunity to chat to staff to share and exchange information about their child).



Think about

Circle time or large group time is a common activity in many early years settings especially with children in the 3 to 5 year age group. Generally, it is used to share news, check the weather, the calendar, sing songs, learn new rhymes, and introduce new concepts that the children need to learn. It enables pre-school staff to address or instruct the whole group. However, it is important to schedule time for circle time carefully. To meet the developmental needs of pre-school children, large group time should be of short duration, fast-paced and engaging (Vukelich and Christie, 2009). Remember that young children, especially children with special needs, may find it difficult to pay attention or sit for long periods of time. As with other activities, you must be flexible. Know when to stop. If children show lack of interest, are restless or become disruptive, there is nothing wrong with completing circle time and moving on.

It is also advisable to use a generous amount of visual communication during circle time. Too many verbal-only exchanges, such as protracted question and answer sessions, can be difficult to endure for children with attention and language concerns. Using visuals, drama, and movement, along with verbal information, will enrich the learning for all children and will better include those with special needs.

Identifying learning goals

It is important to identify and record the learning goals for all of the children at each stage of the planning process. Consider the following points when identifying these goals:

- What concepts and skills do the children already have?
- Any gaps/areas for development identified through your observations and assessment. Consult *Síolta* (CECDE, 2006) and *Aistear* (NCCA, 2009) for details of early learning goals;
- The needs and interests of the children in the group. See Section 2 of the Framework for Action for ways to determine children's needs and interests (adapted from Neaum et al., 2000).

Interaction strategies

Adults are central to curriculum implementation assuming a range of diverse roles and responsibilities to ensure that children's learning is supported and facilitated. In this regard, the NCCA (2009) describes four interaction strategies through which the adult facilitates the child's learning on the one hand and directs it on the other. These interaction strategies are:



- Building relationships for learning
- Enabling learning
- Organisation for learning
- Leading learning.

Within these strategies the adult provides the level of support required by the child, increasing it or lessening it in line with the child's growing confidence and abilities (NCCA, 2009).

Figure 4.6: Overview of Interaction Strategies

Interaction strategy	Description
Building relationships	Children learn a lot by being with others, adults and peers. This strategy includes methods which the adult uses to build relationships and create an emotional environment in which children feel secure and confident enough to take risks, to explore, to engage in challenging experiences and to direct and co-direct their learning.
Enabling learning	Children learn a lot by being independent, making choices and decisions and feeling in control. Learning is rewarding and enjoyable for them when they challenge themselves and when they can use and build on their existing knowledge and skills. This strategy includes methods that involve the children in taking the lead or sharing the lead with adults.
Organising for learning	Children learn a lot in a well-planned and well-resourced environment. The environment represents all children in the setting and makes learning inclusive and fun. This strategy includes methods which the adult uses to create and maintain such an environment including and reflecting on and thinking about the learning that is occurring in the environment and planning ways to enhance it.



Leading learning

Children learn a lot when the adult leads learning through planned and guided activities which build on children's interests and experiences. This strategy includes methods which the adult uses to direct learning, building on children's knowledge and understanding, expanding their bank of skills and helping them to develop positive attitudes and skills.

(NCCA, 2009)

Consider your particular interaction strategies

- What interaction models do I use in my work?
- Are they effective/ ineffective?
- What other strategies might be useful?
- How can I encourage children to have greater control over their learning?
- How do I organise and manage my time? Do I have time for small groups of children? Do I have time for one/one interactions and scaffolding as necessary?
- How much of my time is spent managing activities rather than interacting with the children?
- Who does most of the talking when I interact with children?
- How much time am I providing for children to talk to each other?
- How could I plan for more talk time social interaction between children?

Inclusion Plan (IP)

Inclusion Plans (IPs) are developed for children with special needs as a way of tailoring the curriculum to meet a specific child's priority learning needs. They identify the child's strengths and learning needs thus ensuring that all aspects of the child's learning and development are catered for. In other words, the IP outlines the specific education and care targets for the child with special needs, along with the additional supports and resources required to enable the child to meet those specific targets. The following vignettes show the difference in behaviour and level of engagement of Siorcha, a three year old girl with Down Syndrome during an unplanned musical activity and a planned activity aimed at supporting her oral language development. In the first vignette Siorcha's PSNA is not present.



Vignette 1

Context: There are ten children and two adults. They have returned to the main activity room following their morning snack.

The room leader calls loudly: *"I want to see everyone dancing. Dancing; I don't want to see anybody running around the room; dancing everybody"*

She turns on a CD and the children begin to dance. Siorcha stands in the middle of the floor sucking her finger. The room leader calls *"okay guys, come on let's go"* She picks up a boy [also Down syndrome] turning him upside down in her arms, twirls with him in this position. Siorcha sucks the top of her dress walks slowly backwards until she stands with her back against the edge of a circular table to the side of the room. The room leader calls *"I can't see anybody dancing. Shake your bums"*. Some children laugh and begin to dance more energetically. Siorcha continues to suck the top of her dress looking into the distance.

Siorcha now looks at the group of children; she turns around walking towards a corner window. She leans her body against the broad window ledge and looks out. A staff member looks in Siorcha's direction saying: *"Siorcha you're not dancing of course"*. She walks to the CD player turning the volume of the music up very loudly and continues dancing in the centre of the room dancing with the other children.

Siorcha continues to stand by the window now facing towards the group of children. She bends her body forward slightly placing the palms of both hands behind her on the window ledge. Turning around towards the window she begins to play with a wooden doll's house on the window ledge; she slides a mini abacus towards her [also in window ledge] moving the pink counters over and back on the bar. She turns around faces the other children, puts her finger into her mouth watching the children.

The staff member encourages the children to make a variety of animal sounds by following the instructions on the CD. Siorcha stands; thumb in mouth watching. She smiles; turns back to the window ledge picks up a small soft plastic car and turns the wheel repeatedly with her left hand.

Consider

1. The noise level in terms of the volume of the music
2. The absence of interaction between the staff members and Siorcha and between Siorcha and other children
3. The disregard for Siorcha's needs and interests
4. There was no evidence of choice in this setting.



In the second vignette, we see Siorcha involved in an activity that has been planned for her by her PSNA. Based on her experience of working with Siorcha and on observations, the PSNA is implementing an IP which includes a target that focuses on enhancing Siorcha's receptive and oral language.

Vignette 2

Context: There are twelve children including Siorcha sitting in a circle on the floor singing songs. There is one staff member and the PSNA present.

The PSNA calls Siorcha "Siorcha pet come over here for a minute; good girl" she extends her hand towards Siorcha who immediately gets up and walks towards the PSNA. The PSNA hugs her and pulling out a small red chair she tells Siorcha to "Sit". Siorcha sits on the chair. On the table in front of her the PSNA has placed a small black and gold rectangular box. Siorcha smiles, she picks up the box and removes the lid placing it on the table. She hands the box to the PSNA who says "good girl"

Removing a card the PSNA asks "What's this Siorcha" holding the card in front of the child. Siorcha moves her face closer to the card and says "cow" she smiles. The PSNA says "Cow, good girl."

The next card shows a glass of milk. Siorcha looks and says "juice". The PSNA places the card to one side. She now holds a picture of a sofa in front of Siorcha who says "Chair". The PSNA places the card to one side. The next card shows a pig. Siorcha quickly says "pig" followed by "oink". PSNA "the pig says oink, well done Siorcha. Now what's this?" she shows her a picture of a sink. Siorcha rubs her hands together saying "hands". PSNA "yes, we wash our hands at the sink. What this?" she shows a picture of a kitchen to Siorcha. Siorcha says "kitchen" PSNA "Kitchen - good."

She now holds a picture of sausages asking "What are they? Yummy sausages" Siorcha smiles and rubs her belly. Holding up a picture of an egg the PSNA says "You know this one, you're well able to say this" Siorcha "Egg" she smiles. PSNA "Good girl, egg, well done"

The next picture shows an index finger. Siorcha holds up her finger. The PSNA laughs "Are you showing me your finger? Say finger". Siorcha continues to hold her finger up. She is smiling head slightly bent forward. She reaches out; takes the next picture of a plate from the PSNA and replaces it in the black and gold box.

The PSNA holds up a picture of a dog. Siorcha says "wow - wow."

She looks at the next card, smiles pushes her chair back slightly and places her right foot on the edge of the table. The picture is of toes. The PSNA tickles her foot saying "Look at Siorcha's toes" she laughs removes her foot and places her left foot on the edge of the table. The PSNA again tickles her foot saying "more toes for Siorcha" she looks at the PSNA and laughs with her head back.



The PSNA holds up a picture of a mouth. Siorcha points to her mouth before pointing to the card. She doesn't speak. The PSNA places the card to one side.

Looking at the next card Siorcha says *"Toilet."* PSNA *"Toilet – good girl"*

Siorcha now looks around her at the other children who are still sitting in a circle on the floor reading story books. PSNA *"We're nearly finished Siorcha. What's this?"* Siorcha looks at the card saying *"Egg"*.

PSNA *"Good girl"*. Siorcha looks at the next card saying *"chair"*. The PSNA repeats *"chair – good girl"*.

Siorcha looks at a picture of a sheep. She says *"baa, baa"*. She looks at a picture of hands and holds her own hands over her head. She does not speak. The PSNA holds a picture of an eye. Siorcha touches her ear. The PSNA says *"no, not your ear. What is it?"* Siorcha points to her eye. The PSNA says *"good girl"*.

She now says *"Milk"* followed by *"Butter"* as she looks at each card. The PSNA holds a picture of hair; she strokes Siorcha's head saying *"Hair, hair, hair"*. Siorcha now touches her hair; she doesn't speak.

The next picture shows a child's back. Siorcha touches her back with both hands saying *"back"*. The PSNA laughs *"Well done Siorcha - your back"*.

The next card shows a nose. Siorcha sniffs. The PSNA again laughs saying *"Nose – you sniff with your nose"* Siorcha looks at the next card which shows water coming from a tap. She rubs her hands together smiling as she does so. The PSNA places her arms around Siorcha saying *"You're a great girl"*.

Siorcha begins to pick up the cards. She pulls the black and gold box towards her and begins placing the cards into the box.

Consider

- What strategies were being used by the PSNA to support Siorcha's language development?
- How were Siorcha's needs and interests being catered for?
- How would you describe the relationship between Siorcha and the PSNA?



In the absence of an IP, staff may not be aware of children's specific learning needs and the consequent need to differentiate in order to include a child with special needs and help them to reach their full potential. As a result, the child will not benefit from the activity and is at risk of being excluded as evidenced in Vignette 1.

Guidelines for developing an Inclusion Plan (IP)

- As with all forms of planning, the development of an IP starts with child observations and assessments from which you determine the child's abilities, needs and interests.
- Speak to the child's parents. Discuss your concerns; ask for their insight regarding the child's interests and any concerns they may have regarding their child's development. Tell them of your intention to draw up an inclusion plan (IP) for their child.
- Consider what the child enjoys doing and the types of learning s/he engages in.
- Consider the child's strengths and learning needs. Consider any difficulties the child is experiencing for example, does s/he find it difficult to cope with a large group of children, does s/he have difficulty in expressing themselves.
- Consult with parents and other professionals as necessary to agree priority learning needs and to develop realistic and useful learning and development targets.
- Set a small number of specific and achievable targets. This enables you to track progress. In terms of language development for instance, it may be as simple as getting the child to progress from using one word "orange" to saying "orange juice". It may be to get a child to point to and name two parts of the body.
- Decide on the time scale. IPs are usually developed for a six month period and reviewed bi-annually.
- Consider how the targets will be achieved. Think about the role of the adult. Will you need particular materials/ equipment to support the plan? As we saw earlier, the use of flash cards were particularly effective when working on language development with Siorcha. Consider any adaptations that might be necessary.
- Decide who will be responsible for implementing the plan. If the child has a PSNA how will you work collaboratively to implement it? How can parents be involved? Consider anybody else that needs to be involved?
- Decide when, how and by whom the plan will be monitored?
- Set a review date.

(Adapted from Tassoni, 2004).



Figure 4.7: Steps for creating an Inclusion Plan (IP)

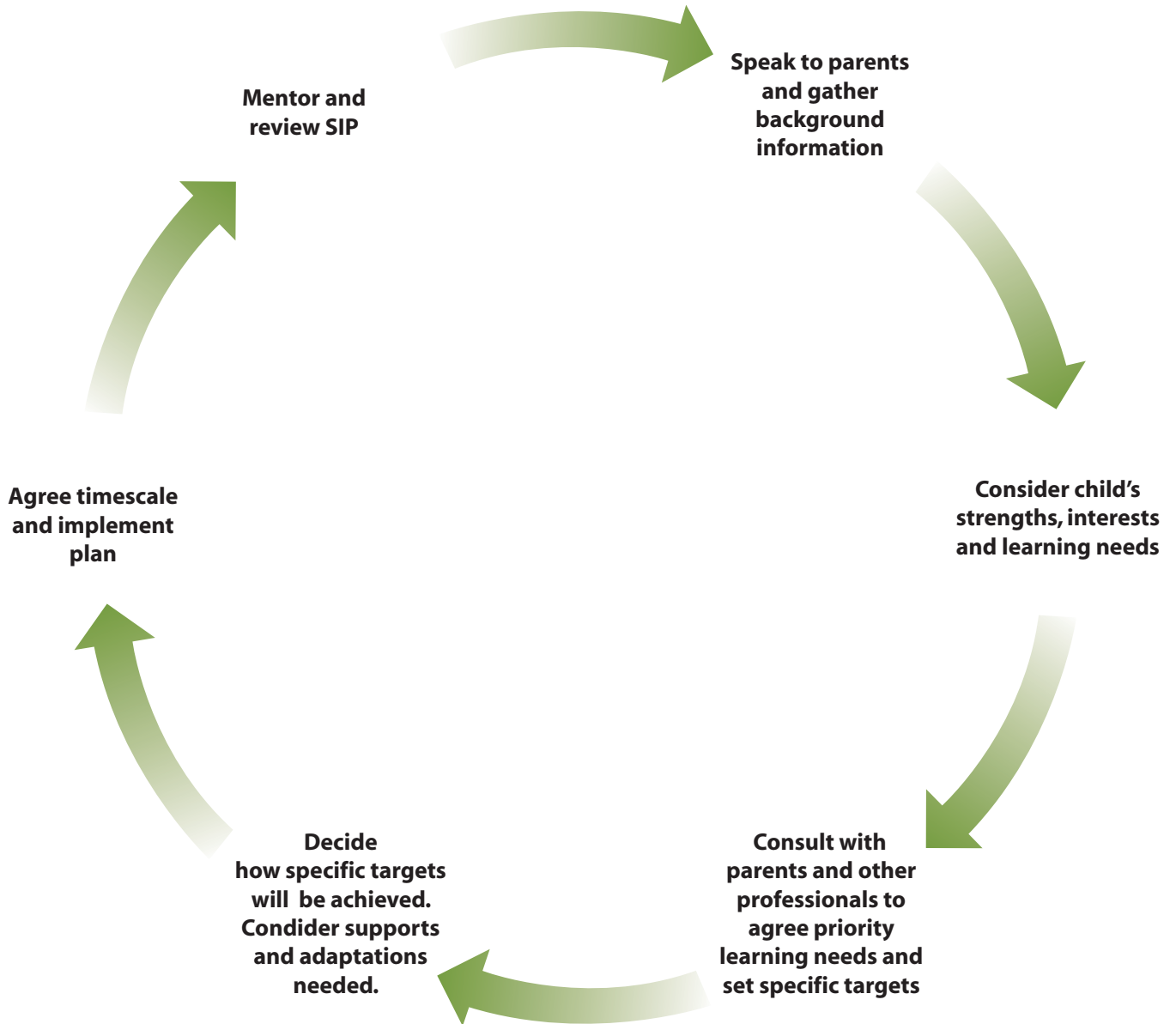




Figure 4.8: Sample Section of an Inclusion Plan (IP) (adapted from the NCSE, 2006:67-69)

Inclusion Plan

Child's Name:	Sam Whyte	
Date of Birth:	09/06/2006	Age: 3 years 4 months
Family:	Mary and Tom Whyte	
Address:	6 Green Hill, Ballydoran, Limerick.	
Key Worker:	Monica	
PSNA:	Rachel	
Childcare Setting:	Little Troopers, Ballydoran.	
Present at IP Planning Meeting:	Mary and Tom (Parents), Monica (Key worker), Rachel (PSNA).	
Date of planning meeting:	30th September, 2009.	
Date of review:	1st March, 2010	

Note: This Inclusion Plan (IP) has been devised to support your child's learning and development. The specific targets that are identified in this IP are focussed on the additional and extra support that your child needs and are only a small part of your child's overall programme in the early years setting.



Nature of SEN: Sam is a 3 year old boy who has recently enrolled in Little Troopers. He has been diagnosed as having behaviours on the Autistic Spectrum. He loves attending the early years setting, and has one friend who is also on the autistic spectrum. He has good visual discrimination and matching skills and he loves Thomas the Tank Engine. His main areas of difficulty are in social communication, play and imagination. His parents' main goal is that he will make friends and learn to mix socially with other children.

Priority Learning Needs:

- Social communication skills
- Play
- Establishing friendships

Specific Targets	Strategies to be used	Who	Review and Monitor
Social Communication That Sam will greet the key worker every morning on arrival at the setting	Use modelling and a puppet to teach greetings. Use visual and verbal cues in the morning to remind Sam to greet the key worker. Parents to encourage Sam to practice greetings at home with family members.	Monica (Key worker), Rachel (PSNA), Mary and Tom (parents) Mary and Tom	E
That Sam will develop joint attention with the PSNA when engaging in table-top activities that he chooses	Short instructions to be combined with calling Sam's name. A Communication Grid to be completed in the early years setting and at home.	Monica Rachel Mary and Tom	A
That Sam will take turns with other children in his group	Adult-child modelling of turn taking on a 1:1 basis. Introduction of 1 other child to the activity to reinforce turn-taking. Buddies coached to include Sam especially in outdoor play. Sam encouraged to wait his turn for the slide. Set up activities that prompt reciprocal interactions. Parents to encourage Sam to participate in turn-taking activities at home.	Monica Rachel Mary and Tom	A



That Sam will comply with transitioning to new activities in his daily timetable with all adults in all settings.	PECS timetable and schedule board for school and home showing all 7 days of the week. Consistent modelling of use of schedule in the early years setting and reinforcement at home.		A
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Achievement / Progress Key:

N = Not at this time; E = Emerging; A = With Assistance; I = Independently; M = Mastery.

See Appendix A for further information about Achievement Codes

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Let us now consider what a curriculum might look like for various age groups attending your early years setting. Bearing in mind the earlier discussion on the importance of play in children's learning and development, there are multiple inherent play opportunities in the following sample curricula. Can you identify them?

The Early Childhood Curriculum Framework: *Aistear* (NCCA, 2009) presents three overlapping age groups

- **Babies – birth to 18 months**
- **Toddlers – 12 months to 3 years**
- **Young children – 2 1/2 to 6 years**

This approach reflects the continuum of early learning by promoting the care and educational needs of children from birth to six years. The examples cited are taken from *Aistear* and are based upon the four themes: Well-being, Identity and Belonging, Communicating, Exploring and Thinking. These examples clearly illustrate the importance of the environment, as well as the crucial role played by the adult in supporting children's learning and development. The adult's role is complex and requires a diverse repertoire of skills and abilities.



What does a curriculum for babies (birth to 18 months) look like?

Provide opportunities for the baby to:

- **Experience cause and effect**
- **Develop Spatial awareness**

How?

- Ensure that there are opportunities to slide, crawl, walk or climb in, on, around, under, over and through things.
- Provide safe objects, materials and equipment (toys, furniture) which give the baby something to hold onto. Something to balance against, or something to pull him/herself up with.
- Help the baby to see what happens when s/he interacts with playthings and everyday objects (keys, wooden spoons, cutlery, bristle brushes, saucepans) in different ways; touching, shaking, pushing, rolling, squeezing, throwing, picking up and handing back a toy as the baby repeatedly drops it, until the baby tires of the game.

Provide opportunities for

- **Sensory exploration**

This helps the baby to develop ideas or theories about how the world works.

How?

- Make sure the baby experiences different sights, sounds, smells, tastes, movements, textures and temperatures both indoors and outdoors while being mindful of the babies sensitivities towards these.
- Plan space for the baby to move, explore and touch things.
- Provide safe, natural objects for sensory play such as a treasure basket, heuristic bags, water.
- Realise that babies learn from their environment in a multi-sensorial way and concentration without adult interruption and that sometimes sensory exploration requires the baby's full and deep concentration without adult interruption.
- Observe and document ability and learning dispositions.



Provide opportunities for the baby to

- **Develop the concept of object permanence**

This is about helping the baby to build the knowledge that things still exist even when they are out of sight.

How?

- Play hiding games.
- Hide a favourite toy under a cushion or a towel while the baby looks on.
- Look at lift the flap books together.
- Search for things together with the baby *I wonder where your teddy is? Let's look under the chair. No, it's not there. Let's look in the playroom. Did you see it anywhere?*

Provide opportunities for the baby to

- **Play and explore**

How?

- Put things within reach and give support to the baby who cannot move.
- Encourage a baby with visual impairment to explore using touch and hearing.
- Encourage and join in older baby's pretend play.
- Respond to the baby's initiative such as pretending to drink from the empty cup offered by the baby.
- Crawl after the baby on the floor.
- Make sure that a baby with hearing impairment can see what is happening; can see people's faces when they speak.
- Use a blanket to help a baby with motor impairment to roll over.

Let us consider how the curriculum might take account of Exploring and Thinking, a theme within Aistear, the Early Childhood Curriculum Framework.

The baby:

Explores and makes sense of his/her environment in a multi-sensorial way. Through active exploration, the child has opportunities to develop in many different ways, including cognitively and physically.

The child therefore should have opportunities to:

- Use senses and movement to make connections and recognise patterns
- Develop the skill of observation and using the senses



- Become playfully involved in investigation and finding out about the environment
- Develop creative and imaginative skills
- Develop and appreciation of the natural beauty and wonder of creation
- Develop physically in interacting with the environment
- Refine and develop more elaborate ways of thinking, exploring and understanding
- Explore and use symbols and marks to make and represent meaning.

What does a curriculum for toddlers (12 months to 3 years) look like?

Provide opportunities to

- **Encourage meaningful interactions between adults and toddlers and between toddlers themselves when exploring and thinking.**

How?

- Prioritise opportunities for adults to interact respectfully and meaningfully with toddlers
- Provide opportunities for toddlers to work/play/be together in pairs in small groups
- Ensure there is a balance between child-initiated and adult-initiated activities.

Provide opportunities to

- **Encourage physical activity**
- **Develop spatial awareness and spatial skills.**

How?

- Set up boxes, cushions and other soft safe objects as well as climbing frames for the children to crawl into, over, around and behind.
- Encourage the toddler to become increasingly skilful at activities like running, jumping, hopping, pedalling a tricycle, tractor or other pedalling equipment, moving towards and away from people and things.
- Encourage the toddler to notice the location of objects, rearrange them, look at them from different viewpoints, stack blocks, make simple puzzles, fit things together and take them apart.
- Encourage heuristic play. This relates to opportunities for children to explore everyday objects and make discoveries within a safe environment.



Provide opportunities for the toddler to

- **Experience and talk about the world around him/her**

This builds on and responds to the toddler's interests.

How?

- Encourage sensory exploration; self, objects, nature, world, music, art.
- Draw toddlers attention to the physical qualities/properties of objects, colour, texture, size, shape.
- Use the language of measures; time, volume, length, money – provide real examples of these.
- Organise outings for the toddlers with mixed age groups of children; a walk in the park, or the woods, feeding the ducks by the river, visiting a local farm.
- Encourage play with natural materials; sand, water, stones, leaves.
- Help the toddler to plant seeds, grow flowers/vegetables and take care of pets.
- Draw the toddler's attention to changes in the seasons and the weather.
- Talk to the toddler about people s/he meets in the community and discuss what communities.

Provide opportunities for toddlers to

- **Develop temporal awareness: time**

How?

- Ask and respond to questions about how/when things happen;
- Encourage toddlers to remember and reflect on things and events, to talk about things that are going to happen, to develop planning and prediction skills: *when your mommy collects you, what will you do? What are you going to play with first in the crèche today?*
- Encourage the toddler to think/talk about the passing of time: look at photographs, talk about when the toddler was a baby, talk about what happened this morning or yesterday, help the toddler to remember: *we put your shoes on the shelf didn't we?*
- Ask questions and speculate about how things happen: *I wonder how the ice-cream melted? What makes the windmill go round? How did you make it go faster?*



Provide opportunities for toddlers to

- **Sort and compare**
- **To categorise and arrange things in order**

How?

- Find a pair of matching socks
- Match clothes to fit different sized dolls
- Play with stacking and shape-sorting toys
- Match pictures of different types of homes
- Tidy-up time presents a natural opportunity for sorting
- Experience mathematical ideas in everyday activities like setting the table: *one plate for you, one for me.* Or deciding what's needed: *How many paint brushes will I get out?*

Provide opportunities to

- **Draw the toddler's attention to the use of pictures, other symbols, numbers and printed words in the environment.**

How?

- Draw attention to words and numbers in meaningful and purposeful contexts: *That's the yogurt you like, it has a picture of a strawberry on it. The green light means that we can cross now. That's our bus; can you see the number 3 on it?*
- Use stories, songs, rhymes and finger-play to help children understand numbers and words.
- Make number games, tactile number cards and display books with numbers for older children.
- Use symbols for mathematics and language from other parts of the world.



What does a curriculum for young children (2 ½ to 6 years) look like?

These examples are based on sample learning opportunities from *Aistear* (2009: 57 to 59)

Provide opportunities and encourage the child to

- **Develop physical skills**

How?

- Plan opportunities for a broad range of physical activities: balancing, hopping, jumping, running, obstacle courses, playing games with peers, using beanbags, balls, bats and outdoor play equipment including slides, swings, and climbing frames, opening and closing buttons and zips, manipulative play using puzzles, games and real life materials that require the child to pick-up and insert pieces.

Provide opportunities to

- **Extend the child's awareness of the natural world**

How?

- Help the child to collect, sort and organise objects from the natural world such as shells, leaves, seeds, pebbles, feathers, cones. Ensure that all objects and materials are non-toxic.
- Talk with the child about patterns and sounds in the natural environment such as the sound of rain, the sound of the wind, the sound of the sea.
- Model behaviours that show respect for the environment and surroundings and encourages children to act responsively towards their environment (picking up rubbish and putting it into the bin, respecting property, making a compost heap, recycling, turning on and off lights).

Provide opportunities that encourage the child to

- **Think deeply about things**

This involves using different discussion techniques and listening carefully to the child building on what s/he knows.

How?

- Know how to support and extend play
- Promote higher order thinking using stories, props and puppets



- Ask open ended questions: *In the story, what did Goldilocks do next? What would you do? What do you think would happen if....? Why do you think....? How can we make....?*
- Encourage children to use different resources to gather information. *Let's look in this book/ on the computer to see if we can find out more about.....Why don't you ask you Gran/Grandad if s/he knows about.....*

Provide opportunities and support children to

- **Use real life experiences and purpose made equipment to learn concepts.**

How?

- Classifying, sequencing, sorting, matching, looking for patterns and shapes in the environment, estimating and measuring.
- Plan activities for children to experience concepts such big/bigger/biggest, tall/taller, small/smaller, some/all or things like rough, smooth, thick, thin, flavours; sweet/sour, sounds; high/low, shades and colour gradients.
- Encourage children to think about amounts/colours and shapes.
- Display numbers in purposeful contexts and ensure children see numerals alongside the written word and a corresponding example of the correct number - 2:Two.
- Provide areas where children can count objects and label them with the corresponding number, as well as areas where they can display collections of objects relating to a particular concept like nature or colour.

Provide opportunities that help the child to

- **Experiment and investigate changes in the environment, materials and living things.**

This builds on the child's natural curiosity.

How?

- Explore the environment such as watching and comparing ice melting both indoors and outdoors, follow directions to find something, look at maps and globes, develop awareness of people and places in other areas.
- Experiment with gravity, rolling a ball down a plank, changing the angle and seeing what happens, finding out whether objects will sink or float, play with magnets.
- Study nature: watching and recording changes in a plant, tree, shrub during the course of a season or recording weather changes from day to day or week to week, measuring shadows or puzzles at different times of the day.



Provide opportunities for the child to

- **Explore the use of colour, line, shape, size and colour to represent ideas.**

This involves encouraging the child to experiment with a range of materials, tools, sounds and movements.

How?

- Encourage children to explore different colours and textures.

Provide opportunities for the child to

- **Use symbols to help him/her manage the environment.**

This involves helping the child to find things and put them away independently, or to anticipate what will happen next.

How?

- Use labels on boxes, containers, shelves that feature pictures or symbols as well as the written word so that the child can easily see where to put things.
- Present the daily and weekly routine pictorially so that the child knows what is happening next.

Provide opportunities for the child to

- **Record his/her experiences while modelling the use of the written word.**

How?

- Make a scrap book using the child's own drawings, photos or pictures, for example, the animals s/he saw at the zoo or the things s/he did while on holiday.
- Write a description or caption under the child's drawing or painting using the child's own words. This is known as scribing.
- Encourage children to write their own message using invented spelling focussing on the meaning rather than the technicalities. Children can also make marks to symbolise writing rather than actual letters or words.
- Provide time and space for children to fully explore the transition into conventional writing through illustration, pretend writing and invented spelling and avoid inappropriate formal instruction.
- Model the use of books and ICT for information; looking up train timetables, finding a recipe, checking the weather forecast before planning a picnic, sending an email that the child has composed to a parent/relative and reading the response.



Use the following case study to identify how the activity could be differentiated to include Phillipa in a meaningful way:

Case Study 1

Phillipa (4yrs 11 months) has a profound hearing loss.

The room leader (Sally) chooses a book from the shelf. She gets Phillipa's attention by walking over to her and showing her the book. Phillipa sits next to Sally as she introduces the story by drawing the children's attention to the cover which has a picture of a bear with a sad face. Phillipa stretches her upper body towards the book, looking anxiously; she makes a sad face and sits back in her seat. Two other children sit on the floor in front of Sally and Phillipa gets off her chair and sits on the floor next to the two children.

Sally instructs the children to "*Sit back up now*". They return to their seats. Phillipa stretches her whole body forward towards the book, looking crossly in the direction of another child who is standing. Sally announces "*We are nearly finished the story; settle down*" and continues reading the story. Phillipa sits back up and leans in the direction of the book shelf; she removes a book and begins to turn the pages. She turns excitedly to the child next to her saying "*A dinosaur book*" as she points to the picture and they both laugh.

- Why was this activity not successful?
- How could the experience be differentiated to include Phillipa?
- What materials and supports would have enhanced the experience for Phillipa?
- What environmental adaptations would you suggest?



Conclusion

Children's learning cannot be left to chance. Practitioners have a responsibility to create optimal learning opportunities that support children's learning and development within settings. The concept of assessment cannot be separated out from curriculum as the effectiveness of one inevitably impacts upon the other. Thus, when practitioners combine their knowledge of child development with their observations, they understand the ways in which children learn and make sense of the world. Critically, practitioners must understand that play reveals the child's true level of skill and development. When practitioners pay attention to a child's play, they get a sense of his/her functional skills and gain insight into the supports required to support and enhance learning through play. In turn, with careful planning, practitioners develop an inclusive curriculum that takes account of children's unique abilities, strengths, needs and experiences. Such a curriculum includes the following core elements:

- a. The content and skills children are to learn;
- b. Activities, strategies, and materials teachers use to address curricular goals;
- c. Interactions among children and adults, and among and between peers;
- d. The context in which teaching and learning occur (Kostelnik et al, 2009: 129, NCCA, 2009, Deiner, 2010).

Play should be the primary focus in quality early years settings. An inclusive curriculum must provide as many opportunities as possible for children to play both indoors and outdoors.



Conclusion

Universal access to quality Early Childhood Care and Education is essential for all children, including children with special educational needs. Inclusion should not be about allowing children in; instead it should recognise that every child has a place and a right to equal participation, irrespective of their ability or disability. We are either all part of the fabric of caring for and educating all children as a society or we are not. Premised upon national and international legislation and policy documents designed to uphold children's rights, we have a responsibility to ensure that early years care and education includes and supports all children equally.

This Framework for Action has been developed to support practitioners, providers, parents and all of those working with young children who have special educational needs, as they endeavour to provide effective, inclusive provision in the early years. On-going professional development is the foundation upon which this Framework for Action can be implemented successfully. It is an essential pre-requisite for practitioners and staff who are engaging in inclusive practice. Just as an umbrella needs a handle to work effectively, equally the Framework for Action needs professional development to underpin and support inclusion in the early years.

Implementing this Framework for Action in early years settings throughout the country has the potential to transform practice. The success of the Framework for Action is dependent upon political will, commitment and government action to provide the necessary training and supports to address the roll-out of training workshops and to establish a support programme for practitioners as they address the communication, environmental, assessment for learning and curricular dimensions of inclusive practice within their early years settings.

It is hoped that this Framework for Action will empower practitioners, staff and parents and will make a real difference to the quality of provision for young children with special needs.



Appendix A

Achievement Codes

N = Not at this time

- Child is not ready to attempt this task.
- The task is not appropriate at this time.

E = Emerging Skill

- Child has prerequisite skills for the task.
- Child is open to the task and shows interest.

A = With Assistance

Child completes the task:

- With verbal prompting and /or
- With physical prompting and/or
- With adjustments or adaptations to the process.

I = Independently

Child completes the task;

- Without verbal prompting and /or
- Without physical prompting and/or
- Without adjustments or adaptations to the process.

M = Mastery

Child performs the task independently:

- On three separate occasions
- Under differing circumstances

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Appendix B

Long-Term Planning Template

Long Term Plan: Early Childhood Curriculum

Year: _____

Month

Fortnightly Theme

September:

Theme 1:

Theme 2:

October:

Theme 1:

Theme 2:

November:

Theme 1:

Theme 2:

December:

Theme 1:

Theme 2:



January:	Theme 1:
	Theme 2:
February:	Theme 1:
	Theme 2:
March:	Theme 1:
	Theme 2:
April:	Theme 1:
	Theme 2:
May:	Theme 1:
	Theme 2:
June:	Theme 1:
	Theme 2:



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