



Dublin City  
**Childcare  
Focus  
Group**



# Accessible Childcare for All

A study into access to Early Years Service  
for children and parents with additional  
needs in Dublin North West Area

Report for the Dublin City Childcare Focus Group - December 2004



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The views and opinions contained in this report are those of the authors and do not necessarily reflect the views or opinions of the National Disability Authority (NDA). Responsibility for the research (including any errors or omissions) remains with the authors.

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**O' Regan Cassidy**  
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## **Executive summary**

The mainstreaming of services for children with additional needs, so that they receive their education in an inclusive environment alongside peers who do not have such needs, is now central to national policy and is most fully articulated in The Education for Persons With Special Educational Needs Act 2004. The primary aim of this research is to identify and promote solutions designed to ensure equality of access and opportunity in terms of childcare provision for children with learning, sensory, physical and emotional additional needs. The research also concerns itself with issues pertaining to parents with additional needs who have children of pre-school age.

This is a local study confined to Dublin City Council Northwest Administrative Area (including Finglas, Ballymun, Whitehall and parts of Santry and Glasnevin), but it is envisaged that the issues and solutions identified will be relevant to other Dublin City geographical areas and at a national level. A range of research techniques were employed, including:

- Desk research and a literature review
- A survey of early years' service (EYS) providers
- A questionnaire for parents of children with additional needs
- A questionnaire for parents with additional needs
- Interviews with specialised childcare providers and agencies
- Focus groups with public health nurses and speech and language therapists.

There is a significant lack of information and data on pre-school children with additional needs. There are difficulties around making definitive diagnoses at an early age therefore these problems cannot be absolutely rectified. Nevertheless record keeping, commenced where possible at diagnosis and centrally collated - perhaps as a subset of the Health Research Board's databases - would be helpful.

The high response rate to the survey of early years service providers, and the content of those responses, point to a general willingness on the part of said providers to be as inclusive as possible. However parents' responses, and those of some early years service providers suggest that there is a shortfall of suitable places for children with additional needs, and that this is especially the case when children's additional needs are more pronounced. For this report we have compiled a list of Principles and Protocols for Inclusion that could be adopted by early years' service providers. These are practical, attainable and not financially prohibitive.

Parents of children with additional needs and parents with additional needs reported a general, sometimes profound sense of isolation. There is a need for greater support for parents during and after their child's diagnosis, and it is recommended that counselling be made available for these parents when required, and that the Health Boards and Local Childcare Resource Centres undertake to direct parents to other organisations that provide counselling for specific conditions. Increasing supports for parents would ease their isolation. More respite options, particularly during holiday periods, would also be desirable.

Parents with additional needs identified access and communication difficulties, and cost and convenience of transport for their children as major issues. Many parents of children with additional needs also identified financial pressures as a problem. The Cost of Disability Payment proposed by the NDA - defined as the amount it costs a disabled person to achieve the same standard of living as a non-disabled person - should be introduced and could be used to ensure that parents with additional needs and parents of children with additional needs in early years service are not at a financial disadvantage.

Financial difficulties are exacerbated by a lack of access to information on available support. Provision for quality childcare for all children is important but especially children with additional needs that support their ongoing developmental. It is recommended Local Childcare Resource Centres could provide a useful service for parents by compiling a booklet detailing local childcare provision for children with additional needs.

There is a shortage of funding and grants targeted at increasing access to childcare for children with additional needs, and also a lack of awareness amongst early years service providers as to what funding is available. A designated ring-fenced budget for Special Needs Assistants and other supports in early years service would be more effective than the current discretionary, ad hoc arrangements. Service wide awareness of the provisions of the Equal Opportunities Childcare Programme should increase providers’ capacity to be inclusive and the Local Childcare Resource Centres could ensure that this funding information is disseminated.

Most early years service providers surveyed identified a need for more funding for special needs training. Certainly if inclusion is to be maximised then a Special Needs module should be included in all early years service training courses.

The research also pointed to a clear and urgent need for more Occupational Therapists, Clinical Psychologists, Speech and Language Therapists, Public Health Nurses and other personnel involved in the diagnosis, treatment and support of children with additional needs.

This report was commissioned and led by The Dublin Community Forum’s Dublin City Childcare Focus Group; funded by the National Disability Authority under the NDA Research Promotion Scheme 2004 and The Dublin City Childcare Committee; and researched and written by O’Regan Cassidy Research. The researchers would like to express their gratitude for the goodwill and assistance of those we were in contact with. We found that there was a clear desire throughout the sector to make more inclusive services a reality, and we hope that this report can contribute towards achieving this.

The National Disability Authority (NDA) was established in 2000 and its brief includes policy advice, research, and monitoring standards of disability services, including services specific to children. It advocates an inclusive society based on principles of equality, participation and choice.

The Dublin City Childcare Focus Group is a voluntary group made up of community and private childcare providers and parents using childcare services. It was established (in 2001) under the auspices of the Dublin Community Forum and has close links with Dublin City Council. Dublin City Council recently signed up to the principles for disabled rights and inclusion outlined in the Barcelona Declaration.

As the Dublin City Childcare Focus Group works towards providing the best possible range of effective childcare in Dublin, and acts as a conduit of information between those working in childcare at grassroots level, members of the Dublin City Childcare Committee, and the Dublin City Development Board, it is ideally placed to help the NDA and policy makers to ensure that children with disabilities can access and participate in the same educational opportunities, in the same settings as their non-disabled peers, and that parents' rights be respected in the process.

The Dublin City Childcare Committee was established in March 2001 under the Department of Justice Equality and Law Reform, Equal Opportunities Childcare Programme (EOCP) as part of the National Development Plan (NDP) 2000-2006. The objectives of EOCP are to improve the quality of childcare, increase the number of facilities and introduce a co-ordinated approach to the delivery of childcare services. The Dublin City Childcare Committee strategy is responsible at local level for improvement of childcare service in the City. The strategy was designed in line with the principles established by the United Nations Convention on the rights of the child. The Dublin City Childcare Committee is committed to creating an environment that values all children, by facilitating the development of an infrastructure of high quality EDU-care services that support the holistic development of children in the context of family and community through-out Dublin City.

## **Introduction**

The primary aim of this research project is to identify and promote solutions designed to ensure equality of access and opportunity in terms of childcare provision for children with learning, sensory, physical and emotional additional needs.

This report comprises the following sections: background to the research; aim and objectives of the study; the methodology employed; research findings including gaps in service provision; conclusions drawn from those findings, and finally, recommendations to address gaps and improve service provision.

### **1. Background to the Research**

In 1996 the Commission on the Status of People with Disabilities produced a seminal document 'A strategy for Equality', which placed mainstreaming firmly at the centre of national policy and obliged service providers to ensure that their systems, services and products were accessible to all. One objective in the strategy was that *"children with a disability will be entitled to the services they need to achieve their full potential"*, and the document further stated that *'every encouragement and practical support, including financial support, should be given to pre-school services who wish to include children with disabilities in their services'*. Pre-school provision for children with disability has been characterised in the past as uncoordinated and fragmented (CECDE 2003) but the will seems to be there to improve this situation, and it is hoped that this report can assist in this process.

The 1998 Education Act introduced specific provision for the right of equal access to, and participation in education for children with additional needs, entitling them to extra assistance, including resource teachers, special needs assistants, improved access to schools and supportive technology. The Equal Status Act of 2000 prohibited discrimination in the area of services, including services for children, on grounds of disability.

In 2004 “The Education For Persons with Special Educational Needs Act” re-affirms the aspiration for mainstreaming education for people with additional needs and states 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..[and]..to provide for the greater involvement of parents of children with special educational needs in the education of their children.’*

This study was conducted at area committee level within Dublin City and confines itself to the Dublin Northwest area (which encompasses the Finglas, Ballymun, Poppintree Whitehall and parts of Santry and Glasnevin).

*“ All children have a right to pre-school education. They are the future and, they are the future of Ballymun. They deserve to reach whatever goal they wish to reach” - Sr Majella – School Principle Our Lady’s Nursery*

The situation in Dublin North West is not necessarily representative of other parts of the city, where for example different socio-economic factors might come into play, and there are further differences to be considered between urban and rural areas. Nevertheless, if the findings herein are not wholly indicative of the situation outside of Dublin North West, researching these issues on a local scale will highlight issues and solutions that are pertinent in other geographical areas locally and nationally.

## **2. Research Aim and Objectives**

### **Aim**

The primary aim of this action research project is to identify and promote solutions designed to ensure equality of access and opportunity in terms of childcare provision for children with learning, sensory, physical and emotional additional needs and for children whose parents have a disability. Particular emphasis will be given to addressing the range and quality of provision integrating the child with disabilities with other children.

### **Objectives**

The specific objectives of the study are:

1. To estimate the number of children with additional needs in attendance in early years services in the area, while establishing if there is a shortfall in places in these services for children with additional needs.
2. To identify the issues facing parents with disability in seeking and utilising childcare provision, having regard to the range of disabilities experienced.
3. To investigate the various funding, grants and training available to parents and childcare providers for additional needs assistance (i.e. in crèches, pre-schools and out of school care).
4. To develop a set of 'Protocols for Inclusion' based on the research and existing policy that would cover access and facilities for children with additional needs. Childcare providers could voluntarily adopt these protocols.
5. To inform parents, childcare providers, statutory agencies, and policy makers of the gaps in provision vis-à-vis needs, and of other pertinent issues, and to suggest ways to create better access for parents and children with disabilities.

6. To prepare recommendations to government and childcare providers that would, if implemented, address gaps in specific supports, and to enable the Dublin City Childcare Focus Group to lobby and advance these issues through the Dublin City Development Board, Dublin City Childcare Committee, Health Boards and other relevant statutory and non-statutory agencies.

### **3. Methodology**

All early years services were contacted, including preschools, Montessori, full and part day care, special schools, crèches and playgroups, and both private and community childcare providers. The study also encompasses the views and experiences of parents of preschool children with additional needs, parents who have children currently or recently of preschool age, and a wide range of professionals working in the field. The researchers would like to acknowledge the assistance of all those who contributed.

#### **3.1 Desk Research and Literature Review**

A general review of recent publications and research on childcare for children with additional needs was conducted. This included examination of any relevant legislation and policy documents, other published and unpublished research, and recent reports by expert bodies on childcare and disability.

#### **3.2 Survey of Early Years Service Providers**

A list of all early years services in the North West area was obtained from the Northern Area Health Board. O’Regan Cassidy Research developed questionnaires in consultation with the Dublin City Childcare Focus Group and these were sent to 62 facilities. (**APPENDIX I**). The questionnaires were distributed by post and followed by up to four rounds of phone calls to providers who were slow in responding. In total there was a 78% response rate. The survey of childcare providers provided a great deal of information on accessibility issues for children with additional needs in the area, and on issues relating to the provision of a quality service to children with special needs.

### **3.3 Questionnaire for Parents of children with additional needs**

The Dublin City Childcare Focus Group and O'Regan Cassidy Social Research also developed a questionnaire for parents of children with additional needs. This included questions pertaining to the children's individual needs, the parents' experiences of finding early years services for their child, the suitability of their current/previous early years service, and more general questions aimed at eliciting gaps in services. (**APPENDIX II**). The parents' questionnaire was distributed to selected 'gatekeepers' for further distribution: these included public and private childcare providers, Health Boards (Public Nurses and Speech and language therapists), Clinics (Mater Family guidance Clinic Ballymun, Temple street children's hospital, CRC) and support organisations such as Aspire, The Wheelchair Association, St. Michaels House, and Down Syndrome Ireland. Parents of children with additional needs proved very difficult to identify and contact. Of all sources 11 surveys were received but these proved useful in identifying pertinent issues.

### **3.4 Questionnaire/Survey of Parents with additional needs**

Parents with a range of additional needs were identified, contacted, and asked to highlight issues from their experience of accessing early years services for their children. These parents were surveyed through phone interviews and email questionnaires. As there were difficulties in finding parents with disabilities in a position to contribute to the research in the Dublin Northwest area, some of the parents contacted were not from the area, and others were parents of children now in primary level education. In total there were five respondents to the survey of parents with a disability. These included three physically disabled parents, one with a visual impairment, and one with a hearing impairment. Despite being outside our original geographical focus area, it was felt that the input of these parents was in tune with the aim of identifying pertinent issues.

### **3.5 Interviews with specialised childcare providers and agencies**

A number of childcare providers across the spectrum of needs, including those who are catering for relatively larger numbers of children with additional needs, and those with specialised expertise (e.g. diagnostic schools or specialised early intervention programmes) were contacted. These were asked more detailed questions around curriculum, policies and procedures, and standards and guidelines for additional needs education. (**APPENDIX III**).

Similar interviews were conducted with a representative sample of agencies with a role in childcare for children with additional needs. These included both health clinic staff associated with hospitals or the Health Boards and support organisations. These interviews were conducted with a view to informing recommendations on policy, guidelines and protocols for early years services for children with additional needs. Amongst those interviewed were representatives from St Michael’s House, Beech Park Services, Barnardos, St. Joseph’s School for the Deaf, St. Joseph’s School for the Blind, Aspire, Our Ladies Nursery Preschool, St. Francis Diagnostic Centre Temple Street and Down Syndrome Ireland. Telephone research was conducted with agencies in the disability and childcare sectors, and with representatives from the Departments of Education, Health, and Justice (all of which have responsibilities in the childcare sector). We also interviewed the senior Public Health Nurses for the area, speech and language therapists in other areas and two occupational therapists. Key topics in these interviews were recommendations for protocols and procedures for early years service, gaps in current provision of services for children with additional needs, and awareness of grants and funding.

### **3.6 Focus group with Public Health Nurses and Speech and Language Therapists**

A focus group of five Public health Nurses and a Speech and Language therapist from the Health Boards was conducted with a view to quantifying the number of children with additional needs in the relevant areas as well as highlighting issues within the Health Board sector pertaining to adequate early years service for children with additional needs, preschool referral processes, and liaison with schools and other stakeholders with responsibility for children's needs assessment.

## 4. Findings

### 4.1 Introduction

There is very little existing research in the area of children with special needs of early years services aged in Ireland. Statistics are equally difficult to come by, whether for targeted or mainstream services. As the authors of “On Target”<sup>1</sup> noted

*The primary and key finding of this Audit is that accurate information on the range and nature of ECCE services targeting disadvantage is extremely difficult to access. The situation regarding information on services targeting special needs is even more marked. A major contributing factor is that data on targeted services is not generally disaggregated within universal datasets (Duignan and Fallon, 2004)*

There is currently no single comprehensive dataset that can be accessed to quantify numbers of early years service aged children with additional needs accessing services. The Health Research Board compiles statistics, but as a spokesperson affirmed to us in a phone interview, these are necessarily incomplete in regard to this age group. In the 2002 census, statistics were recorded for physical needs but not for learning difficulties.

The inherent difficulties with compiling statistics in relation to learning difficulties amongst early years service children relate to the fact that diagnoses are difficult to make at this early age, and furthermore are often understandably difficult for parents to accept.

Notwithstanding these difficulties, the researchers succeeded in achieving their specific objectives. Whilst a statistical analysis of responses is included, we suggest that it is the issues raised that are of primary value. These are discussed in more detail below.

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<sup>1</sup> An audit of provision of services targeting disadvantage and special need among children from birth to six years in Ireland. Duignan and Fallon. 2004 The Centre for Early Childhood Development and Education.

## **4.2 Specific Objectives**

- I. To discover the number of childcare places available for children with additional needs and to identify the scale of the shortfall of such places.**

### **Findings**

While the majority of childcare providers questioned fell into the category of community funded rather than private facilities, the majority from both sectors stated they had the capacity to provide for children with additional needs.

- Seventy percent of providers who responded have children with special needs in attendance. Of these, 52% have two or less children with additional needs.
- The most commonly diagnosed needs were speech/language (76%) and emotional/behavioural (64%). Other additional needs catered for by providers questioned included autistic spectrum, developmental delay, physical and ambulatory, Down Syndrome and learning disabilities.
- Sixty eight percent of these providers stated that they have never turned away a child because of their additional needs. In almost all cases of providers turning away a child, it was because the child's needs were too great for the facility/staff to be able to cater for. In one case a facility was not wheelchair accessible and in one case the facility was already catering for one child with a learning disability and did not have the resources to take on another child with a similar additional need.
- Forty two percent of providers stated that they could take more children with additional needs. Many of those who do not currently have children with additional needs in attendance, state that they could cater for such children if the need arose, and have catered for them in the past.

- Most parents who responded reported their children as having multiple needs. The majority were categorised as having speech and language difficulties, developmental delay and emotional/behavioural needs, with three children also diagnosed as being on the autistic spectrum.
- In 10 of the 11 cases, children were availing of early years services.
- Four of the surveys stated that the child was attending mainstream early education services without health/medical services’ intervention. In these cases it would appear that the children had less severe disabilities.
- Four children were attending mainstream services but with health related services’ intervention. Only one child was accessing specialised early intervention.
- In 7 of the 11 surveys, parents reported that their child had been turned down by a provider, or that they had turned down an early years service place, due to the early years service being unsuitable for the child’s needs: Three of these parents had turned down places because of unsuitability or because they were unsure around the child’s diagnosis, while four had been turned down as facilities could not cater for their child’s needs.

*“My child had to be 2years and 10 months and toilet trained before being accepted”*

- Six of the respondents stated they were not happy with the standard of care received (these largely corresponded with children reported as having more severe disabilities).

*“No school could cater for Js special needs autism/speech and language”*

- Five parents were satisfied or very satisfied with the level of care their child was receiving

*"M receives an excellent standard of nursery care"*

- Two parents stated that their child's early years service identified the need for assessment and, upon diagnosis, supported medical intervention.

## **Conclusion**

From this data there appears to be an anomaly in the perception of the number and suitability of places available in preschools for children with special needs. Childcare providers feel that they are meeting the need, while parents' experiences suggest this is not always the case. Several parents felt that mainstream preschools were generally not equipped to deal with children with additional needs, and this is particularly the case for those children with more serious disabilities. Some childcare providers, notably those with an established record of accommodating additional needs also state that there is a major shortfall in suitable places.

Those providers with an established record of including children with additional needs are operating at full capacity and still have long waiting lists. This established record means that parents are more likely to try and access these services because of their reputation and because of public health service referrals. It is striking that several parents felt that the early years services that their children are currently accessing does not meet the children's needs

On the other hand, what was clear from the providers who responded, and from the content of those responses, was a willingness by most providers to make themselves as inclusive as possible. Indeed many childcare providers feel that they are responsive to the needs that present. The fact that 42% of providers stated they could cater for more children with additional needs, suggests that better dissemination of information about available places would help mitigate the situation.

## **II. To identify the issues facing parents with a disability in seeking and utilising childcare provision, having regard to the range of disabilities experienced**

### **Findings**

- Parents indicated that in general preschool staff they had encountered were understanding and accommodating.

*"The staffs at my daughter's pre-school have never been anything but helpful"*

- Wheelchair users highlighted physical access difficulties, i.e. obstacles to routes for arrival and departure. A lack of convenient parking was also reported as a problem.
- Transport and mobility were highlighted as issues with no preschool accessed by parent in a position to provide transport. Three respondents (ambulatory and visually impaired) were reliant on family members and friends for transport, and all noted the prohibitive cost of taxis.

*"Do you know how expensive taxis are..... on a daily basis. I think my brother must be sick of me looking for lifts from them because of K's preschool, and they have their own families to look after....."*

- One parent with a hearing impairment identified communication as an issue. The same respondent also highlighted the fact that many providers did not use email, which in his opinion makes contact more problematic.
- Most of the parents referred to a sense of isolation from other parents

*"I'd like the bit of chat with other parents before and after school, it's another part of it I miss out on"*

- The respondents referred to increased difficulties in vetting pre-schools on account of their disabilities.

## Conclusion

Despite childcare providers' willingness to accommodate parents with a disability issues around access, communication difficulties, cost and convenience of transport, and a general sense of isolation are all reported problems.

- III. To investigate the various funding, grants and training available to parents and childcare providers for additional needs assistance (i.e. in crèches, pre-schools and out of school care) and to suggest ways to create better access for parents and children with disabilities;**

### Available funding and grants

There are no dedicated grants available to childcare providers for staffing or training that are specifically targeted at increasing access to Early Years Services for children with additional needs. Other grants that are available include money available under the Equal Opportunities Childcare Programme.

### Equal Opportunities Childcare Programme (EOCP)

The Equal Opportunities Childcare Programme is an EU/ Irish Government initiative to increase the quantity and quality of childcare places through funding public and private early years services. A €437million budget has been designated for 2000-2006 and applicants must satisfy a number of criteria in order to receive funding.

The Programme's primary aim is to enable parents to avail of training, education and employment opportunities through the provision of quality childcare supports – the objective is more related to parents than children, and is not targeted at children with disabilities. Services promoting social inclusion are prioritised, which include services providing places to children with additional needs as well as services that target, for example, socio-economic disadvantage. However, providing services to children with additional needs is not looked at in isolation and provision of a service of this nature will not guarantee funding.

## Grants vary by type of provider

- Private providers may apply for capital grants to purchase, renovate or build early years services, or to purchase equipment. Providers must contribute 35% of the overall cost of the project. The maximum grant available is €50,790.
- No grants are available to private childcare providers for staffing or training;
- Community providers may apply for capital grants to purchase, renovate or build an early years services. There is no theoretical maximum for capital grants. However, competition for funds and increased conditionality mean that, in practice, large-scale capital projects must satisfy ever more stringent requirements. It should be noted that this is likely to favour providers that have a strong focus on social inclusion.
- Community providers may also apply for grants to staff an early years service for up to a three-year cycle. Typical funding is €190,000 over three years for a full-time service that demonstrates a demand for childcare places, has a strong focus on social inclusion and provides a reasonable number of places. No grants are available for training purposes but the funding could be used to hire special needs assistants. However, funding is open to all providers who focus on social inclusion. Therefore the programme does not offer a strong incentive to providers in socio-economically disadvantaged areas to specifically focus on disabilities because they have a good chance of receiving funding in any event. Focussing on disabilities might be used to make a case for funding in excess of €190,000, but in practice this is quite difficult to achieve.

### Other Funding and Grants

Partly because of the problems of delineation between the Health Boards and the Department of Education and Science, there are few other grants or funding available to assist with children with additional needs. Of the parents interviewed, four reported themselves to be in receipt of grants: two received Carer's Allowance, one Domiciliary Allowance and one an allowance for Home Tuition.

Department of Education initiatives are only open to children who are over three years and who are still in pre-school, for example autistic children. These are granted on a discretionary basis and do not have a dedicated budget. Health Boards occasionally fund special needs assistants, but there is very limited access and it is by application. It is also discretionary and granted on a case-by-case basis.

### Childcare Providers

- Sixty percent of childcare providers who responded stated that funding and staff training would help to provide a better service for children with additional needs.
- Only 21% of childcare providers were familiar with grants and funding available. The rest stated they were not aware of any grants or funding to assist in additional needs care.
- Over 50% of providers stated that staff had additional needs education training. The most common type of training was FETAC level II, which includes a special needs module.
- Six of the childcare providers have or previously have had special needs' assistants or support workers for children with special needs at their facilities. One private provider has hired a part time Special Needs Assistant at their own expense and at no extra cost to parents to cope with several children with additional needs who are in attendance

- Structured training for special needs education is also lacking. Training is available from some agencies, but many preschool workers are not aware of this, or stated that they would not have the resources to fund "time off" for training. They would however be otherwise be willing to take part.

### Parents

Many parents identified financial pressures as a problem. They also felt that the lack of access to information on what support is available exacerbated resource scarcity. The only allowances parents were in receipt of were a domiciliary or home tuition allowance. Most parents received neither of these.

*"The extra expenses of driving back and forth to therapy sessions appointments and babysitting cost for his younger sister"*

### **Conclusion**

There is a clear shortage of funding and grants targeted at increasing access to childcare for children with additional needs and, what funding there is, is limited and therefore children with additional needs must compete for scarce resources. Furthermore, there is a lack of awareness around what funding is available, information is difficult to access and the best method is generally to network with providers that have been successful in receiving funding. Many providers appeared unaware that eligibility for EOCP grants is enhanced for applications deemed to be promoting inclusion.

**IV. To develop a set of ‘Protocols for Inclusion’ based on the research and existing policy that would cover access and facilities for children with additional needs. These protocols could be voluntarily adopted by childcare providers**

The following Principles of and Protocols for Inclusion are intended for childcare providers and have been compiled as a result of interviews with professionals working in the field. They assume compliance with statutory requirements and have been chosen as basic useful first steps that are practical, attainable and can be undertaken without great disruption or cost. They should not be considered exhaustive and are intended as guidelines only. We have also included specific actions and approaches to catering for the range of specific disabilities including visual impairment, hearing impairment, autistic spectrum disorder, speech and language disorders and learning and developmental delay. These should not be viewed as a substitute for a comprehensive programme, tailored to suit the individual. This is particularly important in the case of more complex disabilities such as autism, where specialised programmes and training is essential from an early age.

**Principles of Inclusion:**

- Equality is made central to admissions policy
- There is regular assessment of needs
- Staffing ratios are appropriate to needs
- There is recognition that all children should participate as fully as possible
- The focus is on children’s potential rather than perceived limitations

## **Protocols for Inclusion:**

- Statement of purpose adopted by childcare providers that reflects a commitment to inclusion;
- Programmes should promote participation;
- Some staff members should have a minimum level of special needs training. Staff without expertise should be trained-up through knowledge sharing and on the job training;
- Staff skills and knowledge in relation to additional needs should be regularly updated;
- Appropriate staff-child ratios to deal with the particular additional needs of children;
- Any basic equipment required to equalise the accessibility of the environment for those with additional needs should be available, bearing in mind the distinction between impairment and disability.
- Early years service should facilitate communication with parents and support services;
- Individualised child programmes should be developed where necessary;
- Non-disabled children should be helped to understand the nature of other children's additional needs to help promote inclusion and acceptance;
- The physical environment should be free of obstacles for easy manoeuvring.

## **Specific Actions and Approaches to catering for various disabilities**

### Visually Impaired Pre-School Children:

- **Opportunity to Explore the Environment:** This needs to be more structured than for a sighted child. Experience of everyday life in terms of sound, shape, size, texture, heat, weight and smell and all the language that goes with it is very important;

- **Lighting:** Good background lighting is essential. Close work may need lighting from behind. Avoid glare which will make visually impaired people totally blind;
- **Contrast:** Colour contrast helps visually impaired people use their sight (eg brown door against a white wall) and makes life easier at meal times- bright cutlery on clearly colour-contrasting plain tablecloths;
- **Noise:** Background noise from TV, radio or music may make other sounds and hinders visually impaired children from understanding their environment. It is easier and less tiring to concentrate and learn in a quiet environment;
- **Safety:** Above and beyond safety considerations for other children, some extra consideration is required for visually impaired children. Doors should be either wedged fully open or kept firmly shut to ensure that children do not walk into half-open doors.

#### Hearing Impaired Pre-School Children:

**Speech:** Should be clear and at a reasonable pace with a consistent rhythm.

**Facial Expression and Gesture:** Help to convey the sense of words to a hearing impaired child.

**Positioning:** Hearing impaired children should be seated to best advantage, usually near the front.

**Background Noise:** Hearing impaired children are much distracted by background noise so choosing a quiet room without noise from traffic.

**Visual Aids:** Visual aids will help children watch and understand better (such as words-picture cards)

**Home/school diaries:** Noting the events of the day will help make parents aware of issues their children may be trying to communicate to them and a home diary will help children communicate issues to childcare staff.

**Awareness:** Other children being made aware of the hearing impairment will help the child to be included by fellow children.

### Autistic Pre-School Children:

Autistic Spectrum Disorders require intensive intervention (usually before the age of two years) and a suitable environment can help develop socially acceptable behaviour and basic living skills to compensate in part for poverty of comprehension. This can happen in mainstream early years service with support and special classes attached to mainstream early years service to allow integration. This will require an individualised programme for each child, which can be developed and expanded as progress is made.

- Help develop potential skills: Most children with autism love music and singing and tend to be good at jigsaw puzzles and constructional toys that depend on awareness and shape.
- Organised environments: Help ensure regular routine.
- Avoid complex tasks: Avoid abstract meaning and reduce language into components they can understand.
- Basic self-help skills: Teach and encourage self-help skills to deal with situations and environments that are alien to children.
- Outdoor activities: Help reduce tension.
- Behaviour problems: These should be dealt with firmly, consistently and patiently.

### Speech and language disorders

- Time: Allowing a child time to respond and finish a sentence and resisting the temptation to help them finish it will help build confidence. Although they may be slow to respond, this does not mean the child does not know the answer.
- Repetition: Language impaired children have difficulty learning everyday vocabulary and constant exposure using and re-using vocabulary enables them to learn to use the vocabulary spontaneously.

- Honesty: Admit to the child that you do not understand him/her and ask the child to repeat it or show what they are talking about it.
- Ignore mistakes: Correcting pronunciation errors may add to frustration, lower self-esteem and encourage a child to opt-out of speaking. Subtly repeating the correct pronunciation is more encouraging.
- Positioning: Sitting close to and facing the child will lead to less confusion between similar sounding words, reduce comprehension difficulties and sustain attention more easily;
- Language: Should be short, simple and direct

### Learning and Developmental Delay

- Presenting tasks explicitly can ensure that they are clearly understood.
- Allow sufficient time for task completion.
- Monitor progress more frequently to ensure that tasks and curriculum can be appropriately paced.
- More frequent encouragement will help build confidence.
- Preferential seating will allow for frequent monitoring.
- Visual aids and demonstration will reinforce verbal concepts.

### **V. To inform parents, childcare providers, statutory agencies, and policy makers of the gaps in provision vis-a-vis needs, and of other pertinent issues.**

The following gaps have been identified from responses to questionnaires and from interviews and focus groups with stakeholders.

#### Data

Significant gaps exist in local and national data on children in early years service with additional needs in Ireland. There are legitimate difficulties in extending the Health Research Board's brief to this cohort, particularly around aforementioned difficulties of diagnosis. Nonetheless without some attempt to collate adequate data, gaps in service provision cannot be addressed.

### Information

Many parents highlighted the lack of information available on early years services that were suitable and accessible for children with additional needs.

*" I would like to see booklet or leaflet available detailing preschool availability and when you need to apply"*

### Diagnosis, Identification of Needs and Early Intervention

Parents, providers and other professionals working in the sector all highlighted the importance of early diagnosis, identification of needs and intervention. However, it is recognised that it is difficult to make definitive diagnoses as symptoms may only become apparent during these years. There is also a danger of misdiagnosis. Furthermore, some parents are understandably reluctant to accept diagnosis and need support at this time. While welcoming improvements in the timing of assessments, questionnaire and focus group respondents identified a need for earlier diagnosis and support for parents around those services.

*"Most professional, parents, advocates, and policy makers now agree that it is a societal responsibility to provide needed early intervention programs for children with established disabilities and for those whose development may be compromised as a result of biological or environmental factors. Similarly, most agree that the early years constitute a unique opportunity for influencing child development and supporting families, an opportunity that may well maximize long-term benefits for all concerned."* Guralnick quoted in 'On Target 2004 '

## Support Services

There is a gap in support services that childcare providers are often forced to fill. Research conducted by Occupational Therapists working in the Northern Area Health Board found that paediatric occupational therapy was not available to children with additional needs in mainstream early years services in the North West Area, although it is expected that there will be at least one post serving the area by the end of 2004 (NAHB, 2004). There is a chronic shortage of speech and language therapists and there is only one clinical psychologist in the Dublin NW area. Consequently there are long waiting lists for these services while the cost of ‘going private’ is prohibitive to some, and puts others under severe financial strain. There is also a shortage of Public Health Nurses, and these report themselves overstretched and in a position whereby they have to choose between competing priorities. The complement of Public Health Nurses in the North West Area is 20% less than what was considered full capacity in 1996, despite a growing population and an increased demand for their services.

*“Another big gap is occupational Therapy ... you have to go private to get one”*

*“There are 11 vacancies for PHNs in Area 6”*

## Policy Regulations

Whilst the Special Needs Education Act and The Barcelona Declaration should ensure that inclusiveness is part of the early years service agenda, respondents report a lack of clear guidance surrounding policy, procedures and curriculum for integrating children with additional needs in early years service.

### Assessment of quality in Early Years Service facilities

There is no assessment of levels of inclusiveness in early years service. Nor are there suitably qualified personnel in a position to carry out such assessments. Assessments would be desirable to ensure that children's rights are upheld and that parents can gauge the suitability of a particular early years service for their child.

*" When I started checking playschools I receive a written list of playschools in Finglas area from the community nurse, non were highlighted as being special needs friendly"*

### Early Start Programme

The Early Start Programme is designed to redress educational disadvantage caused by socio-economic factors. To avail of Early Start a child must enter the programme by the age of four. However many children with additional needs are not in a position to begin school at this age. In addition, a child in Early Start is not entitled to a Special Needs Assistant that he/she would be entitled to in another school. Both these conditions put children from disadvantaged areas with an additional need at a further disadvantage. While this discrimination is not deliberately, it is oversight that should be addressed.

## **5. Recommendations**

**To prepare recommendations to government and childcare providers that would, if implemented, address gaps in specific supports and to enable the Dublin City Childcare Focus Group to lobby and advance these issues through the City Development Board, City Childcare Committee, Health Boards and other relevant statutory and non-statutory agencies.**

### **5.1 Data**

Despite the acknowledged difficulties in gathering accurate data on children of early years service age with additional needs, further efforts should be made in this regard. Record keeping should be commenced at diagnosis where possible and centrally collated as a subset of the Health Research Board’s databases. Working estimates of needs could be extrapolated from these records using actuarial techniques.

### **5.2 Information**

A booklet detailing local childcare provision for children with additional needs and the type and level of service offered should be compiled by the local Childcare Resource Centre and could be disseminated by the centres themselves, Public Health Nurses and multi-disciplinary services. Such a leaflet could also include information on clinics and other centres where assistance is available.

### **5.3 Increasing Personnel**

There is a clear need to increase the number of Occupational Therapists, Clinical Psychologists, Speech and Language Therapists, Public Health Nurses and other personnel involved in the diagnosis, treatment and support of children with additional needs. The Department of Health has responsibility for this resources issue.

## **5.4 Early Intervention**

*“My son has not been diagnosed with any disorder. He has a severe speech and language disorder and is in need of help. We have spent the last two years on waiting lists and being passed from Billy to Jack with very little being done for him”*

Some independent initiatives have been undertaken to address gaps in services. For example, Occupational Therapists (O.T.s) from the Northern Area Health Board and the Central Remedial Clinic began a pilot project in early years service’s in their area for children who had not received a specific diagnosis. This involved observing the children in the early years service and asking staff to identify children with difficulties in areas such as fine and gross motor skills, developmental milestones, play and social skills, sensitivity to either touch, movement, sight or sound responses, and concentration or attention skills. Parents and staff filled in a questionnaire regarding the children’s needs and the Occupational Therapists drew up home and school treatment programmes, provided training workshops for staff and referred the children to other services where necessary. The project was widely appreciated and very successful, serving to fill gaps in both diagnostic and support services. This type of service is cost effective in that children who are struggling, receive early intervention before diagnosis, parents receive support without receiving a premature definitive diagnosis, and early years services benefit from the expertise of Occupational Therapists. The programme offers a model that should be explored and could be adapted and expanded in order to improve early intervention strategies while remaining cognisant of the potentially problematic nature of early diagnosis.

## **5.5 Support for parents around diagnosis**

Notwithstanding the shortage of resources, a support system for parents around diagnosis of children with additional needs should be put in place on a local level. Health Boards should ensure that counselling is available when required and both Health Boards and the Local Childcare Resource Centres could direct parents to other organisations that provide counselling for specific conditions.

## **5.6 Ongoing support for parents**

*"My son having tantrums every hour is not funny! And there is nobody to go to with this. When your child has problems you feel isolated and are made more so by lack of services"*

Parents whose children have been diagnosed with special needs may require ongoing support and advice around parenting issues. A support line would ease the profound sense of isolation that affects many of these parents. There is also a need for respite for these parents particularly during holiday periods. Courses or advice around coping skills should be made available: initiatives like the Parents Plus programme run bi-annually by the Mater Child Guidance Clinic are worthy of examination in this regard.

## **5.7 Financial Support for Children with Additional Needs**

In principle, services for children with additional needs should not be more expensive than services for other children. A mechanism for taking into account the extra costs early years service for children with additional needs (e.g. A subsidy for special needs assistants in early childhood education) should be made available.

## **5.8 Funding for Early Years Service Providers**

Funding for special needs assistants and other supports in early years services should have a designated, ring-fenced budget instead of the current discretionary, *ad hoc* basis of support.

Service-wide awareness of the provisions of the Equal Opportunities Childcare Programme would be likely to increase providers' capacity to be inclusive. Information on funding could be provided by the Local Childcare Resource Centre's, along with advice and guidance though the funding application process. Information packs on training, grants, and resources for early years services could be produced.

## **5.9 Training for Early Years Service Providers.**

Seventy one percent of childcare providers contacted identified a need for more funding for special needs training. The Organisation for Economic Cooperation and Development (OECD) have stated that *'training is the most important vehicle for creating a work force with values, attitudes and specific skills compatible with the goals of inclusion... pre-service training, particularly, has a strong influence on the belief systems of the professionals trained.'* It follows that all early years services training courses should have a special needs awareness component. Localised special needs training already in place should be built upon, and new initiatives introduced. International comparative studies suggest that effective programmes should include train-the-trainer programmes, local site based programmes, innovative service programmes with multidisciplinary training components, short term or single event topical training programmes, and institute or bureau based training (OECD, 1999).

## **5.10 Policy Regulations**

There is a need for guidance surrounding policy, procedures and curriculum for integrating children with additional needs in early years services.

## **5.11 Support and expand existing links and initiatives**

A number of childcare providers reported strong links with Health Services around supporting children with additional needs. Current links between disability and childcare stakeholders should be strengthened with a view to clarifying needs; introducing further initiatives, more widely disseminating information, and keeping Childcare Committees and other organisations that inform Government policy up to date.

*" There is a lot of good work being done, but organisations and people don't know about each other seamlessness is important"*

### **5.12 Parents with disabilities**

Building on statutory requirements and initiatives by childcare providers to further the mainstreaming process should help equalise access for parents with a disability.

### **5.13 Early Start Programme**

Children attending Early Start Programmes should have the same entitlements to Special Needs Assistants as those attending other services. Furthermore children who, due to their additional needs, are not ready to attend the programme at four years of age, should be allowed to attend when they are ready to do so.

### **5.14 Inclusion Assessment**

External assessors should use inclusiveness criteria to measure the quality of childcare provision for additional needs, so that levels of provision of appropriate facilities and numbers of places can be included in information available to parents.

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# **Appendices**



## Appendix I: Childcare Providers Questionnaire

### Questionnaire for childcare providers

All information will be treated in the strictest confidence

Name, Address, Phone no and email of your organisation

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1. How many pre-school children do you cater for?

How many can you cater for?

What age are the children you cater for?

0-1       1-2.5       2.5 – 5

2. Is your facility **Community**       **Private**

3. How many additional needs places are you in a position to provide

4. Which (if any) additional needs do you **currently** cater for and how many **could you** cater for

*(Please put a number in the box eg. if three children with visual needs put “3” in relevant box.)*

	CURRENTLY PROVIDE	COULD PROVIDE		CURRENTLY PROVIDE	COULD PROVIDE
Physical/ambulatory			Emotional/Behavioural		
Autistic Spectrum			Visual		
Speech and language			Learning		
Hearing			Developmental Delay		
Multiple			Other		

5. If you cater for pre-school children with additional needs, what age group are they. (Please put a number in the box. Eg. if you have three children with additional needs in 0-1 age group, write "3" in box)

0-1 years  1-2.5 years  2.5 – 5 years

6. Is it any more expensive for children with additional needs to use your childcare facilities?

**Yes** **No**

If **Yes** please give details.

7. Is staff training geared in any way towards children with additional needs?

**Yes** **No**

If **Yes** please give details

8. If you provide services to pre-school children with additional needs, have you done anything specific to address these additional needs. (ie. Have you particular toys, equipment, made adjustments to building..)

**Yes** **No**

If **Yes** please give details

9. Have you ever had to turn away pre-school children with additional needs?

**Yes** **No**

If **Yes** please give some details

10. Please list additional needs agencies that you have links with (eg. St. John of Gods, Enable Ireland, National Association for the Deaf, Mater Guidance Clinic)

11. Are children with additional needs in your service accessing other support services (*Eg occupational therapist, physiotherapist, speech and language therapist, nurse, psychologist, social worker, other*)

**Yes** **No** **No, they have been on a waiting list of months and expect to be on it for a further \_\_\_\_\_ months to access \_\_\_\_\_**

If answer is **Yes**, or you have more than one child fitting into the third category please give details

12. What difficulties have you encountered trying to provide a service for children with additional needs?

13. What would help you offer a better service for children with additional needs?

14. Are you aware of any grants or funding available to help offer better services to children with additional needs? Please give details. Appendix II: Questionnaire for parents of children with additional needs.





Mainstream with health related services coming in (eg. special needs assistant, speech therapist, psychologist,)

Mainstream with specific class for children with additional needs

Specialist School

8. Does your child receive health related assistance outside pre-school (eg. speech therapist, psychologist etc.)

**Yes**                      **No**

If **Yes** please give details

9. How does your child's pre-school specifically cater to his/her additional needs?

Specialist equipment      Staff training      Access to outside support services

Adapted facilities              Other

If **Other** please give details

10. Are you satisfied with the standard of childcare provision.

**Yes**                                      **No**

If **No** why not?

11. What (if any) extra/alternative facilities and/or services would like to see made available to your child?

12. What agencies do you have any links with (eg. St. John of Gods, Enable Ireland, St. Michael's House, Central Remedial Clinic, National Association for the Deaf, Other ..)

If **Other** please specify.

13. If you have children without additional needs, how would you characterise the differences (if any) in their experience of pre-school childcare?

14. Do you pay extra (explicit or hidden) for additional needs childcare?

**Yes**                                      **No**

If **Yes** please give details

15. What funding and/or grants relating to your child with additional needs are you in receipt of?

### Appendix III: Questionnaire for Agencies

Please answer the questions that are applicable to your organisation, use the back of the questionnaire for any extra comments if necessary.

Note: additional needs refers to physical, sensory, learning or emotional

1. What is the name of your agency?

2. What type of service do you provide for children with additional needs and their parents?

Childcare  Medical/Diagnostic  Support/Advice  Policy Making/  
Management

Other  (Please Specify)

3. Elaborate on the type of service provided, including expertise, equipment, protocols and policies.

4. What role (if any) do you have in referring children to preschools?

6. What might be essential or minimum requirements for a facility providing special needs care? Could there be minimum requirements, a set of protocols?

5. What gaps has your organisation identified regarding childcare provision for children with additional needs?

6. What additional regulations (policies/procedures) would be desirable and what are the obstacles to their implementation?

7. Which government department should have overall ownership of childcare and specifically childcare for children with additional needs? Why?

8. Is the current distribution/separation of various responsibilities for children appropriate or are there cases of children/parents falling between the stools?

9. Do you feel the role of your organisation is satisfactorily clarified and do you feel engaged with an overall strategy?

10. Are there any aspects of your agency's role that you feel could be improved. How could this be done?

11. Do you receive funding and if so from what source?

12. Do you feel you require additional funding and what would you be in a position to do for children with additional needs with increased funding?

13. What other organisations do you have links with and how do you interact and coordinate with them?

Extra questions for organisations providing preschool care

14. What (if any) funding does your organisation receive? Do parents pay or is there funding?

15. What separates this facility from other more mainstream facilities providing special needs care? Please give details of curriculum, equipment, staff training etc.

16. What other facilities provide preschool care for children with additional needs and what are your thoughts on their suitability?

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