

Early Childhood Intervention Project update

Country Report – Ireland

2009

Prepared by: **Dr Thomas WALSH**



CONTENTS:

EDUCATION SECTOR.....	4
1. Mainstream classes in ordinary schools.....	4
2. Special schools	8
3. Special classes for pupils with specific speech and language disorder.....	10
4. Special schools and classes for pupils who are deaf/hearing impaired.....	13
5. Autistic Spectrum Disorders	15
6. Learning-support/resource teachers who are allocated to mainstream primary schools under the General Allocation Model.....	18
7. Resource teachers	21
8. Special needs assistants.....	24
9. Home Tuition Scheme.....	26
10. July Education Programme.....	29
11. Visiting Teacher Service	31
12. Early Start.....	34
13. Pre-schools for Travellers.....	36
14. School transport for children with special needs.....	38
HEALTH AND PERSONAL SOCIAL SERVICES FOR CHILDREN UNDER FIVE YEARS OF AGE	42
1. Therapeutic assessment and intervention by a range of therapists in interdisciplinary teams for children with disability or developmental delay.	42
2. Assessment of Need under the <i>Disability Act 2005</i>	44
SOCIAL SECTOR	47
1. Child Benefit.....	47
2. Early Childcare Supplement.....	48
3. Domiciliary Care Allowance.....	50
APPENDIX 1 – STATISTICS FROM THE HEALTH RESEARCH BOARD NATIONAL DISABILITY DATABASES.....	52
1. National Intellectual Disability Database 2008	52
2. National Physical and Sensory Disability Database 2008	54
ADDITIONAL INFORMATION	58
QUESTIONS RELATED TO KEY ELEMENTS OF ECI	59
1. Key element 1 Availability:	59
2. Questions related to the key element of ‘Availability’.....	59
3. Key element 2 Proximity:.....	63
4. Questions related to the key element of ‘Proximity’	64



5. Key element 3 Affordability:.....	66
6. Questions related to the key element of ‘Affordability’	66
7. Key element 4 Interdisciplinary working	67
8. Questions related to the key element of ‘Interdisciplinary working’	67
9. Key element 5 Diversity and co-ordination:	69
10. Questions related to the key element of ‘Diversity and co-ordination’.....	70
11. General questions applied to all the five elements.....	71
BIBLIOGRAPHY	74



EDUCATION¹ SECTOR

1. Mainstream classes in ordinary schools

Target group addressed by the service

Children with special educational needs² may be enrolled in classes in mainstream schools, sometimes with additional supports based on their individual needs. These supports may include additional teaching support, special care support from a special needs assistant or assistive technology.

Location

Number of services offered

In 2007–2008, there were about 3,160 mainstream primary schools in Ireland catering for approximately 486,000 pupils. Approximately 9,500 pupils attending primary schools were identified as having special educational needs. (Department of Education and Science³ Statistics, accessible at: http://www.education.ie/servlet/blobServlet/stat_2007_2008.pdf)

Of the total population of pupils in primary schools, approximately 28,500 were four-years old, 63,000 were five-years old and 62,000 were six-years old.

Specifically in relation to pupils under the age of six, who were identified as having special educational needs:

- 443 pupils aged four and under were enrolled in primary schools;
- 1,043 pupils aged five were enrolled and;
- 1,055 pupils aged six were enrolled in primary schools.

(Personal communication from the Statistics Section of the Department of Education and Science, July 2009).

Region served

Nationwide

Partners involved

Parental role

Parental involvement is encouraged in official documentation to schools and generally by the schools themselves.

¹ The data provided in these tables on **Education** generally refer to all children in Ireland who are in the primary education system. Disaggregated data for 4–6 year olds is generally not available for services. Where disaggregated data is available, it is provided.

² “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 the condition, and cognate words shall be construed accordingly.” (Education for Persons with Special Educational Needs Act, Section 1, 2004)

³ Please note that the title of the Department of Education and Science was changed to the Department of Education and Skills in May 2010.



Professionals involved

There are about 5,500 teachers working directly with children with special educational needs in the primary school system (The total number of primary school teachers is approximately 30,000).

Minimum qualifications of professionals

All teachers hold a third-level qualification, at primary degree level at the minimum. Additional training opportunities at post-graduate certificate and diploma level for teachers involved in special education are provided by university education departments and colleges of education through funding provided by the Department of Education and Skills. The Department's agency – the Special Education Support Service – also provides targeted training and support for teachers and schools in relation to the education of children with special educational needs.

Support provided

What is offered

Children with special educational needs may be placed in ordinary classes in mainstream primary schools or in special classes in these schools. Depending on the extent of their needs, these pupils may receive additional help from learning-support⁴ or resource teachers⁵ and care support from special needs assistants.⁶ These resources are allocated either under a General Allocation Model which was introduced in 2005⁷, or through the allocation to schools of additional resources on behalf of individual children. Under the General Allocation Model, resources are allocated to pupils who have low achievement in reading or Mathematics or special educational needs arising from specific learning disability or a mild general learning disability. For children with moderate, severe or profound general learning disability, significant physical or sensory impairment, or autistic spectrum disorders, resources are allocated by means of an individualised system of application and resourcing.

To help schools provide appropriate education for children with mild, moderate, severe and profound general learning disabilities, special guidelines for teachers were published by the National Council for Curriculum and Assessment in 2007 (see www.ncca.ie). The National Council for Special Education has produced *Guidelines on the Individual Education Plan Process* to support schools to plan for the individual educational needs of pupils (National Council for Special Education, 2006).

⁴ See Section 6

⁵ See Section 7

⁶ A special needs assistant in the Irish context acts in a care and support role to a pupil or pupils that is non-teaching in nature and works under the guidance and supervision of the Principal and/or class teacher (see section 8).

⁷ For further information on the General Allocation Model and the system for allocation of individualised resources, see Special Education Circular 02/2005, accessible on www.education.ie. Also see section 6, Learning-support/resource teachers who are allocated to mainstream primary schools under the General Allocation Model.



Liaison with other services

Educational psychological supports are provided to schools and children by the National Educational Psychological Service. Clinical psychological services and therapeutic services are provided by the Health Service Executive.⁸

Responsibilities of sectors and services

Funding allocation

Department of Education and Skills

Health Service Executive

Delivery of services

Schools

Assessment, therapeutic and care services are provided through the Health Service Executive.

Educational psychological services are provided by the National Educational Psychological Service.

Policy implementation

Department of Education and Skills

National Council for Special Education

Health Service Executive

Department of Health and Children

Quality assurance implementation (e.g. courses, qualifications, teaching methods)

All mainstream schools are evaluated by the Inspectorate of the Department of Education and Skills. Schools are bound by legislation to cooperate with the Inspectorate's evaluation processes. Schools are also expected to self-evaluate the suitability and impact of their whole-school policies and procedures.

Quality assurance of private pre-school centres is carried out by the Health Service Executive.

Positive aspects

- Education is provided in schools which are funded and regulated by the Department of Education and Skills.
- Teaching is conducted by trained teachers in accordance with the rules set down by the Department of Education and Skills and the Teaching Council.
- The children's learning programmes are based on the *Primary School Curriculum* (1999).

⁸ The Health Service Executive (HSE) is responsible for providing health and personal social services for everyone living in the Republic of Ireland. See www.hse.ie for more information.



- Schools can apply for and receive additional funding from the Department of Education and Skills to buy assistive technology to help children with special needs in mainstream and special classes.

Challenges

- Ensuring that all schools have the appropriate resources – skilled staffing and material resources – to enable them to provide appropriate education for children with special educational needs.
- Training issues are detailed below.

Training issues concerning professionals involved

To augment the training and in-career development opportunities which are currently available for teachers with:

- Further training at pre-service level and;
- Specialist training for teachers to enable them to provide education to pupils with highly complex needs.

Services-specific comment

Early childhood education generally means education before the start of formal schooling or before the age at which children are generally required to attend school. It covers the period from birth to six years.

Legislation on school attendance requires children to be at school (or receiving an education) from the age of six years. In practice, almost all five-year-olds and about half of the four-year-olds in Ireland actually attend primary schools.

The involvement of the Department of Education and Skills in early childhood education for children aged under four years focuses principally on specific interventions for children who live in areas of educational disadvantage, children from the Traveller Community and children with autistic spectrum disorders.

A significant step in the development of Ireland's early childhood education policy was the commitment by the government to make available a free pre-school year for children aged between three years three months and four years six months from January 2010. All children are entitled to avail of this pre-school service regardless of family income or ability to pay. Over the course of the year, the financial benefit of the scheme for a single child is over €2,400. All community and private pre-school services, which meet the requirements of the scheme, have been invited to apply for entry to the scheme.



2. Special schools

Target group addressed by the service

There are 126 special schools⁹ catering for particular types of disability and special needs as follows:

- Schools for students with mild general learning disability (30).
- Schools for students with moderate general learning disability (33).
- Schools for students with severe & profound general learning disability (9).
- Schools for students with emotional and behavioural disturbance (12).
- Schools for students with physical disability (6).
- Hospital schools (7).
- Schools for students with hearing impairment (3).
- Schools for students of Traveller families (2).
- School for students with multiple disabilities (2).
- Schools for students with visual impairment (1).
- Schools for students with reading disability (4).
- School for students with autistic spectrum disorders (6).
- High Support Special Schools (11).

Location

Number of services offered

There are 126 special schools which cater for approximately 6,600 children. Of these, 200 pupils are aged four and under; 232 pupils are aged five years old and 256 pupils are six years old. Approximately 1,000 teachers work in special schools.

Region served

Nationwide

Partners involved

Parental role

Parental involvement is encouraged in official documentation to schools and generally by the schools themselves.

Professionals involved

- Primary school teachers

⁹ While there are 126 special schools, some of these do not cater specifically for pupils with special educational needs exclusively. For example, hospital schools provide continuing education on a temporary basis to children who are in hospital. Similarly, schools for children of Traveller families do not specifically cater for Traveller children with special educational needs. All of these schools are classified as special schools for administrative purposes in Ireland.



- Post-primary teachers are employed in instances where the pupils are aged between 12 and 18 years of age or for pupils following post-primary programmes of work.
- Special needs assistants.
- Educational psychologists funded by the Department of Education and Skills.
- Other professionals, as appropriate, including psychologists, speech and language therapists, nurses, occupational therapists and other health professionals who are funded by the Health Service Executive.

Minimum qualifications of professionals

- All primary and post-primary teachers hold a third-level qualification at primary degree level at least. Additional training opportunities at post-graduate certificate and diploma level for teachers involved in special education are provided by university education departments and colleges of education through funding provided by the Department of Education and Skills. The Department's agency – the Special Education Support Service – also provides targeted training and support for schools in relation to the education of children with special educational needs.
- The minimum qualification required for a special needs assistant is a Level Three on the National Framework of Qualifications, with passes in English, Maths and Irish (see www.nfq.ie).
- Other professionals are qualified as appropriate within their respective disciplines.

Support provided

What is offered

Children of primary school age in special schools access the Primary School Curriculum (Department of Education and Science, 1999) at a level appropriate to their learning needs. In adapting the primary school curriculum to the needs of their pupils, teachers may follow the National Council for Curriculum and Assessment's guidelines for teachers of students with mild, moderate and severe/profound disabilities (see www.ncca.ie).

Liaison with other services

Liaison with other professionals as appropriate. For example, health services are provided by the Health Service Executive.

Responsibilities of sectors and services

Funding allocation

Department of Education and Skills

Delivery of services

Schools

Policy implementation

Department of Education and Skills

National Council for Special Education



Quality assurance implementation (e.g. courses, qualifications, teaching methods)

All special schools are evaluated by the Inspectorate of the Department of Education and Skills. Schools are bound by legislation to cooperate with the whole-school evaluation process. In addition, schools are expected to self-evaluate the suitability and impact of their whole-school policies and procedures.

Challenges

It is specified in the *Education for Persons with Special Educational Needs Act 2004* that each child assessed with a special educational need should be provided with an assessment and such measures as are practicable to meet the educational needs of the pupil concerned. This may involve the development of an education plan. The sections of this act that relate to assessment and education plans are not in force at the time of writing this report, but their full implementation will present significant challenges to the education system.

However, *Guidelines for the Individual Education Plan Process* (National Council for Special Education, 2006) have been published by the National Council for Special Education and a programme of training on the individual education plan process for key personnel in primary and post-primary schools was undertaken in 2009. In addition, the *Disability Act 2005*, which has commenced for children under five years of age, provides for an independent assessment of the health and education needs of applicants and a statement of the services which it is proposed to provide.

Training issues concerning professionals involved

To augment the training and in-career development opportunities which are currently available for teachers with:

- Further training at pre-service level and;
- Specialist training for teachers to enable them to provide education to pupils with highly complex needs.

Services-specific comment

See section 1 above – Mainstream classes in ordinary schools

3. Special classes for pupils with specific speech and language disorder.

Target group addressed by the service

Pupils with specific speech and language disorder

Location

Number of services offered



In 2005, 367 pupils were enrolled in these classes. Of these, 49 were five-year olds and 104 were six-year olds.

Region served

Nationwide

Partners involved

Parental role

Parental involvement is encouraged in official documentation to schools and generally by the schools themselves.

Professionals involved

- Primary school teachers
- Speech and language therapists

Minimum qualifications of professionals

- All primary school teachers hold a third-level qualification at primary degree level at least. Additional training opportunities at post-graduate certificate and diploma level for teachers involved in special education are provided by university education departments and colleges of education through funding provided by the Department of Education and Skills. The Department's agency – the Special Education Support Service – also provides targeted training and support for schools in relation to the education of children with special educational needs.
- Speech and language therapists hold a third-level qualification.

Support provided

What is offered

Special classes for pupils with specific speech and language disorder are attached to mainstream primary schools. Pupils who meet specific criteria may be eligible for such classes. The criteria for enrolment in a special class for specific speech and language disorder specify that a pupil's ability as measured on the performance scale of a test of general intelligence must be in the average range or above, and his or her functioning in one or more of the main areas of language development must be at least two standard deviations below the mean. See Circular 38/2007 – Criteria for Enrolment in Special Classes for Pupils with Specific Speech and Language Disorder (Department of Education and Science, 2007).

Schools may apply to the Special Educational Needs Organiser¹⁰ to establish these classes. Schools must have at least five eligible pupils in order to retain a class. A full-time

¹⁰ Special Educational Needs Organisers are appointed by the National Council for Special Education to provide a direct service to the parents of children with special educational needs and to schools within geographical areas. This involves identifying the needs of children and deciding on the level of resources schools require to provide them with an appropriate education service. The Special Educational Needs Organiser, on behalf of the National Council for Special Education, provides a service to parents and children through the co-ordination of the delivery of services between the health sector and schools. This



teacher is assigned to each special class and the pupil-teacher ratio is 7:1. Eligible pupils may spend up to two years in a special class. An enhanced capitation grant is paid in respect of each pupil enrolled in these classes.

The Health Service Executive funds the provision of speech and language therapy services for the children attending these classes.

If a school has such a class and there are places to spare, these places may be offered to a maximum of two pupils who do not meet the eligibility criteria but who could benefit from enrolment in the class. This must be supported by the recommendation of a speech and language therapist and/or a psychologist.

Liaison with other services

The public health service may provide a speech and language therapy service to people in Ireland with communication difficulties. These services may be provided by the Health Service Executive and are delivered by speech and language therapists. Speech and language therapists assess, diagnose, and treat people with communication difficulties in a wide variety of settings, including schools. Therapy services help people with speech, language, fluency, voice and swallowing difficulties.

Public health speech and language therapy services are free and, in most areas, priority is given to children. The service may be provided in mainstream schools, special schools or in health centres or clinics.

Responsibilities of sectors and services

Funding allocation

Department of Education and Skills

Health Service Executive

Delivery of services

Mainstream Schools

Special schools

Health centres/clinics

Policy implementation

Department of Education and Skills

Quality assurance implementation (e.g. courses, qualifications, teaching methods)

All special classes are evaluated by the Inspectorate of the Department of Education and Skills. Schools are bound by legislation to cooperate with the Inspectorate's evaluation processes. Schools are also expected to self-evaluate the suitability and impact of their whole-school policies and procedures.

facilitates the inclusion of the child in the school system. Most importantly, they keep parents informed of decisions which are made on their child's behalf.



Positive aspects

Focussed teaching in a small class with a high level of input by a speech and language therapist.

In general, a child who is eligible for placement in a special class is also eligible for free transport to his/her nearest class.¹¹

Challenges

Providing differentiated supports to pupils with speech and language difficulties who do not meet the criteria for enrolment in the special classes.

Training issues concerning professionals involved

To augment the training and in-career development opportunities which are currently available for teachers with:

- Further training at pre-service level and;
- Specialist training for teachers to enable them to provide education to pupils with highly complex needs.

Services-specific comment

See section 1 above – Mainstream classes in ordinary schools.

For further information, see Department of Education and Science (2005b).

4. Special schools and classes for pupils who are deaf/hearing impaired

Target group addressed by the service

Children who are deaf/hearing impaired.

Location

Number of services offered

Three special schools and 11 special classes in mainstream primary schools.

Region served

Two special schools are located in Dublin, the third special school is in Limerick.

Special classes are more regionally dispersed.

¹¹ See section 14, school transport for children with special needs.



Partners involved

Parental role

Parental involvement is encouraged in official documentation to schools and generally by the schools themselves.

Professionals involved

Primary school teachers and other professionals, as appropriate

Minimum qualifications of professionals

- All primary school teachers hold a third-level qualification. Additional training opportunities at post-graduate certificate and diploma level for teachers involved in special education are provided by university education departments and colleges of education through funding provided by the Department of Education and Skills. The Department's agency – the Special Education Support Service – also provides targeted training and support for schools in relation to the education of children with special educational needs.
- Other professionals are qualified as appropriate within their respective disciplines.

Support provided

What is offered

Primary school education appropriate to the needs of children with hearing impairment.

Liaison with other services

A network of approximately 29 visiting teachers for deaf/hearing impaired children provide support from time of diagnosis directly to the children, to their families and to their schools.

Audiological services are provided by the Health Service Executive following referral by a General Practitioner or other professional. Approximately 10–12 public audiological services are available nationally.

Responsibilities of sectors and services

Funding allocation

- Department of Education and Skills for schools and visiting teacher service
- Health Service Executive for diagnostic and audiological services

Delivery of services

- Schools
- Visiting teacher services
- Health Service Executive

Policy implementation

- Department of Education and Skills
- National Council for Special Education



- Department of Health and Children
- Health Service Executive

Quality assurance implementation (e.g. courses, qualifications, teaching methods)

All special schools and mainstream schools are evaluated by the Inspectorate of the Department of Education and Skills. Schools are bound by legislation to cooperate with the Inspectorate's evaluation processes. Schools are also expected to self-evaluate the suitability and impact of their whole-school policies and procedures.

Positive aspects

The special classes have a pupil-teacher ratio of 7:1. There is an enhanced subvention and grant aid towards special equipment.

Challenges

Providing supports for schools, including in-career development for teachers in most up to date methodologies for teaching children who are deaf/hearing impaired.

Provision of education in and through Irish sign language.

Training issues concerning professionals involved

Providing in-career development for teachers in the most up-to-date methodologies for teaching children who are deaf/hearing impaired, including training in Irish sign language.

Services-specific comment

Special schools and classes are part of the continuum of provision that is made for pupils who are deaf/hearing impaired.

See section 1 above – Mainstream classes in ordinary schools.

5. Autistic Spectrum Disorders


Target group addressed by the service

Children with autistic spectrum disorders

Location

Number of services offered

- 326 special classes for children with autistic spectrum disorders which are attached to special and mainstream schools.
- Five special classes for children with Asperger's Syndrome.

- 
-
- 43 pre-school classes to facilitate the demand for early intervention provision for children with autistic spectrum disorders.
 - 13 stand alone centres of education on a pilot basis where the approach to teaching and learning is based mainly on applied behavioural analysis (ABA).
 - Home tuition grants are provided to parents of children of pre-school age where a place in a pre-school class for autistic spectrum disorders is not available.

Region served

Nationwide

Partners involved

Parental role

Parental involvement is encouraged in official documentation to schools and generally by the schools themselves.

Professionals involved

- Primary school teachers
- Special needs assistants
- Diagnostic and therapeutic services are provided by the Health Service Executive.
- Support services to schools are provided by the National Educational Psychological Service.
- Training and advice to schools and teachers are provided by the Special Education Support Service.

Minimum qualifications of professionals

- Primary school teachers and other professionals hold a third-level qualification. Additional training opportunities at post-graduate certificate and diploma level for teachers involved in special education are provided by university education departments and colleges of education through funding provided by the Department of Education and Skills. The Department's agency – the Special Education Support Service – also provides targeted training and support for schools in relation to the education of children with special educational needs.
- The great majority of teachers who work with children with autistic spectrum disorders have attended specialist courses in autistic spectrum disorders education.
- The minimum qualification required for a special needs assistant is a Level Three on the National Framework of Qualifications, with passes in English, Maths and Irish (see www.nfq.ie).

Support provided

What is offered

Education tailored to the needs of children with autistic spectrum disorders.



Liaison with other services

- Diagnostic and therapeutic services are provided by the Health Service Executive.
- Support services to schools are provided by the National Educational Psychological Service.
- Training and advice to schools and teachers are provided by the Special Education Support Service.

Responsibilities of sectors and services

Funding allocation

Department of Education and Skills

Delivery of services

Schools

Policy implementation

- Department of Education and Skills
- National Council for Special Education
- Department of Health and Children
- Health Service Executive

Quality assurance implementation (e.g. courses, qualifications, teaching methods)

All special schools and mainstream schools are evaluated by the Inspectorate of the Department of Education and Skills. Schools are bound by legislation to cooperate with the Inspectorate's evaluation processes. Schools are also expected to self-evaluate the suitability and impact of their whole-school policies and procedures.

Positive aspects

An eclectic mix of approaches is in operation in Ireland to meet the educational needs of pupils with autistic spectrum disorders. Centres using applied behavioural analysis have applied to the Department of Education and Skills to become recognised special schools and their applications are currently being processed.

Since the recognition of autistic spectrum disorders as a distinct category for special education provision in 1998, very significant progress has been made in the provision of specialist education for children with autistic spectrum disorders. These include the establishment of special classes in mainstream and special schools and the provision of specialist training for teachers.

Challenges

To make available education in schools for all children with a diagnosis of autistic spectrum disorder, including children of pre-school age.

To continue to make available specialist training in appropriate methodologies for teachers of children with autistic spectrum disorders.



Training issues concerning professionals involved

The Special Education Support Service (SESS) provides training for staff attached to schools recognised by the Department of Education and Skills (see www.sess.ie).

Specialist courses for teachers in the education of children with autistic spectrum disorders leading to diploma and Masters qualifications are available from two colleges of education.

Services-specific comment

See section 1 above – Mainstream classes in ordinary schools.

6. Learning-support/resource teachers who are allocated to mainstream primary schools under the General Allocation Model

Target group addressed by the service

The General Allocation Model is designed to provide a general allocation of additional teaching support to help meet the needs of children with low achievement in literacy and numeracy and children with ‘high-incidence’ special educational needs. The additional teaching resources provided under the General Allocation Model is intended to enable schools to provide additional support for:

- Pupils who have low achievement in literacy and numeracy – schools are advised to give priority to pupils whose are performing at or below the tenth percentile as measured on a standardised test of literacy or numeracy.
- Pupils with learning difficulties arising, for example, from mild speech and language difficulties, mild social or emotional difficulties and mild co-ordination or attention control difficulties associated with identified conditions such as dyspraxia, attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD). Pupils with these conditions who have been assessed as being in the low-incidence category get individual support from resource teachers (See Section 7).
- Pupils who have special educational needs arising from high-incidence special educational needs which include borderline-mild general learning disability, mild general learning disability and specific learning disability.

Schools are advised to deploy the learning-support/resource teacher in accordance with criteria and guidelines provided by the Department of Education and Skills in the Learning Support Guidelines (Department of Education and Science, 2000) and Circular 02/05 (Department of Education and Science, 2005a). Supplementary teaching may be provided in the mainstream classroom or in small groups in another room. One-to-one teaching for a specified period may be provided for individual pupils based on their needs.



Location

Number of services offered

In 2009, there were 5,470 full-time learning-support/resource teachers in primary schools. There were also 381 whole-time equivalent posts providing part-time learning support/resource support.¹²

Region served

Nationwide

Partners involved

Parental role

Parental involvement is encouraged in official documentation to schools and generally by the schools themselves.

Professionals involved

Primary school teachers

Minimum qualifications

- All primary school teachers hold a third-level qualification at primary degree level at least. Additional training opportunities at post-graduate certificate and diploma level for teachers involved in special education are provided by university education departments and colleges of education through funding provided by the Department of Education and Skills. The Department's agency – the Special Education Support Service – also provides targeted training and support for schools in relation to the education of children with special educational needs.
- The minimum qualification required for a special needs assistant is a Level Three on the National Framework of Qualifications, with passes in English, Maths and Irish (see www.nfq.ie).
- Other professionals are qualified as appropriate within their respective disciplines.

Support provided

What is offered

Learning-support/resource teacher posts are allocated to all mainstream primary schools. The role of the learning-support/resource teacher is to provide supplementary teaching to children with low achievement and those with specific learning disability and those with mild general learning disability in conjunction with the mainstream class teacher and in accordance with each child's special educational needs. Children are identified for supplementary teaching following a careful process of observation and assessment within the school. Selection for supplementary teaching usually follows a period of targeted intervention by the mainstream class teacher. Following diagnostic assessment by the learning-support/resource teacher, a child may be selected for supplementary teaching. Depending on an individual child's learning needs, specialist assessment, including

¹² Disaggregated statistics for the number of learning-support and resource teachers is not available.



educational psychological assessment, may be sought. Children who continue to have difficulty coping with the curriculum can be psychologically assessed by the National Educational Psychological Service and may be eligible for an individualised allocation of resource teacher support based on their assessed needs (see Section 7).

Liaison with other services

Learning-support/resource teachers liaise with resource teachers for low incidence special education needs and other specialist teachers for special educational needs in their schools. They also liaise with parents and with external agencies that have a remit for special education.

Responsibilities of sectors and services

Funding allocation

Department of Education and Skills

Delivery of services

Schools

Policy implementation

Department of Education and Skills

Quality assurance implementation (e.g. courses, qualifications, teaching methods)

All schools are evaluated by the Inspectorate of the Department of Education and Skills. Schools are bound by legislation to cooperate with the Inspectorate's evaluation processes. Schools are also expected to self-evaluate the suitability and impact of their whole-school policies and procedures.

Positive aspects

The General Allocation Model enables schools to address the needs of children with learning difficulties in a timely manner.

Challenges

To continue to support schools in using the teaching resources provided under the General Allocation Model in the most effective manner.

Training issues concerning professionals involved

Training courses for learning-support/resource teachers to post-graduate diploma level (and which can usually continue to Masters level) are provided in universities and colleges of education and are funded by the Department of Education and Skills.



Services-specific comment

The allocation of teachers to schools under the General Allocation Model has enabled schools to provide targeted interventions, including early intervention for pupils with special needs, in an efficient, effective and timely manner.

See section 1 above – Mainstream classes in ordinary schools.

7. Resource teachers

Target group addressed by the service

Children with low-incidence special educational needs who are attending mainstream primary schools.

Low-incidence special educational needs include physical disability; hearing impairment; visual impairment; emotional disturbance; severe emotional disturbance; moderate general learning disability; severe and profound general learning disability; autism/autistic spectrum disorders; specific speech and language disorders; assessed syndromes in conjunction with one of the above low-incidence disabilities; and children with multiple disabilities.

Location

Number of services offered

In 2009, there were 5,470 full-time learning-support/resource teachers in primary schools. There are also 381 whole-time equivalent posts providing part-time learning support/resource support.¹³ At primary school level, resource teachers provided support to 14,238¹⁴ pupils as of September 1st 2009. Further applications from schools are processed by the National Council for Special Education on an ongoing basis.

Region served

Nationwide

Partners involved

Parental role

Parental involvement is encouraged in official documentation to schools and generally by the schools themselves.

¹³ Disaggregated statistics for the number of learning-support and resource teachers is not available.

¹⁴ Of these 14,238 pupils, 267 have an assessed syndrome; 2,375 have autistic spectrum disorders; 26 have a borderline mild general learning disability; 3,237 have emotional/behavioural disturbance; 587 have hearing impairment; 62 have a mild general learning disability; 462 have a moderate general learning disability; 1,002 have multiple disabilities; 2,359 have physical disabilities; 546 have severe emotional/behavioural disturbance; 19 have severe/profound general learning disability; 17 have a specific learning disability; 2,827 have specific speech and language disorder; 256 have visual impairment; 177 have no diagnosis; 19 have other diagnoses.



Professionals involved

Primary school teachers

Minimum qualifications of professionals

All primary school teachers hold a third-level qualification at primary degree level at least. Additional training opportunities at post-graduate certificate and diploma level for teachers involved in special education are provided by university education departments and colleges of education through funding provided by the Department of Education and Skills. The Department's agency – the Special Education Support Service – also provides targeted training and support for schools in relation to the education of children with special educational needs. Many resource teachers have attended specialist courses and have achieved additional qualifications in special education.

Support provided

What is offered

Resource teachers provide support to pupils with low-incidence disabilities, either through in-class support within the mainstream classroom or by withdrawal of individual pupils or small groups to another room.

Resource teachers are allocated to schools following applications for support that are made to the National Council for Special Education on behalf of individual pupils, based on the needs of the pupil as identified through a professional assessment – usually an educational psychological assessment.

Each school must make an individual application for resource teaching hours for children with low-incidence special needs.

Applications are made to the Special Educational Needs Organisers (SENOs). SENOs are the local officers of the National Council for Special Education and are based regionally throughout the country.

Decisions in relation to applications for resource teacher support are made by the Special Educational Needs Organisers in accordance with criteria that are set by the Department of Education and Skills.

The Special Educational Needs Organiser communicates the decision on the application to the school.

Special Educational Needs Organisers also provide a direct service to the parents of children with special educational needs and to schools within geographical areas. This service includes identifying the needs of children and deciding on the level of resources schools require to provide them with an appropriate education service.

The Special Educational Needs Organisers help to facilitate the inclusion of children with special educational needs in the school system by co-ordinating the delivery of services between schools and the health sector.

Liaison with other services

Resource teachers liaise with learning-support/resource teachers and other teachers including mainstream teachers who are catering for special educational needs in their schools. They also liaise with external agencies with a remit for special education, such as



the National Council for Special Education and the National Educational Psychological Service.

Responsibilities of sectors and services

Funding allocation

Department of Education and Skills

Delivery of services

Schools

Policy implementation

Department of Education and Skills

The National Council for Special Education

Quality assurance implementation (e.g. courses, qualifications, teaching methods)

The Inspectorate of the Department of Education and Skills has responsibility for the evaluation of the quality of education in all schools and centres for education, including resource teacher provision. All schools are bound by legislation to cooperate with the Inspectorate's evaluation processes. Schools are also expected self-evaluate the suitability and impact of their whole-school policies and procedures.

Positive aspects

The allocation of resource teachers to mainstream schools is a significant additional staffing allocation that assists mainstream schools to include pupils with special educational needs and to provide them with an appropriate education in accordance with their needs.

Challenges

Effective deployment of resource teachers in schools.

Provision of specialist training for resource teachers to enable them to address complex special educational needs.

Training issues concerning professionals involved

Training courses for resource teachers to post-graduate diploma level (and which can usually continue to Masters level) are provided in universities and colleges of education and are funded by the Department of Education and Skills.

Specialist courses are also provided and funded by the Special Education Support Service.

Services-specific comment

The allocation of resource teachers to schools has enabled schools to include pupils with special educational needs and to provide targeted interventions for them, including early intervention, in an efficient, effective and timely manner.



See section 1 above – Mainstream classes in ordinary schools.

8. Special needs assistants

Target group addressed by the service

Special needs assistants provide care assistance for children with special educational needs who need extra non-teaching care support. The need for such care support usually arises because of a physical disability, a sensory impairment, medical need or behavioural difficulties. The duties that are undertaken by special needs assistants are outlined in Special Education Circular 07/2002 (Department of Education and Science, 2002).

Location

Number of services offered

As of September 1st 2009, 8,760 pupils in primary schools have been assigned a special needs assistant based on their needs.¹⁵ Further applications from schools are processed by the National Council for Special Education on an ongoing basis. Approximately 1,500 special needs assistants are assigned to pupils in Junior Infants and about 1,000 are assigned to pupils in Senior Infants (pupils largely aged 4–6 years of age in these classes).

Region served

Nationwide

Partners involved

Parental role

Parental involvement is encouraged in official documentation to schools and generally by the schools themselves.

Professionals involved

Special needs assistants work under the direction of the school principal and teachers.

Minimum qualifications of professionals

The minimum qualification required for a special needs assistant is Level Three on the National Framework of Qualifications, with passes in English, Maths and Irish (see www.nfq.ie).

¹⁵ Of the 8,760 pupils with an assigned special needs assistants, 364 have an assessed syndrome; 1,890 have autistic spectrum disorders; 127 have a borderline mild general learning disability; 2,114 have emotional/behavioural disturbance; 208 have hearing impairment; 314 have a mild general learning disability; 366 have a moderate general learning disability; 794 have multiple disabilities; 1,327 have physical disabilities; 410 have severe emotional/behavioural disturbance; 16 have severe/profound general learning disability; 11 have a specific learning disability; 290 have specific speech and language disorder; 157 have visual impairment; 196 have no diagnosis; 176 have other diagnoses.



Support provided

What is offered

In general terms, a special needs assistant acts in a care and support role that is non-teaching in nature and works under the guidance and supervision of the Principal and/or class teacher.

Those duties involve tasks of a **non-teaching nature** such as:

1. Preparation and tidying up of classroom(s) in which the pupil(s) with special needs is/are being taught.
2. Assisting children to board and alight from school buses. Where necessary travel as escort on school buses may be required.
3. Special assistance as necessary for pupils with particular difficulties e.g. helping physically disabled pupils with typing or writing.
4. Assistance with clothing, feeding, toileting and general hygiene.
5. Assisting on out-of-school visits, walks and similar activities.
6. Assisting the teachers in the supervision of pupils with special needs during assembly, recreational and dispersal periods.
7. Accompanying individuals or small groups who may have to be withdrawn temporarily from the classroom.
8. General assistance to the class teachers, under the direction of the principal, with duties of a non-teaching nature.
9. Where a special needs assistant has been appointed to assist a school in catering for a specific pupil, duties should be modified to support the particular needs of the pupil concerned.

Liaison with other services

Special needs assistants may contribute to the formulation of a child's Individual Education Plan and may provide useful information for assessments of children's needs by teachers or outside professionals.

Responsibilities of sectors and services

Funding allocation

Department of Education and Skills

Delivery of services

Schools

Policy implementation

Department of Education and Skills

Quality assurance implementation (e.g. courses, qualifications, teaching methods)

The Inspectorate of the Department of Education and Skills has responsibility for the evaluation of education in all schools and centres for education. Schools are bound by legislation to cooperate with the Inspectorate's evaluation processes. Schools are also



expected self-evaluate the suitability and impact of their whole-school policies and procedures. In the course of their work, inspectors assess how the special needs assistant is being deployed to support assigned pupil(s).

Positive aspects

Special needs assistants provide additional care assistance to children with special educational needs which enables their inclusion in schools.

Challenges

To clearly define in practice the role of paraprofessionals, including special needs assistants, in schools.

Training issues concerning professionals involved

Special courses for special needs assistants are provided through adult education providers. In addition, training courses are provided through the Special Education Support Service.

Services-specific comment

The number of special needs assistants in schools has grown very significantly during the ten years between 1999 and 2009. A value for money policy review of the special needs assistant scheme was undertaken in 2008–10. The outcomes of this review will inform policy development and the future direction of the scheme.

See section 1 above – Mainstream classes in ordinary schools.

9. Home Tuition Scheme

Target group addressed by the service

This service is targeted at:

1. Children of school age with significant medical conditions which are likely to cause major disruption to their attendance at school on a continuing basis. Home tuition for these pupils (including those with special educational needs) is provided for those who cannot attend school at all, who are absent for a significant proportion of the school year and/or where the degree of absence is such that without supplemental instruction the pupil is unlikely to be able to perform academically at the level appropriate to his/her level of ability.
2. Children who are aged two-and-a-half to five years of age and who have been assessed as having an autistic spectrum disorder, and for whom early educational intervention is recommended. A grant for home tuition is made available for these children, as an interim measure, in the absence of, or while they are awaiting an appropriate educational placement.



The provision of therapeutic services such as speech and language therapy, occupational therapy and psychological services is arranged and funded by the Health Service Executive¹⁶.

The funding that is provided by the Department of Education and Skills for home tuition funding may not be used for therapeutic supports.

Location

Number of services offered

The numbers of children sanctioned home tuition hours in 2008–2009 was:

- **368** children with significant medical conditions.
- **361** Children with autistic spectrum disorders of a pre-school age.

Region served

Nationwide

Partners involved

Parental role

Parental involvement is encouraged in official documentation to schools and generally by the schools themselves.

Professionals involved

Primary school teachers or if a primary school teacher is not available, a tutor with experience and/or training in the education of children with autistic spectrum disorders.

Minimum qualifications of professionals

Primary school teachers have a third-level qualification to primary degree level as a minimum.

Tutors who are not teachers must have suitable training or experience in the education of children with autistic spectrum disorders and may have a primary degree or higher.

Support provided

What is offered

10–20 hours tuition per week in the home, depending on the level of need, the child's age, and the nature of the educational interventions required.

Liaison with other services

Home tutors normally liaise with other services through the child's parents. In the case of school-age children with significant medical conditions, there may be liaison with the child's school. In the case of pre-school children with an autistic spectrum disorder, there may be liaison with local autism support services.

¹⁶ See Section on Health Services



Responsibilities of sectors and services

Funding allocation

The home tuition scheme is funded by the Department of Education and Skills.

If home tuition is provided by a teacher whose name is on the primary teachers' payroll of the Department of Education and Skills, payment is made directly to the teacher through the Department's payroll system.

If home tuition is provided by a teacher/tutor whose name is not on the Department's primary teachers' payroll, payment is made directly to the parent of the child who acts as the employer of the teacher/tutor.

Delivery of services

Home tuition services are normally delivered in the child's home.

Policy implementation

Department of Education and Skills

Quality assurance implementation (e.g. courses, qualifications, teaching methods)

The National Educational Welfare Board has responsibility for assessing the quality of the home programme for pupils of compulsory school-going age. For pre-school age children receiving home tuition, provision is monitored by the Special Education Section of the Department of Education and Skills.

Positive aspects

The home tuition scheme is designed to ensure that children of school age with significant medical conditions have access to formal education. For pre-school aged children with autistic spectrum disorders, the scheme ensures that a system of early education intervention is made available for children for whom a place in a pre-school class for autistic spectrum disorders is not available.

Challenges

To put in place within the school system or otherwise, a national system of pre-school education for children with autistic spectrum disorders.

Training issues concerning professionals involved

The Special Education Support Service provides and funds training programmes in autistic spectrum disorders education for teachers of pre-school classes for autistic spectrum disorders. These teachers are also eligible to attend courses in autistic spectrum disorders education and in generic special education that are provided by the colleges of education and the education departments of the universities. These courses are usually funded by the Department of Education and Skills.



Services-specific comment

The home tuition programme for pre-school-aged children is working well generally in the absence of pre-school classes in schools for pupils with autistic spectrum disorders. A difficulty which parents often encounter is the sourcing of a suitably qualified teacher or tutor. The result is that the quality of provision for children who are in receipt of home tuition is likely to be uneven.

See section 1 above – Mainstream classes in ordinary schools.

10. July Education Programme

Target group addressed by the service

Children with autistic spectrum disorders and children with a severe/profound general learning disability.

Location

Number of services offered

120 schools offered the service in 2009. 1,898 children availed of home-based provision in July 2009.

Region served

Nationwide

Partners involved

Parental role

Parental involvement is encouraged in official documentation to schools and generally by the schools themselves.

Professionals involved

Primary school teachers

Special needs assistants

Minimum qualifications of professionals

- All primary school teachers hold a third-level qualification. Additional training opportunities at post-graduate certificate and diploma level for teachers involved in special education are provided by university education departments and colleges of education through funding provided by the Department of Education and Skills. The Department's agency – the Special Education Support Service – also provides targeted training and support for schools in relation to the education of children with special educational needs.



- The minimum qualification required for a special needs assistant is a Level Three on the National Framework of Qualifications, with passes in English, Maths and Irish (see www.nfq.ie).

Support provided

What is offered

The July Education Programme makes available funding for schools to provide additional education for twenty days during the month of July for certain groups of children with special educational needs as outlined below.

- Special schools and mainstream primary schools with special classes catering for children with autistic spectrum disorders may choose to extend their education services through the month of July for these children.
- The July Education Programme also makes available funding for an additional twenty days education during the month of July for pupils with a severe/profound general learning disability. The funding also covers transport and escort services for the children.
- Where school-based provision for children with autistic spectrum disorders or for children with severe/profound general learning disability is not feasible, home-based provision may be grant aided through the home tuition scheme.

Liaison with other services

Schools and parents may liaise with other services as required during the period of the July Education Programme in the same way as during the remainder of the school year.

Responsibilities of sectors and services

Funding allocation

Department of Education and Skills

Delivery of services

School-based provision and some home tuition

Policy implementation

Department of Education and Skills

Quality assurance implementation (e.g. courses, qualifications, teaching methods)

Schools that provide continuing education for the month of July for groups of pupils are subject to inspection by the Inspectorate of the Department of Education and Skills in the same way as during the remainder of the school year.

Positive aspects

Additional services outside the school year for children with special educational needs.



Training issues concerning professionals involved

Continuing professional development of teachers involved in teaching children with severe/profound general learning disabilities is supported by the Special Education Support Services through seminars and training events and through school based in-service. Teachers may also take diploma courses in the colleges of education – these courses are fully funded by the Department of Education and Skills. Successful completion of a diploma in special education can lead on to Masters’ or even doctoral studies in special education.

The major issue is to continue to provide appropriate training for teachers who have just been appointed to posts in this area and to continue to up skill the teachers who are working for longer in the area.

Services-specific comment

This scheme is currently being reviewed by the Department of Education and Skills. See section 1 above – Mainstream classes in ordinary schools.

11. Visiting Teacher Service

Target group addressed by the service

Children who are deaf/hearing impaired and children with visual impairments.

Location

Number of services offered

At present, there are 29 visiting teachers who support deaf/hearing impaired children and 14 visiting teachers who support visually impaired children.

Region served

Nationwide

Partners involved

Parental role

Parental involvement is encouraged in official documentation to schools and generally by the schools themselves.

Visiting teachers liaise with parents of children with visual or hearing impairment from the time of diagnosis.

Professionals involved

All visiting teachers are qualified primary school teachers who, in addition, hold the Diploma for Teachers of the Deaf or the Diploma for Teachers of the Visually Impaired or the Diploma in Special Education or equivalent qualifications. Visiting teachers normally



have at least two years' satisfactory teaching service in a special school or in a special class/unit in an ordinary school.

Visiting teachers for visually impaired children assess and evaluate the needs of each child and explain the effects of visual impairment, including the current and future implications of the impairment. In addition, they provide information and advice to assess educational planning for children and young people with visual impairments. Visiting teachers co-operate closely with colleagues from a range of educational and other professional backgrounds, in addition to national organisations.

Visiting teachers advise schools (including pre-schools) regarding suitable teaching methods and classroom management strategies to support pupils with visual impairments in mainstream schools.

They conduct assessments and give advice in relation to equipment commonly used by the visually impaired (i.e. technology, large print, tapes, etc. and advice on additional personnel resources, when needed). Visiting teachers can also advise schools on any necessary adaptations to the school environment required by the child with visual impairment.

Visiting teachers for deaf/hearing impaired children work with pre-school children to provide guidance and support for parents of children who are deaf/hearing impaired. They inform parents of the implications of deafness for the acquisition of spoken language and Irish Sign language (ISL), inform parents of communication methods and liaise with audiology services. Applications for home tuition in sign language should be made to the visiting teacher.

Visiting teachers also monitor the child's language development and communication skills and give information and advice to parents on pre-school and school placements. At primary level, the visiting teacher works with the principal and other staff to plan and put in place suitable supports for the child. They can provide tuition with special emphasis on language development and monitor the educational progress of the child.

Minimum qualifications of professionals

All primary school teachers hold a third-level qualification at primary degree level at least. Additional training opportunities at post-graduate certificate and diploma level for teachers involved in special education are provided by university education departments and colleges of education through funding provided by the Department of Education and Skills. The Department's agency – the Special Education Support Service – also provides targeted training and support for schools in relation to the education of children with special educational needs.

Many visiting teachers have taken additional qualifications in the education of children with visual and/or in the education of children with hearing impairment.

Support provided

What is offered

Visiting teachers aim to be a support to the parents/guardian and the child. The support service can begin shortly following the birth of the child, immediately following the diagnosis of significant visual or hearing impairment. In addition, visiting teachers provide a teaching service for the pre-school child in the home if considered necessary.



Liaison with other services

Visiting teachers liaise with parents, schools, and statutory and voluntary agencies as appropriate, on behalf of the child. This includes assisting parents to access information, services and resources for their child.

Responsibilities of sectors and services

Funding allocation

Department of Education and Skills

Delivery of services

Specially trained teachers

Policy implementation

The visiting teachers service is managed by the Department of Education and Skills. The visiting teachers service operates in accordance with the policies and regulations that are set down by the Department of Education and Skills.

Quality assurance implementation (e.g. courses, qualifications, teaching methods)

The visiting teachers service is managed by members of the schools' Inspectorate within the Department of Education and Skills. The managers of the service take responsibility for the recruitment of suitably qualified teachers to the service and for the on-going in-career development of members of the visiting teachers service.

Members of the visiting teacher service are subject to inspection by the Inspectorate of the Department of Education and Skills.

Positive aspects

The visiting teachers service provides a nationwide service to and for children with visual and hearing impairment. Visiting teachers liaise with parents, schools, statutory and voluntary agencies, as appropriate, on behalf of each child. This includes assisting parents to access information, services and resources for their child. Visiting teachers visit schools and provide advice to teachers and school management. The visiting teachers service makes a positive contribution to enabling children with significant visual or hearing impairment to be included in mainstream schools.

Challenges

A challenge is to ensure that all members of the service are fully up to date with developments in these aspects of special education so as to provide optimum support for schools and parents.

Training issues concerning professionals involved

The major issue regarding training is to ensure all members of the visiting teacher service to keep up to date with new developments in their field. This is achieved through seminars, short training courses and longer courses leading to formal academic and professional qualifications.



Services-specific comment

Visiting teachers provide a peripatetic service to schools and parents. On-going requirements for the service include:

- Ensuring that all children, whatever their location within the country, have access to an appropriate service.
- Ensuring that the service is provided in a differentiated way so that the pupils with greatest need receive the greatest level of support.

See section 1 above – Mainstream classes in ordinary schools.

12. Early Start

Target group addressed by the service

The Early Start Programme is a one-year preventative intervention scheme that is provided by selected schools in designated disadvantaged areas. The objective of the pre-school programme, which is managed, funded and evaluated by the Department of Education and Skills, is to tackle educational disadvantage by targeting children who are at risk of not reaching their potential within the school system.

Location

Number of services offered

The programme operated in 40 schools in 2009, catering for approximately 1,700 pupils. Sixteen of these operated full units that catered for 60 children daily and twenty-four operated half-units that cater for 30 children daily.

Region served

Urban disadvantaged areas

Partners involved

Parental role

Parental involvement is encouraged in official documentation to schools and generally by the schools themselves. A specific aim of the programme is that parents will become actively involved in their children's education.

Professionals involved

There are 56 teachers and 56 childcare workers employed in 16 full units and 24 half units.

Minimum qualifications of professionals

Teachers – Fully qualified and probated primary school teachers. Early Start teachers generally do not hold a qualification in special education.



Childcare Assistants – Level five on the National Framework of Qualifications (see www.nfq.ie).

Support provided

What is offered

The units' timetables permit two separate groups of pupils to attend morning and afternoon classes, thus increasing the potential service offered by the unit. A full unit caters for a total of 60 children and employs two Early Start teachers and two childcare workers. A half unit caters for 30 children with one Early Start teacher and one childcare worker. Each teacher and childcare worker caters for 15 children between 9.00 and 11.30 and a second cohort of 15 pupils from 12.00 to 14.30 each school day. The curriculum of the programme prioritises the four core areas of language, cognition, social and personal development.

Liaison with other services

The service is closely linked to the primary school in which it is located. It liaises with other external agencies as appropriate.

Responsibilities of sectors and services

Funding allocation

Salaries are paid directly by the Department of Education and Skills. The following grants are payable:

- €11,427.64 per full unit or €5,713.82 per half unit 'start up' grant for the purchase of suitable equipment.
- €2,539.48 per full unit or €1,523.69 per half unit per annum for the purchase of materials/equipment.
- €1,904.60 per full unit or €952.30 per half unit per annum for the development of parental involvement.
- €95.23 per pupil annual capitation grant to the school's Board of Management, which is to be used as funding support for day to day running costs of the unit.

The total cost of operating the Early Start programme in 2009 was €6.2 million, including the salaries of teachers and childcare workers.

Delivery of services

Individual schools in conjunction with the Department of Education and Skills.

Policy implementation

The Early Start classes operate in accordance with the policies and procedures that are set down by the Department of Education and Skills.

Quality assurance implementation (e.g. courses, qualifications, teaching methods)

Early Start classes are evaluated by the Inspectorate of the Department of Education and Skills. Schools are bound by legislation to cooperate with the Inspectorate's evaluation



processes. Schools are also expected to engage in whole-school evaluation and to self-evaluate the suitability and impact of their whole-school policies and procedures.

Positive aspects

An evaluation of the Early Start scheme in 2003 by the Educational Research Centre, Dublin, Ireland found:

- Early Start has been successfully integrated into the Irish school system;
- Parents are happy with the scheme;
- Parents are involved in many of the activities provided by Early Start;
- Junior infant teachers judge children who have participated in Early Start to be superior to those who had not participated in cognitive and language abilities, their adaptation to classroom procedures and their general 'readiness' for school (Lewis and Archer, 2003).

Challenges

Ireland has introduced a universal free pre-school year from January 2010 for children aged between three years three months and four years six months. The integration of existing pre-school provision such as Early Start and segregated Traveller Pre-schools into the new universal pre-school provision is under consideration.

Training issues concerning professionals involved

The main issue in relation to training is to ensure that teachers are up-to date with developments in pedagogy in early childhood education.

Services-specific comment

The Early Start pre-school initiative is making a positive contribution in the schools that are offering the service.

See section 1 above – Mainstream classes in ordinary schools.

13. Pre-schools for Travellers

Target group addressed by the service

Children of the Traveller Community

Location

Number of services offered

29 Traveller Pre-schools – In 2008, 314 pupils were enrolled in these pre-schools.

Region served



Nationwide

Partners involved

Parental role

Parental involvement is encouraged in official documentation to these pre-schools and generally by the pre-schools themselves.

Professionals involved

Primary school teachers

Care assistants

Teachers who are not qualified as primary teachers.

Minimum qualifications of professionals

All primary school teachers hold a third-level qualification.

Care assistants hold varying qualifications on the National Framework of Qualifications.

Support provided

What is offered

There are 29 segregated pre-schools for Traveller children. The State provides 98% of the tuition costs for a maximum of three hours' tuition per day for the regular school year. Transport costs, where necessary, are funded by the State, and there is a capitation grant and financial support available for the purchase of equipment.

The majority of Traveller pre-school children attend integrated community pre-school provision.

Liaison with other services

The Health Service Executive can also fund childcare assistants within segregated Traveller pre-schools. The Visiting Teachers for Travellers also work with Traveller pre-schools.

Responsibilities of sectors and services

Funding allocation

Department of Education and Skills

In 2008, €434,319 was spent on teachers' salaries, €1,623,845 was spent on transport and €29,563 was spent on equipment grants within the Traveller Pre-schools.

Delivery of services

Traveller Pre-schools

Policy implementation

Department of Education and Skills



Health Service Executive

Quality assurance implementation (e.g. courses, qualifications, teaching methods)

Traveller pre-schools have to comply with the Child Care Pre School Services Regulations 2006 (Department of Health and Children, 2006a) and are inspected by the Health Service Executive Pre-School Inspectorate.

Positive aspects

The availability of dedicated pre-school classes for children of the Traveller Community

Challenges

The phasing out of segregated provision for Travellers is government policy across all levels of the education system. Parallel to phasing out segregated provision is the inclusion of Traveller children in mainstream schools and services, including pre-school and school services.

Training issues concerning professionals involved

Not all of the teachers working in Traveller Pre-schools are fully qualified and there is no agreed minimum qualification.

Services-specific comment

At a certain point in the development of education services for Traveller children, the availability of the pre-schools for Travellers served a useful purpose in getting the children involved in the school system. The participation of Traveller children in the formal education system is now generally a second or third generation phenomenon. The pre-schools for Travellers are now seen as segregationist and Department policy is to encourage Traveller children to avail of education in a fully inclusive manner along with children of the settled community.

See section 1 above – Mainstream classes in ordinary schools.

14. School transport for children with special needs

Target group addressed by the service

This scheme applies to children who are enrolled in special schools or special classes in state primary and post-primary schools.

Location

Number of services offered

For most children who avail of the service, the school transport scheme generally provides transport to and from school in a bus or minibus.



In limited specific circumstances, the transport scheme provides:

- A taxi service to and from the school.
- A ticket to enable the child to avail of public transport to travel to and from school.
- A grant to parents of children with special educational needs to enable them to arrange transport to and from the school.

For children with special educational needs and to promote these children's health and safety, the school transport scheme provides for an escort to travel on the bus or taxi with the children.

Region served

Nationwide

Partners involved

Parental role

In specific circumstances, parents can avail of grant aid to take their child with special educational need to and from school.

Professionals involved

Officials in School Transport Section of the Department of Education and Skills

National Council for Special Education

Bus drivers

Escorts

Minimum qualifications of professionals

Bus drivers must have appropriate driving qualifications and insurance to drive a vehicle with children to school.

No specific qualifications are required for travel escorts.

Support provided

What is offered

Children who qualify for special transport are those who are enrolled in special schools or special classes in a primary school; or pupils with special educational needs who are attending mainstream classes in primary schools.

The School Transport Service may not be available in all areas. Where the special transport cannot be provided, parents may be eligible for a transport grant to help with the cost of making private transport arrangements.

Resources are also available for the provision of specialised equipment on special transport services, such as a harness, for children with special requirements related to health and safety.

An escort is provided for children in special schools where it is considered that an escort is necessary to ensure the health and safety of the children travelling to and from school.



The Department of Education and Skills provides 98% grant-aid towards the cost of approved special transport services operated to cater solely for Traveller children.

Liaison with other services

There is close liaison between the school, parents, the National Council for Special Education, Bus Éireann (the national bus company) and the School Transport Section of the Department of Education and Skills.

Responsibilities of sectors and services

Funding allocation

Department of Education and Skills

Delivery of services

Bus Éireann delivers the service on behalf of the Department of Education and Skills. Bus Éireann either provides the service itself directly or subcontracts the services to local transport providers.

Policy implementation

Department of Education and Skills

Quality assurance implementation (e.g. courses, qualifications, teaching methods)

The service is monitored by the Department's School Transport Section and by Bus Éireann.

Positive aspects

The special transport scheme provides transport for children with special educational needs to and from schools. The scheme enables these children to attend a special school or a special class in a place outside of the child's immediate locality.

Challenges

To maintain a coherent special transport system in place, while at the same time managing the costs of the scheme in a prudent manner. The high cost of providing a school transport service is currently being examined by the Department of Education and Skills.

Training issues concerning professionals involved

Training issues for drivers of vehicles are a matter for the transport providers.

Escorts are usually managed by the school that the children are attending and therefore any training that is required is first of all a matter for the management of the school.



Services-specific comment

The school transport scheme successfully provided a safe and reliable means for children with special educational needs to attend school.

See section 1 above – Mainstream classes in ordinary schools.



HEALTH AND PERSONAL SOCIAL SERVICES FOR CHILDREN UNDER FIVE YEARS OF AGE

1. Therapeutic assessment and intervention by a range of therapists in interdisciplinary teams for children with disability or developmental delay.

Type of provision

Service offered

Family supports, including social work, psychology and respite.

See Appendix 1 for details on services provided to children aged birth to six years of age

Target group addressed by the service

Children aged birth to age five years with a disability or developmental delay.

Location

Number of services offered

Services are offered in all 32 Local Health Office areas by differing combinations of statutory and non-statutory service providers.

Region served

Nationwide.

Partners involved

Parental role

Parents are partners in assessment and intervention and are included in all planning of their child's service.

Professionals involved

Consultant paediatricians, community paediatricians, physiotherapists, occupational therapists, speech and language therapists, social workers, psychologists, family support workers, nurses, etc.

In addition, Child and Adolescent Mental Health Services include psychiatry, psychology, social work and nursing.

Minimum qualifications of professionals

Professional qualifications are validated by the Department of Health and Children and are appropriate to services offered.



Support provided

What is offered

Therapeutic assessment and intervention.

Local Health Offices and/or voluntary bodies provide services for young children with severe or profound disabilities. Some services are provided in Child Education and Development Centres and are generally run by a clinical director and staffed by nurses with an intellectual disability qualification. Teaching inputs are supplied typically by Montessori-trained teachers. Play therapists are also employed in some of these centres.

Liaison with other services

Links with pre-schools and schools, community social work (child protection), other community resources, hospitals and primary care health teams.

Health and social interventions are, in most cases, provided by the same team in an integrated service for the family.

Responsibilities of sectors and services

Funding allocation

Department of Health and Children

Health Service Executive

Delivery of services

Health Service Executive and other service providers funded by the Health Service Executive.

Policy implementation

- Department of Health and Children
- Health Service Executive

Quality assurance implementation (e.g. courses, qualifications, teaching methods)

Staff members deliver services according to standards of professional bodies.

National standards for early intervention services are in the process of being developed by the Health Service Executive.

Positive aspects

There is a strong tradition in most services of delivering holistic, child and family centred care by interdisciplinary teams of professionals.

There has been recent major investment in early intervention services and the development and reorganisation of services in some areas to improve access.



Challenges

There is a diverse range of service providers with differing service level arrangements with the Health Service Executive.

Ensuring services are delivered in a co-ordinated manner at local level.

Ensuring capacity in the system matches the needs of the population.

The current national focus is on integrating pathways between early intervention services and primary care teams and on achieving equal access to and consistency in provision of early intervention services throughout the country (see Services-specific comments below).

Training issues concerning professionals involved

Continuing professional development is required by professional bodies. The provision of funding for this is an ongoing challenge.

Services-specific comment

Health and personal social services for children with a developmental delay or disability are delivered by the statutory Health Service Executive and by a large number of non-statutory organisations, which are funded by the Health Service Executive. The organisations each have their own policies and procedures, with a generally high standard of professionalism and interdisciplinary team-working. They usually offer comprehensive child and family-centred health and social services, including home supports and in some cases pre-school. However, because of the diversity in development, there has been a lack of consistency and equity so that children and families receive varying levels of services in different parts of the country and, in some cases, there are long waiting lists.

This inconsistency has recently been addressed with a number of measures including:

- Specific focus on early intervention in policy formation and implementation;
- Significant additional resources for early intervention services;
- The implementation of the *Disability Act 2005*, which has introduced the right to an independent assessment of needs for all children with a disability under the age of five years;
- The ongoing development of agreed standards for early intervention disability services and criteria to measure achievement of these standards.

2. Assessment of Need under the *Disability Act 2005*

Target group addressed by the service

Applications for an Assessment of Need are accepted from persons who consider they may have a disability. In respect of children under five years of age, applications are accepted from parents, guardians, legal representatives, personal advocates or the Health Service Executive.



Location

Number of services offered

Services are offered in all 32 Local Health Office areas.

Region served

Nationwide

Partners involved

Parental role

Parents are actively encouraged to participate in assessment and service provision and are included in all planning of services for their child.

Professionals involved

Consultant paediatricians, community paediatricians, physiotherapists, occupational therapists, speech and language therapists, social workers, psychologists, family support workers, nurses, psychiatrists, and any other professional as required, etc.

Minimum qualifications of professionals

Professional qualifications are validated by the Department of Health and Children and are appropriate to the services offered.

Support provided

What is offered

Part 2 of the *Disability Act* 2005 provides applicants with an entitlement to an independent assessment of health and education needs and a statement of the services which it is proposed to provide. It also provides for an independent complaints and appeals mechanism. Further details are available on the HSE website (http://www.hse.ie/eng/services/Find_a_Service/Disability_Services/Disability_Assessment/)

Liaison with other services

The National Council for Special Education if necessary.

In addition, the *Disability Act* 2005 provides that the service statement may, with consent, be forwarded to any other public body to assist a person with a disability to avail of any other services provided by that other body.

Responsibilities of sectors and services

Funding allocation

Health Service Executive



Delivery of services

Health Service Executive

Voluntary or non-statutory service providers funded by the Health Service Executive

Policy implementation

Department of Health and Children

Health Service Executive

Quality assurance implementation (e.g. courses, qualifications, teaching methods)

The *Disability Act 2005* provides that assessments must be conducted in accordance with standards developed by the Health Information and Quality Authority.

In addition, as a complaints and appeals service is provided, the Act itself also provides for a system of quality assurance.

Staff members deliver services according to standards of professional bodies.

Guidelines are issued by the Health Service Executive to all those involved in the assessment process.

National standards for early intervention services are in the process of being developed by the Health Service Executive.

Positive aspects

The implementation of the *Disability Act 2005* is the first national statutory system to provide for an assessment of need system, which was previously operated on an ad-hoc basis. The Act also provides for a consistent, national system which is provided without regional variations and is available to all those who consider they may have a disability (n.b. in respect of children under five years of age only at present.) When the Act is fully implemented, the system of identification of unmet need will provide a basis for future planning of service delivery.

Challenges

Diverse range of non-statutory service providers with differing service level arrangements with the Health Service Executive.

Ensuring consistency of approach nationwide.

Ensuring services are delivered in a co-ordinated manner at local level.

Training issues concerning professionals involved

The Health Service Executive has produced guidelines to assist those involved in the assessment process.

1. Child Benefit

Target group addressed by the service

All children aged birth-17 years of age

Location

Number of services offered

Universal

Region served

Nationwide

Partners involved

Parental role

Child benefit is paid to the parents, usually the mother or guardians of the child.

Professionals involved

Officials from the Department of Social Protection

Support provided

What is offered

Child Benefit is payable to the parents or guardians of children under 16 years of age, or under 18 years of age if the child is in full-time education, FÁS Youthreach training or has a disability.

For multiple births, there is a special grant at the time of birth and again when the children are four and 12 years old. Child Benefit is paid at one and a half times the monthly rate for twins, and at double the monthly rate for triplets and other multiple births.

Table 1: Child Benefit monthly rate for children under 18

Child Benefit	Monthly Rate
1 child	€166
2 children	€332
3 children	€535
4 children	€738
5 children	€941
6 children	€1,144
7 children	€1,347
8 children	€1,550



In Budget 2009, the upper age limit that applied from 19 years has been lowered to 18 years. The impact of this measure has been phased in, with payment for existing and future qualifying children being halved from January 2009 and payment stopping from the 18th birthday from January 2010. Special alleviating measures were introduced for those in low income and social welfare dependent households.

Responsibilities of sectors and services

Funding allocation

Department of Social Protection

Delivery of services

Department of Social Protection

Policy implementation

Department of Social Protection

Quality assurance implementation (e.g. courses, qualifications, teaching methods)

Department of Social Protection

Positive aspects

The provision of a financial support to parents of children

Challenges

The maintenance of a coherent system of child support in the face of the rising costs of the current scheme.

2. Early Childcare Supplement

Target group addressed by the service

All children aged birth-five years of age

Location

Number of services offered

Universal

Region served

Nationwide



Partners involved

Professionals involved

Officials from the Department of Social Protection

Support provided

What is offered

The Early Childcare Supplement is a payment to families with children under five years of age (from 1 March 2009). The purpose of the Supplement is to financially assist families with the cost of raising children, for example, providing childcare. This payment was first announced in Budget 2006.

In the Supplementary Budget of April 2009, it was announced that the Early Childcare Supplement would be abolished at the end of 2009. It has been replaced in January 2010 with a free pre-school year of early childhood care and education for all children between the ages of three years three months and four years six months. The provision amounts to three hours per day, five days a week over a 38-week year for children enrolled in participating playschools. Children enrolled in childcare services receive two hours and 15 minutes per day over a 50-week period.

Liaison with other services

Health Service Executive

Office of Minister for Children

Responsibilities of sectors and services

Funding allocation

Department of Social Protection

Delivery of services

Department of Social Protection

Policy implementation

Department of Social Protection

Health Service Executive

Office of Minister for Children

Positive aspects

This is a universal payment to all parents at present. Since January 2010, the government provides a year of pre-school education and care for all children prior to their enrolment in the formal school system. This is funded through the withdrawal of the Early Childcare Supplement.

The provision of a universal pre-school year of early education and care is a significant advance for early childhood education services in Ireland.



Challenges

To embed the new system of early childhood education as a replacement to the Early Childcare Supplement.

Training issues concerning professionals involved

Since January 2010, a free pre-school year replaced the Early Childcare Supplement. It is a challenge to ensure that pre-school teachers and leaders are aware of, familiar with and able to implement *Síolta* – the national quality framework for early childhood education. Services participating in the scheme must agree to provide an appropriate educational programme for children in their pre-school year, which adheres to the principles of *Síolta*. (See www.siolta.ie).

Services-specific comment

The provision of a universal pre-school year of early education and care is a significant advance in the early childhood education services in Ireland.

3. Domiciliary Care Allowance

Target group addressed by the service

The Domiciliary Care Allowance is a monthly payment made to the carer of a child with a severe disability who lives at home.

Location

Region served

Nationwide

Partners involved

Professionals involved

Administrative and medical staff of the Department of Social Protection.

Minimum qualifications of professionals

The decision on an application for payment of a domiciliary care allowance is made by a Deciding Officer in the Department of Social Protection following the provision of a report by a medical assessor. Medical Assessors are fully qualified and experienced medical practitioners who provide guidance to the Department's Deciding Officers. Their assessments conform to the ethical conduct and behaviour guidelines of the Medical Council. Medical Assessors are required to be medical practitioners who are on the general register of medical practitioners while holding an appointment. They must have at least six years satisfactory experience in the practice of medicine since registration. Many of the Medical Assessors have specialist post-graduate qualifications and all have received special training in Human Disability Evaluation.



Support provided

What is offered

In order to qualify for Domiciliary Care Allowance, a child must have a disability so severe that he/she requires care and attention and/or supervision substantially in excess of another child of the same age. This care and attention must be given by another person, almost all of the time, so that the child can deal with the activities of daily living. The child must be likely to require this care and attention for at least 12 months.

The Domiciliary Care Allowance rate was €309.50 per month in 2009.

Responsibilities of sectors and services

Funding allocation

Department of Social Protection

Delivery of services

Department of Social Protection

Policy implementation

Department of Social Protection

Quality assurance implementation (e.g. courses, qualifications, teaching methods)

Department of Social Protection

Positive aspects

The Domiciliary Care Allowance provides financial assistance to the carer of a child with a severe disability to assist in the provision of appropriate care and attention and/or supervision to enable the child with disability to deal with the activities of daily living.

Challenges

The administration of Domiciliary Care Allowance transferred from the Health Service Executive to the Department of Social Protection during 2009. This resulted in a change from a locally based system to a centralised one. The current focus is on ensuring consistency in the application of the medical guidelines for the allowance and the safe transfer of individual payments from one sector to the other.

Training issues concerning professionals involved

Deciding Officers receive ongoing training to ensure that they maintain the required standard.

Medical Assessors have an ongoing commitment to continuing medical education to ensure that standards are maintained and enhanced.

APPENDIX 1 – STATISTICS FROM THE HEALTH RESEARCH BOARD NATIONAL DISABILITY DATABASES

1. National Intellectual Disability Database 2008

Data shown is disaggregated for children aged birth to six years of age.

Table 1: Age, gender and intellectual disability of children aged 0–6 years registered on the National Intellectual Disability Database in 2008 – Not Verified

Age	0	1	2	3	4	5	6	Total
Male	45	88	127	164	175	159	131	889
Female	46	92	102	121	102	58	59	580
Total	91	180	229	285	277	217	190	1469

Table 2: Age, gender and intellectual disability of children aged 0–6 years registered on the National Intellectual Disability Database in 2008 – Mild

Age	0	1	2	3	4	5	6	Total
Male	2	0	3	22	38	74	86	225
Female	1	1	4	18	17	31	50	122
Total	3	1	7	40	55	105	136	347

Table 3: Age, gender and intellectual disability of children aged 0–6 years registered on the National Intellectual Disability Database in 2008 – Moderate

Age	0	1	2	3	4	5	6	Total
Male	0	1	1	15	34	71	91	213
Female	0	1	3	8	13	40	39	104
Total	0	2	4	23	47	111	130	317

Table 4: Age, gender and intellectual disability of children aged 0–6 years registered on the National Intellectual Disability Database in 2008 – Severe

Age	0	1	2	3	4	5	6	Total
Male	0	0	4	2	5	23	21	55
Female	0	0	0	2	7	12	22	43
Total	0	0	4	4	12	35	43	98

Table 5: Age, gender and intellectual disability of children aged 0–6 years registered on the National Intellectual Disability Database in 2008 – Profound

Age	0	1	2	3	4	5	6	Total
Male	0	0	0	2	3	4	5	14
Female	0	0	0	2	1	3	6	12
Total	0	0	0	4	4	7	11	26

Table 6: Residential setting of children aged 0–6 years registered on the National Intellectual Disability Database in 2008

Main residential setting	Frequency	Percent
Home Setting	2241	99.3
Community Group Homes	5	0.2
Residential Centres	2	0.1
Other full-time services	9	0.4
Total	2257	100.0



Table 7: Principal day service availed of by children aged 0–6 years registered on the National Intellectual Disability Database in 2008

Main day service	Frequency	Percent
Home support	73	3.3
Home help	6	0.3
Early services	565	25.3
Mainstream pre-school	251	11.2
Special pre-school	527	23.6
Child education and development centre	18	0.8
Mainstream school	212	9.5
Resource teacher	80	3.6
Special class – primary	45	2.0
Special school	352	15.8
Multidisciplinary support services	41	1.8
Centre-based day respite service	3	0.1
Day respite in the home	6	0.3
Other day service	55	2.5
Total	2234	100.0

Table 8: Multidisciplinary services availed of by children aged 0–6 years registered on the National Intellectual Disability Database in 2008

Multidisciplinary service	Frequency	Percent
Medical services	1136	52.6%
Community nursing	991	45.9%
Nutritionist	361	16.7%
Occupational therapy	1417	65.6%
Physiotherapy	1393	64.5%
Psychiatry	85	3.9%
Psychology	1229	56.9%
Social work	1295	60.0%
Speech and language therapy	1755	81.3%
Other multidisciplinary service	601	27.8%
Total	2159	100.0%

NB A child can receive more than one multidisciplinary service

Source: Health Research Board (2009a). Annual Report of the National Intellectual Disability Database Committee 2008. Dublin: Health Research Board. Accessible on www.hrb.ie



Table 9: Overall provision of multidisciplinary support services by age and access to early intervention teams (EIT), 2008 for children aged 6 or under

Type of service	Provided by an EIT	Not provided by an EIT	Total
Medical services	996	140	1136
Nursing	856	135	991
Nutrition	307	54	361
Occupational therapy	1130	287	1417
Physiotherapy	1146	247	1393
Psychiatry	62	23	85
Psychology	976	253	1229
Social work	1123	172	1295
Speech and language therapy	1388	367	1755
Other	536	65	601
Number of people	1738	421	2159

Source: Health Research Board (2009a). *Annual Report of the National Intellectual Disability Database Committee 2008*. Dublin: Health Research Board, p. 46

For further information on recent trends in demand for ECI services among young children in Ireland, see: Health Research Board (2008). *Trends in Demand for Services among Children aged 0–5 Years with an Intellectual Disability, 2003–2007*. Dublin: Health Research Board.

2. National Physical and Sensory Disability Database 2008

Data shown is disaggregated for children aged birth to six years of age.

Table 10: Number of people on the National Physical and Sensory Disability Database aged 0–6 years by year of age

Age	Frequency	Percent
1 year of age and younger	37	2.3
2 years of age	104	6.4
3 years of age	167	10.3
4 years of age	332	20.4
5 years of age	404	24.9
6 years of age	580	35.7
Total	1624	100.0



Table 11: Number of people on the National Physical and Sensory Disability Database by type of disability in the 0–6 age group

Disability	Frequency	Percent
Physical	514	31.7
Hearing loss/deafness	34	2.1
Visual	27	1.7
Speech & language	560	34.5
Multiple disabilities ¹⁷	489	30.1
Total	1624	100.0

Table 12: Breakdown of gender on the National Physical and Sensory Disability Database by year of age (0–6 age group)

Age	Female number	Female %	Male number	Male %	Total number	Total %
1 year of age & younger	16	2.5	21	2.1	37	2.3
2 years of age	48	7.5	56	5.7	104	6.4
3 years of age	70	10.9	97	9.9	167	10.3
4 years of age	132	20.5	200	20.4	332	20.4
5 years of age	150	23.3	254	25.9	404	24.9
6 years of age	228	35.4	352	35.9	580	35.7
Total	644	100.0	980	100.0	1624	100.0

Table 13: Breakdown of type of disability by gender for those aged 0–6 years on the National Physical and Sensory Disability Database

Type of Disability	Female number	Female %	Male number	Male %	Total number	Total %
Physical	234	36.3	280.0	28.6	514	31.7
Hearing loss/deafness	17	2.6	17.0	1.7	34	2.1
Visual	14	2.2	13.0	1.3	27	1.7
Speech & language	179	27.8	381	38.9	560	34.5
Multiple disabilities	200	31.1	289.0	29.5	489	30.1
Total	644	100.0	980.0	100.0	1624	100.0

¹⁷ Multiple disabilities refers to the different combinations of disability types on the National Physical and Sensory Disability Database. For example, an individual may have a physical diagnosis and also a hearing disability and they would then be recorded as 'multiple disabilities' of 'physical and hearing'. The combinations can be any of the following:

- Physical and Hearing Loss/Deafness
- Physical and Visual
- Hearing Loss/Deafness and Visual
- Physical, Hearing Loss/Deafness and Visual
- Physical & Speech and Language
- Hearing & Speech and Language
- Visual & Speech and Language
- Physical & Hearing & Speech and Language
- Physical & Visual & Speech and Language
- Hearing & Visual & Speech and Language
- Physical & Hearing & Visual & Speech and Language



Table 14: Current use of therapeutic and rehabilitation services (0–6 year age group)

Type of service	Frequency	Percent
Physiotherapy	692	42.6
Occupational Therapy	559	34.4
Speech and Language Therapy	1050	64.7
Clinical Nutritionist	303	18.7
Orthotist/Prosthetist	252	15.5
Public Health Nurse	613	37.7
Continence Advisor	51	3.1
Social Worker	360	22.2
Psychologist	343	21.1
Counsellor	47	2.9
Play Therapist	83	5.1
Creative Therapy	31	1.9
Complementary Therapy	44	2.7
Assistive Technology/Client Technical Service	39	2.4
Mobility/Rehabilitation Worker for the Blind	20	1.2
Community Resource Worker	64	3.9
Audiologist	290	17.9
Aural Rehabilitation	11	0.7
Other	7	0.4

Source: Health Research Board (2009b). National Physical and Sensory Disability Database Committee Annual Report 2008. Dublin: Health Research Board. Accessible on www.hrb.ie

Table 15: Use of day services and activities – Baby and toddler groups

Type	Number	% of 27303**
Mainstream baby and toddler group	116	0.4
Specialist baby and toddler group	41	0.2

Table 16: Use of day services and activities – Pre-school

Type	Number	% of 27303**
Mainstream (without health-related services) pre-school	573	2.1
Mainstream (with health-related services) pre-school	66	0.2
Mainstream (with dedicated class but without health-related services) pre-school	16	0.1
Mainstream (with dedicated class and with health-related services) pre-school	7	0.0
Specialist (physical and sensory disability) pre-school	104	0.4
Specialist (intellectual disability) pre-school	23	0.1
Combined (specialist and mainstream) pre-school	8	0.0



Table 17: Use of day services and activities – Primary school

Type	Number	% of 27303**
Mainstream (without health-related services) primary school	3370	12.3
Mainstream (with health-related services) primary school	492	1.8
Mainstream (with dedicated class but without health-related services) primary school	513	1.9
Mainstream (with dedicated class and with health-related services) primary school	233	0.9
Specialist (intellectual disability) residential primary school	1	0.0
Specialist (physical and sensory disability) residential primary school	14	0.1
Specialist (intellectual disability) day primary school	58	0.2
Specialist (physical and sensory disability) day primary school	257	0.9
Combined (specialist and mainstream) primary school	51	0.2
Primary School Education provided at home	15	0.1

Source: Health Research Board (2009b). *National Physical and Sensory Disability Database Committee Annual Report 2008*. Dublin: Health Research Board, p. 31

** The total number of people registered on the National Physical and Sensory Disability Database in 2008 was 27,303 (which excludes those who are aged 66 years and over who are not included in the analysis as they do not fit the registration criteria for the Database). The total number of children aged birth to six years of age on the Database is 1,624.



ADDITIONAL INFORMATION

Could you please provide some background information such as amount of newborn babies/amount population, % of children involved in educational services, mothers involved in work, education of parents (especially mothers), etc?

- The population in Ireland was approximately 4.4 million in 2007.
- In 2007, 70,620 births were registered in Ireland. This represents an annual birth rate of 16.3 per 1,000 of the population. This birth rate shows an increase of 35% on the number of children born in Ireland in 1998.
- Infant mortality in 2007 stood at 3.1 deaths per 1000 live births and neonatal mortality registered as 2.1 per 1000 births.
- Approximately 54% of married women are employed outside the home.
- 83% of females and 74% of males aged 15–19 are in full-time education.
- Approximately 35% of the adult population has a third-level qualification.



QUESTIONS RELATED TO KEY ELEMENTS OF ECI

1. Key element 1 Availability:

Definition and relevant recommendations:

A shared aim of ECI is to reach all children and families in need of support as early as possible. Three types of recommendations were suggested in 2005 in order to ensure this feature: a) existence of policy measures at local, regional and national levels in order to guarantee ECI as a right for children and families in need; b) availability of information as soon as required, extensive, clear and precise to be offered at local, regional and national levels addressed to families and professionals; c) clear definition of target groups, in order for policy makers to decide, in co-operation with professionals, on ECI eligibility criteria.

2. Questions related to the key element of 'Availability'

Question1- Please name and give a brief description of existing ECI policy measures at local, regional or national level.

Current government policy in Ireland is to implement a policy of inclusion of children with special educational needs. Responsibility for ECI rests primarily with two government departments – the Department of Health and Children and the Department of Education and Skills.

Department of Health and Children:

The *Disability Act 2005* (Government of Ireland, 2005) is a key element underpinning the National Disability Strategy in Ireland. Part 2 of the Act, which was commenced on June 1 2007 in relation to children under the age of five years, provides applicants with an entitlement to an independent assessment of health and education needs and a statement of the services which it is proposed to provide. (The Act also allows an applicant to pursue a complaint through the Health Service Executive complaints process and make an appeal to the independent Disability Appeals Officer).

The independent assessment of need is initially undertaken without regard to cost or capacity constraints. It is co-ordinated by a Health Service Executive-appointed Assessment Officer who is independent in carrying out the functions given under the Act. The assessment process must begin within three months of the initial application and be concluded without undue delay, with the preparation of an Assessment Report. This report states the nature, if any, of the disability, the health and educational requirements arising, and includes a statement of the requisite services considered appropriate. In accordance with the Act, the Assessment Report must be completed and forwarded to the Liaison Officer within three months of the commencement of the assessment.

The next phase of the process involves the preparation of a Service Statement particular to the individual. The Service Statement is prepared by a Health Service Executive-appointed Liaison Officer. The Service Statement details the services to be provided and a timeframe for their delivery. The statement takes account of the assessment report,



eligibility considerations and the practicability of providing service(s) and resource implications. The Service Statement must be completed by the liaison officer within one month of receipt of the Assessment Report.

The Health Service Executive's 32 Local Health Offices determine allocation of resources to service providers according to local needs. Services have individual access criteria agreed with the Health Service Executive in local service arrangements.

Other important policy documents guiding policy in the health sector are:

- The Health Information and Quality Authority Standards for the Assessment of Needs process (accessible at: www.hiqa.ie);
- Children First – *National Guidelines for the Protection and Welfare of Children*. (Department of Health and Children, 1999);
- The National Children's Strategy – *Our children, Their Lives* (Department of Health and Children, 2000) and;
- *Disability Act 2005 – Sectoral Plan for the Department of Health and Children and the Health Services* (Department of Health and Children, 2006b).

Department of Education and Skills:

In relation to education, most pupils with special educational needs are supported to attend mainstream settings through the provision of appropriate human or material resources. In some instances, pupils attend special schools or classes where this is considered the most appropriate setting. In 2007–2008, there were about 3,160 mainstream primary schools in Ireland catering for approximately 486,000 pupils. Approximately 9,500 pupils attending primary schools had special educational needs. There were 126 special schools catering for approximately 6,600 children in Ireland. Of these, 200 are aged four and under; 232 are aged five years old and 256 are six years old.

Under the *Education Act* (Department of Education and Science, 1998, Section 15 (d)), schools are obliged to publish the policy of the school concerning admission and participation of pupils with special educational needs to ensure the principles of inclusion, access and equality are put into practice. These principles of inclusion, access and equality are confirmed by Section 2 of the *Education for Persons with Special Educational Needs Act* (Department of Education and Science, 2004), which states:

'A child with special educational needs shall 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 as determined in accordance with any assessment carried out under this Act, or (b) the effective provision of education for children with whom the child is to be educated.'

While all sections of this Act are not yet in force,¹⁸ the principle of inclusion is to the fore of educational policy and provision in Ireland. Special Educational Needs Organisers are appointed by the National Council for Special Education to provide a direct service to the parents of children with special educational needs and to schools within geographical areas. This involves identifying the needs of children and deciding on the level of

¹⁸ There is currently no date for the implementation of the Assessment of Need and Individual Education Plan due to a government decision for financial reasons to defer the full implementation of the Education for Persons with Special Educational Needs Act to a date later than originally intended. At present, the implementation of sections 3 to 13, 14 (1)(b), 14 (1)(d), 14 (1)(e), 14 (1)(f), 15 to 18, 38 and 39 has been deferred.



resources schools require to provide them with an appropriate education service. The Special Educational Needs Organisers, on behalf of the National Council for Special Education, provides a service to parents and children through the co-ordination of the delivery of services between the health sector and schools. This can help to facilitate the inclusion of the child in the school system. Most importantly, Special Educational Needs Organisers are a point of contact for parents in relation to decisions related to their child.

Question 2- Please describe briefly how these policies address the following:

a) reach all children and families in need;

The *Disability Act 2005*, which has commenced for children under five years of age, provides for an independent assessment of the health and education needs of applicants and a statement of the services which it is proposed to provide. As the Act has commenced for children under five years of age, applications for an Assessment of Need are accepted from any persons who consider they may have a disability regardless of any other restrictions. In respect of children under five years of age, applications are accepted from parents, guardians, legal representatives, personal advocates or the Health Service Executive. The provisions of the Act are therefore available to all of those who consider they may have a disability. The *Disability Act* provides for all eligible children to have an independent assessment of needs which puts their family in contact with an Assessment Officer who will arrange the assessment, and a Case Manager who will organise as far as possible for the recommended services to be delivered.

Through the *Education for Persons with Special Educational Needs Act 2004* for children of school-going age, all children have an entitlement to services. For the period birth to six years, these are provided through education services at a pre-school or school level, depending on the nature of the disability. The rollout of services as specified in this Act, at a regional and local level, is co-ordinated by Special Educational Needs Organisers.

b) avoid or compensate for unequal situations (e.g. rural versus urban areas);

Depending on the service required, most services are available locally or regionally. Specialist health or education centres are sometimes only available regionally, depending on the nature of the special educational need. As the provisions of the *Disability Act* are available to any person who considers that they might have a disability, the Act does not differentiate between those who might be in different positions to others so, for example, no differentiation is made between urban or rural areas. More generally, the Act is there to compensate for those who are disadvantaged by reasons of disability.

c) ensure co-ordination among the different sectors and services involved;

The *Disability Act 2005* and the *Education for Persons with Special Educational Needs Act 2004* are framed to ensure that there is effective co-ordination within and between the health and education sectors. The Acts also provide for further linkages with other public bodies such as local authorities and the social welfare system. Issues of co-ordination and unequal access are currently being addressed through the development of common standards for all ECI disability services.¹⁹

¹⁹ The common set of standards (Early Intervention Standards Project) is being led by the Health Service Executive but has involved an extensive consultation process with those delivering early intervention health services from both statutory and non-statutory organisations. This process started with a consultation day in May 2009, then focus groups with staff and with parents of past and present early intervention service users, and a final consultation day in September 2009. A total of 110 people have been directly involved in working towards agreement and they consulted in turn with many more colleagues. All the different disciplines who



d) guarantee that families have access to the required information;

Information is provided to families through their engagement with health or education services and is provided in local and regional offices. Additional information is posted on departmental websites and the websites of service providers at a regional and local level. Information campaigns were conducted in the media by the Health Service Executive. The National Disability Authority distributed leaflets to every house in the country advising on the provisions of the *Disability Act*. A national project 'Informing Families of their Child's Disability' is currently being piloted by the National Federation of Voluntary Bodies. In addition to the general availability of information, the Acts require that parents and guardians may be fully involved about the processes of assessment and service planning. The *Disability Act* also obliges that assessments are conducted with regard to Standards published by the Health Information and Quality Authority. These Standards require, *inter alia*, that accurate information and records regarding the Assessment of Need process are provided, communicated and maintained in a way that is accessible, understandable and in a manner that is appropriate for all persons.

e) offer pre-natal support and guidance for families;

Medical services are provided to parents once engagement with the health services begins. This is provided by both general medical practitioners and specialist consultants supporting parents in their pregnancy. Primary care professionals and Early Intervention Teams provide a care pathway as appropriate to the child's needs. Maternity hospitals provide pre-natal counselling and support.

f) take into account the importance of child's first year in detecting delays and difficulties.

A range of checks are undertaken on each new born baby to detect any obvious medical problems. During each baby's first week of life, a Newborn Screening Test for Inherited Metabolic Disorders is administered to check for four metabolic disorders and one affecting the thyroid gland. Public Health Nurses visit each child in their home within the first week of life and conduct a follow-on check-up for both the child and mother. This visit and check-up is repeated when the baby is 3-months old, 18–24 months old and 3-years old. Each baby is examined by an obstetrician or General Practitioner at 6-weeks of age. The Public Health Nurse system is universal, reaching all newborns and their families, thereby ensuring a point of contact at an early stage in life if there are concerns. There is

deliver early intervention have been represented. The purpose of agreeing standards is to provide a framework for greater consistency in the delivery of early intervention services throughout the country and to assist teams in identifying both their strengths and the areas for improvement. The standards are grouped as follows:

1. Organisational Structure
2. Environment
3. Access
4. Referral
5. Transitioning and Interagency Collaboration
6. Assessment
7. Intervention
8. Team-working
9. Information
10. Consent & Confidentiality
11. Education & Training

The standards and criteria and an audit tool will be ready for piloting as a draft document soon. It is hoped that the final standards and audit tool will be available in 2010 for teams to self-audit and provide information to their Local Health Office.



also a post-natal check up at the hospital six weeks after giving birth. All of these are designed to detect delays and difficulties in the child's development and further specialist assistance is sought if any delays become apparent. The *Disability Act* does not specifically address detecting delays as it is not a screening process. However, as referrals can be made for an assessment of need by a concerned parent or guardian or on the recommendation or direct referral of a health professional, the effect of the *Disability Act* is that it does identify disability at the stage of an assessment. However, in some cases, waiting lists for early intervention services are an obstacle to delivering services at the earliest possible stage in a child's life.

Question 3- Do these policies contain clear criteria to enable the classification of need in children and families, which would ensure families have access to adequate resources and get the required support.

The intention of the *Disability Act* is to identify needs occasioned by disability and provide services to address those needs within the resources available. It is a matter for individual clinical experts to decide what is appropriate for children. Children's needs are identified by the Assessment of Need (*Disability Act* 2005). The Service Statement provided under the *Disability Act* specifies what services will be provided to the applicant.

At school level, additional supports are allocated to children with special educational needs in accordance with their category of disability. For children with high-incidence special educational needs (low achievement in reading or Mathematics, mild general learning disability, specific learning disability and mild behavioural difficulties), additional supports are deployed by the school through the resources provided by the Department of Education and Skills through the General Allocation Model (See section 6 – Education Sector). For children with low-incidence special educational needs (moderate, severe and profound general learning disability, physical and sensory disabilities, specific speech and language disorder, autistic spectrum disorders, and emotional and behavioural difficulties), an individualised allocation of resources may be made to the school by the National Council for Special Education (See section 7 – Education Sector). The *Education for Persons with Special Educational Needs Act* 2004 makes provision for assessments and education plans but the relevant sections of the Act governing these provisions are not in force at the time of writing this report.

3. Key element 2 Proximity:

Definition and relevant recommendations:

This aspect firstly relates to ensuring that the target population is reached and support is made available as close as possible to families, both at local and community level. Secondly, proximity also relates to the idea of providing family focused services. Clear understanding and respect for the family's needs is at the centre of any action. Two types of recommendations were suggested in 2005 in order to ensure these features: a) decentralisation of ECI services and provisions in order to facilitate better knowledge of the families' social environment, ensure the same quality of services despite geographical differences and avoid overlaps and irrelevant pathways; b) meeting the needs of families and children so that families are well informed, share with professionals an understanding



of the meaning and the benefit of the intervention recommended, participate in the decision making and implementation of the ECI plan.

4. Questions related to the key element of 'Proximity'

Question 4- Are ECI services decentralised in order to:

- a) be as close as possible to the families;**
- b) ensure the same quality despite geographical location (e.g. scattered or rural areas);**

In general, ECI services are decentralised and are available regionally and locally to families. Given the low population density of the country in certain regions, families may have to travel to access specific services. The Health Service Executive has appointed Assessment Officers and Liaison Officers (statutory posts under the *Disability Act 2005*) in every Local Health Office which ensures a full geographical spread for the Assessment of Need through every area of the country. The Assessment of Need is arranged locally rather than at national level. Furthermore, work is ongoing within the Health Service Executive to ensure that there is a consistency in service provision. The Special Educational Needs Organisers provide a similar nationwide service at local level under the *Education for Persons with Special Educational Needs Act 2004*.

- c) avoid overlaps and misleading pathways.**

The assessment process under the *Disability Act* is designed to avoid overlaps. It provides a single point of contact (an Assessment Officer) for applicants. It is the Assessment Officer's role to ensure that arrangements are made with all relevant other persons who should be involved in the assessment of needs. It should be noted that in some cases, children will already be involved with other aspects of the health system. At a service level, ECI services for children with disability or developmental delay are organised at local level in each of 32 Local Health Offices, some delivered directly by the Health Service Executive and some contracted from non-statutory service providers. The model of service delivery aims to have an early intervention service in each network area (population approximately 30,000) which ensures nearly all families live within a ten mile radius of the service. Some areas are well developed in line with this model. For other areas, this is a work in progress. The national standards for early intervention disability services currently being devised will contribute greatly to ensuring equity across all areas of the country and clarity of pathways to services.

Question 5- Do ECI measures guarantee family support so that families:

- a) are well informed from the moment the need is identified;**

Information is available through maternity hospitals, public health nurses, Assessment Officers, Special Educational Needs Officers and Case Managers. There are several initiatives at present to improve availability of information about children with disabilities and services for them. Once they access ECI services, the full range of information is available to families from the team members.

In relation to the *Disability Act 2005*, there are two key persons involved in the Assessment of Need, namely the Assessment Officer and the Liaison Officer. It is the Assessment Officer's role to ensure that the assessment of need is conducted with the full involvement of the applicant (and his/her parent/guardian, in the case of children) to



facilitate the applicant's full involvement in so far as is possible and to promote dialogue about the nature of the assessment. This includes ensuring that the views of the applicant are taken on board. In addition, the Assessment Officer must endeavour to ensure that the persons carrying out the assessment communicates with the applicant and must ensure that the applicant is given all relevant information (unless doing so would be detrimental to the person's mental health). The Standards for the Assessment of Need process also put the applicant 'at the centre' of the process. In addition, because the assessment of need will assess the full range of need occasioned by a disability, the Assessment Officer may also involve other relevant professionals, for example social workers, to ensure that the family circumstances are assessed. The Liaison Officer's functions are not as involved with the family as this function involves arranging for the provision of services identified in the assessment report with the Health Service Executive or agencies engaged by or on behalf of the Health Service Executive.

b) participate in the decision making and implementation of the ECI plan;

Under the Irish Constitution (Government of Ireland, 1937), parents are the primary educators of their children and recent educational and special needs legislation reflects and endorses this position.

The *Education for Persons with Special Educational Needs Act 2004* provides for the development of an Education Plan for each child with special educational needs. The Act also makes provision for the close involvement of parents as partners in the development, implementation and review of the plan. However, the relevant sections of the *Education for Persons with Special Educational Needs Act* that give statutory rights for individual children with special educational needs to an education plan are not yet in force. Nevertheless, the advice and guidance documents to schools that have emanated from the Department of Education and Skills in recent years strongly advise schools and teachers to involve parents in decision making about their child and in supporting the implementation of their child's educational targets and programmes.

c) have a co-ordinator/key person to compile all the relevant information and services;

See information already provided above in relation to the role of assessment officers, liaison officers and special educational needs organisers (See section 3 and section 7 – Education Sector).

In general, in the school context, lead responsibility for individualised planning for a child with special educational needs (including the inception, development, implementation and review of a non-statutory individual education plan) is usually taken either by the child's regular classroom teacher or by a specialist learning-support or resource teacher.

d) receive training upon request, etc.

Parents and families can be provided with training by ECI service providers in order to understand or manage their child's specific disability or special educational need. A variety of training programmes are offered to parents in most services.



5. Key element 3 Affordability:

Definition and relevant recommendation:

ECI provisions and services should reach all families and young children in need of support despite their different socio-economical backgrounds. The recommendation suggested in 2005 in order to ensure this feature is that cost free services and provision is made available for the families. This implies that public funds should cover all costs related to ECI through public services, insurance companies, non-profit organisations, etc, fulfilling the required national quality standards.

6. Questions related to the key element of 'Affordability'

Question 6- What budget is allocated to ECI services?

a) is it private, public, partly private?

The overall budget for ECI services provided in Ireland is not available.

No specific budget is allocated for the Assessment of Need under the *Disability Act*. The costs which arise are paid for from within the overall allocation to the Health Service Executive from the Oireachtas in the annual Estimates and Budget process. This means that the process is funded from public monies. Families do not contribute. It should be noted that the assessment must be conducted without regard to the cost of, or the capacity to provide, any service identified in the assessment. In relation to the provision of services arising from needs identified in the assessment process, the Liaison Officer must have regard to the eligibility of the applicant under the Health Acts 1947 to 2004 and to the overall resources provided to the Health Service Executive. It should be noted that children under six years of age are eligible for a range of various services without charge.

Families are not charged for any service under the Act. It should be noted that it is likely that the vast majority of applicants who present with a disability as defined in the legislation are likely to have full eligibility under the Health Acts 1947–2004.

b) do families need to contribute financially?

Parents and families can opt to seek private services for their children or supplement public provision with private services at their own expense. Depending on the nature of the services and disability involved, parents may need to contribute financially for accessing private (i.e. non-public) service provision. Some families choose to pay for assessment and intervention from private therapists, particularly where there is a waiting list for the ECI service.

A significant step in the development of Ireland's early childhood care and education policy is the provision by the government of a free pre-school year for children aged between three years three months and four years six months from January 2010. All children are entitled to avail of this pre-school service regardless of family income or ability to pay. Over the course of the year, the financial benefit of the scheme for a single child is over €2,400. All community and private pre-school services, which meet the requirements of the scheme, have been invited to apply for entry to the scheme. The provision of a free pre-school year costs the exchequer approximately €170 million per annum.



Question 7- Do ECI measures ensure that:

- a) the same quality standards are applied to both public and private ECI services;**

The *Disability Act* 2005 is a fully public service provided by the State. The Health Service Executive may, on occasion, arrange with private practitioners for the provision of particular assessments. In these rare cases, the Health Service Executive ensures that the same quality of assessment is conducted. A feature of the Irish health system is that many disability services are provided by voluntary, non-statutory service providers engaged by the Health Service Executive rather than direct provision by the Health Service Executive. These arrangements are provided for under legislation (the Health Act 2004) and the same quality of service is expected regardless of the delivery agent. Professionals are accredited by the appropriate professional body. If they conduct an assessment under the *Disability Act*, Health Information and Quality Authority Standards require that all assessors have the appropriate qualification and experience.

- b) there are no variations regarding waiting lists and timeliness of services between the public and private sector of service provisions.**

As the services provided under the *Disability Act* are public services, the issue of public/private waiting list variations does not apply. However, it is a person's right to choose to avail of private services if that person desires. The State does not have any role in waiting lists for private services. Some publicly funded services have waiting lists and there are a number of initiatives, currently at an early stage, to address this.

7. Key element 4 Interdisciplinary working

Definition and relevant recommendations:

Early childhood services and provisions involve professionals from various disciplines and different backgrounds. Three types of recommendations were suggested in 2005 in order to ensure quality teamwork: a) co-operation with families as the main partners of professionals; b) team building approach in order to ensure work in an inter-disciplinary way before and whilst carrying out the agreed tasks; c) stability of team members in order to facilitate a team building process and quality results.

8. Questions related to the key element of 'Interdisciplinary working'

Question 8- Do ECI measures ensure co-operation with families so that:

- a) regular meetings between professionals and families are organised;**

Good practice at school level dictates that regular meetings, as required, are held between education professionals and parents. Advice and guidance documents to schools from the Department of Education and Skills make specific recommendations to school managements and teachers in this regard.

While the *Education for Persons with Special Educational Needs Act* 2004 provides for the involvement of parents of children with a special educational need, including access to



information, meetings and involvement in decision-making in relation to their child through the assessment and education plan processes, the relevant sections of the Act giving effect to these provisions are not in force at the time of writing this paper.

Parents are generally involved in applications by schools to the National Council for Special Education for additional resources for pupils with special educational needs and have access to meetings and consultation with the Special Educational Needs Organiser in this context.

In relation to the *Disability Act*, Assessment Officers arrange for regular contact with the applicant (or in the case of a child, their parent, guardian or advocate). The guidelines which have been issued to Assessment Officers stress the need to ensure that the applicant is fully involved at all possible times. The actual process for how this is achieved is a matter for professional and clinical judgment but it is recognised good practice that meetings between professionals and families occur and the full involvement of families is supported and encouraged. Nearly all services have an established procedure for individual planning which fully involves the family, including inviting them to regular planning meetings.

b) families are involved in the setting up and implementation of the Individual plan.

The *Education for Persons with Special Educational Needs Act 2004* provides for parents to be involved in the development, implementation and review of their child's education plan. The *Education for Persons with Special Educational Needs Act* will give statutory rights for individual children with special educational needs to an education plan and to parents to be involved in the drawing up, implementation of, review of and access to information about the plan, when the relevant sections of the act are put into force. However, the advice and guidance documents to schools that have emanated from the Department of Education and Skills in recent years strongly advise schools and teachers to involve parents in decision making about their child. Schools are strongly advised to ensure the involvement of parents in their child's education, and especially in the development, implementation and review of the learning targets in the child's education plan.

While no statutory obligation exists within the *Disability Act 2005* for Liaison Officers to consult with families in arranging for the provision of services, guidelines have been issued to them which encourage full participation by all involved including the applicant (or in the case of a child, their parent, guardian or advocate). The Assessment of Need process under the *Disability Act* is conducted under Health Information and Quality Standards which specify that the family must be kept fully informed and facilitated to participate throughout.

Question 9- Do ECI measures guarantee team building so that:

a) regular and stable interdisciplinary team meetings are organised;

The *Disability Act 2005* does not prescribe how assessments and service provision are conducted. This is a matter for professional and clinical judgment. It must be stressed that where teams are involved in the provisions of the Act, good practice dictates that teams meet as required. Guidelines issued to those involved in the process encourage and promote team working where appropriate.



b) there are conditions for engagement of team members (e.g. common language, time, clear role division);

Those involved in the assessment process are selected based on their professional qualifications, skills and competencies. Individual services have operating policies which would define roles and responsibilities and underpin the interdisciplinary approach.

c) there are common goals; methods, values; frictions caused by discipline-based incentive/reward systems;

The purpose of the assessment process is to identify the needs of an applicant. As such, the purpose of the process is clear to all of those involved. Each of the people involved in the process are professional clinicians who should have the best interests of the client at heart and they are all aware why they are involved in the process. The new standards for early intervention services currently being developed will have specific standards and criteria concerned with team working. These include regular opportunities for team communication, common goal setting for children and team training.

d) there is sufficient budget to support interdisciplinary teams;

The independent assessment of need is initially undertaken without regard to cost or capacity constraints. However, the provision of services is obviously constrained by the resources available to the Health Service Executive.

e) interdisciplinary working is part of training curricula.

Professional training may include training in interdisciplinary working but this is not always guaranteed.

9. Key element 5 Diversity and co-ordination:

Definition and relevant recommendation:

This aspect relates to the diversity of disciplines involved in ECI services and provisions and the need for co-ordination. Two types of recommendations were suggested in 2005 in order to ensure that the health, education and social sectors involved in ECI services and provisions share responsibilities: a) good co-ordination of sectors in order to guarantee the fulfilment of aims of all prevention levels through adequate and co-ordinated operational measures; b) good co-ordination of provision in order to guarantee the best use of the community resources.



10. Questions related to the key element of 'Diversity and co-ordination'

Question 10- Do ECI measures ensure co-ordination across sectors (health, education, social services) involved and within sectors, in order:

- a) to have clearly defined roles and responsibilities;**
- b) to co-operate with the families;**
- c) to co-operate with NGOs;**
- d) to be involved in early detection and referral and avoid gaps and delays that affect further intervention;**
- e) to provide developmental screening procedures for all children;**
- f) to provide monitoring, advice and follow-up procedures to all pregnant women;**
- g) to avoid overlaps between different service providers.**

Considerable work has been undertaken in recent years to enhance the co-operation between the health and education services. This includes the development of closer working relationships at senior management and policy level but, importantly, also at professional service delivery level. The model of service delivery in Ireland which integrates health and social care is a great advantage in ensuring co-ordination. Most ECI disability teams include social work, psychology and home support so that these aspects of care for the family are enmeshed in the interdisciplinary service plan. Current health policy initiatives are designed to improve integration of services, with the primary care team as central to co-ordinating care pathways with specialist services.

In addition, where the assessment process identifies a service which is, or could be delivered by another public body, a provision exists in the *Disability Act* for the referral of relevant information to the other public body with the consent of the applicant. For example, if a housing need is identified, relevant documentation may be forward to the local housing authority etc. At national level, a Cross Sectoral Team between the Department of Education and Skills, the Department of Health and Children, the Health Service Executive and the National Council for Special Education meets to agree measures to co-ordinate services between the sectors.

Question 11- Do ECI measures enhance co-ordination of provisions in order to:

- a) ensure continuity of the required support when children are moving from one provision to another;**

The Service Statement for an individual, which is reviewed annually, identifies, in advance, what services will be provided and the location of the provision. The Service Statement may also be amended when circumstances change. Transitioning from one service to another is recognised among staff as a key area and measures such as the development of standards will enhance a smooth transfer for children and their families.

- b) guarantee that children coming from ECI services are given priority places in their kindergarten/pre-school settings.**

Currently, there is no State entitlement to pre-school. Since January 2010, a free pre-school year of early childhood care and education for all children between the ages of three years three months and four years six months has been provided. The provision



amounts to three hours per day, five days a week over a 38-week year for children enrolled in participating playschools. Children enrolled in childcare services receive two hours and 15 minutes per day over a 50-week period. Exceptions are allowed where children have been assessed by the Health Service Executive as having special needs which will delay their entry to school or where it is appropriate to accept children at an older age due to the enrolment policy of the local primary school.

There are some special pre-schools for children with disabilities, attached to services solely for the children who attend that service. Access to mainstream pre-schools, which may be privately run, organised by a local community or available in a limited number of primary schools in disadvantaged areas, may be facilitated by ECI staff who link with the pre-school personnel and may directly help with the initial settling in period. In some areas, special needs assistants are funded by the Health Service Executive and are allocated to a child with a disability in a mainstream pre-school.

Nothing exists in the *Disability Act* which provides guaranteed access to any service.

11. General questions applied to all the five elements

Question 12- Please describe briefly the positive outcomes of the implementation of ECI services at local, regional or national level for the children and their families.

The *Disability Act 2005* establishes a statutory right to an assessment of the needs of a child who has a disability. Prior to the enactment and commencement of the Act, no statutory scheme existed to entitle children to the provision of assessment services, although it should be noted that such systems did exist on a non-statutory basis. This was a major step in establishing certain statutory entitlements and improvements to service co-ordination. The focus of the assessment on the individual needs of the applicant and the fact that it is completed without regard to cost or the capacity to provide any service ensures that assessments are conducted in a comprehensive manner and are not influenced in any way. In addition to assessment and service statements, the *Disability Act* also provides for a formal independent redress and complaints mechanism and an independent appeals mechanism.

The addition of over 350 new posts in early intervention health services between 2005 and 2008 has greatly improved access to services throughout the country and has enabled improvements in the development of full interdisciplinary teams. The high standard of professionalism, team development, co-ordinated care and involvement with parents provides children and their families with an excellent service in many cases. The work is ongoing in ensuring that this high standard is available for all children wherever they live and whatever the nature of their disability or delay.

Question 13- Please describe briefly the evidence of improvement in relation to ECI services and provisions applied at local, regional or national level.

The enhancement of existing structures and the establishment of new structures to support person-centred assessment services for children with disabilities is a positive step in providing a single national system which does not have regional variations. While the



Disability Act has only been commenced with respect to children under five years of age and has only been in operation for two years, work is ongoing in identifying the benefits accruing. It should be noted that the system has now a single point of entry to the statutory assessment system for children with disability.

Work is proceeding on agreeing procedures for integrating care pathways for all children through the levels of primary and more specialist services. With recent major additional resources new teams are being formed and more established teams have been able to increase the scope of their interventions.

The provision of one year of free pre-school education for every child from January 2010 has greatly enhanced the availability of education services.

Question 14- Please describe briefly any specific experiences at local, regional or national level:

One example of the development of early intervention services in the past few years is in Limerick. Limerick Early Intervention Services, formed in 2005, is a partnership between the Brothers of Charity Services, Enable Ireland, St. Gabriel's, St. Joseph's Foundation and the Health Service Executive. It is responsible for the provision of Early Intervention services for children from birth to six years in Limerick City and County with disability or developmental delay. The three geographically based teams each include a Children's Services Manager, a Senior Clinical Psychologist, a Senior Occupational Therapist, a Senior Physiotherapist, a Senior Speech and Language Therapist, a Social Worker and an Early Intervention Specialist. Continuing professional development is organised for staff across all the teams by the management group, and there are jointly run groups for parents. There are currently 290 children and their families receiving services from Limerick Early Intervention Services and the most recent feedback from parents is that the staff on the early intervention teams demonstrate a high level of expertise.

a) on how to deliver ECI within the context of mainstream services as far as possible, so as to reduce stigma in accessing additional support services;

It should be noted that Part 2 of the *Disability Act* 2005 is concerned with the provision of specialist disability support services. Work is ongoing to identify how and where services are provided to ensure that they are provided in the most appropriate environment, both for the applicant and for the service deliverer including, where appropriate mainstream settings. It should also be noted that a key feature of the National Disability Strategy is that access to mainstream health services by people with disabilities is supported and encouraged. Primary care teams aim to meet the needs of children where possible and link with specialist services as required. This model is progressing as primary teams develop. The change to mainstream education (both pre-school and school) for children with disabilities has been marked in the last ten years and has influenced the way in which early intervention services work with parents to achieve inclusion for their child. The focus now is to find every possible means by which a child with a disability can participate fully in education and in social and leisure activities.

b) on how to shift the emphasis of interventions from crisis to prevention;

By its nature, the assessment of persons with a disability is not a crisis prevention measure. It is reactive in nature, i.e., a person applies to be assessed. However, because information has been provided to all relevant health professionals, referrals for assessments can be made earlier. In the past, disability services were not proactive in



nature and relied on persons coming to their attention but now, for example, public health nurses or General Practitioners who may have concerns about a child's development may refer that child for assessment (or encourage the parent to apply). This has the benefit of identifying and addressing concerns at the earliest possible stage. Social workers in disability services assess the stressors on the family and by addressing these can avert crisis situations from arising. One measure is providing home support services which aim to provide children with opportunities to participate in community activities and, at the same time, give parents and families a break from caring.



BIBLIOGRAPHY

- Department of Education and Science, 1998. *Education Act*. Dublin: The Stationery Office
- Department of Education and Science, 1999. *Primary School Curriculum*. Dublin: The Stationery Office. Accessible at www.ncca.ie
- Department of Education and Science, 2000. *Learning Support Guidelines*. Dublin: The Stationery Office. Accessible at www.ncca.ie
- Department of Education and Science, 2002. *Special Education Circular 07/02 – Applications for full-time or part-time Special Needs Assistant support to address the special care needs of children with disabilities*. Dublin: Department of Education and Science. Accessible at www.education.ie
- Department of Education and Science, 2004. *The Education for Persons with Special Educational Needs Act*. Dublin: The Stationery Office. Accessible at www.ncse.ie
- Department of Education and Science, 2005a. *Special Education Circular 02/05 – Organisation of Teaching Resources for Pupils who need Additional Support in Mainstream Primary Schools*. Dublin: Department of Education and Science. Accessible at www.education.ie
- Department of Education and Science, 2005b. *An Evaluation of Special Classes for Pupils with Specific Speech and Language Disorder: A National Report by the Inspectorate of the Department of Education and Science*. Dublin: Department of Education and Science. Accessible at www.education.ie
- Department of Education and Science, 2007. *Circular 38/2007 – Criteria for Enrolment in Special Classes for Pupils with Specific Speech and Language Disorder*. (Dublin: Department of Education and Science. Accessible at www.education.ie
- Department of Education and Science, 2009. *Education Statistics 2007–2008*. Dublin: Department of Education and Science. Accessible at: http://www.education.ie/servlet/blobServlet/stat_2007_2008.pdf
- Department of Health and Children, 1999. *Children First – National Guidelines for the Protection and Welfare of Children*. Dublin: The Stationery Office
- Department of Health and Children, 2000. *The National Children’s Strategy. Our Children – Their Lives*. Dublin: The Stationery Office
- Department of Health and Children, 2006a. *Child Care (Pre-School Services) Regulations 2006*. Dublin: The Stationery Office
- Department of Health and Children, 2006b. *Disability Act 2005 – Sectoral Plan for the Department of Health and Children and the Health Services*. Dublin: Department of Health and Children
- Government of Ireland, 1937. *Bunreacht na hÉireann – Constitution of Ireland*. Dublin: The Stationery Office
- Government of Ireland, 2005. *Disability Act 2005*. Dublin: The Stationery Office
- Health Research Board, 2008. *Trends in Demand for Services among Children aged 0–5 Years with an Intellectual Disability, 2003–2007*. Dublin: Health Research Board
- Health Research Board, 2009a. *Annual Report of the National Intellectual Disability Database Committee 2008*. Dublin: Health Research Board



Health Research Board, 2009b. *National Physical and Sensory Disability Database Committee Annual Report 2008*. Dublin: Health Research Board

Lewis, M and Archer, P., 2003. *Early Start Evaluation: Report of Observation Visits to Schools*. Dublin: Educational Research Centre

National Council for Special Education, 2006. *Guidelines on the Individual Education Plan Process*. Meath: National Council for Special Education. Accessible at www.ncse.ie