Joint Working Protocol

between HSE and HSE funded Service Providers, Better Start Early Years Specialists and Department of Children and Youth Affairs for provision of health service supports for children with a disability under AIM

This protocol is a live document and will be subject to continuous review as required.

Rev. 1 08/10/2020

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1.0 Access and Inclusion Model

The Access and Inclusion Model (AIM) is a model of supports designed to ensure that children with disabilities can access the Early Childhood Care and Education (ECCE) Programme. Its goal is to empower pre-school service providers to deliver an inclusive pre-school experience, ensuring that every child can meaningfully participate in the ECCE programme and reap the benefits of quality early years care and education. Full details of this model and key documents are available at www.aim.gov.ie

AIM is a child-centred model, involving seven levels of support, moving from universal to targeted, based on the needs of the child and the pre-school service provider. For many children, universal supports offered under the model will be sufficient. For others, one particular discrete support may be required to enable access and participation in pre-school such as access to a piece of specialised equipment. For a small number, a suite of different services and supports may be necessary. In other words, the AIM model is designed to be responsive to the needs of each individual child in the context of their pre-school setting. It does not require a formal diagnosis of disability.

1.1 Universal Supports - AIM Levels 1 to 3

Universal supports are designed to promote and support an inclusive culture within pre-school settings by means of a variety of educational and capacity building initiatives. Specifically,

- A new **Inclusion Charter** has been developed for the early years sector. Pre-school service providers are invited to sign up to this Charter by producing and publishing their own Inclusion Policy. To support this process, updated **Diversity, Equality and Inclusion Charter and Guidelines for Early Childhood Care and Education** have been produced (see www.aim.gov.ie) and a national training programme on the Inclusion Charter and the Guidelines is being delivered by the City and County Childcare Committees (Level 1)
- A new higher education programme, **Leadership for Inclusion in the Early Year (LINC)** has run annually since September 2016. LINC graduates are able to take on a new leadership role of Inclusion Co-ordinator within their pre-school setting which brings an increase of €2 per child per week in the rate of ECCE capitation payable to that setting (Level 2)
- A broad **multi-annual programme of formal and informal training** for pre-school staff in relation to disability and inclusion will be funded by the Department of Children and Youth Affairs (DCYA) and is delivered by Better Start Learning and Development Unit in collaboration with the HSE and other agencies. (Level 3).

1.2 Targeted Supports – AIM Levels 4 to 7

The supports at levels 1 to 3, when appropriately developed, have been found internationally to be sufficient to support many children with disabilities. However, where a pre-school service provider in partnership with a parent, considers that some further additional support may be necessary to meet

the needs of a particular child, they can apply for one or more of the following targeted supports:

- **Expert advice, mentoring and support** is available from a team of specialists in early years care and education for children with disabilities. These experts, termed Early Years Specialists (EYS), are based in the Better Start National Early Years Quality Development Service (Level 4)
- A scheme available for provision of **specialised equipment, appliances and grants towards minor building alterations** deemed necessary to support a child's access and participation in the ECCE programme managed by Pobal (Level 5)
- **Health services**, critical to a child's access to and participation in the ECCE programme, are available through AIM and will be provided by or on behalf of the HSE for Levels 4, 5, 6 and 7 as appropriate
- Where these supports are not sufficient to meet the needs of a child, pre-school service providers, in partnership with parents, can apply for **additional capitation** to fund extra support in the classroom or to enable the reduction of the staff to child ratio (Level 7). It is estimated that these will be required by 3-4% of children.

2.0 Purpose of this Protocol

This document sets out how the HSE (Disabilities and Primary Care) and HSE funded organisations will provide the relevant health service supports for Levels 4, 5, 6 and 7.

- Level 4 refers to expert Early Years educational advice and support
- Level 5 refers to equipment, appliances and minor alterations critical for the child to access and meaningfully participate in the ECCE programme.
- Level 6 refers to universal and targeted health service supports for an individual child which are deemed essential for them to access and participate meaningfully in the ECCE programme
- Level 7 refers to additional assistance in the pre-school room, as above which is critical to the child's access and optimal participation in the ECCE programme

3.0 Core Principles of this Protocol

The protocol is underpinned by the following agreed core principles:

3.1 HSE Commitment

- The HSE is fully committed to AIM and to the provision of health service interventions to support children with disabilities to access and optimally participate in the ECCE programme, specifically for levels 3, 4, 5, 6 and 7 as required
- Access to the ECCE programme is for a limited and specific time in a child's life. Positive outcomes from a child's participations in early learning and care and early intervention

services are well documented in literature. The Interdepartmental Group (IDG) describes how in developing the AIM model, they sought to

> *'…create a comprehensive model that would be built over time to provide the best outcomes for all, in a sustainable manner..'* (p26, IDG).

3.2 Model of Health Service Delivery

- The stepped care approach is a well-recognised, commonly used, effective model which can be applied to the pre-school setting. Within this model, service delivery is aimed at
  - Prevention
  - Early intervention
  - Brief, generic interventions
  - Individual tailored one to one intervention
- Within this model of service delivery, the provision of services ranges from universal strategies which benefit all clients to individual, tailor made interventions, where deemed critical for some children to participate meaningfully in ECCE
- Universal strategies include provision of:
  - Information, advice packs, leaflets and practical guidelines
  - Parent & pre-school leader training to understand and respond appropriately to the child's needs
  - Drop in consultation clinics
  - Professional advice and support via phone/email e.g. advice to the EYS on the presentation of a child who is as yet unknown to this health service.

  Universal strategies should target themes that are specific to the needs of children in their specific ECCE setting such as social, communication, self-care and behaviour. All children with the ECCE setting, regardless of their presenting needs, or whether they have received an assessment or diagnosis, will benefit from these universal strategies.

- Targeted interventions: For those children where universal strategies do not enable their optimal participation in the ECCE programme, an assessment of their presenting needs will be required to determine the child's specific needs in relation to their participation in ECCE and to develop an appropriate intervention
- Where children requiring targeted interventions are already known to the required health service i.e. existing clinical information such as reports, assessment results and recommended interventions are available, health professionals will be better placed to

respond to requests for Levels 4, 5, 6 and 7 supports. However, the amount of clinical input needed to respond appropriately to these children cannot be underestimated.

- Where children requiring targeted supports are unknown to the required health service, i.e. no prior clinical information exists, and universal strategies were insufficient to support the child to meaningfully participate in ECCE, a referral to the relevant health service on the *HSE National Access Policy Referral Form* and age specific *Additional Information Form* is required. If the child is already waitlisted in the required health service, the EYS will submit a request for support under AIM. In these cases, the request for support will be looked at on a case by case basis by the receiving health service to ensure, to the greatest extent possible, that placements do not break down.

3.3 Needs Based Approach

- Provision of health service supports under AIM is based on each child's needs i.e. specifically those which are critical to their access to and meaningful participation in ECCE. They do not require a diagnosis. (See **Appendix 1**: Definition of Healthcare needs critical to participation in ECCE). For example, a child, awaiting assessment for query global developmental delay, presents with toileting and/or delayed play skills in the pre-school which is impacting on his/her participation in ECCE. The EYS will contact the relevant health service(s) identified in the child's Access and Inclusion Profile (www.aim.gov.ie) Section 5 Health. The relevant healthcare professional(s) will advise the EYS on universal strategies already in place for that child in the pre-school, or where the child is unknown to this health service, universal strategies applicable to any child with a similar presentation as presented by the EYS over the phone.

  Provision of universal strategies is not a substitute for assessment that the child is awaiting, rather it is an attempt to provide the minimum amount of intervention considered critical for the child to access and meaningfully participate in the ECCE setting. When it becomes clear that a one-on-one targeted intervention(s) is critical to the child's meaningful inclusion and/or participation in ECCE, such cases will be looked at on a case by case basis. This child will remain on the waiting list for assessment of all other needs which will ultimately inform his/her support pathway and most appropriate intervention.

3.4 Reconfigured Children's Disability Network Teams & pre-reconfigured disability services

- A national Children's Disability Health Service Reform programme is underway. This includes the *Progressing Disability Services for Children and Young People (PDS)* Programme, a reconfiguration of all HSE and HSE funded children's disability health and social service

resources into geographically based Children's Disability Network Teams (CDNTs), providing for all children with complex needs as a result of their disability. Children with non-complex needs as a result of their disability will access HSE Primary Care Services. Implementation of AIM is taking place within this context.

Different parts of the country are at different stages of reconfiguration which means that the EYS's point of contact with relevant HSE/HSE funded services will differ throughout the country. The EYS will first check the child's *Access and Inclusion Profile* for contact details of the relevant healthcare service point of contact (i.e. CDNT, HSE/HSE funded pre-reconfigured service or HSE Primary Care) where the child has been seen or is waitlisted. As a backup, the HSE Directory of Services provided to EYSs, also contains a list of relevant contacts in each CHO.

3.5 Family Centred Practice

- In keeping with the principles and values of PDS, services will be family centred. This is an empowering approach which recognises the importance of the family in supporting their child's development and wellbeing. Family centred practice requires collaborative working between the family and service to support the child's optimal achievement of outcomes.

3.6 Monitoring of Health Service Provision under AIM

- Monitoring of the programme continues by the HSE, Department of Health (DOH), DCYA, Better Start and Pobal at a national level. The primary focus now is to ensure sustainability of the model. It is important to measure effective use of additional resources since the commencement of AIM in 2016 which will also inform continuous quality improvement and identify emerging issues. Monitoring processes and requirements are agreed through the AIM Project Team and Cross Sectoral Implementation Group
- The HSE introduced a core set of Key Performance Indicators for trial in 2018 on which returns have been manually gathered monthly from relevant HSE and HSE funded services. In January 2020, they were reduced to 3 KPIs for which monthly returns will continue until the AIM End of Year 3 Evaluation is completed in 2020 as requested by DCYA. It is anticipated that the evaluation will inform future monitoring requirements.

4.0 Underlying Assumptions re supporting AIM Levels 4, 5 and 7

AIM Levels 1-3 are universal and apply to all children with a disability accessing their ECCE programme. These levels include building capacity of the early years' sector over a number of years so that pre-school providers are empowered to deliver an inclusive environment for children with disabilities. This, in turn, should reduce the need for more highly targeted supports to be provided under levels 6 and 7 of the model.

AIM Levels 1-4 should be fully utilised, where appropriate, prior to accessing level 6.

AIM Level 5: Most children who need equipment /appliances in order to access and participate in ECCE, have a physical disability and are already known to a health service. However, where a child requires individualised, specialised equipment in a pre-school setting, or that specific pre-school requires minor adaptation to enable that child to access and participate in ECCE, a site visit by the relevant healthcare professional to the specific pre-school will most likely be required. For children where no clinical information exists (i.e. they are waitlisted for, or as yet, never referred to this health service), a greater degree of engagement may be needed to assess the child's equipment needs or the pre-school's adaptation needs in order to support his/her access and participation in ECCE there. This will be reviewed on a case by case basis.

AIM Level 7: It was estimated that those children with the highest needs requiring this level is above 1-1.5% of the total child population (IDG 2016). Allocations for Level 7 to date have been for over 3% of ECCE registered children. **The role of health service staff under Level 7 is solely to provide copies of pre-existing reports upon parental consent**.

5.0 Level 4 Expert Educational Advice and Mentoring

Level 4 relates to expert education advice and support. Pre-school service providers can avail of expert advice and mentoring support from the Early Years Specialist (EYS) to maximise a child's access and meaningful participation in a timely and responsive fashion.

The role of the EYS is to support a range of diverse early years ECCE pre-school settings to assist them in enabling inclusive practice and optimal access and participation of a child with a disability in the pre-school room. The EYS is pivotal to supporting the child and also as the initial link between the health service provider and early years' service provider where they are not already actively collaborating with the pre-school provider in supporting individual children with a disability in the pre-school setting.

EYS can be contacted for general queries by phone through the Pobal Early Years Provider Centre (EYPC) or via the online application form. It is not necessary to fill out the online application form if phone support from an EYS is adequate. No personal or identifying information on a child can be disclosed or discussed prior to obtaining written informed consent from a parent, carer or guardian. However, should phone support prove inadequate to address concerns, the pre-school provider may choose or be directed to complete an online application with the parent/carer/guardian in order to receive a higher level of support. The online application form includes a simple Access and Inclusion Profile (www.aim.gov.ie). A completed profile will assist the EYS in identifying if further supports are needed for the child.

Where the child is already known to the relevant health service: i.e. the relevant healthcare professional has /is already working with the child, as identified in the completed Access and Inclusion Profile, Section 5: Health, the EYS will contact that professional(s) to review health service strategies already put in place. The EYS can play a vital role in re-affirming these health service strategies in the pre-school, thereby ensuring one consistent messaging and programme for the child.

Where the child is unknown to the relevant health service: the EYS will arrange a phone call with the relevant health service(s) to seek universal strategies (see **3.2**) which are appropriate for any child presenting with similar needs as described by the EYS.

6.0 Level 5 Equipment, Appliances and Minor Alterations Capital Grant

Under AIM Level 5, a pre-school service provider in collaboration with a parent/carer/guardian can apply for equipment, appliances and/or a capital grant towards the cost of minor alterations to the pre-school setting where critical to the child's access and participation in ECCE. This is done by completing the relevant part of the Capital Application Form on PIP (Pobal's IT platform) on which pre-school service providers can apply for supports. All pre-school service providers on contract with DCYA (i.e. have a DCYA number) have access to PIP.

Where applicants are unsure about the equipment, appliances or minor alterations a child may need to enable his optimal participation in the pre-school, and the child is already in receipt of HSE/HSE funded services, the applicant may contact the relevant HSE/HSE funded service provider for advice and support. Where the child is unknown to the required health service (i.e. never referred or referred and waitlisted), the applicant may either contact their local disability health service or the EYS for advice on which specific health service(s) to contact, based on the child's presentation. The number of children unknown to the required health service who have not received their essential equipment for home use is estimated to be small and the initial 3 years of implementing AIM confirms this.

Applications for level 5 support fall into one of the following three categories:

i. Applications for minor alterations
ii. Applications for equipment in respect of a visual or hearing impairment
iii. Applications for individualise, specialised equipment in respect of all other types of disability.

Health service input will be required mainly for two of the three categories i.e. applications for minor alterations and for individualised, specialised equipment in respect of all other types of disability. With regards to applications for equipment in respect of a visual or hearing impairment, visiting teachers will deal with the majority, if not all of such applications. However, there may be occasions where an Occupational Therapist (OT) or Speech and Language Therapist (SLT) may also recommend additional equipment critical to access and participation of a child with a visual or hearing impairment in the pre-school setting.

6.1 Applications for Minor Alterations

For some children, minor alterations to the pre-school will be critical so that they can physically access and meaningfully participate in the pre-school. An application for minor alteration should be accompanied by the *AIM Level 5 Capital Report Form for HSE/HSE Funded Professionals* completed by a relevant designated healthcare professional(s).

For the purpose of this category, a designated professional is limited to

(i) an architect
(ii) an engineer or
(iii) an OT working for or on behalf of the HSE, or
(iv) such other category of health and social care professional as may be recognised by Pobal in consultation with DCYA and DOH, for the purposes of this scheme.

These designated professionals will be required to confirm

a) the proposed minor alteration works are compliant with the *Building (Part M Amendment) Regulations 2010*, and
b) the pre-school setting will not be rendered non-compliant with the *Child Care (Pre-school Services) (No. 2) (Amendment) Regulations 2006* as a result of the minor alteration works
c) the proposed minor alteration works are necessary and are critical to enabling the child's access and participation in the ECCE programme of the specific pre-school.

The architect or engineer will provide a short report in relation to a) and b). Generic minor alterations regarding accessibility are covered under Part M of the Building Regulations 2010 and do not require the input of healthcare professionals.

Where individual, client specific, minor alterations are required, the input of a healthcare professional (per (iii) above) will be necessary in relation to (c) above to confirm that **the proposed minor alteration works are necessary and are critical to enabling the child's access and meaningful participation in the ECCE programme of a specific pre-school.** In this case, the designated healthcare professional will complete the relevant section of the *AIM Level 5 Capital Form for HSE/HSE Funded Professionals* (see Section Key Documents and Resources: www.aim.gov.ie). Guidance on what specific alterations are required will require specialised input from an engineer or architect e.g. structural changes to a building.

6.2 Applications for Equipment in respect of a Visual or Hearing Impairment

As stated above, visiting teachers are expected to address the vast majority of these applications for equipment in respect of a visual or hearing impairment. However, there may be occasions where an OT or SLT may also want to recommend additional equipment critical to a child's access and participation in ECCE.

For the purposes of this category, a designated professional is limited to

(i) a visiting teacher, or
(ii) an OT working for or on behalf of the HSE, or
(iii) an SLT working for or on behalf of the HSE.

These designated professionals will be required to complete the relevant section of *AIM Level 5 Capital Form for HSE/HSE Funded Professionals* to confirm:

a) That the proposed equipment is necessary and critical to enabling the access and meaningful participation in the ECCE programme in the relevant pre-school, and

b) That to the best of their knowledge, the proposed equipment is not already available in the pre-school setting or capable of being transferred to and used in the pre-school setting.

In these rare cases, the designated health professionals will complete the relevant section of *AIM Level 5 Capital Form for HSE/HSE Funded Professionals*.

6.3 Applications for Individualist Specialist Equipment for all Other Types of Disability

For some children, the provision of equipment is critical to enable them to physically access and meaningfully participate in the pre-school.

For the purposes of this category, a designated healthcare professional is limited to:

(i) an occupational therapist working for, or on behalf of, the HSE, or

(ii) a physiotherapist working for, or on behalf of, the HSE, or

(iii) a speech and language therapist working for, or on behalf of, the HSE, or

(iv) such other category of health and social care professional as may be recognised by Pobal, in consultation with DCYA and DOH, for the purposes of this scheme.

These designated professionals will complete the relevant section of *AIM Level 5 Capital Form for HSE/HSE Funded Professionals* to confirm that:

a) the proposed individualised and specialised equipment is necessary and critical to enabling the access and meaningful participation of the child in the ECCE programme in the relevant pre-school, and

b) to the best of their knowledge, the proposed equipment is not already available in the pre-school setting or capable of being transferred to and used in the pre-school.

Where a piece of equipment has already been prescribed for the home, it will be possible to provide a duplicate prescription once it is deemed clinically appropriate and essential for this child's participation in a specific pre-school if it is not already available in the pre-school or transferable to the pre-school from the child's home.

Single items less than €50 are not eligible under AIM.

Equipment can transfer with the child to primary school based on recommendations of child's clinician, agreement between the pre-school and primary school, and a formal transfer of ownership from Pobal to the primary school.

See www.aim.gov.ie for the AIM Policy Paper, including application and approval process.

6.4 Governance of Equipment, Appliances and Minor Alterations

DCYA are the funders for equipment, appliances and alterations under AIM**.** In line with Government Policy in relation to shared services, equipment approved under the AIM Programme Level 5 is ordered by Pobal via the HSE National Procurement system, supported by a Memorandum of Understanding between the HSE Health Business Services – Procurement and DCYA.

Pobal are the administrators of AIM. Maintenance will be covered by manufacturers guarantee at the point of purchase in line with current HSE procurement practice.
Pobal will:

- act as the owner of all equipment procured under AIM in accordance with an agreement with DCYA for the time the child is attending the pre-school service
- Insure all equipment valued over €500 procured under AIM for fire and theft
- notify the prescribing clinician with details of delivery
- repair and replace equipment where required
- facilitate transfer of ownership or recycling as appropriate when the child has finished in ECCE
- maintain an asset register, including types and geographical distribution of aids and appliances, and alteration types, by county, service, child, age, etc which will be accessible to DCYA, HSE and DES to inform future developments.

HSE/HSE funded professionals who recommend the equipment (prescriber), appliance and/or minor alteration are responsible for ensuring that it meets the clinical needs of the child, it is critical to the child's access to and meaningful participation in the particular pre-school setting and in the case of equipment, that it is not already available in the home and transferable to the pre-school.

The prescribing clinician must

- at all times apply the same clinical rationale and guidelines to prescribing equipment through AIM Level 5 as they use to guide prescribing equipment funded by the HSE for home use
- state on the *AIM Level 5 Capital Form for HSE/HSE Funded Professionals* whether he/she needs to be present for the equipment set up and/or training
- based on their assessment, will advise the pre-school and Pobal on the appropriateness of specific equipment provided under Level 5 transferring with the child to his/her school.

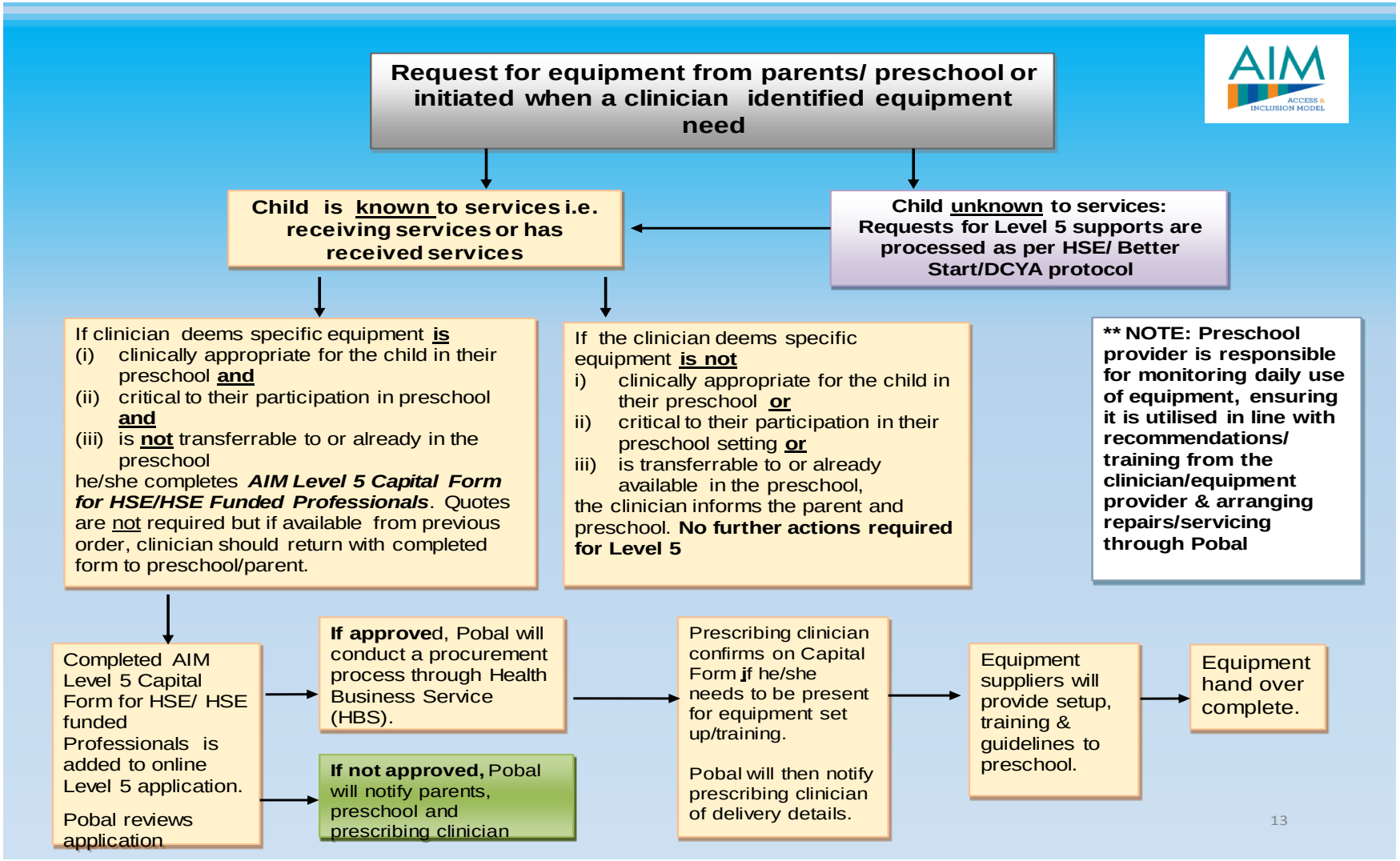
Equipment Providers are responsible for provision of set up, training and guidelines to the pre-school staff.

Early Learning and Care Providers will be required to enter into a Standard Operational Agreement with Pobal for any aids and appliances procured under AIM and will have the responsibility for monitoring the daily use of the equipment in line with recommendations/ training from the clinician/ provider. Early Learning and Care Providers will also be required to engage in the Transfer of Ownership process including reaching agreement with the child's school regarding equipment transfer where deemed appropriate by the HSE/HSE funded professional.

See Table 1: Process Map for Health Professionals Level 5 Equipment.

Specific queries can be directed to aimlevel5@pobal.ie or phone 015117222 / 015117218.

Figure 1: Process Map for Healthcare Professionals – Level 5 Equipment



7.0 Level 6: Health Service Supports and Intervention

Level 6 health service supports may be provided through a Children's Disability Network Team (CDNT), HSE Disability Service or HSE funded Voluntary Organisation (not yet reconfigured into CDNTs), or HSE Primary Care Services. The *Access and Inclusion Profile* will identify where a child has/is receiving or is waitlisted for specific health services. As a backup, the HSE's *Directory of Contacts* in Disabilities and Primary Care provided to Better Start as a backup also supports EYSs in contacting the right health service as quickly as possible.

7.1 Universal strategies

Children who require healthcare intervention to ensure their meaningful access and participation in pre-schools can have their needs addressed in a number of ways; it does not always require one to one (targeted) sessions with the child in the pre-school room.

Universal strategies may include:

- Provision of information
- Advice packs
- Leaflets
- Practical guidelines to assist groups of children, parents, and pre-school leaders with common areas of challenge for children with a disability

Universal Strategies: Where the child is known by the relevant health service

The EYS will make an "Initial Contact" email with the relevant healthcare professional (or service) identified on the *Access and Inclusion Profile* (see Appendix 2 for standardised email template). The EYS's email to the relevant healthcare professional will include

- a password protected letter in Word identifying the child and confirming that parental consent for sharing of information is on file
- the EYS's mobile phone number
- a request to contact the EYS for the password to the letter and to set up a date and time for a detailed call in regards to the child's current healthcare strategies and other potential strategies.

These steps are essential prior to the healthcare professional sharing information and providing universal supports for the child to the EYS. The healthcare professional will confirm consent with the parent in advance of the planned phone call with the EYS and document this in the child's healthcare record.

The healthcare professional will contact the EYS as soon as possible to access the password for the confidential letter and arrange a time with the EYS, within 5 weeks of receipt of their "Initial Contact" email in line with this Protocol, for the detailed call on provision of universal strategies for this child known to this specific healthcare service.

Universal Strategies: Where a child is unknown by the health service relevant to the child's participation in ECCE

Where the EYS has reviewed the child's *Access and Inclusion Profile* with the pre-school, met the child, and applied all Level 4 strategies, yet challenges to the child's access and/or participation remain, the EYS will arrange a phone call with the relevant health service for support and advice (i.e. universal supports) over the phone. The EYS is required to provide a minimum of information to the healthcare professional, including details of EYS advice and support already provided to the early year's educator and the outcome of this. Additional information may be sought by the healthcare professional to help inform recommendations on universal strategies. The child remains anonymous to the healthcare professional, and information which the healthcare professional provides is generic, therefore, the healthcare professional does not require confirmation of parental consent on file with Pobal to share this information.

7.2 Targeted Strategies

Targeted Strategies: Where the child is known by the relevant health service

Where universal strategies provided by the healthcare professional for children known by the relevant health service, combined with additional, complimentary strategies provided by the EYS, do not result in the child's optimal participation in pre-school, the EYS will contact the healthcare professional again regarding the need to progress to targeted interventions.

Targeted Interventions may include:

- Individualised intervention programmes
- Individualised preschool plans
- Individualised behaviour support plans
- The prescription of individualised equipment
- Professional advice on the phone regarding an individual child
- Pre-school visits to identify strategies to support the child and to advise pre-school staff on their implementation

Following that contact, the EYS will forward a copy of the child's Access and Inclusion Profile including signed parental consent, an outline of strategies and supports already provided and a formal request to proceed to targeted strategies by registered post to the healthcare professional who provided universal strategies.

Targeted Strategies: Where a child is unknown by the health service relevant to the child's participation in ECCE

Where universal strategies provided by the healthcare professional for children unknown to the relevant health service, combined with additional complimentary strategies provided by the EYS, do not result in the child's optimal participation in pre-school, the EYS will contact the healthcare professional again regarding the need to progress to targeted interventions.

Where the child is not already waitlisted for a HSE/HSE funded Early Intervention Team or Service, the EYS will guide the parent to complete and return to the EYS the:

1. HSE's National Access Policy Referral Form and
2. Age relevant Additional Information Form.

The EYS will forward these two completed forms with a copy of the child's Access and Inclusion Profile including signed parental consent, and an outline of strategies and supports provided to date to the agreed HSE/HSE funded organisation's contact person by registered post (see AIM Rules 2019/2020 Section 8.1.3 at https://aim.gov.ie/key-documents/). The latter will acknowledge receipt of completed forms by email to the EYS.

As a child's time in the ECCE Programme is relatively short, the relevant health service is required to respond **within 5 weeks of receipt of the request for support** in order to enable his/her access to and optimal participation in the ECCE Programme unless otherwise agreed between the healthcare professional and EYS. This is a formal referral to Early Intervention Services where the child will receive therapeutic supports critical to their participation in the ECCE programme while they remain on the waiting list for other health service supports.

Figure 2: Process for Activation of Level 6 Health Service Supports

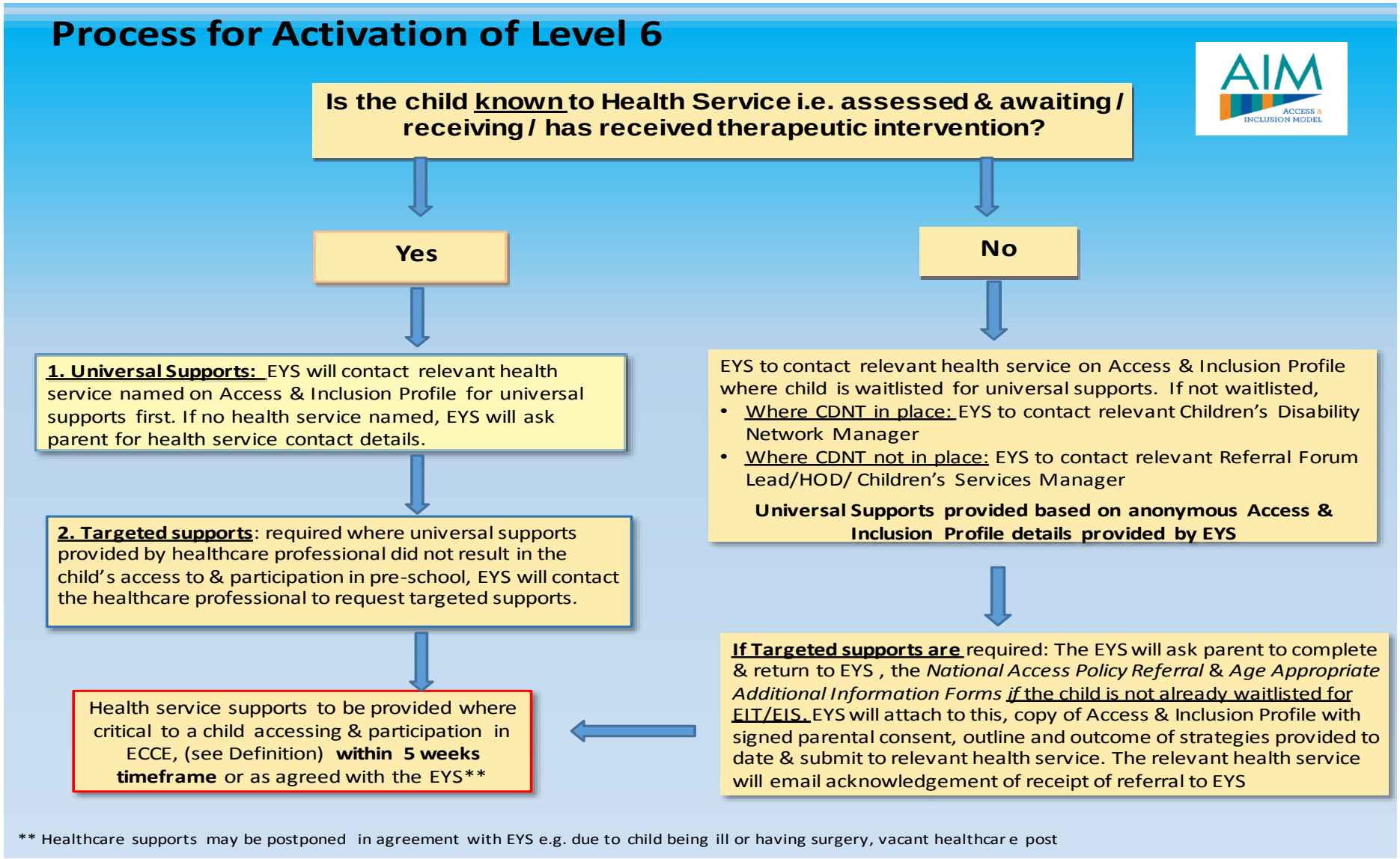


Figure 3: Implementation Process for Level 6 Targeted Supports

Step 1: ***EYS*** contacts relevant CDNM/HOD/Children's Services Manager/Referral Forum Lead (known as *Relevant Health Service Lead* hereafter) per Access & Inclusion Profile for targeted supports as universal strategies were not adequate to ensure the child's meaningful participation in ECCE

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Step 2: ***Relevant Health Service Lead*** checks if the child is attached to their service, waitlisted or unknown

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Step 3: ***EYS*** guides parent to complete/return to EYS the National Access Policy Referral form and Age Specific Additional Information Form where a child, unknown to the relevant health service and universal supports did not suffice in their access and participation in ECCE, is not already waitlisted.

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Step 4: ***EYS*** attaches copy of Access & Inclusion Profile, and outline and outcome of strategies they have already provided & forwards to the relevant health service

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Step 5: ***Relevant Health Service Lead*** emails acknowledges of receipt of AIM Request for Support and decides most appropriate pathway i.e. same service or redirect to EIT/Primary Care Network/CAMHS/Tusla

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Step 6: ***Relevant Health Service Lead*** checks all information has been received from EYS i.e. signed parent consent, Access & Inclusion Profile, National Access Referral & Age Appropriate Additional Information Forms, outline and outcome of support provided by EYS. If not received, request is made to EYS.

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Step 7: ***Relevant Health Service Lead*** reviews the child's needs in order to meaningfully participate in ECCE and service/member(s) of the team most appropriate to respond to AIM Request for Support

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Step 8: ***Relevant Health Service Lead*** contacts parent to confirm consent and clarify the supports critical to their child's participation in ECCE which will be provided for this episode of support

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Step 9: ***Relevant healthservice/Team member*****(s)** commences support critical to child's access & participation in ECCE **within 5 weeks** or as agreed with the Early Years Specialist

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Step 10: ***Team members*** share copy of targeted supports with family, pre-school and MDT.

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Step 11: Throughout this episode of support critical to the child's access and meaningful participation in ECCE, the child remains on the waitlist for all other required assessments and interventions

8.0 Level 7: Additional Capitation

Level 7 is for children presenting with the highest level of need. A preschool service provider, in conjunction with a parent, can apply for additional capitation where the provider considers that this is likely to be critical to ensuring a child's access and participation in the ECCE programme in their pre-school setting. This may be used by pre-schools to buy in additional assistance to the pre-school or to facilitate the reduction of the child to adult ratios in the pre-school room. This will permit the provision of additional adult support within the preschool setting and will ensure that the child has every opportunity to attend and participate in a meaningful way.

The application is made by completing the relevant parts of the Access and Inclusion Profile on PIP See www.aim.gov.ie for the AIM Policy Paper including the application and approval process. Where an application is complete and eligible, it will be referred to the EYS service who will visit the pre-school service provider and child with a view to identifying whether a level 7 support is needed. In order to determine this, the EYS will:

- complete the observation tool as a means of identifying both the child's and the settings strengths, abilities and needs,
- determine whether all other levels and supports have been considered and appropriately utilised,
- determine whether the provision of additional capitation would cause staff to child ratio levels to fall below the minimum desirable level as set out in the National Early Years Quality Development Service guidelines[1]
- obtain other expert input from level 6 and CCCs as necessary.

Ultimately, the EYS, working in collaboration with the early years educators and the child's family, are best placed to indicate whether or not additional capitation is needed to support the child in the pre-school setting. The Level 7 Better Start form is completed by the EYS and recommendations are made by the Better Start AIM Team Leaders, all of which are appraised by the Pobal AIM team with the final decision made by Pobal's Decision Board. In some cases, health service providers may be asked to support this process at Level 7 by providing pre-existing reports. **Health service staff should not provide supporting letters/reports for Level 7 supports. The role of health service staff under Level 7 is solely to provide copies of pre-existing reports upon parental consent**.

[1] It has been stated that evidence suggests that a staff: child ratio which is too low, i.e. too many adults in the room, is not good practice and does not support quality service provision. Accordingly, the Better Start service in Pobal will produce a guideline indicating what a minimum desirable level would be. This would help to inform whether additional assistance would be beneficial or could result in too many adults in the setting. This could be particularly relevant in cases where a pre-school service provider has a number of children with complex disabilities and has made more than one application for level 7 support.

Where the decision is not to approve, the preschool service provider will be informed of his/ her right of review. In practical terms, a decision not to approve is also likely to be accompanied by a recommendation to offer other supports such as mentoring under Level 4 or access to health service supports under Level 6.

Appendix 1

HSE Community Operations - Disabilities

Access and Inclusion Model (AIM)

A New Model for Supporting Access to the Early Childhood Care and Education Programme (ECCE) for Children with a Disability

In 2015, the Department of Children and Youth Affairs (DCYA), Department of Education (DES) and the Department of Health (DoH) established an Interdepartmental group to agree a model to support access to the ECCE Programme for children with a disability. This model includes seven levels of support that will enable the full inclusion and meaningful participation of children with disabilities in the ECCE programme. The model progresses from a number of universal supports for all children with a disability i.e. Levels 1-3 to targeted supports i.e. Levels 4-7 for children with complex needs arising from a disability.

Level 6 Therapeutic Intervention: This paper defines what is meant by health service supports which are critical to enable a child with a disability (where appropriate) to enrol and fully participate in their ECCE programme.

Definition of Health Service Supports Critical to Participation

Health services are considered critical to participation in the EECE programme where it is reasonably agreed that a child, in the absence of those services, and taking into account other existing or available services and supports, is

1. ***Unable to access the pre-school setting, due to environmental barriers,***
2. ***Unable to commence the ECCE programme,***
3. ***Unable to remain on the ECCE programme, or***
4. ***Unable to meaningfully participate in their ECCE programme***

and that provision of the particular services will help to ensure that the child can access and meaningfully participate in their ECCE programme. To participate meaningfully in a mainstream ECCE programme means that children with disabilities are enabled to reach their full potential in terms of experiencing new skills, opportunities and actively engage in social activities and interactions with their peer group.

Health supports for children may include universal and targeted interventions. These are provided in response to an individual child's needs and within the resources available.

Universal supports provided by health services include the provision of information, advice packs and practical guidelines to assist groups of children, parents, and preschool leaders with common areas of challenge for children with a disability. These supports may include training of parents and/or preschool leaders to assist with the understanding of the needs of the children and information regarding appropriate responses. Examples of training provided include: talks on specific topics such as the use of visual aids to support learning; information on behaviour management strategies; communication strategies and information on specific medical conditions. Practical workshops providing information on topics such as toileting or sensory strategies may also be provided.

Targeted supports provided by health services include individualised preschool plans, individualised behaviour support plans, the prescription of individualised equipment, and professional advice on the phone regarding an individual child. Preschool visits for one to one work with child and preschool leader when required may also be arranged.

Critical health supports may be accessed when Levels 1-4 supports available for all children with additional needs have been exhausted and have not sufficiently overcome the barriers enabling their access and meaningful participation in their ECCE programme. As a result, critical universal and/ or targeted health supports, that can only be provided following the expert consideration of a health professional, may be required.

Appendix 2

Template: EYS "Initial Contact" email to the relevant healthcare professional in regards to a child known to the relevant health service

Date: __/__/__

Re: AIM Universal Supports for a child known to your services

Dear…… (healthcare professional's name)

I am contacting you in relation to a child who is currently in receipt of AIM support. I would like to arrange a review call to discuss healthcare strategies already in place for this child and other possible strategies so I can reinforce these strategies with the pre-school and ensure there is no conflict of information for the child or pre-school.

Please find attached a document which includes the child's details and confirmation of signed parental consent along with current strategies and support (if applicable) in place for this child.

Can you please contact me on the mobile phone number below, in order to provide you with the password to the attached document and to arrange a date and time to review the child's current healthcare strategies in place and other potential strategies?

I look forward to hearing from you.

Kind regards,

_____

EYS Signature

Mobile number

Appendix 3

Template EYS Password Protected Letter to accompany EYS "Initial Contact" email to relevant healthcare professional, seeking universal supports for a child who is in receipt of AIM support and is known by a relevant health service.

Date __/__/____

Re:

Child's Name:

Date of birth:

Address per AIM Signed Parental Consent:

Dear …… (healthcare professional)

This child is currently attending _____
(pre-school service name and address) and is in receipt of AIM support.

I confirm that signed parental consent for sharing of information is on PIP (Pobal's business administration system for AIM) for this child.

I look forward to your phone call at your earliest convenience to arrange a date and time to review healthcare strategies in place and other possible strategies to support this child's participation in ECCE.

Kind regards,

_____

EYS signature

Mobile number