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Early Childhood Inclusion in Ireland

Original Concept Paper

Early Childhood Intervention and Inclusive Education in Ireland

History, Policy, and Future Directions

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Abstract

This paper examines the historical, policy, and practice landscape shaping early childhood intervention (ECI) and inclusive education for young children with special educational needs and their families in Ireland. By tracing developments from early segregated provision to contemporary rights-based frameworks, the paper situates current practice within broader sociopolitical, legislative, and international influences. Key national and international policy drivers, such as the United Nations Convention on Rights of the Child and Irish education and disability legislation, illustrate how ECI and inclusive education have evolved. The paper critically reviews contemporary models of provision across the education and health sectors, identifies major challenges, including the disconnect between education and disability services, systemic barriers to translating policy into practice, and workforce shortages and instability. The authors call for strengthened interagency collaboration, more coherent family-centered frameworks, and a shift from child-centered toward family-centered approaches.

Key words: *dual-track system*, *early childhood education and care*, *early intervention*, *inclusion*, *Ireland*, *special educational needs and disabilities*

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Early Childhood Intervention and Inclusive Education in Ireland

History, Policy, and Future Directions

The Irish Constitution, the United Nations Convention on the Rights of the Child (UNCRC) (United Nations, 1989, Articles 23 and 24) and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) (United Nations, 2006) (specifically Articles 5, 7, 24, and 25) inter alia underpin the provision of child and family services in Ireland. The Health Service Executive (2024a, p.5) reported that Ireland has one of the youngest populations in Europe with 24% of the population aged under 18 years representing 1.2 million children and young people (the EU average is 18%). The 2022 National Census data (Central Statistics Office, 2023) reported that 4% of young children from birth to 4 years have some type of special educational needs (SEN) and/or disabilities. In an earlier report, the Central Statistics Office also mentioned that just under 16% of 3-year-old children were reported by their mothers as having at least one long-standing illness, condition, or disability, which could impact a child's overall development (Central Statistics Office, 2019). In this paper, the authors have adopted an international definition of early childhood inclusion that covers birth to 8 years of age (Gargiulo & Kilgo, 2020). Ireland is part of the European Union and early childhood education and care (ECEC) is prioritized under the European Education Area initiative for the period 2021–2030.

HISTORY, CULTURE, AND SOCIOPOLITICAL LANDSCAPE OF EARLY CHILDHOOD INTERVENTION IN IRELAND

The establishment of special schools in the early 20th century was a significant step in changing how Ireland supported children with SEN. Unlike the punitive, labour-focused environments of workhouses and asylums from earlier times, these schools aimed to provide structured, educational experiences for children according to their SEN. While still operating within a segregated model, the introduction of special schools reflected the growing recognition

that children with SEN have the potential to learn, provided they received alternative teaching methods and individualized support structures (Griffin & Shevlin, 2007; Drudy & Kinsella, 2009).

The shift toward formalized special education was also influenced by the international trend in disability education, where many European and North American countries were moving away from purely institutional care models toward specialized education programs for children with SEN. For example, the United States saw the establishment of the first school for deaf children, Gallaudet University, which pioneered the teaching of sign language. In the UK, institutions such as the Royal National Institute for Blind People were advancing the use of Braille literacy for visually impaired students, setting a precedent for education models in other nations, including Ireland (Creaser et al., 2012). These international developments, were at the time, considered best practice as it was believed that children with SEN were not capable of benefiting from "ordinary/traditional" methods of instruction (Thomas et al., 2006). The subsequent development of general and special education resulted in a dual-track system which prompts debate about whether such parallel approaches align with the broader ambition of achieving a truly inclusive national education system (Ring, 2024; Shevlin & Banks, 2021; Travers, 2023).

While early special schools did not constitute early childhood intervention (ECI) in the contemporary sense, they introduced several preconditions that later became critical to ECI. Research shows that these schools formalized early practices in assessment and categorization, often guided by medical-diagnostic frameworks (Carpenter et al., 2009; McDonnell, 2003; Shevlin et al., 2008). They also contributed to the emergence of specialist teacher knowledge, particularly in relation to sensory impairments, intellectual disabilities, and behavioural needs (Drudy & Kinsella, 2009; Guralnick, 2019). As special education expanded, political and public attention gradually shifted toward the need for dedicated

services for young children with SEN. This has laid early groundwork for later family-centered and developmental approaches in the early years (McLean et al., 2016; Odom et al., 2011). At the same time, the segregated nature of provision prompted increasing critique. Parents' groups, voluntary organizations, and disability advocates argued through the 1970s–1990s that separate provision restricted children's participation, marginalized families and was incompatible with emerging rights-based thinking (Rose & Shevlin, 2021; UNESCO, 2021). These tensions between specialist provision and rights-based participation became important drivers of later debates on inclusive education, early identification, and the evolving role of the state in providing ECI services for families and their children with SEN.

EMERGENCE OF INCLUSION: GLOBAL MOVEMENTS AND DISABILITY EDUCATION IN IRELAND AND LEGISLATION TO SUPPORT INCLUSIVE EDUCATION

Global movements framed the emergence of inclusive education in Ireland. The UNCRC (United Nations, 1989) was a pivotal turning point in children's rights, affirming the right of every child to education (Article 28) and to holistic development in a nondiscriminatory context (Article 2). Ireland ratified the Convention in 1992, embedding a duty to uphold these principles within national policy and legislation. It sets the foundation for inclusive, child-centered practices emphasizing nondiscrimination and participation. Building on this foundation, the Dakar Framework for Action sets out the global commitment to achieving education for all and prioritized inclusive approaches as a means of promoting equity (UNESCO, 2000). The UNCRPD (United Nations, 2007), which was ratified in 2018 in Ireland, further advances the inclusion agenda by affirming the right of children with disability to participate fully in education and the community. Its emphasis on accessibility, reasonable accommodation and respect for diversity marked a shift from previous integrationist models toward full inclusion. Other global influences include the Salamanca

Statement in 1994, which advocated for inclusive education globally and called for schools and early years settings to accommodate all children. The Sustainable Development Goals (United Nations, 2015), which emphasize the importance of children's rights to health and education for development, also influence Irish policy. Goal 4 on inclusive and equitable quality education has reinforced the expectation that early years education must be universally accessible.

The Education Act of 1998

The Education Act of 1998 in Ireland was pivotal in the development of inclusive education. While its primary focus was on the formal education system, it established key principles that have shaped inclusive practice such as the child acquiring an education appropriate to their needs, placing obligations on schools to provide this to ensure equal access and participation. Support services were deemed essential and while ECI was not explicit in the Act, coordinated provision and collaboration was, becoming a foundation for multidisciplinary support. It first articulated the constitutional right of children with SEN to access appropriate education. Importantly, the Act laid the groundwork for ECI and multidisciplinary collaboration, including health, social care, and therapeutic specialisms, in the early years sector. It also recognized the rights of children with SEN.

The White Paper: Ready to Learn (1999)

The White Paper: Ready to Learn (1999)—its core objective focuses on the quality and provision of early childhood education from birth to age 6, emphasizing the importance of quality in provision, parents as educators, transitions across preschool to primary education and the importance of tackling educational inequalities as a result of disadvantage and/or SEN. Within this White Paper, attention is drawn to the "ad hoc" development and provision of quality training for early childhood educators. This White Paper advocated for the development of quality qualifications recognizing the need to address the workforce educational needs and

calling for the establishment of a qualifications framework for the ECEC sector.

The Equal Status Act (2000)

This legislation prohibited discrimination in education on grounds such as disability, race, or family status. According to Rose et al. (2015), the Equal Status Act (2000) further developed the thrust of the Education Act of 1998 in its response to the support needs of children and young people with SEN. It placed an impetus on schools to provide reasonable accommodation including special treatment, facilities, or adjustments where needed to support the needs of the child or young person to support their participation in school.

The Child Care Act (1991) and the Childcare (Preschool) Regulations Act (1996, 2006)

The Child Care Act (1991) and the Childcare (Preschool) Regulations Act (1996, 2006), foreground the emphasis on quality early years services. These legislations establish the responsibility of early childhood settings to provide a safe, developmentally appropriate environment for all children, including those with SEN (Child Care Act, 1991). They also require childcare providers to meet certain standards that support young children's development, participation, and holistic well-being (Childcare/Preschool Regulations, 1996; 2006). Together, these legislations highlight the State's commitment to ensuring early years settings are accessible and supportive for every child. However, there has been a gap in the legislation mandating individualized education planning, as explicitly required in the Education for Persons with Special Educational Needs (EPSEN) Act (2004).

The EPSEN Act (2004)

The EPSEN Act (2004) represented a significant milestone in Ireland's commitment to inclusive education, enshrining the rights of children with SEN to appropriate assessment, planning, and support within mainstream education settings. Central to the Act was individual education plans designed to tailor educational experiences to the learner's needs and the principle that children with SEN should be educated in inclusive environments wherever

practicable. While the Act (2004) is probably one of Ireland's clearest commitments to inclusive education and provides the legislative framework for the provision of education for children with SEN aged between 4 and 18 years; however, it is not relevant to preschool education.

The Disability Act (2005)

The Disability Act enacted in 2005 placed statutory obligations on public service providers to support access to services and facilities for people with disabilities, thereby improving their quality of life. Importantly, the Disability Act in 2005 placed emphasis on the assessment of health and education needs for persons with disabilities. Part 2 of the Act which related to children under 5 years came into effect in 2007. Part 2 of the Disability Act was commenced in 2007, and this stipulated that children with disabilities under 5 years of age had the right to an assessment of their health and education needs. This was to be co-ordinated by an Assessment Officer, within a particular time frame, and children should receive a statement of their needs and a Service Statement outlining the services the child would get. Though the Disability Act (2005) and the EPSEN Act (2004) were designed to work together, children and their families have had to turn to an Assessment of Needs process under the Disability Act (2005) to access educational support, which has a knock-on effect on the provision of early intervention services. The implementation of the Disability Act has been criticized (De Wispelaere and Walsh, 2007), including a recent critique by the Ombudsman for Children's Office in the Unmet Needs report (Ombudsman for Children's Office, 2020) and Mind the Gap (Ombudsman for Children's Office, 2021). These reports highlighted concerns about continuing violations of the rights of children with disabilities due to significant delays in accessing the Assessment of Needs and the persistent barriers that children with SEN experience.

Education Act (2022)

The legislation, Education Act (provision with respect to children with SEN), enacted in 2022, adds additional reinforcement of the EPSEN Act 2004 by addressing the specific legal rights of all children with additional needs and enhancing the work of the National Council for Special Educational Needs (NCSE). Their remit is in provision, including accessibility and quality appropriate education for all children. The Education Act 2022 addresses a historical exclusionary practice of denying access to education based on a patron/schools perceived lack of resources suitable to a child's SEN. Where the NCSE identifies a lack of accessible provision they are now equipped through this act to provide a detailed report on the identified gap to the relevant minister. This report can make recommendations to place a requirement on identified patrons/schools to extend accessible places for children with additional needs.

CONTEMPORARY POLICIES AND PRACTICES

Early Childhood Education Policy

National early childhood policies in Ireland increasingly position ECI as a core function of the ECEC system. The developments of quality in inclusive provision and standards in early childhood education are captured in Siolta: The national quality framework (CECDE, 2006) and Aistear: The Early Childhood Curriculum Framework (National Council for Curriculum and Assessment, 2024). Aistear is Ireland's national early childhood curriculum framework, guiding learning from birth to 6 years (National Council for Curriculum and Assessment, 2024). The name "Aistear" is the Irish word for "journey," which reflects its holistic vision. The updated 2024 Aistear framework emphasizes relationships, play, inclusion, children's rights, and sustainability (National Council for Curriculum and Assessment, 2024). The four interwoven themes in the Aistear framework include well-being, identity and belonging, communicating, and exploring and thinking (National Council for Curriculum and Assessment, 2024). These national quality frameworks emphasize inclusion, diversity, and holistic development in the early years.

In 2010, the Department of Children, Equality, Disability, Integration, and Youth was charged with policy for preprimary education and care. This government branch (separate from the Department of Education) implemented the Early Childhood Care and Education (ECCE) program, which launched an introduction to a universal free preschool in 2010 (Watson et al., 2025) where all children from age 2 years and 8 months to 5 years and 6 months can access early education provision for a period of 2 years. Beyond expanding access, the ECCE program provides a common space for early detection of emerging needs, timely engagement with families, and the delivery of support in mainstream settings, all of which are foundational to ECI.

In 2014, Ireland experienced a phenomenal change in how government departments functioned. The drive to position quality in a continuum of provision for all children and young people saw the development of a "Whole-of-Government" approach at horizontal and vertical levels and the launch of Better Outcomes, Brighter Futures: The National policy framework for children and young people (age 0–24) (2014–2020). This policy framework set out to address the considered disconnect between government agencies in making significant advances to meeting the needs and rights of all children in Irish society. A key transformational goal of this policy is ECI and prevention of barriers to the learning and developmental potential of all children and young people.

The Better Outcomes, Brighter Futures (Government of Ireland, 2014) is the Irish government's first national policy framework for children and young people (aged 0–24), designed to coordinate action across all government departments to ensure they are active and healthy, achieving their potential, safe, economically secure, and connected to their community. The National Advisory Council is tasked with the establishment and implementation of the priority strategies within the Better Outcomes, Brighter Futures framework. One of these strategies is First 5: A Whole-of-Government Strategy for Babies,

Young Children and their Families (2019–2028). This strategy is based on research-informed evidence and recognizes the importance of positive experiences in early learning and care in the development of all babies and young children's potential. It prioritizes equal opportunities and inclusive practices from birth, providing investments in care, health, and education. The First 5 strategy is not just a whole-of-government strategy but is a "whole child" strategy recognizing the role of parents and the family including the intergenerational contributions of family to the development of the child. To that end, a number of key actions have evolved; including the Access and Inclusion Model (AIM).

Under First 5, the AIM provides a seven-level framework for ECEC inclusion (Department of Children, Disability and Equality, 2025). Its universal supports (Levels 1–3) build sector-wide capacity through initiatives such as Leadership for INClusion in the Early Years (LINC), a national higher education program that prepares early years educators to act as Inclusion Coordinators within ECEC settings. The Inclusion Coordinator role focuses on embedding inclusive practice, strengthening observation and planning for diverse developmental needs, and supporting whole-setting approaches to participation and belonging. Universal support also includes mentoring from Better Start Early Years Specialists and the implementation of Aistear and Síolta. When universal supports are insufficient, targeted measures (Levels 4–7) provide needs-based interventions, co-constructed Access and Inclusion Plans, and in-setting therapeutic support (McWilliam, 2010). Further developments under the First 5 strategy strengthened the quality and inclusion infrastructure. The strategy set targets for a graduate-led workforce, and in 2020 the Department of Education established the Qualifications Advisory Board. All higher education institutions offering ECEC degrees must now meet the Professional Award Criteria and Guidelines (Level 7 and 8), which place explicit emphasis on inclusion, early identification, and reflective practice. This represents a significant step toward ensuring that ECI is

embedded in initial educator preparation. The Better Start Quality Development Service, introduced in 2014, complements these reforms by supporting the practical implementation of national frameworks.

Educational Policies in School Age

Inclusive education for school-aged children (from 5 years old in Ireland) contemporary models of provision for children with SEN reflect a myriad approach that combines mainstream and special education frameworks under a tiered model of support. All children benefit from inclusive universal supports, while those with emerging or more complex needs receive additional tiered interventions. This model aims to balance equity and efficiency ensuring that resources are allocated in proportion to need, while maintaining children's access to mainstream educational contexts (Department of Education and Youth, 2007). The School Inclusion Model was considered a "groundbreaking" policy development in the Irish education system. The NCSE compiled a report in 2025 on 2 years of the In-School Therapy Project strand of the School Inclusion Model, which represents significant progress toward the realization of a "school-centered" education therapy service where all schools nationally will have the opportunity to avail of evidence-informed therapy resources and in-school supports and interventions. The NCSE (2025b) report was central in making the case to the government to establish, on a permanent basis, the Educational Therapy Support Service and subsequently the Education Therapy Service. This therapeutic, tiered model will include occupational therapists and speech and language therapists as part of a staged model to support schools beginning with Strand 1—Embedded Therapy Support, where therapists will be assigned to special schools employing a multitiered model of universal, targeted, and individualized support, Strand 2—Sustained In-School Therapy where NCSE therapists will work in identified schools for a 2-year period and Strand 3 where the focus will be on Regional Therapy and the development of Teacher Professional Learning initiatives (National Council for Special

Education, 2025).

ECI Policies in the Health Sector

The context and the development of the Irish Health sector, in particular disability services and ECI services, were explored in Carroll et al. (2013). Over time, models of provision evolved from purely charitable care to more integrated State-funded ECI teams, multidisciplinary services, and inclusion-oriented policy. There was a reliance on voluntary-driven provision with limited State integration—semi-independency on State systems of health and ECEC provision which was still underdeveloped or in formation. There was bias toward institutions with preference for residential placements (in contemporary interpretations, this would comprise special or segregated models). In general, there was a lack of community involvement, except for the role of fundraising and volunteering. Fragmented access and prevailing inequity resulted in dependence on special provision that is within the remit of the voluntary bodies or charitable organizations. A paternalistic care orientation which would appear contradictory to wider concepts of inclusion was not family-lead, and there was little or no integration into mainstream of community settings (Disability Federation of Ireland, 2022).

In Ireland, a child's health and social care support has three interconnected tiers: (1) Primary Care, which provides general health and developmental support for all children; (2) Children's Network Disability Teams (CDNTs), which offer more specialized interventions for children with complex needs; and (3) specialist disability services, which deliver highly specialized expertise and support Primary and Network Teams. This tiered structure (primary care, CDNTs, specialist disability services) reflects the ecological systems perspective (Bronfenbrenner, 1979), situating children within nested contexts of support. It is important to emphasize that there is interdependence across health, education, and community systems. In principle, an integrated framework aligns with Guralnick's (2011) developmental systems model, which highlights the importance of coordinated family–professional partnerships in

promoting effective ECI and optimal developmental trajectories.

All children and their parents are supported from birth by the National Healthy Childhood Programme which is a free universal program of clinical care. This is delivered with the support of hospitals, hearing screeners, general physicians, public health nurses, and community medical doctors. The program helps to create the best outcomes for children and build the foundations for health over their lifetime (Health Service Executive, 2024b). Timely, high-quality ECI is recognized as essential to supporting the developmental outcomes and well-being of children with developmental delays or disabilities (Scherzer et al., 2012). Early identification, particularly through routine developmental screening at the 9- to 11-month and 21- to 24-month child health checks, is a critical first step (APA, 2006). In Ireland, developmental surveillance is conducted primarily by public health nurses (Carroll et al., 2013). In 2024, 85.1% of children had their 9- to 11-month PHN child health and development assessment on time or before reaching 12 months (Health Service Executive, 2024b).

In 2009, a National Reference Group Report on Multidisciplinary Disability Services for Children aged 5–18 was published. It examined the provision of disability services in the context of The Disability Act and the EPSEN Act. Progressing Disability Services program was set up aiming to provide a consistent structure across the Republic of Ireland, equity in access to services, and consistency and clarity in service pathways. The program, part of the broader "Transforming Lives" agenda, replaces the older, fragmented, condition-specific model with a needs-based, family-centered, and geographically equitable framework (Health Service Executive, 2013). Central to this reconfiguration are the CDNTs. There are 91 CDNTs, aligned to 96 Community Healthcare Networks across the country, each CDNT covering a defined geographical area within a community healthcare organization (Health Services Executive, 2023a). These interdisciplinary teams are the main provider of health and

social care support for children and young people (birth to 18 years) and their families who require a complexity of services and support. Each CDNT typically comprises speech and language therapists, occupational therapists, physiotherapists, psychologists, and social workers, with a remit to provide coordinated support that reflects a child's functional profile rather than a categorical diagnosis (Health Service Executive, 2013, 2023b).

As mentioned earlier, children's needs are determined through the Assessment of Needs process, which has three distinct stages, undertaken by the HSE in accordance with the legal guidelines outlined in the Disability Act 2005. Timely and accurate detection is especially important to ensure children can access inclusion supports, such as those offered through the AIM, which provides targeted assistance for children with SEN to participate in the ECEC program. A set of standard operating procedures for Assessment of Needs (Joint Committee on Health, Houses of the Oireachtas, 2019) proposes several modifications to enhance the efficiency and effectiveness of the process. For example, the initial screening stage remains the responsibility of the assessment officer, who must determine whether the child has SEN within a 3-month period. The second phase, assessment, has been restructured to include a preliminary team assessment conducted by two clinicians over a 90-min session. Following this clinical assessment session, the Assessment Officer compiles the Assessment of Needs report, with the entire assessment phase expected to conclude within 3 months. Finally, the Service Statement is issued by the Assessment Officer to the Liaison Officer, with this final stage required to be completed within 1 month.

POLICY IMPLICATIONS AND CHALLENGES

This section presents a more critical overview of not only the impact of policy on health and education for children with SEN but also the challenges arising due to a failure to transfer policy aspiration to practice or lack of appropriate implementation. The implementation of tiered systems often exposes tensions between inclusion policy rhetoric and the realities of

resource limitations, variable workforce capacity, and fragmented interagency collaboration. Ireland maintains a dual system of mainstream and special education; a structure increasingly questioned in light of the UNCRPD. Mainstream and special education systems coexist and frequently interact (Ring, 2024; Shevlin & Banks, 2021; Travers, 2023). While this parallel structure offers flexibility and a spectrum of support, it also raises questions about the coherence of inclusion as a national goal. While Ireland's ratification of the UNCRPD signaled a commitment to progress toward a unified framework, recent national policy reflects this ongoing tension and the enduring legacy of segregation within educational provision. The NCSE (2024) acknowledges the complexity of Ireland's dual structure, recognizing the value of specialist provision while reaffirming the long-term goal of progressively realizing a fully inclusive system: "Ireland's education system should advance progressively to become a fully inclusive system—a system which will enable all students to access education in their local schools" (NCSE, 2024, p. 15). As Shevlin and Banks (2021) observe, "inclusion is at a crossroads," a view that captures the need for continued reflection on how inclusive policy rhetoric is translated into lived experiences for children and families. From an ECI perspective, this duality is particularly significant: decisions about whether ECI is delivered in mainstream settings or specialist services frequently replicate the structural division above. While AIM and ECEC embed universal design and targeted support, coherence across systems is limited.

An evaluation of the Better Start Quality Development Service Programme by Cartwright et al. (2024) reported findings from a mixed-methods design, drawing implications from multiple sources of data collected from pre- and post-intervention outcomes, retrospective assessment, key informant interviews, and document analysis. The major findings in this study include (1) The Quality Development Service intervention enhances ECEC practices through strengths-based mentoring, particularly when settings are engaged, well-resourced, and supported on-site, though barriers like staffing and leadership

strain can limit impact; (2) While child and family outcomes have shown some improvements, they are less directly targeted, and evidence collection in this area remains inconsistent; (3) The Quality Development Service aligns well with national needs but would benefit from clearer communication with other agencies and potentially broadening its focus beyond the Aistear-Síolta Practice Guide; (4) Strengthening the Quality Development Service further may involve clarifying its purpose, improving peer learning and reporting systems, and addressing broader sector challenges such as workforce shortages and noncontact time constraints.

While the legislative and policy frameworks in Ireland provide a visionary roadmap for inclusion, their real-world impact is significantly curtailed by a triad of structural and operational hurdles. The following section explores these critical barriers, categorized as the persistent disconnect between education and disability services, the systemic failure to transform policy aspirations into practice, and the overarching crisis of workforce capacity and training disparities.

Challenge #1: Structural Fragmentation

The Irish State is committed to ensuring early years settings are accessible and supportive for every child; however, multiple reports highlight concerns about continuing violations of the rights of children with SEN due to significant delays in accessing an Assessment of Need. In Ireland, the health and education systems continue to be disconnected. Importantly, legislation, in particular the Education Act (Government of Ireland, 1998) and the EPSEN Act (Government of Ireland, 2004), laid the groundwork for ECI and multidisciplinary collaboration in the early years sector. A new Progressing Disability Services initiative replaces the older, fragmented, condition-specific model with a needs-based, family-centered, and geographically equitable framework with the health system (Health Service Executive, 2013). ECEC settings (through AIM which enables full participation for children with additional

needs in universal ECEC) situates these settings as the primary site for ECI. Robinson et al. (2022) evaluated AIM through 14 setting case studies. They found that there was a lack of communication between the services who supported the child, hindering practice in the context of AIM. Therefore, at an operational level, collaboration needs to be explicit and visible. in these natural learning environments in partnership with families and professionals from the health care system. Persistent health care staffing shortages have hampered timely intervention. In the Swedish context, Björck et al. (2026) argue that the universal approach is also not working.

Furthermore, researchers and practitioners have noted persistent challenges in achieving genuine interdisciplinary working with obstacles such as structural silos, differing professional philosophies and cultures, and inconsistent relational and communication practices frequently impeding the development of shared goals and coordinated intervention planning (National Disability Authority, 2025; Pacheco-Molero et al., 2025).

Family-centered practice conceptualizes parents and caregivers as central partners in processes including assessment, goal setting, and intervention, as well as recognizing the family as the primary context and conduit for a child's learning and development (Dunst, 2002; Dunst & Espe-Sherwindt, 2016; McCarthy & Guerin, 2022). Despite international consensus on its importance, Irish practice remains largely professional-led. Even though family-centered practice is foundational to ECI, families are often positioned as service recipients rather than partners (O'Toole & O'Leary, 2025). This misalignment undermines rights-based frameworks such as the UNCRPD and highlights the need for full implementation of the EPSEN Act (2004) as well as the shift toward family and community embedded models of practice, discussed in detail in the next challenge.

Challenge #2: Implementation Gaps and Operational Challenges

National data indicate that 74% of ECEC settings have more than one child with

additional needs, and 53% have three or more (Early Childhood Ireland, 2015), highlighting the systemic gap in the implementation of ECI services. Due to the limited service capacity highlighted in challenge #1, persistent waiting lists undermine timely identification of children with SEN.

A 1-year review identified inconsistent interpretations of individualized support, insufficient and poorly disseminated training, and continued delays in assessment alongside unclear eligibility criteria and workforce recruitment challenges all of which limited effective implementation (Department of Children and Youth Affairs, 2019). Some components were also identified in Robinson et al.'s (2022), a 3-year review, which found that while AIM had improved access to ECCE for many children with additional needs, persistent inconsistency in implementation for children with complex needs was evident. Key criticisms also included insufficient workforce capacity and uneven access to training and specialist expertise, with limited capacity to translate AIM supports into effective inclusive practice. Tensions between inclusion models operating within in ECEC and primary education further contribute to inconsistency in practice. In this context, the Continuum of Support (Department of Education and Youth, 2017) is proposed as a potentially more coherent and transferable framework for preschool inclusion, especially for children with higher levels of need. Evidence from survey practitioners reinforces these findings. Data indicated that although AIM has improved access to training and resources, significant barriers remain, including inconsistent uptake of professional development, lack of role clarity, and staffing shortages (Robers & O'Callaghan, 2021). Critically, 18% of early years educators reported that children's needs could not be met within mainstream preschool settings, even with the provision of AIM supports, while only a minority of practitioners had engaged with available AIM training (Robers & O'Callaghan, 2021; Garrity et al., 2022).

The inclusion of young children with complex needs is constrained by persistent

weaknesses in operationalization of service models, many of which are characterized by conceptual ambiguity and limited alignment with evidence-based practice (Moran et al., 2025; O'Leary & Moran, 2025). Guralnick's Developmental Systems Approach offers a comprehensive theoretically coherent framework capable of underpinning integrated philosophies and practices across health, education, and care, thereby addressing fragmentation at systemic level (Guralnick, 2011). Effective ECI extends beyond individual practitioner competence and requires substantial, infrastructural reform and sustained interprofessional collaboration. While training early years educators to recognize and respond to the full spectrum of disability including autism and complex needs, is essential, educator competence alone is insufficient to ensure meaningful inclusion (Hornby, 2014). Children with complex needs often require specialist expertise and therapeutic input beyond what mainstream ECEC settings can reasonably provide, a position strongly endorsed by the literature. Accordingly, the dichotomy between inclusive and special education should be rejected in favour of a nuanced, integrated and networked model of provision. Such an approach does not seek to displace specialist services but to embed specialist knowledge within mainstream settings through dynamic, collaborative partnerships, between educators in mainstream and special classes, as advocated by Hornby and Kauffman (2024).

Moran et al. (2025) in an integrative review identified five core characteristics of optimal services for children with complex neurodevelopmental needs: person centered, empowering, effective, accountable, and safe. However, the authors highlighted persistent implementation gaps: extended waiting lists, geographical inequities, limited therapeutic intensity, and inadequate family involvement aligning services with World Health Organization quality benchmarks requires systemic use of implementation science frameworks. To understand the barriers, and guide system change, we need to realign practice with international standards of quality provision.

The NCSE (Lynch et al., 2020) illustrated that a tiered collaborative model adapted from the Partnering for Change Programme framework, an innovative, collaborative, evidence-informed model that uses a needs-based, tiered approach to provide rehabilitation services for children with special needs in schools in Canada in 2013. This In-School Therapy Demonstration Project, an initial part of the School Inclusion Model successfully reached 27,678 children and improved staff confidence in early identification. Strong inter-professional relationships developed across schools and ECEC settings during the pilot stage in the 2018–2019 school year. However, issues concerned recruitment of skilled therapy staff, data management, clinical supervision, lack of awareness of tiered service delivery, and sustainability of the project (Lynch et al., 2020). A more recent development referred to earlier—the Education Therapy Service which evolved from the School Inclusion Model—is a formal establishment of therapeutic support in schools. Research is required to evaluate this recently launched therapeutic service, keeping in mind the five core characteristics mentioned in Moran et al. (2025): person centered, empowering, effective, accountable, and safe. Operational challenges can also be found in the health care context. A core assumption of the Progressing Disability Services for Children and Young People re-configuration was that structural solutions would improve service quality and equity. However, systemic challenges (e.g., long waiting lists, workforce instability, and geographical variation) indicate that reconfiguration alone is not successful (O'Leary & Moran, 2025). The 25 speech and language therapists included in the O'Toole and O'Leary (2025) study highlighted that they had no clear pathways or policies around prioritization and disparities within and across teams, leading to variable and inconsistent access to disability services. Disruptions to special school therapy provision for example revealed dissatisfaction among stakeholders and inefficiency. According to the authors, the evidence base drawn upon by the Progressing Disability Services initiative is limited, and overly reliant on statutory documents as well as

being insufficiently informed by research. They call for rigorous international models, clearer conceptual frameworks, and deeper stakeholder involvement to inform a more equitable, effective, and evidence-based model for children's disability services in Ireland (O'Toole & O'Leary, 2025).

Challenge #3: Workforce Capacity and Training Disparities

This section discusses on workforce capacity and challenges across multiple sectors, including ECEC and health care. Workforce capacity within ECEC settings is shaped by educators' qualifications, training, and the broader professional conditions within which they work. Although inclusion expectations have expanded, many educators still enter the profession with limited preparation in child development, SEN, and ECI (Moloney, 2021). This is particularly significant given the high prevalence of young children with SEN additional needs across settings and the expectation that educators play a pivotal role in early identification and coordinated early intervention practices (Hanley & Garrity, 2024).

Disparities in Training

Persistent shortages across education and health services undermine the implementation of ECI. The HSE National CDNT Workforce Report (Department of Children, Disability and Equality, 2025, 17 July) identified a national vacancy rate of 18%, causing serious constraint. While shortages are acute in therapy and psychology service, the scarcity of special education teachers and intervention specialists is equally critical to ECI. The Progressing Disability Services Workforce Survey (Association of Occupational Therapists of Ireland, 2023) notes that 90% of occupational therapists report that understaffing negatively affects service quality and restricts their capacity to deliver family-centered practice. These staffing gaps translate into expanding caseloads, extended waiting lists, and inconsistent access to therapeutic guidance for ECEC settings. Such conditions limit the timely, coordinated responses required for effective ECI for families and their children

with SEN.

When specialist teams, including SEN Organizers, Inclusion Coordinators, Better Start specialists, AIM specialists, AIM support workers, early years educators/teachers, and multiple professionals within CDNTs are understaffed, ECEC providers receive limited support in recognizing and responding to developmental concerns, reducing opportunities for collaborative planning and integrated service delivery. In practice, these shortages create a system in which the capacity for ECI depends heavily on whether local specialist teamsare adequately staffed.

A range of qualification pathways supports inclusive practice in ECEC, including the Inclusion Coordinator role introduced through LINC, the Quality and Qualifications Ireland Level 5 Certificate in Inclusive Education, and the Quality and Qualifications Ireland Level 6 Special Needs Assisting qualification, some of which are adapted for early years contexts. While these programs strengthen practitioner knowledge, they do not fully address the inconsistency of training depth or alignment with ECI principles across the sector. Continuing professional development also remains uneven. Many practitioners rely on short, compliance-oriented courses rather than sustained, practice-embedded learning capable of building pedagogical, relational, and developmental competencies required for ECI.

These gaps sit alongside long-standing challenges in ECEC professional conditions. Low remuneration, inconsistent qualification routes, limited career pathways, high workload, and burnout continue to disrupt workforce stability (Moloney, 2020; Hanley & Garrity, 2022; Organization for Economic Co-operation and Development, OECD, 2025). Instability undermines continuity of relationships with children and families, which are essential for effective ECI. The LINC program has demonstrated a positive influence on inclusive culture (Robinson et al., 2022), with 87% of Inclusion Coordinators sharing learning within their setting and 91% of providers reporting a beneficial impact. However, Inclusion Coordinators

frequently lack protected time to lead and sustain inclusive practices, limiting their ability to embed change meaningfully. These pressures are exacerbated by the sector's inability to consistently access health care professionals and therapists who themselves face shortages, reinforcing the need for early years educators to possess robust knowledge and skills across universal, targeted, and family-centered approaches (Szproch et al., 2025).

Personnel Preparation

A further challenge concerns the alignment of health and education professionals and practitioners personnel preparation with family-centered ECI practice. Research demonstrates that family-centered, help-giving practices reliably increase parent empowerment and improve outcomes for children and families (Dunst et al., 2019). Yet traditional early childhood educator preparation in Ireland emphasizes a child-centered pedagogy, reflected in the national emphasis on the Aistear curriculum (National Council for Curriculum and Assessment, 2025), which focuses on children's learning and development but does not explicitly address family outcomes. This may create restrictions in practitioners' confidence and ability to collaborate with families as equal partners (Dunst & Espe-Sherwindt, 2016). Embedding ECI and interdisciplinary collaboration as core competencies in all training pathways across health and education sectors, supported by clear career pathways, professional development structures, and appropriate remuneration, is essential to building a sustainable workforce (Guralnick, 2017; McLean et al., 2021). Without reform, the potential of policy initiatives such as AIM will remain constrained.

Given the interdisciplinary nature and inherent complexity of ECI, disparities in training pathways remain a core concern. National workforce strategy documents, including Nurturing Skills: The Workforce Plan for Early Learning and Care and School-Age Childcare 2022–2028 explicitly identify the need to transition toward a predominantly graduate early years workforce as a foundation for quality, inclusion, and professional stability (Department

of Children, Disability and Equality, 2021). However, research consistently highlights persistent incoherency in training routes and a lack of alignment between qualification requirements and the specialized knowledge needed for inclusive, developmental, and family-focused work (Simmie & Murphy, 2021). This matters as early years educators are often the first to observe emerging developmental concerns, yet their training does not always clarify:

- What actions are appropriate or expected (Jimenez-Arberas et al., 2024; Moloney, 2020),
- How concerns should be documented or communicated (Roberts & Callaghan, 2021),
- How to collaborate effectively across disciplines (Ó Ní Bhroin et al., 2019; O'Toole & O'Leary, 2025),
- How to support families using family-centered, empowering practices (Dunst & Espe-Sherwindt, 2016; Hickey et al., 2023).

In order to be successful, in operationalizing the policy and legislative guidance that exists in Ireland, the following directions are essential.

FUTURE DIRECTIONS

This final section outlines key directions for strengthening ECI and inclusive ECEC in Ireland. It argues that meaningful progress requires a strategic shift toward integrated system-level reform that addresses structural underinvestment, fragmented service delivery, and limited implementation across health and education sectors. Drawing on policy, research, and practice-based evidence, the following section focuses on four interrelated priorities: strengthening interagency collaboration, across health, education, and care; sustained workforce development that prioritizes investment, targeted training, and professional recognition to empower ECCE educators and support workforce stability; empowering parents and children as active partners and advancing evidence-informed practice through robust research, ensuring that services are responsive, culturally inclusive, and grounded in lived

experience. Finally, further research is needed to address persistent evidence gaps, particularly through longitudinal, outcome-focused, and implementation-oriented studies, that inform policy, evaluate effectiveness, and guide the sustainable operationalization of inclusive practice. Together, these areas highlight the need to move beyond aspirational policy toward sustainable, equitable, and operational models of ECI and inclusive early childhood provision.

Ireland devoted only 0.2% of its total educational expenditure to ECEC, as compared to 7% on average in Organization for Economic Co-operation and Development countries (Early Childhood Ireland, 2015). This underinvestment constrains the availability and physical suitability of quality. Given that the state does not fully subsidize the cost of ECEC, services rely on parental fees (Ryan, 2025). Report has indicated that the childcare cost in Ireland is one of the highest in Europe (Doorley et al., 2023). This creates a ceiling on staff wages, leading to a recruitment and retention crisis. Consistent, trusted relationships with ECEC staff are crucial to the long-term development and well-being of young children with SEN and their family. Despite the AIM framework, the lack of core funding means many services cannot afford the lower adult-to-child ratios required for individualized supports, leading to the inaccessibility of ECEC services for children with SEN. To ensure the success of policy initiatives like AIM and to uphold the rights of children with SEN, Ireland must bridge this fiscal gap by committing to a robust, publicly-funded model that prioritizes developmental equity over market-driven constraints. Additionally, here are some other directions for improvement.

Strengthening Interagency Collaboration for Integrated Service Provision

Collaboration is required within and across sectors to ensure a comprehensive holistic approach to ECI. The dedicated child health workforce outlined in the First 5 could be operationalized to allow for collaborative practice across sectors. Within the ECCE program, the role of the Inclusion Coordinator requires further strengthening and systematic embedded

in daily operations. This role could include developing family-centered practice with parents and linking with the CDNTs. At present, a wide range of specialist roles operate across the system, including SEN Organizers, Inclusion Coordinators, Better Start specialists, AIM specialists, AIM support workers, early years educators/teachers, and multiple professionals within CDNTs. While this reflects substantial investment in support infrastructure, the multiplicity of roles risks fragmentation, duplication, and role ambiguity in the absence of a shared collaborative framework. What is currently lacking is a clearly articulated, system-level framework to guide collaborative practice between sectors and with families. Therefore, key implications for policy and practice include the following:

- There needs to be a collaborative framework between the sectors and families to guide practice. The AIM Joint Working Protocol (Health Service Executive, 2020) needs to be foregrounded and shared across sectors.
- There needs to be a shared communication strategy with guidelines to identify and support clear channels of communication. To allow for seamless transfers and transitions within and across sectors, the comprehensive communication methods need to be augmented.
- The Developmental Child profile must include health and education information and plans. There needs to be more consistent communication channels between health (e.g., PHN and ECEC education, ECCE program). A further possible solution is for each child to have a record/passport to support communication across agencies and to maintain a record of their strengths and needs for participation in their natural environments.
- There is a need for consistency and permanency of staff in both the ECEC and CDNT services. This would allow for timely assessments and interventions and timely monitoring of a child's development.

- The documentation used by Progressing Disability Services in the health services is the Individual Family Service Plan (IFSP) and in education the Access and Inclusion Profile is used. Using one joint document would support collaborative practice. Each child attending a CDNT has an IFSP. The IFSP includes their natural environments and therefore both sectors could explore its use in both ECEC settings and CDNTs.
- Professionals and staff need to engage in reflective practice to help improve inclusive early childhood education and intervention. This could be achieved through completing a self-reflection tool such as the tool designed by the European Agency for Special Needs and Inclusive Education (2017). The tool focuses on the social, learning, and physical environment and was designed for professionals and staff to reflect and help improve settings' inclusiveness.

Workforce Development: Empowerment-Targeted Training and CPD/Professional Recognition

Effectual ECI and sustainable inclusion within ECEC are contingent on a well-supported, professionally recognized and appropriately trained workforce. Ongoing shortages across education and health services, combined with uneven preparation and instability within the early years workforce, have placed increasing responsibility on educators to support early identification, inclusion, and collaboration with families and other professionals. In this context, targeting training and continuing professional development aligned with professional recognition, empowerment, and clear career pathways, are critical to workforce sustainability, educator retention, and pedagogical quality (Organization for Economic Co-operation and Development, OECD, 2025).

Interdisciplinary education models respond directly to these pressures. Shared learning opportunities, including shared learning modules across universities and institutes that benefit from case-based approaches and collaboration across education, health, and care,

are essential to developing coherent evidence-informed responses to children's diverse needs (Guralnick, 2017; Hornby, 2015). Embedding play-based pedagogical frameworks within these training models ensures that interdisciplinary preparation remains grounded in developmentally appropriate practice and supports meaningful individualization for children with more complex needs in ECEC settings.

An outcomes-oriented ECEC framework, informed by contributions from relevant disciplines, and supported by mechanisms for sharing knowledge and permeation, could further guide practice in contexts where access to specialist input is uneven. Such a framework can support educators to recognize, individualize, and respond appropriately to children's emerging needs, while reinforcing their role as central agents within seamless ECI and ECEC system (Organization for Economic Co-operation and Development, OECD, 2025). Mechanisms for sharing expertise—both within ECEC teams and across professional ECI networks—particularly important in sustaining practice quality where multidisciplinary resources are constrained (Curristan et al., 2023).

Ireland needs to move from what is a predominantly child-centered model to a genuinely family centered approach; however, this requires systemic workforce reform. This includes coherent career pathways, scalable capacity-building professional development underpinned by evidence-informed knowledge, structured mentoring and supervision, as well as embedded evaluation of implementation fidelity and outcomes (McCarthy & Guerin, 2022). Without strategic investment in these areas, inclusion risks remain aspirational rather than operational across programs including ECI. Cross-sector and interdisciplinary training initiatives would be innovative and critical to this shift, as shared professional learning can strengthen collaborative practice, reduce siloed working, and support integrated responses to children and families' nuanced needs.

Empowering Parents and Children as Active Partners

Future practice should move beyond general stakeholder involvement as suggested by O'Leary and Moran (2025), and Moran et al. (2025) to include parents and children. Parents' isolation has been documented in the literature (Twomey, 2022); however, more recently they have been constructed as experts and are involved in decision making about their child's education and intervention. It is imperative that while limitations such as lengthy waiting lists and inadequate provision and supports persist, parents are provided with strategies to empower them in their roles. Lee et al. (2017) consider the benefits of a parent coaching model and Boulé et al. (2025) explore the impact of involvement in a Parent Support Group. Ghedin et al. (2019) considered the benefits of a positive psychology approach to parent involvement in a support group contributing to parents' sense of belonging and well-being by creating a locus in which they can feel positive emotions and thoughts.

Stakeholder participation should involve the systemic inclusion of child and family voice in all processes relating to assessment and intervention. Building on O'Leary and Moran (2025) and Moran et al. (2025), this requires explicit frameworks to ensure meaningful engagement rather than tokenism. Lundy's (2018) model of Child Participation (space, voice, audience influence) offers a robust structure for embedding child voice and potentially all voices within developmentally appropriate and ethically grounded formats, ensuring children's and other stakeholders' perspectives are actively sought, heard, and acted upon. Carroll (2024) shared that acknowledging the child and family perspective will create new priorities for everyone involved and allow intervention to be both functional and inclusive.

Empowering parents as key actors, co-decision makers and encouraging their involvement as coordinators of developmental knowledge across services includes valuing their expertise, embedding culturally responsive practices and ensuring inclusive engagement with a wider range of families including Traveller and other diverse communities. A recently

published Traveller and Roma Education Strategy 2024–2030 (Government of Ireland, 2026) acknowledges these gaps, but advancement in ECEC to fill in the gaps remains a work in progress. Such an approach strengthens continuity, trust, and shared decision-making.

Assessment and intervention should prioritize children's natural contexts—home, ECEC, and early school settings—to enhance ecological validity and relevance. Naturalistic approaches should support child agency, family involvement, and the translation of the United Nations' Sustainable Development Goals into meaningful daily events.
Structured collaborative goal setting meetings with families are essential. When framed as shared, flexible and strengths-based goal setting can align professional expertise with family priorities, enhance engagement, and improve developmental outcomes.

Advancing Evidence-Iinformed Practice: Priorities for Future Research

Despite Irish policy frameworks such as the AIM and national guidelines promoting access and participation for children with SEN, significant gaps remain in the empirical evidence needed to inform policy decision-making and support the scaling of these frameworks. The developmental systems approach (Guralnick & Bruder, 2025) provides a useful framework for integrating child development, family interaction patterns, and system-level structures to guide inclusive early childhood programming. Research grounded in this approach is well positioned to move beyond cross-sectional snapshots toward sustained inquiry into children's developmental trajectories across early childhood and into the school years, particularly in inclusive settings. Three types of research are especially valuable in addressing these gaps. Longitudinal designs enable the interpretation of developmental outcomes and policy effectiveness over time (Organization for Economic Co-operation and Development, OECD, 2025). Collaborative research with international and European partners supports comparative analysis, transferable insights, and Ireland's engagement in broader research networks and draws lessons from other countries. Finally, greater emphasis is needed on studies

that collect observational and child and/or family outcomes data, rather than relying primarily on perspectives and self-reports. For example, a national review of the Aistear framework (French & McKenna, 2022) highlights the limited use of observational and outcomes data in existing research. Strengthening observational and longitudinal empirical designs would therefore address a critical evidence gap and support more robust, scalable, and accountable early childhood policies and practices in Ireland.

CONCLUSION

ECI and inclusive education in Ireland have evolved within a complex landscape shaped by historical legacies, rights-based frameworks, and ambitious policy reform. Despite this progress, ECI and inclusive education in Ireland continue to be constrained by systemic fragmentation, workforce instability, and persistent gaps between policy intent and its implementation. While initiatives such as AIM, First 5, disability service reconfiguration, and the Continuum of Support signal substantive progress, their impact is limited by weak interagency integration and inconsistent service delivery. Advancing high-quality, timely, and inclusive provision therefore requires coherent cross-sector frameworks, strengthened workforce capacity, and genuine family partnership to translate policy ambition into effective practice for children with SEN.

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