

Adapting the AIM Programme during the Pandemic

Providing level 4 educational advice and mentoring



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This article describes how the Access and Inclusion Model (AIM) programme was adapted during the Covid-19 pandemic so that early-years specialists could continue to provide level 4 educational advice and mentoring.

Introduction

The Better Start Access and Inclusion Model (AIM) is a model of supports designed to ensure that children with disabilities can access and meaningfully participate in the Early Childhood Care and Education (ECCE) programme. It is a cross-government initiative led by the Department of Children, Equality, Disability, Integration and Youth (DCEIDY) and administered by Pobal.

AIM provides universal (1-3) and targeted (4-7) supports to preschool settings that focus on the needs of the individual child: see diagram and www.aim.gov.ie.

Better Start AIM provides targeted supports (4, 6, 7) that help individual children with disabilities to access their local preschool and to meaningfully participate in the free preschool ECCE programme. Under level 4 of the model, a national team of AIM early-years specialists (EYSS) provide expert educational advice and mentoring to preschool practitioners.

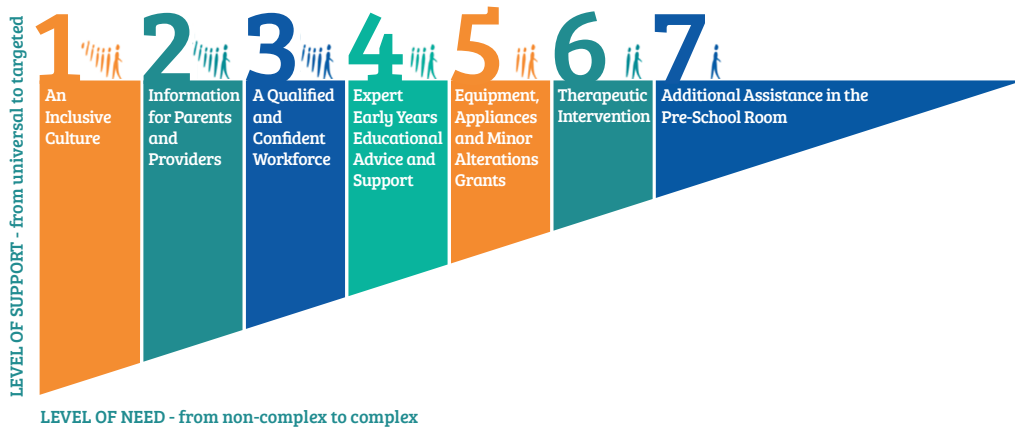
The EYSS work with practitioners to build their capacity, confidence, and competence in helping the child to participate actively in the setting. This is tailored to the capacity of the preschool and is based on a child's strengths, interests, and needs; it is not diagnosis-led.

The early-years specialists, in partnership with practitioners, use the national early childhood frameworks of Síolta and Aistear to develop specific strategies, goals documented in 'My Inclusion Plan' for the individual child, while creating an inclusive setting for all children. This is done through mentoring and coaching to enable practitioners to reflect on their practice to enhance what they already know and do.

Key to the EYSS' work with children and practitioners is to conduct on-site observation and mentoring visits to ascertain the level of support that a child may need and the capacity of the setting to meet those needs. This article discusses how the AIM programme was adapted

during the Covid-19 pandemic so that EYs could continue to provide level 4 educational advice and mentoring.

A Model to Support Access to the ECCE Programme for Children with a Disability



In January 2020 the World Health Organisation declared the outbreak of Covid-19. On 12 March, Early Learning and Care (ELC) facilities were instructed to close, and on 27 March, Ireland entered full lockdown, with a ban on non-essential travel, closure of a wide range of services and businesses, and government instruction to work from home where possible. During this time of national emergency, we recognised the need to adapt the programme to ensure that children, families, and practitioners would continue to have access to AIM and to adjust to the changing work environment.

Continuing to provide support to children, families, and preschool settings was more important than ever. There was an urgency not only to maintain the momentum of mentoring but to prepare for the reopening of preschool settings, possibly under continuing restrictions such as social distancing, while supporting children's transition back to ECCE environments after the extended period of closure.

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Adapting the programme

Mentoring is a key element in the implementation of educational advice and capacity-building under AIM. On-site visits are important for understanding children's needs and for developing the practitioner relationship for change to take place. Better Start's mentoring model supports practitioners to engage in practice that leads to positive learning experiences for children, while at the same time promoting and encouraging practitioners' sense of personal accomplishment and empowerment to sustain and develop quality and inclusive practice.

We see mentoring as a holistic development process focusing on the individual rather than the task (Garvey et al., 2014). This approach promotes practitioners as competent and active agents in their own learning through

the mentoring relationship. With the added challenge of Covid-19 health restrictions, we needed to review how our current mentoring processes could be adapted to facilitate observation while continuing to develop and maintain relationships in the absence of on-site visits.

We considered the use of e-mentoring to overcome the challenge of not being able to conduct on-site visits. E-mentoring shares the goal of face-to-face mentoring: to establish a trusting, nurturing, positive relationship between the mentor and mentee (Megginson and Clutterbuck, 2009). It was particularly worthy of consideration as a way to virtually bring external expertise and a variety of methods to preschool providers, practitioners, children, and families.

E-mentoring could be used as a vehicle to connect with preschool practitioners and as an additional communication tool in a blended process. It could be used to maintain relationships and create new ways of interacting with practitioners and families. It takes advantage of the ease, convenience, and availability of internet and phone communication. The key point is that mentoring principles remain the same whether face-to-face or distanced. The intention is to focus on the strengths and needs of practitioners, supporting them to reflect on their beliefs, evaluate their practice, and trial new practices to effect change and improvement.

“**Parental involvement is an important part of AIM from the application process and throughout the implementation of level 4 educational advice and mentoring.**”

In using e-mentoring to keep in touch with preschool providers during health restrictions, we needed to consider how we could keep in contact with the children who were now at home. Parental involvement is an important part of AIM from the application process and throughout the implementation of level 4 educational advice and mentoring: ‘experience indicates that parents and preschool practitioners often have good insight into what the child needs to participate in preschool, and their views and input are crucial’ (IDG, 2015, p. 42).

We introduced a parent review call, where an EYS had a telephone call with the parent. This enabled the EYS to gain a fuller understanding of the child’s strengths, interests, and abilities at this time. EYSs said this gave them more-current information about the child’s abilities, needs, and health supports and gave them the opportunity to discuss AIM and the role of the EYS.

Introducing the review call encouraged further development of partnerships with parents in the setting, ensuring that the links between the service and parents should remain and that the service provider should continue to be the first point of contact for the parents.

I also think it’s important that the link between the service and the parent remains the first point of communication. (EYS internal survey response)

There were many benefits to the parent review. EYSs identified that it encouraged services to have further parental involvement in the level 4

process, and that there was a consistent approach to the support given to the child in the setting and at home.

It is paramount that services include the parents in the L4 process, that they share resources and information about what was discussed, etc. during meetings and encourage the services to link in with parents and make them a part of this process so there is a consistent approach from all. (EYS internal survey response)

The parent review call provided EYSs with information they were unable to observe because of the health restrictions. But there was still the challenge of being unable to complete on-site visits. This was addressed through e-mentoring and by adapting the observation tool to enable EYSs to hold a 'service observation review'. This was based on the Access and Inclusion Profile, which is jointly completed by the parent and provider and involved the EYS conducting an online video call with the service provider.

In implementing it, EYSs felt that it enabled the service provider to focus on the areas of need and support for the child. It enabled EYSs to contact more settings in a shorter period and to cut down on wait times that they may experience when organising visits, due to availability. Because the online video call gave practitioners uninterrupted time with the EYS to discuss the child's needs without distraction, there was more focus on the child and more opportunity to engage the practitioner.

Although the use of the parent telephone call and service observation review through e-mentoring was beneficial, it was not without its challenges. It involved identifying a time that was convenient for the parent to take a call and for the service provider to complete the service observation review. It required more preparation time by the EYS, who had to complete a desk-based review before the call.

Technology could be a barrier, because not all practitioners had access to a computer to facilitate an online video call. In some cases, the information from the service observation review could be different from what the parent provided during their telephone call. However, using e-mentoring allowed EYSs to consider all the information gathered to make an informed decision about the level of mentoring and coaching to overcome the challenge of not being able to make on-site visits.

“ The telephone call and service observation review through e-mentoring required more preparation time on the part of the Early Years Specialist who had to complete a desk-based review before the call.

Conclusion

Adapting our process during this time of national emergency gave us an opportunity to expand the range, flexibility, and reach of quality and professional development supports provided by Better Start AIM. E-mentoring processes (video calls, service observation reviews, parent telephone calls) enabled EYSs to continue to provide mentoring and coaching to early-years providers, practitioners, children, and their families.

As restrictions and health advice are being lifted, these enhancements to the programme are being reviewed. We will consider how we can continue

to provide them as an option, in order to be more flexible and to give providers an opportunity to choose from a menu of individual and blended mentoring supports that meet their needs.

“ Including the more flexible e-mentoring option means that settings are more accessible, without the limitations of time and geographical distance acting as a barrier.

Adapting the model to include this more flexible e-mentoring option, both in the current situation and in the long term, means that settings are more accessible, without the limitations of time and geographical distance acting as a barrier. In the medium to long term, a blended approach will be offered, such as e-mentoring, access to resources such as ‘My Inclusion Plan’, and face-to-face and on-site visits. Services can choose the type of support – face-to-face, e-mentoring, or a combination – to meet their needs at a given time.

This potentially extends the range and reach of quality improvement and professional development, in more efficient, accessible, and cost-effective ways. It enhances the work of Better Start in establishing and building a more cohesive approach to quality across the Early Learning and Care sector, delivering on its vision and in line with the goals and strategic actions of First 5: A Whole-of-Government Strategy for Babies, Young Children and their Families, working towards ‘an appropriately skilled and sustainable professional workforce that is supported and valued’ (Government of Ireland, 2019, p. 110).

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