

Inclusion Checklist

thinking through the process of including children with cerebral palsy into **early years settings for 3-5s**

Time to get equal

scope

About cerebral palsy.
For disabled people achieving equality.

Inclusion Checklist

thinking through the process of including children with cerebral palsy into **early years settings for 3-5s**

This publication can be supplied in other formats if required, eg. large print or tape.

**Contact Scope's
Cerebral Palsy Helpline
PO Box 833
Milton Keynes
MK12 5NY
Tel: 01908 321049**

Fax: 01908 321051

Email: cphelpline@scope.org.uk

Written and compiled by Lindsay Brewis,
Claire Hewitt and John James, Scope

ISBN 0946 828 28 8

Produced by Scope's Marketing Services

© Scope March 2006

We are happy for you to make copies of any part of this document for non-commercial use. However we would be grateful if you would attach an acknowledgement of the sources to any copies.

Contents

	Page
Introduction	i
The Disability Discrimination Act (DDA) and how it applies to early years settings for 3-5 year olds	iii
Section	
1 How inclusive are our ethos and attitudes?	1
2 How inclusive is our family/parent involvement	5
3 How inclusive is our physical environment?	8
4 How good is our inclusion training for staff/volunteers?	16
5 How inclusive is our approach to the learning process?	24
6 How inclusive is our session/activity planning?	29
7 How inclusive are the additional activities we offer?	34
8 How inclusive are our preparations for changing settings?	37
9 How inclusive are we in applying Health and Safety regulations?	40
10 How inclusive are our individual education plans?	43
11 How inclusive is our Bi-annual Review process?	46
Appendices	
Quick reference guide	49
Risk Assessment	50
Glossary of terms used	52
Profile of the child	54
Assessing support needs	59
Further information	63

Introduction

Between the ages of 3 and 5 years children with cerebral palsy (cp) will often use their local early years setting. These could include LEA or private nurseries, playgroups, crèches or childminders. Some will have part or all of their early education in specialist provision as the way to meet their additional needs. Without attention to these additional, often highly specialised, needs children cannot be fully included into education or any other aspect of life. The best way we can support all children with cp is by getting together and sharing our different ideas, knowledge and skills so that all children with cp have their additional specialist needs met and have access to the widest possible educational and social experience.

Scope has had considerable experience of facilitating inclusion of children with cp into mainstream settings.

If you already have experience of a child with cp or are planning to be able to include a child with cp then the inclusion checklist could be of use to you. Many of the suggestions will also be useful for including children with other special educational needs.

The inclusion checklist will highlight existing problems within your setting that may be a barrier to the child's success. It will also highlight areas that need to be discussed with the child's parent before or soon after entry to the setting.

The inclusion checklist asks you to consider your setting across a wide range of specific areas.

Children with cp have physical difficulties and 40% will also experience some form of learning difficulty. You will require a clear picture of individual strengths and weaknesses if you are going to include those children whose combination of physical, intellectual and emotional needs are complex. An inclusion policy that is currently successful will need to be reviewed and, if necessary, updated. In idealistic terms we shouldn't need an inclusion policy as we should be inclusive throughout all policies. However, having an inclusion policy is an important starting point and is informative to others.

Before best practice can start to happen a number of actions have to take place. Some of these are physical, some are attitude based, some are training based and all involve good forward planning.

The checklist is neither exhaustive nor exclusive but can be used as a starting point. The checklist is intended to highlight the areas your setting needs to consider in order to identify barriers to inclusion and to help the setting in its aim to be increasingly inclusive.

A space is included to record the date you achieved an area. This does not have to be used and must never be seen as 'if we can tick all the boxes we are fully inclusive'.

Each area of inclusion has an **introduction** looking at why the setting might need to consider actions and a **checklist** to help the setting decide what actions should be taken. Following the checklist is a **handy hints** section that may give ideas for starting points where a setting decides it wants to improve in any area.

A **glossary** of terms is included in the appendices. You may wish to refer to it before you read this document.

The Disability Discrimination Act (DDA) and early years settings

The Disability Discrimination Act (DDA) now applies to every area of early years provision including schools, nurseries, pre-schools, playgroups and childminders. It makes no difference whether local authorities, social services, health centres or private providers run them.

QUESTIONS AND ANSWERS

What does the term ‘disability’ mean?

A child is considered disabled if the disability is long term (more than a year) and substantially affects the child’s life.

What is meant by ‘less favourable treatment’?

Less favourable treatment is when a child is treated less favourably than his or her non-disabled classmate. This less favourable treatment must be related directly to the child’s disability.

What does ‘justified’ mean?

There are three areas where less favourable treatment can be justified. Where:

1. Entry criteria have been agreed that could discriminate.
2. It would involve unreasonable expenditure.

3. The setting could not reasonably know about the child’s disability.

Can you give some examples?

An example of ‘less favourable treatment’...

Gavin has a medical condition that means he has not acquired toilet training. His mother tries to enrol him in his local nursery only to be told that their policy requires all children to be out of nappies in order to attend. This policy discriminates against Gavin because his disability prevents him from being toilet-trained. This case could be heard at the SENDisT (Special Educational Needs and Disability Tribunal).

Examples of ‘justification’...

*Richard has autism and his parents particularly like a local special school nursery. However, the school’s **entry criteria** relate to children with physical disabilities and associated difficulties. The school is justified in not admitting Richard as he doesn’t meet their entry criteria.*

Amy has some very difficult behaviours that the local playgroup finds too difficult to cope with. They exclude Amy from certain activities.

*Later Amy is diagnosed with a syndrome known to cause such behaviours. The group **could not reasonably have known** of this condition.*

*Jack has epilepsy and is on medication. Mum has not told anyone about the epilepsy or that the medication makes it difficult for him to concentrate. The nursery **could not reasonably have known**. However if Mum had told even one person at the nursery about his condition the responsibility of making that information known throughout the nursery would be on the nursery and not on the mother to make sure everyone knew.*

What should an early years setting to do to prevent discrimination happening?

Early years (or school) settings must:

- Review their policies and practices to ensure that they do not discriminate against disabled children. (This means that the setting with the policy about nappies would have to change that policy and re-word it to one that made every attempt to overcome the difficulty with toilet hygiene for the child.)
- Plan to become increasingly inclusive not just for known children but for prospective children as well
- Consider disabled children when they make changes to the

environment or buy equipment or furniture.

Early years, or school settings **do not** have to:

- Buy any special equipment for the child
- Employ any extra staff
- Make any adaptations to their building

These should be provided through strategic planning or through the statement of special educational needs if needed.

The LEA has the responsibility to strategically plan over time to increase the accessibility of buildings and the curriculum of the maintained schools and nurseries in their area. Private providers are also responsible for this planning.

A parent or carer who thinks that an early years setting has discriminated against their child is advised to follow, first of all, the establishment's own formal complaints procedure as this will normally resolve issues. If after having pursued this course a parent feels the response has not been appropriate, the SENDisT operates a confidential telephone helpline.

DDA Helpline

The DDA Helpline provides a one-stop point for all your enquiries about the Disability Discrimination Act and

employing disabled people. It can be contacted as follows:

Telephone: 08457 622 633

Text Phone: 08457 622 644 for people with hearing impairments.

Email: ddahelp@stra.sitel.co.uk

Trained operators can provide general advice and information (but no legal advice) and can direct you to a range of organisations to contact about your particular query if they cannot answer it.

How inclusive are we in ethos and attitude?

The ethos and attitude evident in any setting shows an underlying commitment. No setting can become inclusive simply by putting some practicalities into place. If the right ethos and attitude isn't a natural part of the setting then the setting will not be fully inclusive.

In reality, to be truly inclusive does not mean having an inclusion policy as a separate entity. It means ensuring that all policies are inclusive throughout. The ethos and attitude of the setting should be evident through all aspects of practice. However, in practice you may need to have an inclusion policy to make your ethos and practice clear to all.

Although this document is specific to the needs and inclusion of children with cerebral palsy it cannot be cp specific in this section as inclusion covers all areas of disability and diversity.

The following checklist is not exhaustive, but gives a flavour. There are a number of resources settings can purchase that explore this in greater detail including:

Index for Inclusion – developing learning, participation and play in the early years and childcare. CSIE 2004

All Of Us – inclusion checklist for settings. KIDSactive

Everybody In – Disability Equality in Education

Does your setting's ethos and attitude show that you...?

Date
achieved

Provide appropriate disability equality training for staff/volunteers and children

- 1. Challenge discrimination in language attitudes and behaviour
.....
- 2. Challenge children's thinking and enable them to explore and embrace differences
.....
- 3. Make positive efforts to recruit disabled staff and volunteers
.....
- 4. Involve staff in sharing ideas and contributing to values and ethos
.....
- 5. Provide positive role models through the behaviour of staff and their attitude to one another
.....
- 6. Enable children to develop their self esteem and self worth
.....

Ensure all staff understand the nature of the disability and the impact on all aspects of life. Ensure that other children are given a sensitively thought through version of the above by a person who has expertise in the disability and is trained in disability equality.

Disability equality training needs to be done well, done thoroughly and repeated regularly.

Take advice from local Disability Equality training groups. Hear about the effects of disability from disabled people. Don't make the mistake of thinking that you know what the answers are or even what the issues are;

Harry joined the nursery department of an LEA school. He had cp and a genetic condition that meant his joints were hyper relaxed and his skin tore easily. He was ambulant and received no personal or academic support.

His class teacher was made fully aware of his condition and an emergency contact with the local hospital, in case of accident or bleeding, was established. The Key Stage 1 department was on a different campus and Harry's notes were sent ahead of him. In this school the receiving teacher had an accident and classes were reshuffled to take account of this. Harry returned to school and was instructed to play team games and

climb ropes! His classmates challenged the teacher on Harry's behalf and the teacher went to check!

Had proper disability equality training taken place the school would have been aware of the vital necessity of passing on information to new or temporary staff. Staff would also have been made aware of the issues surrounding hidden as well as visible disabilities.

The DDA states that when one member of staff is made aware of a disability the whole school is assumed to have been made aware. All staff must be aware of the difficulties faced by children with exceptional needs. Systems need to be in place to ensure that information does not depend on personalities.

When telling other children staff should consult with parents and the child about what is going to be said and in what context. Children often get tired of repeat explanations and prefer to be open. Clear, simple, matter of fact explanations are usually best.

1. If both staff/volunteers and children have received good disability equality training it will have already challenged discrimination in language, attitudes and behaviour. This will enable staff/volunteers and children to challenge any discrimination they encounter.

– Any discrimination should be

challenged. It should not be dealt with quietly or at another time, but must be addressed immediately and simply – ‘this is not acceptable’.

2. Challenge children’s thinking at any available opportunity. The Early Learning Goals facilitate this area of learning and it shouldn’t be overlooked. Again disability equality training for the children (and staff/volunteers) will provide the platform for discussion.

– Ensure that displays include positive images; software (such as disability clip art bundles) can support this.

– Ensure books promote positive images. Scope has a list of appropriate literature and publishers/providers.

– Ensure any other equipment, toys etc promote positive images. Most of the equipment providers now sell a range of good equipment that supports positive images and encourages children to explore through play.

3. Having a positive attitude towards employment of disabled staff and volunteers is an obvious example of an inclusive ethos and attitude. Inclusion is not just about ‘education’, but about community and society.

4. Staff should always be involved in sharing ideas and should be able to contribute to the ethos and values of the setting. There can’t be consistency if everyone isn’t involved and valued. Timetabling can be difficult, but face to face time is always best. If not

encourage some type of virtual system (eg. comments box) to inform a less frequent time when everyone can get together.

5. If the above is put into place then staff should be excellent role models. This is not something that can be contrived – it will come out of a culture that you have developed within the setting.

6. It is often a target that we will improve a child’s self esteem but how is this achieved? No one can give another person a feeling of self worth. It is not acquired through a system of adult praise. People feel they have value when they see that what they can contribute is valued by others whom they think are worthwhile. When children cannot compete on a level playing field they may feel worthless. It is up to the setting to ensure that all efforts have equal value and are celebrated equally.

– Create opportunities for the child to gain recognition and contribute to group, class or ‘points’ systems through achieving targets

– Value all achievements in social, emotional and behavioural areas highly

Make sure that the achievements of the child are recognised and valued by the group as well as by the individual. A system for recognising individual achievement and counting that towards group success can have very positive effects on children.

How inclusive is our family/parent involvement?

No child exists in isolation. They all have some type of family/carers. Their family will have already asked many of the questions you are thinking and will already have found some answers. They can be one of the best sources of information.

Even families who seem to be well informed and understanding of their child's disability will have been on a journey, often of pain and frustration. They will probably still be on that journey and you are part of it.

It is important to value the family and remember how much they may be able to help you whilst at the same time ensuring that you are of support to them.

It is also very important to remember that the family is not just the parents/carers. There may be extended family to consider. You should also particularly consider the needs of any siblings.

Does family involvement demonstrate...?

Date
achieved

1. Good information sharing

2. Inclusion of siblings

3. The best use of equipment

Systems should be put into place to ensure information is shared between families and the setting. This should be a two way process. If the setting enables a culture of information sharing families are more likely to reciprocate.

Ensure children have a home/nursery etc notebook. You can write what the child has done that day and this will facilitate family/child discussion (particularly for the child who has no speech or emerging communication skills). This book can also be used for passing on any daily information or asking questions.

Provide a helpful information board in a foyer/reception area. Particular information that may be of use to the family of a child with cerebral palsy may also raise awareness of other parents.

Siblings of disabled children will experience a different type of life to siblings of any other child. They may feel more responsible towards their sibling, they may have more 'care' responsibilities, they may get less attention from their family and they may have less opportunity for social activities. It is vital to consider their needs. A useful source of information and advice is Sibs – a charity for brothers and sisters of people with special needs.

www.sibs.org.uk

Telephone: 01904 550029

PO Box 50, York YO1 9ZX

info@sibs.org.uk

Families/parents are often one of the best sources of advice on equipment for their child. Where it is possible 'borrow' equipment from the family on a daily or preferably short term basis. In return if you purchase or have any toys etc that the child really enjoys they could be loaned to the family.

Families may be best placed to negotiate the loan of equipment to the setting from occupational therapy departments etc.

How inclusive is our physical environment?

In this section we need to consider how our building presents to a child with cerebral palsy (cp). Once old enough, some children with cp are walking well, some walk with difficulty or with an aid such as crutches or a rollator, some use a manual wheelchair that they propel themselves, some are using an electric wheelchair and some are pushed by friends or an adult supporter.

Some children will have additional difficulties that may make the building less easy to access. Some will have hearing loss and others may have hyper-sensitive hearing. Some may have low vision and others may be acutely sensitive to glare. Some children may have difficulty dealing with the movement of large numbers of other children around them. Some may fall frequently or have difficulty getting back up when they fall.

All children with cp will experience significantly more fatigue from moving around the building than others.

When deciding to make adjustments consider how they will advantage present and prospective children and also how much better these changes will make life for all children in the setting.

You are not obliged to make any physical changes to the building but you might like to consider changes that need to be made and then plan for their implementation over time. You should also consider what you are able to do to improve the inclusive aspects of your building at the time of redecoration or refurbishment.

In this section you also need to think about all the issues of the building and the needs of children with cp in the smaller space of your frequently used rooms and spaces. Within different rooms and spaces children have differing focuses for their needs. In the buildings section the focus was getting from one place to another easily. This section is about getting to a place within the space.

Some children who need to use a chair to travel between rooms/spaces may be happier and more independent if the space is set up so that they can move independently once in a space. Some children will need to come into the space using their chair but will be able to sit in different seating or on the floor once they are in the space. Some children may need to transfer to a standing position (possibly using a standing frame) and others may need to spend some part of their day in a lying position (maybe on a wedge).

All children will feel more included if they are as independent as possible at all times throughout the day. However when planning for this independence their health and wellbeing has to be taken full account of and fatigue needs to be considered.

Other considerations need to be given to the hearing and vision difficulties already mentioned and to the need some children have for a bigger area of personal space in which to play.

Date
achieved

3a Has the building...?

- 1. Clear doorways and corridors
- 2. Handrails in corridors and steps
- 3. Clearly labelled rooms
- 4. Notice boards clear and at the right level
- 5. Easy access to communal areas
- 6. Easy access to mealtime facilities
- 7. Convenient transport access
- 8. Easy to operate lifts, stair lifts
- 9. Flat covered walkways between buildings
- 10. Shallow ramps
- 11. Suitable toilets with additional facilities
- 12. An 'oasis' for multi-support needs
- 13. Been fire safety checked by fire officers

Date
achieved

3b Are the rooms/spaces...?

- 1. Organised to allow maximum movement
.....
- 2. Providing sufficient tabletop space for the child to organize themselves
.....
- 3. Allowing space for movement within the room
.....
- 4. Giving appropriate access to areas where displays are presented
.....
- 5. Providing clear and appropriate labelling of areas and specific items
.....
- 6. Acoustically appropriate for the needs of child with hearing difficulties
.....
- 7. Clearly visually marked to indicate the floor and ceiling spaces with the doorway and door handle defined
.....

3a The building and surroundings

Walk around the building. Are cupboards, coat racks, coats, bags, etc., cluttering up the corridors? Are any floor-tiles loose or damaged? Do doors open fully? Are there lips or dips in doorways? What risks can you see with regard to glass in doors or on displays?

Many ambulant children with walking aids need a wider area to walk in.

Many children who have poor balance find very narrow or cluttered corridors threatening and difficult.

Children using manual chairs may require wider door space.

Ambulant children will find handrails a source of support particularly if maintaining balance is a problem. Similarly children in manual chairs will make faster progress around a building if a handrail is used for extra propulsion.

Provide clear photos/pictures/symbols and/or print for rooms especially in larger settings. This offers reassurance to the child with memory or perceptual difficulties where some activities take place in different rooms as well as being an excellent teaching/learning experience.

Some adjustment of notice boards may be needed to accommodate the level of wheelchair users. Think about the child with visual discrimination

problems that will need displays that are clear as opposed to cluttered.

Are communal areas accessible to the child with cp? If they cannot be made accessible can you make areas that are accessible attractive to other children?

You may need to consider training for staff in relation to children with eating and drinking difficulties. You may need to allocate longer for lunch times as some children with cp need longer to eat.

If you have a self-service system you will need a risk assessment for individual children and if necessary provide alternative arrangements.

Children with eating and drinking difficulties under medical supervision may need specific supportive seating during mealtimes.

The child with complex mealtime needs will also need to be considered in a noisy social environment.

Look at access issues for transport into and from the setting. Where does the transport park? Can distance from transport areas to and from the setting be minimised particularly when thinking about bad weather?

- What is the setting's policy with regard to escorts on site?

Is there accessible transport for disabled children? Has the setting investigated access when considering

additional activities/visits etc?

Lifts may only be considered in the planning stage but you should find out how easy current equipment is to operate and report to any overseeing body. In large settings stair climbing chairs can be an advantage but the child's safety and comfort using them must be considered. If you decide to go in this direction get replace or repair maintenance or you could be lost when they break down.

9 and 10. Where shallow ramps and covered walkways are necessary in your building they are a major consideration.

If applicable, work with current access initiatives to see whether your setting can be considered if you see these as improving access and increasing inclusive practice.

Ramps should be considered from the point of view of manual chair users.

If you cannot change the environment can you make adjustments to the daily routine to accommodate the children?

11. Toilets need to be well planned with thought given to handrails and to changing beds that are adjustable. Additional specialist equipment may enable children to use toilets.

Potties that offer good support at the back are often preferable, specialist supportive potty and toilet seats are often necessary – these are usually

available from OT's. Placing a potty on a solid platform to raise it a little off the ground and putting it next to or in front of something stable to hold onto can make all the difference.

12. An oasis is a concept and can be a physical place.

The type of oasis you create depends on the nature and numbers of the children you intend to support. It can be:

- An early morning social area before the day/session commences.
- A place where personal hygiene is dealt with.
- A place for cooling off.
- A place for therapeutic support.
- A place for ICT support.
- A place where play skills can be taught
- A place where the child can feel safe and secure.
- A place where the tears and distress of separation can be dealt with calmly.

Where applicable therapeutic and/or play support needs to receive proper consideration within the daily routine. If necessary substitutions and modifications to the daily routine need to be clearly set down within the statement of special educational need or within the Individual Education Plan

for children with or without statements.

When assessing the extra support a child needs, acknowledge this time.

When planning to support hygiene needs ensure that children are treated with dignity and respect.

This is a buildings issue rather than an individual health and safety issue.

Fire exits need to be accessible and attainable for the child.

Routes through the building and the amount and type of support offered need to take into account the physical needs, emotional maturity, tiredness factor, amount and type of support available at different times during the day and general flow of traffic.

Think about the needs of your children and take the advice of Fire Safety Officers.

Draw up a risk assessment and make sure that all staff are aware of the procedures in place.

Have regular practices and try out evacuation with the child in different parts of the building. NB Avoid the last Friday of every month!

3b The Rooms/Spaces

Many rooms will already be serving so many functions that they are overfull almost before the children arrive! Consider the disability of the children that you plan to accommodate.

Consider if the child will need to move within the room and plan a route.

Remember that some very small children may need to crawl or roll to achieve independent movement and plan a safe space where this can happen.

Get help with this from a mobility officer or local disability access group.

Talk to therapists and advisors for physical impairment, behaviour support, vision or hearing.

Does the child need personal space to help him or her get through the day without loss of temper?

Does the child need space to accommodate shaky or uncertain movements or poor balance? Does the child need space to turn a powered or manual chair or to manoeuvre from a walker to a chair?

How will the child see any adult led demonstration of activities?

Will the child have a clear line of sight to the person they need to see?

Will this involve the child in maintaining a difficult or painful posture?

Clear, well differentiated labelling of equipment and areas is necessary. For some children a symbol, picture, photo or object of reference will promote independence.

Metallic noise, such as chair legs scraping or at mealtimes, the noise of metal knives and forks, can be very distressing to some children who may react with inappropriate behaviour such as anger. Other children with perceptual difficulties may find some rooms muffle sound and make understanding harder. Check with your Hearing Impairment Adviser.

Is the lighting right? Disabled children may not be able to shift in their seats to accommodate glare.

Some children may need very high contrast to navigate their progress around a room or area. Others may react badly to certain strong colours that distress them.

Many children with cp are easily distracted. You may want to consider the amount of “visual noise” and clutter in the room and provide areas that are clutter free and visually quiet.

Having made the judgements for the room organisation you will have identified children who need extra table space to organise themselves. These will include children with involuntary movements as well as those who have a larger than usual exclusion zone for personal space. It will also include children with poor balance.

Any one setting may contain a number of children with varying degrees of need and priorities have to be set. These priorities may differ from room to activity and with different staff/volunteers.

For example a carpet time activity may not require so much personal space as a painting activity. Ensuring that personal space on the carpet is well defined will help the child who cannot perceive space easily.

Seating a child on the end of a table rather than having two seats along the long side can create extra space. Adding an extension like an L shape can contain a child and belongings.

How good is our inclusion training for staff/volunteers

Parents and children want to be welcome first and foremost. They judge their inclusion far more on the warmth of welcome than on whether all the ramps and handrails are in place. Staff/volunteers will find it easier to welcome parents and children if they are confident that they will be able to support the child appropriately.

There are areas of training and information that all staff/volunteers will need and other areas where it is more appropriate for certain staff to have more detailed training. No setting will have all the information to hand when they first consider taking a child with additional needs but they should have a plan of how they will get that training or information.

Sources of training and support will include:

The parents

Specialist early years settings e.g. local special school, School for Parents group

Any previous setting

Your LEA advisory staff

Therapy departments

The Children's Centre

The Child Development Centre

Voluntary organisations that have specific expertise in the child's area of need

(NCMA) National Childminding Association, National Day Nurseries Association or local supporting bodies/networks

(EYDCP) Early Years Development and Childcare Partnership, Sure Start

The setting will need to consider if they have ways to ensure that the dignity of the child and the child's views on decisions that are made are fully taken account of as appropriate.

*Have staff/volunteers...?*Date
achieved

1. Been provided with induction – general training in disability awareness and equality training and behaviour management etc.
2. Been identified so that those who lead groups or support children received training in communicating effectively with individual children and training in how to appropriately maximise independence.
3. Been given appropriate training and support in how to appropriately differentiate materials for a particular child.
4. Been provided with manual handling training and assessment for each child where necessary
5. With responsibility for the daily routine, taken into account the need to minimise travelling time between rooms/activities.
6. Been designated to provide high quality pastoral, hygiene or learning support at the Oasis. (resourced base) or through an Oasis ethos anywhere within the setting
7. The knowledge to provide technical support to maintain and set up equipment
8. Been provided with training and therapy support to plan and facilitate access to learning/development
9. Been designated to administer medication and provide advice on the effects of medication

When a child enters the setting there is a need for all staff/volunteers to have a basic awareness of the disability and the effect it will probably have on learning.

They also need to be aware of the organisational changes that can be made to improve the learning environment.

All staff/volunteers should be aware that any sign of difference in an individual child could trigger bullying and have positive behaviour strategies to deal with this.

It may be that the setting could call on a local group that promotes disability equality.

All staff should be aware if there are any behavioural or emotional factors within the disability, as these need to be separated out from general standards of behaviour, e.g. if a particular child is known to have a short attention span, as part of the disability, then working on targets to improve this may be a proper measure but punishing the child for not attending will not help the matter.

Staff and volunteers dealing with a disabled child in a one-to-one capacity or as Oasis support workers need to have an understanding of the child's method of communication.

Training may need to be given so that staff are aware of the:

- child's methods of communicating
- system being used
- length of time needed for reply to questions

And the need to:

- use the system
- give choices
- use single instructions.
- use open questions.
- encourage vocalisation

Input from a Speech and Language Therapist will be invaluable

If a child is at the early stages of communication development Scope has a number of helpful information sheets, Play Talks and Supporting Communication through AAC to refer to (see elsewhere on the CD).

Tiredness and strain factors need to be considered when deciding appropriate support to facilitate independence.

Harry has diplegia (legs significantly more affected than arms) with right sided hand weakness. He is right-handed. Harry, at 4, attends a local nursery and the children are constantly going back and forth to storage containers to choose what they need for their activity. Harry finds this process slow and tiring.

Support for Harry...

As much as possible all the items for

his daily needs are placed in one tray and this is in a convenient position for him to access. Harry has assistance at the end of the nursery day to tidy away anything on his tray that was specific for that day. Harry is given additional time on the computer as it takes him longer to access the program. The nursery is actively seeking an appropriate mouse replacement to enable him to access the computer independently.

Staff/volunteers who are working in a one-to-one situation need to be made aware of encouraging the child's independence physically, intellectually and socially.

Teaching staff may need training to appropriately differentiate teaching materials and outcomes for a particular child.

Find training that brings real expertise and knowledge to the situation

Train staff/volunteers to use the support of IT packages as well as concentrating on teaching strategies.

Most children attending early years settings will not be of a size/weight that will necessitate complex manual handling needs. However it is advisable that an appropriately trained person carries out an assessment of manual handling needs. The person overseeing this training and implementation should be fully aware of the framework within which manual

handling takes place. An excellent source of information on this matter is in the publication 'The Dignity of Risk' published by The Council for Disabled Children. This sets out clearly the legal requirements and the right of the individual child to have his or her wishes respected in moving and handling issues.

Staff must seek advice and/or training particular to the child prior to them joining the setting.

Physiotherapists may write out particular routines and all staff/volunteers should have a copy. Copies should also be posted in support areas such as toilets or changing rooms. These copies should only be accessible to staff/volunteers.

For larger children with complex manual handling needs please consult the information in the Scope Primary Checklist (on the CDRom).

Some children require a far more elaborate and more carefully controlled handling regime than others. These children may have acute spasm if handled incorrectly and can put themselves into danger if staff/volunteers, supporting them, are not trained to know what can and cannot be asked of the child.

Where a child has acute needs of this sort (where possible) a secondary supporter should always be trained and should participate in the child's day on a regular basis.

Although many young children will not have the same associated risks to the handler as they are smaller/lighter they still pose handling risks by height and specific handling needs. It is important for a setting through their own good handling practice to influence parents to establish good practice. Their children will grow and pose a risk to their physical well being if good manual handling is not put into place.

This can make all the difference to children being included into a setting. If the most frequently used room is normally upstairs and the child cannot use stairs reorganising the use of rooms can support children's inclusion.

Penny, now 5, has hemiplegia and has been at the school since nursery. Up until now she has been in rooms on the ground floor but in making the move to Key Stage 1 she will need to relocate upstairs. She can climb stairs slowly but finds this very tiring.

The first option was to move the whole year group downstairs but this was seen as detrimental to her self image as a pupil growing through the school and moving into a more grown up atmosphere. The second option was to minimise her use of stairs. This meant re-scheduling assembly to take place before pupils went upstairs to class registration and timetabling all use of the hall to either just before or

just after lunch. This allowed Penny to make progress into the Key Stage 1 section of the school but gave every consideration to her physical needs.

With the emphasis on non-discriminatory practice, it will be very important to show full consideration has been given to how support is provided.

To recap:

An oasis is a concept and can be a physical place. The type of oasis you create depends on the nature and numbers of the children you intend to support. It can be:

An early morning social area before the daily routine commences.

A place where personal hygiene is dealt with.

A place for cooling off.

A place for support to deal with interpersonal problems.

A place for therapeutic support.

A place for ICT support

A place where play skills can be taught

A place where the child can feel safe and secure

A place where the tears and distress of separation can be dealt with calmly.

There will need to be a training programme and policies / procedures outlined for staff/volunteers working in close physical contact with children. Some issues that may need to be dealt with could be of the nature of Child Protection and clear guidelines are imperative in this instance.

However, if clear guidance, appropriate training and adequate vetting of staff/volunteers are in place there is no need to have two members of staff simply to cover for possible child protection needs. The best form of child protection is an open and honest atmosphere where the child is seen as a valued member of his or her support team and is able to state clearly, through words or other means, when he or she is not comfortable with practice.

Systems to support children using IT and ICT are only useful as long as they are working. The best deal to go for is to get repair or replace insurance with a 48-hour turn around. It is expensive but necessary when the child will rely on the technology to access the curriculum. Some systems need to be pre-set to include topic or subject specific vocabulary. This is skilled work and requires a person with knowledge particularly if symbols are involved. Some artificial voice systems can be set up before or during activities to give the child a chance to actively participate in lessons.

All children need non technological

means of communication alongside technology based means. If an older child is using high tech systems they will need an up-to-date back up system of low technology for the time when their high tech system breaks down.

Adam aged 4 was bright and academically equal to his nursery class in most areas. He used a Dynavox communicator that was programmed at home by his parents. The communicator had been purchased through voluntary fund-raising but it was a vital component of his education, access to the curriculum, social inclusion and chance to make his own choices. It broke down. It had to be sent back to Dynavox where the cost of repairing it ran into hundreds of pounds. Six months passed before it could be funded and in that time Adam was without the means to indicate more than 'yes' or 'no'. Adam developed a dislike of nursery and became difficult to manage; He lost weight and was easily reduced to frustrated tears. His progression to the local school was put in doubt.

Therapy support may take the form of:

- Hands-on therapy given at the setting or at home to enable the child to attend the setting.
- Written or spoken advice to parents and Early Years professionals.
- Training for all or any of these.

- Monitoring the effectiveness of the programme.
- Monitoring the effectiveness of the supporters.
- Predicting the need to change the seating, standing, movement requirements because of growth or medical needs.
- Predicting changes to the manual handling needs of the child.
- Ensuring that the child is supported through periods of rapid growth.

Bone lengthening causes increased tightness in weak muscles. It exaggerates the contractures of joints such as elbows, knees and ankles.

Check seating regularly to ensure comfort and fit.

Children grow. During growth spurts some children may be temporarily further disabled as their body adjusts to its new height and shape.

- Children with ataxia, diplegia and hemiplegia are particularly sensitive to losing their centre of gravity during rapid growth spurts. They become clumsier and may be more disorganised.

Many children with physical disabilities are greatly advantaged in their activities/play and concentration by properly fitting and supportive seating and or posture positioning systems. Others require more reminders during

this period to maintain balance and posture.

As a general rule feet should be flat on the floor, knees bending at right angles, with hips firmly against the back of the seat. Some children are further improved by having arms to the chair. A growth spurt of just one or two inches can destroy the carefully set up seating arrangements.

In order to enable a quick visual check take a picture of the child in 'best sitting' position from front and side and have this handy.

Know how long you can reasonably expect a child to maintain good sitting before needing a position change. Many children who could sit independently with regular changes of position are confined to overly restrictive chairs for long periods because care has not been taken to arrange for regular breaks.

Growth is certain, periods of rapid growth often predictable. Plan ahead to ensure that seating keeps pace with physical changes.

Apply the same principle of regular review to any posture or positioning systems.

Remember that children don't always require equipment for positioning. Consult with physiotherapists and occupational therapists as to what is most appropriate for different activities for an individual child.

- Make sure that a member of staff been designated responsibility for specialist equipment/seating if a full time therapist is not available. This ensures that at least one person is regularly checking equipment, however everyone should know how to use it.

Early Years professionals planning to incorporate therapy advice into their sessions/activities need to be aware of the needs and the reason why they are there.

Professionals need to demonstrate that they have taken these requirements into account when planning and delivering sessions/activities.

This will mean that one session/activity plan to meet the needs of all children may not be acceptable.

Medication may be vital to allow the child to be in a setting. Staff need to volunteer to administer medication and where possible at least two staff should always be signed up and trained to do this. Medication can have many different side effects and it is important to understand these and account for them in planning the daily routine. Whether medication is given at home or in the setting it can affect learning and behaviour.

Ask questions ‘Will the medication...?’

Affect his ability to concentrate?

Make her sleepy?

Have any effect on her personality?

Depress mental agility?

Make toilet needs more urgent?

Contribute to a delayed response?

Affect the child’s ability to maintain position?

In addition:

Ask parents if the medication effects have changed recently.

Medication dosages can change with growth.

Certain combinations may interact with one another.

How inclusive is our approach to the learning process?

Where there is not a whole setting approach to key issues such as differentiation and discipline, children with disabilities may be disadvantaged when being taught by different staff/volunteers or moving from one session/activity to another.

For example

A non-verbal child is learning to make choices as part of their communication development. This is seen to be a successful route to learning for this child. It would be unacceptable if the opportunity for choice making was not then provided throughout the setting.

Similarly if a child has outbursts of distress or anger that are part of his or her disability it would be unacceptable for one member of staff to make reasonable adjustments to the discipline policies and not have all other staff members make the same reasonable adjustments. The impact of the behaviours on other children has always to be taken into account.

Does our approach to the learning process reflect...?

	Date achieved
A whole setting approach to offering support?	
1. The multi-disciplinary training provided
2. Advance planning of session/activity themes and content with appropriately differentiated support
3. The advice given by specialists about the disability (SENCO, Educational Psychologist, Scope, Voluntary Agency, Therapist etc,)
4. Forward planning to facilitate inclusion into the session/activity
5. Consideration of the individual's needs
6. Recognition of the child as an individual

All staff that are going to work with the child need to have received training from the full professional team supporting him. This may take the form of awareness raising but may need to be more in depth to cover such aspects as:

Tiredness – How much is it reasonable to expect this child to do throughout the day.

Staff planning afternoon sessions may need to offer more rest periods and greater support. Where appropriate rest/sleep periods during the daily routine may need to be implemented. However, this is not necessary for all and should only be implemented if advised or if it seems really needed.

Time Planning - Moving about the building may be slow because of mobility or personality difficulties. Where there is an agreement that children will leave a larger setting early to get ahead of the rush at the end of the day/session there needs to be an accommodation in activity that the child does not miss the same activity session each time. The child may also need time to put on coats, gather together personal possessions etc.

Taking advantage of multidisciplinary training within teaching strategies will enable them to reflect language needs, use of ICT and positional changes. Differentiation may take the form of:

A simplified account of the activity/session given alongside the

main strand.

Supportive materials using sensory, photos or pictures or for older/more advanced communicators symbol software computer programmes to symbolise new or unusual vocabulary.

Objects that can be handled to improve the understanding of abstract ideas, including tactile/sensory objects.

A worksheet with symbolised/picture information.

- Forward planning so that the child can be given sensory/tactile object support and vocabulary prior to the session/activity
- For children who may have language processing difficulties clear pictures rather than symbols or words may best support vocabulary.
- Clarify the role of any support assistants or additional one to one adults. Ensure that the work is the child's own and that an over reliance on the adult does not develop. There is fine line as when to assist and when the child should have time for complete independence. This must be decided activity by activity, although general rules will apply for individual children.

For many children with simple or complex needs you will need to seek more specialist advice:

Processing difficulties – Speech and Language therapists may need to

make *all* staff aware of the strategies to support a child with processing difficulties. These may include rephrasing questions, asking only one aspect of a question at a time, using only two key words in a sentence and giving extra time for response.

Augmentative or Alternative Communication (AAC) – Speech and language therapists in conjunction with physiotherapists and occupational therapists will train staff on making use of these techniques to include children and enable the development of early communication skills. Scope can also provide advice and practical help.

Partial Vision – Advisers in this field can help get lighting, background colour and size to optimise access to activities. Staff/volunteers may also need to know more about the effects of visual perceptual difficulties.

Partial Hearing – Advisers can optimise the acoustic environment. They can also advise about the effects of audio perceptual difficulties.

Correct seating – Physiotherapists and occupational therapists can give advice on getting seating right to ensure comfort and optimise concentration and hand function.

Giving one person all this advice is not going to be enough in a larger setting. Those staff teaching and supporting the child need to be involved.

For disabled children group work is

often difficult even when they have the skills to play/work with other children. If speech or speed of thought processing is slow, the child has involuntary movements, or equipment such as supportive seating creates a physical barrier, careful thought needs to go into the process.

Consider:

- The child's strengths
- The task. Is there is an opportunity within the task for real inclusion. If not, can you put something else in?
- Whether preparation in the form of practising the role during out of group support time, would be helpful.

What will be the outcome of the activity for the child? Will it be measurable?

Carla aged 3 has no speech and has not yet formalised a system of communication. She can indicate 'yes' and 'no' and has shown that reasonable hand control in that she can pick up a book that interests her for example, when books are being talked about. The children are playing with 'rolling objects' and Carla is usually removed for a 1:1 activity during group work as it is assumed she cannot participate since it involves asking and answering questions.

However with advance planning it was possible to set up an activity to explore rolling objects with Carla put

in charge of releasing the objects from the top of a slope.

It is important that any advice/training provided is acted upon. Practice should reflect that the early years professional has considered the needs of the child regarding:

- Seating
- Demonstrations -from both visual and auditory aspects
- Differentiation of materials if necessary
- Differentiation of outcome
- Communication

Children with cerebral palsy are individuals. It is important that the setting's approach establishes this from the outset. Communication should be directed to the child and not through the supporter or friend. All too often a well meaning adult can 'think', 'talk', 'interpret' or 'answer' for the child. It is vital that child to child communication is established where the child has difficulties communicating. Without this the child will always be a passive observer rather than a participant.

How inclusive is our session/activity planning?

So much planning has to take place nowadays that planning for differentiation can get formalised and become rather automatic. The guidance for the foundation stage puts an expectation of a range of differentiation for all children not just those with statements or identified disabilities.

It is this range of differentiation that is important when planning an inclusive session. It is less than useful if there is only one strategy for differentiation no matter how well that strategy works with some children.

For example session planning for story time may involve supporting the pictures in the book with symbols for AAC users. However, if the story was supported with a bag of real/tactile objects it would also support children with significant learning difficulties and those with visual impairment.

Do we plan for activities that are inclusive? Do we plan a way of questioning the group that includes the child with slower processing or less useful speech?

Do we plan to think creatively, using materials and activities from other sources if necessary, to meet exceptional need? Do we look at the curriculum and ask ourselves – how can I plan to make this activity effective for all? Differentiating only by outcomes is not always effective.

Date
achieved

Are session/activity plans organised to...?

1. Help the child recall the previously related activities
.....
2. Establish the theme for the session/activity
.....
3. Encapsulate the main points of the session/activity for the child
.....
4. Clarify differentiation
.....
5. Use concrete aids – pictures, objects, to reinforce any abstract
concepts.
.....
6. Maximise communication including use of signing or
pictures/symbols and any appropriate software/high tech
devices.
.....
7. Include the child in group activities
.....
8. Offer the child choices
.....

It may be necessary for some children with cerebral palsy particularly when attention skills are weak to ensure that there is a recap of previous related activities.

There also may be an evident need to gain attention and reinforce the content of the session/activity you are about to teach. Plan how to reach the most children in the introduction.

Plan for some children to know only the main points of the activity.

Plan extension activities to consolidate these main points.

Support the activity when appropriate with tactile objects (objects of reference), signs, pictures or symbols

Plan to use parental or voluntary support to introduce new vocabulary and its meaning prior to some activities

Encapsulation is a useful technique. The group leader tells the group what is going to happen, does the activity and then goes over the activity telling the group again what has happened. The intention is that children will learn more effectively when they have this clear message.

In planning to include children with learning difficulties, attention or memory problems, language processing difficulties and perceptual impairments 'encapsulation' can become a lifeline.

If a child with cerebral palsy has more

complex needs then differentiation becomes a very important issue when planning activities/sessions. You may need to consider a separate plan to take into account the individual's needs. It may be of more value only for the child to experience the recap and activity/ session introduction. The link to the actual main session content may for this child be tenuous and need to be presented at a more sensory level. Similarly if basic skills in communication and/or hand function are weak or non-existent then learning outcomes can be difficult to gauge and need to be well thought out.

For some children with cerebral palsy particularly those with severe communication difficulties many abstract concepts may not be established. Once learnt, a 'circle' for many mainstream children is so well internalised that it is not a concept but an object.

To a child with spatial and visual processing or perceptual difficulties plus communication difficulties the concept of a circle may take some time to attach itself to the various circular objects that the child knows and can name.

It may therefore take much longer to learn these types of abstract concepts such as colour and shape.

Children may take much longer to understand the concept of beginning and end in stories. They may take

much longer to have any appreciation of time as it is lived and none of times past and future. These children need objects that can encapsulate the concept and help them to recall previous learning.

Some children, as they get older will move on to pictures, symbols or words to aid understanding but it is always best to plan to have an object or tactile/sensory object at the start of teaching new material.

It may be necessary to consider a more formal approach to learning alongside the usual approach through play. This can still be play orientated, but adding the above elements produces a more formal/clear structure.

Get good IT advice from a specialist in disability. It is particularly important for a child with cerebral palsy to achieve independence with communication and IT.

If appropriate for the child in the foundation stage make use of signing or of symbol-assisted software, audio and videotapes. Check out simple access programmes from companies such as Clicker, Widget or Makaton amongst others.

Get a site licence and install the programmes for early years professional and any adults acting as learning support use as well as for child's use.

Make time in the schedule for programmes to be customised PRIOR TO the session/activity time.

Support activities with objects of reference, pictures or symbols whichever is most appropriate. This will help the child to understand/learn and will aid their communication development. A speech and language therapist will advise on the appropriate stage of development for that child.

Consider whether the activity automatically includes the child. If not, what could be altered or added to ensure inclusion?

The child with more complex needs may not have sufficient attention skills to operate effectively in a group situation. It may be more beneficial to expect partial inclusion in group work and then involvement in a one to one or smaller group situation to increase learning outcomes.

Any practical activities could be difficult for the child with cerebral palsy to access and need to be well thought out in advance or an alternative offered.

For most children with cerebral palsy who have very limited or no useful speech choice making will be fundamental to their development at this stage. Ensure that wherever possible choices are given rather than just assuming.

Just because a child loves water play does not mean that you should assume

that is what they would choose.
ALWAYS give a means of choosing.
You can offer choices by objects,
pictures, symbols etc. The child must
point to, look at, and take the one they
want.

Consult a Speech and Language
Therapist (SALT) for information on the
child's specific stage of development
and access method for choice making.

How inclusive are the additional activities we offer?

Any Early Years setting is about so much more than the curriculum. It is the place children go to outside the home. It is a universal experience. It widens the range of responses we need to make. It provides a number of different opportunities to try out our developing personality. It offers to give us new skills and new ways of looking at and understanding the world.

Activities such as outings and events are often children's most enjoyable experiences. They help bond friendships, create dreams and are new shared experiences.

Children with cerebral palsy can benefit just as much as others from these opportunities but how inclusive are we in offering them?

Date
achieved

Are additional activities and events...?

1. Considered when assessing how much support time a child needs
.....
2. Considered of importance when setting taxi/transport requirements
.....
3. Inclusive as regards the range of activities offered
.....
4. Off-site – are these activities accessible to the disabled child
.....

Consideration of need to access the additional activities and events associated with any setting is an important issue.

Any child with a statement may have dictated what support is going to be provided from central resources and what the setting must provide. However Statements do not cover additional activities and events and these have to be supported and considered by the setting.

When ascertaining the amount and type of support necessary for a child to enter a setting the full meaning of inclusion must be at the front of your mind.

Ask the following:

- What support is needed for hygiene, mobility, health and safety?
- Additionally how do you encourage appropriate independence?
- What support is needed for accessing the curriculum?
- What support is needed for breaks and lunch?
- What support is needed to access out additional activities and events?

1. What arrangements do you need to make if a child is to access other activities/events?

You can be the most go ahead setting with the most generous support and can set up for the child to be supported at the additional event/activity.

However, if the events/activities are never accessible then the setting is not inclusive.

A visiting puppet show that lasts 20 minutes and involves strobe lighting is not inclusive for the child who has a five minute attention span and has epilepsy but preparation beforehand with the organisers to remove the strobe lighting from the first five minutes and ensure a complete five minute section at the start could give the child a really positive experience.

Make sure that on prestigious days like Sports Day or the Christmas concert that you have considered access issues in order to include.

2. What support would be needed to take this child on a trip from a transport, equipment and staffing point of view?

Remember that life is not perfect and that no one gets everything they either want or need but you still need to ask the questions and to look at what is and what could be possible.

How inclusive is our preparation for changing settings?

Anxiety and excitement are the common feelings around transition (between key stages.) from an early education setting/class to Reception/Key Stage One in a school. There will most likely be different staff, rooms, buildings and a new more formal curriculum. This will be the first major change in a child's education.

Children with additional needs are at risk every time there is a big change as they may have fewer resources to make adaptations and may rely far more heavily on the receiving school to make these adaptations on their behalf.

Clear information is needed if this is not to be a time of failure and distress.

Date
achieved

Does the preparation...?

1. Ensure that the plan is informed by the views of all contributors to the statement and those who will have a role in future education

.....

2. Ensure that the actions stemming from the review have clear time-scales and accountabilities.

.....

Think ahead – wider than just educational implications. Think about predictable changes the change into Reception/Key Stage 1 will bring.

Think about the changes in the height and weight of the child. Think about the changes in the amount and type of class work that will be expected. Think about the social needs of the next stage.

Will there be new solutions needed?
Will ICT be more important? What are the family's needs at this time?

How inclusive are we in applying health and safety regulations?

The publication '*The Dignity of Risk*' compiled by the Council for Disabled Children gives clear health and safety guidance for:

Managing risk

Children's healthcare

Manual handling

Physical interventions

Child centred risk management

This publication gives clear guidance on legal requirements and also interpretations of regulations from a child centred viewpoint.

Risk is a learning tool, without it we do not grow as individuals. If we were never allowed to take risks we would never mature into adults who can take control of our own lives.

Healthy risk taking has to be at the heart of all the educational experiences we give our children: the risk of failure, the risk of sadness, the risk of friendship, the risk of knowledge. Without risk learning does not advance. Managing risk takes courage and involving all participants is a good way to ensure that the risks we agree to take are worth taking and are managed safely.

For example adults who accept jobs as steeplejacks agree to the risk of climbing up high buildings but they wear as much safety equipment as is feasible and rehearse emergency procedures in the event of things going wrong. Similarly adults who accept jobs that involve assisting growing children accept that there is an element of risk to themselves should the transfer process go wrong.

Date
achieved

Does your Health and Safety policy ensure that...?

1. You as a staff are aware of Health and Safety requirements and that you use these to undertake risk assessment
2. There are opportunities for the child to encounter healthy risk taking
3. You ask the child if he/she feels able to participate

Risk assessment is a way to acknowledge and minimise risk. It needs to be used sensitively and as a tool to encourage healthy risk taking.

It **MUST NOT** be used to deny the child access to normal activities.

A simple risk assessment form is

included at the end of this guide. This has been drawn up following advice from the *'Head's Legal Guide'*. Early Years settings may have *pro-forma* risk assessments issued by an overseeing body such as their nursery chain. Alternatively you may want to adapt the form included.

How inclusive are our Individual Education Plans?

Individual Education Plans (IEPs) are the planning tool on which we base our differentiation and check whether we are on track to achieve our outcomes.

Any Early Education Setting in receipt of government funding is required to have regard to the Code of Practice.

Any child identified from the Early Years Action stage onwards will need an IEP.

We need to ensure that the child has a part in setting the targets and is active in deciding which areas he or she wants to improve. Targets should also be shared with parents.

IEPs should not attempt to re-write the curriculum and should only address areas that are additional to or substantially different in content or access to the rest of the group the child is working with. The IEP should contain three or four key clear targets.

We need to consider how we make this process an inclusive one and how the targets we set contribute to the inclusion of the child.

Date
achieved

Do individual education plans...?

1. Ensure that the child is involved in choosing areas where targets are to be set and in setting challenging targets
.....
2. Include targets that are attainable as well as challenging but not ongoing daily routines
.....
3. Include targets that include how to recognise, reward and record success
.....
4. Include targets that are thought through as to how, where and when they are going to be set, practised and achieved. This will support staff who can work out and plan if and how they apply within their activities and how records of achievement within those different areas can feed into the target setting
.....
5. Incorporate targets that are reviewed at least three times a year but should be for no longer than half a term
.....

Ask the child what he/she would like to improve. You may make suggestions and may set some targets but the child should be involved in setting the pace of change and the success criteria.

Children should view the target as challenging but not repetitive. If the child needs to keep his/her head up and needs consistent reminding this may be set as a target at first but there will be a level where further improvement is not probable. This target should be dropped and an achievable target set although the reminders to keep the head up will continue.

Be clear what constitutes success and agree this with the child wherever possible. If the reward is for indicating an answer when asked then that reward must be given even if the child does not use your preferred method. If the method is important then it must be clearly stated when setting the target.

Claire can indicate symbols and on her chart using her extended finger to point but frequently reverts to the easier fist for pointing. It is vital that she maintains finger pointing as this skill will enable her to access a larger chart and information technology (IT). Her target for indication must clearly state that success means indicating five symbols with her finger and she will be reminded of this if she uses her fist.

When setting targets consider their application to all subject/activity areas. 'To step apart when walking and slow down', may be an appropriate task for a child who uses a rollator for longer distances and outside, but not for when they use their sticks, when it may be 'to step apart and walk quicker'. When setting targets it may be sensible to indicate this by stating 'four days out of five' or in certain activities only.

Some children will need to have targets that are achieved very rapidly. Children may need a succession of steps in an area of learning such as communication, language or literacy. The IEP should be always 'under review', but a minimum of a termly review is recommended. The review may set the area but the steps within that area should be targeted for no more than half a term to ensure that the rate of progress is set appropriately.

How inclusive is our Bi-annual Review process?

All children with statements should have a formal review at least once a year with parents. The Code of Practice recommends that for those under compulsory school age informal bi-annual reviews should be considered.

When children have a statement the process of biannual review is formalised but all children with additional needs will have to be considered through the schools own reviewing procedure.

The big challenge for any setting is to ask: “How do we build the child into being able to actively contribute to the review process?”

Having an open system where children regularly make comments on all aspects of life in their setting and see their contribution as valued and actually contributing to the outcomes of decision making is the best way to ensure child involvement.

Some children will be more ready than others to contribute but ways of empowering them to participate need to be found.

Date
achieved

Do arrangements for Bi-annual reviews...?

- 1. Ensure that wherever possible the child is able to make his or her views clear
- 2. Ensure that the child has confidence to say what is not going well or where there may be a personality clash
- 3. Ensure that where decisions about changing placement are to be made the child can take an informed view
- 4. Institute IT systems that flag up dates when assessments, equipment, visits etc. should have happened and ensure that actions are followed through

1. Ensure that when possible the child is able to make his or her views clear by involving the child in discussions about aspects of work throughout the year and getting more than one person to talk to him/her. You could devise an age/development appropriate differentiated method to enable the child to contribute such as a photo/symbol enhanced prompt sheet.
2. Children may have difficulty saying what is not going well for them if this involves a liked member of staff or volunteer. Plenty of practice in making acceptable criticism is needed to overcome this reluctance. For example a child may like a member of staff but be unable to cope with the way he or she shouts at other children. The child needs to be able to say this without being thought cheeky or difficult.
3. Moving to another setting/school that is more or less specialised is a huge decision and the child has a right to have their views listened to. They cannot have a view if they are not aware of the implications of their choices. Children should ALWAYS make visits to new establishments prior to decisions being made. Where ever possible more than one visit with both parents and a member of staff should happen. Children without speech need to have close observations made and more visits to gauge their feelings.
4. Reviews need to consider the social implications of any plans made for the child.
5. The time scale is tight but so is the speed of progress of half a year. Everyone needs to know what the recommendations of bi-annual review are and what the time limits are for actions. Ensure you put names against action points. IT solutions ease this task.

To facilitate inclusion the following issues will need consideration:*Tick or leave blank*

- Major adaptation to building fabric
- Minor adaptation to building fabric
- Provision of ramps
- Provision of handrails
- Provision of hoists
- Toilet facilities
- Staffing
- Transport

To ensure the child can take a positive role, outline areas specific to the child's needs:*Tick or leave blank*

- Staff knowledge of cerebral palsy
- Manual Handling
- Mealtime issues
- General speech and language difficulties
- Augmentative and Alternative Communication information
- Health and Safety Issues
- Educational issues
- Differentiation issues
- Timetabling issues
- Medical issues
- Social interaction
- Trips

Please photocopy these sheets as required

FOR

AT (location and date of visit)

1. Is there a danger (describe)?

2. How likely is this to happen?

RARELY

OFTEN

3. If it did happen how serious would it be?

4. What can be done to reduce the FREQUENCY or the SEVERITY?

5. Managing the risk. List who will do what and how this will be checked.

6. Is the risk acceptable? Yes/No

SIGNED

STATUS

DATE

7. When does this need to be reviewed.

Daily / weekly / monthly / termly / six monthly / yearly / OTHER

8. What changes in circumstances would indicate immediate review?

9. Who was involved in this risk assessment?

Do parents know of the activity/trip?

SIGNED

STATUS DATE

Take the advice of your LEA in drawing up any risk assessment.

(see also *Scope's information sheet*)

Terms in **bold** are used to describe types of cerebral palsy.

AAC – Augmentative and Alternative Communication. This may be in the form of objects, gestures, signing, and symbols or using written words in place of or to support speech.

Ambulant – Walking with or without an aid. Child may be ambulant in some situations and require a chair in others.

Ataxia – Unsteadiness caused by lack of coordination of voluntary muscle groups used in activities such as walking or reaching.

Athetosis – Writhing movements, continually changing. Involves the whole body.

DDA – Disability Discrimination Act

Diplegia (spastic diplegia) – Paralysis of similar parts of two sides of the body, (commonly legs) In cp the hands are often also mildly affected.

Dyskinetic – forms of cp which result in the child constantly moving. There are two types, athetoid (writhing) and dystonic (jerking movements).

Encapsulation – A system of teaching that ensures learning opportunities are maximised

EP – Educational Psychologist

Hemiplegia – Paralysis of one side of the body. Commonly in cp the other

side of the body may be mildly affected. This is sometimes called double hemiplegia.

ICT Plan – In the context of this document ICT refers to technological solutions to communication and recording difficulties.

IEP – Individual Education Plan

Medication – Epilepsy is commonly found with cp. Some children may be on medication to reduce spasm. Some medication may have side effects that need to be taken into account when planning for the child's inclusion

Mixed – Children commonly have more than one type of cp and may have all three types.

Object of reference – An appropriate object that is used consistently to represent an activity. The repetition is intended to forge a causal link for the child and suggest to the child what is about to happen.

OT – Occupational Therapist

PT or Physio – Physiotherapist

Rollator – One type of walking aid (frame)

SENCO – Special Educational Needs Co-ordinator

SENDIST – Special Educational Needs and Disability Tribunal

Sound beam – An electronic device that makes intricate sounds when in

contact with any movement however slight.

Spastic diplegia – *see above*

Spasticity – Continuous muscle spasms resistant to passive stretching. Over time these spasms can distort normal growth and have to be taken into account when planning activities to ensure that the child gets the best possible physical regime to combat these contractures.

S&L – Speech and Language

SALT – Speech and Language Therapist

Quadriplegia (spastic quadriplegia) – All four limbs being similarly affected.

VOCA – Voice Output Communication Aid. There are a range of these differing greatly in cost and complexity.

The following profile sheets are examples you may wish to use. However, parents may have already filled in a similar document from the Early Support Programme which becomes their 'Parent Pack'. Good practice will always be to minimise the number of times they have to give the same information. However, check to see if additional information is required.

Details of the child and his or her needs

Parents could fill in the parts of the next section that are appropriate and photocopy it to take to any early years placement.

About the Child

Child's Name

Date of Birth

Parent/Guardian contact numbers

Home

Work

Description of difficulties

Diagnosis, if any

Does the child take any medication?

At what times?

For what conditions?

Who is going to give this medication?

Would someone outside the family need training?

Which professionals are involved with this child?

Names/phone nos.

Speech and Language Therapy

Physiotherapy

Occupational Therapy

Does the child have any experience of using...?

Other forms of communication

Computers

Seating / standing / walking equipment

Is the child walking? Yes No

Mention here if
s/he needs to use
a chair for distances

Walks well

Without aids

With aids

With poor balance

Does the child use
a wheelchair? Yes No

Manual (one you push)

Static (just for sitting)

Powered

Can s/he get around the room
under his/her own steam? Yes No

Can s/he use either hand? Yes No

	Right	Left	Both together
Holding a pencil / paintbrush
Pushing buttons / switches
Holding objects and releasing
Passing toys or drinks from hand to hand
Carrying toys or drinks

The child is independent for...

Getting to the toilet area

Toileting

Hand washing

Does this child speak or communicate in a formal way that people outside the family can understand?

- Clear speech Emerging speech A communication aid
- Another communication system Basic eye pointing
- Basic gestures Crying and facial expression

Can s/he interact with other children?

- Under his or her own control
- With help from an adult
- Only with great difficulty

Work and play for the child will need to be:

- Presented the same as for peers

Differentiated: Slightly Moderately Significantly

Write down any other information you would like to give.

Remember that children change as they grow and that you may need to update this from time to time.

Checklist for Assessing Support Needs for Early Education

Support needs can also include equipment. Talk about these needs as you work through the list.

1. Hygiene needs

Area for support – does it apply to this child?

- Help to get to the toilet area
- Help with clothing
- Changing pads / underwear
- Help to stand or sit appropriately
- Help with washing hands and adjusting clothing
- Reminders to visit the toilet in time
- Other

2. Lunch / snack time needs

- Help to get to the snack / dining area
- Help to collect food, open lunchbox
- Help to get food to mouth
- Monitoring to ensure safety while eating
- Taking food via a tube
- Other

3. Access to building Getting around the building and grounds
4. Therapy To facilitate speech and language, occupational or physiotherapy programmes
- Other
5. Access to the curriculum Access to play materials
- Dressing undressing / PE
- Recording work
- Other
6. Academic support Attention
- Organising work/play
- Memory storage and retrieval
- Task completion
- Other

7. Information Technology support
- Assessing ICT needs
 - Help to access the class computer
 - Other
8. Social support
- To facilitate play alongside others
 - To facilitate group interaction
 - Other
9. Communication support
- To facilitate spoken communication through rehearsing replies, requests etc.
 - To be a communication partner with a child using Augmentative or Alternative Communication methods.
 - To programme an electronic voice output aid or create appropriate picture materials for topic/subject work
 - To practise speech and language therapy programmes
 - To build a symbol vocabulary
 - Other

10. Medical support

- To monitor medical condition as advised by the child's medical clinician.
- To facilitate learning where the child is experiencing absences either within the group i.e. through epileptic activity or because the child has frequent periods away from school through ill health.
- To intervene where the child finds self regulation difficult, eg. fatigue.
- To provide a volunteer to administer medication in line with liability insurance provided by the LEA and/or school.
- Other

11. Sensory Support

- To set up and monitor hearing aids
- To produce visually accessible materials
- Other

This is not an exhaustive list of possible support needs and you may need to add categories of support.

Support needs change as the child grows and this should be reviewed within two months of starting in education and at least every year after that. When the child is going to change schools you will need to involve someone from the new school in reviewing needs.

For more information about cerebral palsy and Scope services

Contact Scope's Cerebral Palsy Helpline for information, advice and support. Copies of all Scope's factsheets, including a glossary of terms relevant to cerebral palsy, can be downloaded from the website or obtained from the Cerebral Palsy Helpline. Referrals to Scope's Community Teams and services can be made through the Helpline.

The Helpline hours are:

Monday – Friday: 9 am to 9 pm

Weekends: 2 pm to 6 pm

Cerebral Palsy Helpline

PO Box 833
Milton Keynes
MK12 5NY

Tel: 0808 800 3333

Fax: 01908 321051

Email: cphelpline@scope.org.uk

Scope's website address is www.scope.org.uk

Scope acknowledges the help and support of everyone who has been involved in the production of this information.

This publication can be made available in other formats if required eg large print or tape. Please call 01908 321049.

Scope is able to offer a telephone interpreting service to people whose preferred language is not English. We have information on Scope and cerebral palsy available on audiotape in a number of languages. Please contact our Cerebral Palsy Helpline for more details of these services.