

Early Childhood Service

Supported Transition Plan - Useful Documents



In Early Years settings, children go through many transitions including starting at the setting, moving on to a new activity, changing rooms or moving to a new setting. Effective transitions are important for all children and planning for these transitions is fundamental to effective early years practice.

You may identify children for whom individual planning would be beneficial, for example children who have struggled with transitions in the past or children with Special Educational Needs or Disabilities who need specific planning to ensure that their individual needs are met.

The resources provided in this pack can assist practitioners in schools and Early Years settings, health professionals, parents and carers to work together to ensure a smooth transition into a new setting. They have been designed to support Early Years Settings to plan effective transitions and in the planning and organising of transition meetings. They will also be relevant to use once a child has started in the setting, for example where their health needs have changed; a child's behaviour has changed; further information has been shared by a parent/carers.

This guidance is created with regard to key legislation - the SEN code of practice; The Equality Act 2010 and the EYFS statutory guidance 2014:

Early years providers must meet their responsibility to provide 'equality of opportunity and anti-discriminatory practice, ensuring that every child is included and supported.' (EYFS 2014 p5)

The following principles are appropriate for all transition preparations whether the documents from the pack are needed or not:

- to promote effective communication between the setting, parents and other people involved with the child;
- to promote fact finding about a child's needs, interests and any specific details that will help them to settle into the setting;
- to prompt discussion about changes to the environment/routines where needed;
- to ensure the child's and parent/carers views are in evidence in the planning for a child's transition into the setting

MORE INFORMATION: www.foundationyears.org.uk

View section 10 of **SEN and disability in the early years: A toolkit**

MORE SUPPORT: Contact the Family Information Service

01243 777807 | family.info.service@westsussex.gov.uk

Updated June 2017

This pack can be found online at: www.westsussex.gov.uk/ecsgoodpractice

CONTENTS

These documents are intended as guidance for practitioners, other versions can also be used

DOCUMENT:	USE:
Universal transition guidance	Aims, and key elements of good transition practice
Multi-agency record	Record details of professionals involved with/or supporting the child, for example, Portage, Early Support Coordinator, Physiotherapist, Speech and Language Therapist, Sensory Support Team, Paediatrician, Occupational Therapist, Family Outreach Worker etc
One Page Profile (with or without border)	Format to capture and communicate the important information about a child who needs additional planning and support
Letter to arrange transition meeting	Template
Healthcare Plan (this is not a statutory Education, Health and Care Plan)	Proforma to record information about a child's health needs, for example, to notify staff about procedures to follow, strategies to use etc. It is intended to be used to record health information shared by the parent/carer with the setting, please advise the parent/carer to ask a health professional (who knows the child), to verify and sign the plan. This will help parent/carers to feel confident that consistent practices will be used in the setting
<i>EXAMPLE</i>	Example Healthcare Plan
Administration of medication consent form	Template parental consent form
Risk Management Plan	This document supports practitioners to manage a discussion with parents/carers to minimise or eradicate risks for the child or others within the setting environment
<i>EXAMPLE</i>	Example Risk Management Plan
Accessibility Audit	Tool to help practitioners review their setting environment and take actions to make necessary adjustments where needed
Accessibility Development Plan	Create a plan following the audit

Universal transition guidance

The following guidance and supporting documentation was co-produced by the Early Childhood Service and Education and Skills, in consultation with colleagues from schools and the wider early years and childcare workforce. It has been developed to build on existing good practice and to ensure that all children in the Foundation Stage have access to a transition based on best practice.

The aim of this guidance is

- **To establish a coherent county wide transition procedure for all children in the early years, including those with special educational needs and disabilities.**
- **To provide children, parents, teachers and practitioners with tools and materials to support this process.**

In the early years, children go through many transitions including starting at a setting for the first time, moving on to a new activity, moving between rooms, or moving to a new setting or school.

Effective transitions are important for children's emotional wellbeing and achievement, and planning for these transitions is fundamental to effective early years practice.

To ensure continuity of experience for children, transition should be seen as a process rather than as a one off event. Discussions involving the child, parents and others throughout the planning process will support successful transitions.

The following *principles* are appropriate for all transitions:

- effective communication between the setting, parents and other people involved with the child;
- fact finding about a child's needs, including the involvement of any other agencies, their interests and any specific details that will help them to settle ;
- discussion about changes to the environment/routines that may be needed;
- the child's and parent/carers views are central to and in evidence in the planning for a child's transition

Key elements of good transition practice

The following prompts will help you to reflect on your own transition practice

- **Transition is made a priority**
Transition should be seen as an ongoing process throughout the year. Key information should be shared prior to the child starting in the setting. *See Appendix for Transition Summary document and Transition Event Record*
- **Children are familiar with the people, places and routines**
Do children have opportunities to visit their new environment? Are parents encouraged to meet up and socialise in the long summer break before starting school? Do you provide children with photos/books/DVDs showing key staff, spaces and routines?
- **Children can make frequent visits to the setting**
Are they able to visit with parents, grandparents or key people from their existing setting?
- **Children receive a home visit**
Are you able to offer families a visit in their home environment? These should take place as close to the child's start date as possible
- **Families have an allocated Key Person**
Relationships with a consistent member of staff are crucial to children settling well and building trusting relationships with both parents and children. How does this person maintain ongoing dialogue and information sharing with parents and carers?
- **Parents are involved, consulted and supported**
How does your setting gather, value and respond to the information, hopes and concerns of families? What is in place to ensure that this information sharing continues once the child has started?
- **There is an informal and relaxed start and finish to the session**
Are parents encouraged to come in at the start of the session? Are children able to self-select activities as they arise? Do parents feel welcome? Can they stay and help settle their child?
- **Children's friendships are acknowledged**
Consider how your groupings support children's existing friendships
- **The setting is flexible in meeting individual needs**
How do you support children's individual feeding, sleeping and toileting needs? How are you able to support their current interests and schemas?
- **Children and families requiring a supported transition are identified and planned for as early as possible.**
How do you identify, plan for and meet the needs of children with additional needs? Do you ensure that the hopes and wishes of the family are reflected in your planning? Are you aware of any other agencies working with the child or family? How will you involve these professionals in transitioning planning? Is any specialist equipment or training needed?

See Supported Transition Plan and Guidance

Schools/settings should consider to what extent their policies and procedures ensure the following

- Let parents know what kind of information you will need to help their child to settle;
- Make it clear who is responsible for gathering information about a child and who will need to contact other professionals for more information;
- Request parental consent to share information between professionals;
- Address where there is a gap between allocation of a place and start date, and ask for an update on the child's learning, well-being and development to ensure you have all the information you need to plan for a successful transition.

This transition documentation is intended as guidance only. It does not present a definitive model of transition rather it presents examples of good practice that can assist with your current policy and procedures.

Multi – Agency Record

Use this record to document who is involved in supporting your child, please share this with the setting. Your child may have appointments with a number of different professionals, sometimes they will provide advice that is helpful in ensuring your child's needs are met in our setting.

It would be helpful to us and any visiting professionals if you could provide the information requested below.

(N.B. If parents are using the Early Support Family File, they may prefer to provide a copy of this, rather than completing the form below)

Name of child: _____ Signature of parent/carers _____

Date	Referral made/ Appointment received/ Seen by...(Name)	Agency & Phone no. (e.g. speech and language therapist, health visitor, paediatrician, specialist health visitor, Family Outreach Worker)	Comments (Parent, professional or setting may wish to add comments)	Copy of Report / Advice discussed with an Early Years and Childcare Advisor (√ if applicable and date)

I give permission for this information to be shared with next school/setting at point of transition.

Signed: _____(Parent/Carer)

(N.B. Parents/carers may prefer to consider this permission at the point of transition)

MY ONE PAGE PROFILE

Child's Name:

Date completed with parent/carer:

DOB:

This is **ME**



Photo of me

→ 1. **MY** gifts, strengths and talents

→ 2. What's important to **ME**...

→ 3. **HOW** to support me...

MY ONE PAGE PROFILE

Child's Name:

Date completed with parent/carer:

DOB:

This is **ME**



Photo of me

→ 1. **MY** gifts, strengths and talents

→ 2. What's important to **ME**...

→ 3. **HOW** to support me...

SAMPLE LETTER TO ARRANGE A TRANSITION MEETING

Contact details:

For the attention of:

- the SENCO/INCO
- and key person or Reception Teacher / EYFS co-ordinator

Date:

Dear ...

We would like the opportunity to meet and discuss transition plans for

Name..... D.O.B.....

who will be transferring from

..... to next term.

I would be grateful if you could contact me as soon as possible so that we can arrange a mutually convenient time and venue to hold a supported transition meeting. We will invite the parent/carers to this meeting.

Yours sincerely

(Sign and state position, for example INCO/ SENCO / MANAGER/reception teacher)

HEALTHCARE PLAN

This is to help you to plan to support a child's health care needs, and is **not** a statutory Education, Health and Care Plan.

SETTING: _____

CHILD'S NAME: _____

Date of birth: _____

Date of plan: _____

Review date: _____

CHILD'S
PHOTO

CONTACT INFORMATION

1st Family Contact

Name: _____

Phone No: _____

Home: _____

Work: _____

Mobile: _____

Relationship to child: _____

2nd Family Contact

Name: _____

Phone No: _____

Home: _____

Work: _____

Mobile: _____

Relationship to child: _____

Clinic/hospital contact

Name: _____

Phone number: _____

Clinic/hospital: _____

G.P.

Name: _____

Phone number: _____

Surgery: _____

If medication is required a copy of the prescription or health professional's letter regarding administration details of any medication should be attached to this form.

MY HEALTH OR MEDICAL NEEDS ARE...

MY DAILY CARE NEEDS ARE...

IT IS AN EMERGENCY IF THIS HAPPENS...

IN AN EMERGENCY PLEASE DO THE FOLLOWING...
WHO IS RESPONSIBLE? _____

MY FOLLOW UP CARE NEEDS ARE...

SIGNED:

PARENT/CARER _____ SETTING: _____

Name and signature of child's healthcare practitioner to verify these details are correct:

PIN: _____

HEALTHCARE PLAN (example)

This is to help you to plan to support a child's health care needs, and is **not** a statutory Education, Health and Care Plan.

SETTING: Anytown pre-school

CHILD'S NAME: Ann Other

Date of birth: 12.03.12

Date of plan: 01.05.15

Review date: 01.11.15

CHILD'S
PHOTO

CONTACT INFORMATION

1st Family Contact

Name: Belinda Other

Phone No

Home: 01243 123456

Work: 01243 654321

Mobile: 07788 234567

Relationship to child: mother

2nd Family Contact

Name: Nina Other

Phone No

Home: 01243 789101

Work: n/a

Mobile: 07799 345678

Relationship to child: grandmother

Clinic/hospital contact

Name: Mr. V. Nice

Phone number: 01243 777889

Clinic/hospital: Anytown General Hospital

G.P.

Name: Dr. V Good

Phone number: 01243 666223

Surgery: Anytown Health Centre

If medication is required a copy of the prescription or health professional's letter regarding administration details of any medication should be attached to this form.

MY HEALTH OR MEDICAL NEEDS ARE...

I have epilepsy. I experience frequent 'absences' and occasional tonic clonic seizures.

MY DAILY CARE NEEDS ARE...

Anti-epileptic medication taken morning and night at home. Buckle diazepam required after tonic clonic seizure.

IT IS AN EMERGENCY IF THIS HAPPENS...

I fall to the ground – tonic clonic seizure. I may shake.

IN AN EMERGENCY PLEASE DO THE FOLLOWING...

WHO IS RESPONSIBLE? _____

*Move any furniture/objects on which I might hurt myself.
Put a cushion under my head.
Stay with me and wait for the seizure to pass.
Call an ambulance and my parents.*

MY FOLLOW UP CARE NEEDS ARE...

*After the seizure, turn me to lie on my side.
Talk to me calmly and quietly.
Administer rectal diazepam.*

SIGNED:

PARENT/CARER: Belinda Other SETTING: Carlie Clearly Date: 01.05.15

Name and signature of child's healthcare practitioner to verify these details are correct:

Vernon Nice Vernon Nice Date: 10.06.15

PIN: 543210

Please note: this is an example format to help you complete the form and should not be used as medical information for a child in your setting.

ADMINISTRATION OF MEDICATION - PARENTAL CONSENT FORM

Name of setting: _____

Child's name: _____ Date of birth: _____

1. As a parent/carer with parental responsibility for the above named child, I confirm that they require the following medication.

Medication	Time Given	Amount	How given

2. I give permission for the person/s named below to hold the medicines and assist/supervise my child to take them as detailed above.

3. I undertake to notify the setting in writing of any changes in medication.

3. In giving this permission I accept full responsibility for my child's welfare.

Name and signature: _____

Date: _____ Relationship to the child: _____

For completion by the practitioner

1. I agree to hold the medication and assist/supervise the above-named child to take them as detailed above.
2. I agree to keep a written record of medication given.

Name and signature: _____ Date _____

Original to be kept on child's file, copy to parents.

Please note: Providers must keep a written record each time a medicine is administered to a child, and inform the child's parents and/or carers on the same day, or as soon as reasonably practicable. (See Statutory Framework for the Early Years 2017 - sections 3.45 and 3.46)

Risk Management Plan

Date of assessment: _____ Setting: _____

Child’s Name: _____ DoB: _____

Is there a Healthcare Plan? Yes / No

Other Relevant information

Activity Routine	Risk - including risks to staff/other children	Potential benefits - to the child of this activity	Views - of child, parent, practitioner, health professionals	Actions to be taken - <ul style="list-style-type: none">to reduce riskif risk occurs

Date plan agreed: _____

Plan agreed by: _____ **(Parent/carer)**

_____ **(Setting staff)**

Review date: _____ **(Not more than 6 months ahead)**

Risk Management Plan (example)

Date of assessment: 05.03.15

Setting: Littletown pre-school

Child's Name: James Winter

DoB: 26.03.12

Is there a Healthcare Plan? ~~Yes~~ / No

Other Relevant information: James is a very active child who enjoys climbing and balancing; he needs support to be aware of his own safety and that of others. At home he attempts to climb up the door, back of the sofa, kitchen worktops etc. James uses some verbal sounds to communicate his needs and is beginning to respond to simple language (advised at speech and language drop-in) – Mum and Dad are also working on using natural gesture and Makaton signs to redirect his interests to safe activities. Parents have walked around the setting with the key person to help assess risks.

Activity Routine	Risk - including risks to staff/other children	Potential benefits - to the child of this activity	Views - of child, parent, practitioner, health professionals	Actions to be taken - <ul style="list-style-type: none"> to reduce risk if risk occurs
Climbing activity	<ul style="list-style-type: none"> Falling from equipment and furniture and injuring himself. Other children being injured 	<ul style="list-style-type: none"> James' interests will be supported. James will have opportunities to develop his gross motor skills. James will be supported in developing his awareness of his own safety and that of others. 	<ul style="list-style-type: none"> James' parents appreciate his love of climbing and would like him to be supported with his interests. OT stressed to parents James' limited understanding of risk and the importance of strategies to support him. Jo (James' key person) noted some of his interests at the pre-entry visits and reassured parents that this risk management plan will ensure everyone will know 	<ul style="list-style-type: none"> Share clear support strategies from James' individual plan with all adults Adult situated near the climbing equipment to support all children, including James, where needed inside and outside All adults to be responsible for monitoring James' play interests and redirect to climbing equipment if he attempts to climb on furniture – use simple language, picture prompts and Makaton signing (Jo to create visual choice prompts of a small range of activities, for adults to have on key-rings for easy use) All adults will be alert to James' non-verbal communication Adults offer simple verbal prompts and

			<p>how to support his safety through the play and learning experiences.</p> <ul style="list-style-type: none"> Planned varied opportunities for climbing inside and out will enable practitioners to re-direct James from unsafe climbing. 	<p>gesture to support understanding when on climbing equipment e.g. 'James, hand here' 'James, sit down' (at top of slide) 'James, look' (to check if safe to slide) then 'ready, steady...go!'</p> <ul style="list-style-type: none"> Adults will follow first aid procedures if an accident occurs Key staff to attend training on supporting children's physical development.
Arrival and departure of children and parents	Risk of James leaving the building when the door is open	James is supported through this regular part of daily routine for children and families.	James' parents need to know that he is safe at all times in the pre-school.	<ul style="list-style-type: none"> A named adult to support James' play during arrival and departure times and redirect his attention to play activities. All practitioners are aware of and adhere to pre-school policy stating that no member of staff would let a child leave building without their known adult. The practitioners managing the door will redirect queries/messages to another practitioner in the room to ensure attention is on the safety of the children at all times Manager to ensure that measures are in place to keep the environment secure, with particular reference to procedures when visitors are admitted to or are leaving the premises.

Date plan agreed: 05.03.15

Plan agreed by: B Winter (Parent/carer)

K. Black (INCO) J. White (key person) (Setting staff)

Review date: 13.07.15 (Not more than 6 months ahead)

Accessibility Audit

Physical Accessibility Audit

Under each heading, have you considered...

- children's visual and auditory needs and the comprehension levels
- accessibility and children's mobility and physical skills

	Current provision (what do we do/have now?)	Any further action/developments? Yes / No and action	Priority High/medium/ low
Car parking and External Features			
Proximity / designated spaces?			
Surface –(even, non-slip)			
Gradient –(not exceeding 1:20)			
Clear routes			
Hazards – can any be removed?			
Entrance <ul style="list-style-type: none">– are there steps?– kerbs (ridged)– ramps (non-slip/handrails)			
Visual, auditory and tactile info.			
Door clearly distinguishable?			

	Current provision (what do we do/have now?)	Any further action/developments? Yes / No and action	Priority High/medium/ low
Entrance			
Space			
Visual, auditory and tactile info.			
Indoor Environment			
Circulation space			
Access to workshop areas			
Floor surface (non-slip/non-reflective), cushioned and carpeted areas.			
Good lighting – (The room is well-lit but with blinds to prevent bright sunlight on children's faces.)			
Adaptable lighting conditions (curtains / blinds etc.)			
Suitable Acoustics (e.g. soft furnishings- sufficient to dampen background noise levels e.g. carpeting, curtains, cushions, drapes etc./ lowered ceilings)			
Symbols & Signs – visual / tactile			

	Current provision (what do we do/have now?)	Any further action/developments? Yes / No and action	Priority High/medium/ low
Changes of level? – distinguished			
Adjustable table heights			
Adjustable height sand/water trays			
Insert tables (to enable wheelchair access)			
Storage of toys and equipment is organised and labelled with both pictures and text.			
Sufficient internal storage for wheelchair etc. (N.B. anticipatory duty of DDA)			
Internal Stairs			
Clearly marked			
Consistent size			
Stair lift?			
Evacu chair?			
Lift? (is lift suitable for evacuation – is alternative needed)			

	Current provision (what do we do/have now?)	Any further action/developments? Yes / No and action	Priority High/medium/ low
Internal Doors			
Clearly visible?			
Handles clear			
Closures suitable?			
Toilets			
Fully accessible			
Door opens and closes easily (easy to use lock)			
Large, clear floor space (free from obstacles).			
Hand rails (child and adult)			
Nappy changing area			
Privacy			
Fittings and fixtures are accessible to all e.g. loo roll, flush, wash bowl, soap dispenser, towels.			

Communication Audit

Have you considered...

- children's visual and auditory needs and the comprehension levels

	Current provision (what do we do/have now?)	Any further action /developments? Yes / No	Priority High/medium/ low
Clearly labelled (picture / tactile element) equipment			
Large print / recorded versions of key documents N.B. RNIB website has information about the standards of large print http://www.rnib.org.uk/			
Visual / auditory alarm signal			
Signage – large print / tactile element			
Displays– large print / tactile element, right height for children's eye level.			
Instructions – short with visual cues (gestures / objects etc.)			

	Current provision (what do we do/have now?)	Any further action/developments? Yes / No and action	Priority High/medium/ low
Language – simple / commentary /positive / inclusive			
Range of communication systems			
Extensive use of gesture, alongside speech			
Range of prompts to warn of change of activity (visual / auditory)			
Use of visual material in carpet times (e.g. story sacks / puppets)			
Visual timetable available and used throughout the session (see visual timetable leaflet)			
Visual sequences used (see visual strategies leaflet)			
Range of books supports different needs – e.g. tactile / audio / cloth and board books etc. (see appended book audit)			
Photos are used to share (recent) past activities with children and parents			

	Current provision (what do we do/have now?)	Any further action/developments? Yes / No and action	Priority High/medium/ low
The nursery environment has clearly defined workshop and play areas, which encourage interaction e.g. low screens, shelving			
Play areas and tables and seating allow children to play face-to-face, as well as alongside			
All staff have opportunities to attend training and develop practice in supporting children's Communication, Language and Literacy development			
Private 'communication spaces' for example, dens and cubbies, are available			

Appendix1 : Audit of Book Area

	Total number	Number currently accessible to children	Of the total, note how many in each condition		Comments/Actions
			Good	Poor	
Cloth books					
Board books					
Flap books					
Sensory books e.g. touch, sound etc					
Rhythm and rhyme books					
Audio books					
Books that focus on feelings and emotions (fiction/non-fiction)					
Books with things to move					
Homemade books including those that use photos of the children					
Books with positive message that different skills are of equal value					
Books with positive images of disabled children/adults					

Routines and Experiences Audit

Have you considered...

- The wide range of impairments that children may have and how potential barriers can be removed

	Current provision (what do we do/have now?)	Any further action/developments? Yes / No and action	Priority High/medium/ low
Flexible routines are provided			
Visual / auditory prompts for change of activity (including prompts to pre-warn of change)			
Routines and experiences that take account of the developmental stages of the children			
Appropriate Planning for every child based on the child's developmental stage and interests			
Choice is planned for			
Staff look for underlying cause of behaviours			
Trips and special events are inclusive			
Quiet areas and areas for physical play are available indoors and out			

Accessible resources / storage (different heights)			
Sand / water trays at different heights			
Range of sensory equipment / experiences (see suggestions from DDA course notes – included in appendix 2 at bottom of this section of audit)			
There are sufficient materials and equipment to avoid waiting, frustration and conflicts			
Sand timers available to support autonomy and turn-taking			
Toys / games include various sensory features (see appendix 2)			
Variety of wheeled toys (see appendix 2)			
Creative area equipment includes range of sizes / thicknesses (see appendix 2)			
Range of scissors available			
Musical instruments presented in different ways (see appendix 2)			

	Current provision (what do we do/have now?)	Any further action/developments? Yes / No and action	Priority High/medium/ low
Range of resources for throwing / catching (see appendix 2)			
Activities that promote collaboration, as well as individual achievement, are planned for, for example, joint wall displays, turn-taking activities, floor puzzles, see-saw, parachute			
The setting has a quiet feelings and emotions area that children can choose to go to with			
A range of resources to support feelings and emotions is available eg feelings basket etc.			
Natural materials feature strongly in the setting alongside man-made toys and equipment			

Appendix 2

(from DDA course notes)

Making activities inclusive

The list below is not exhaustive but is intended to provide a starting point for developing inclusive experiences in early years and childcare settings. It is important that wherever possible, experiences offered indoors are mirrored in the outdoor environment. This supports us in meeting the individual learning styles and preferences of all children.

Please also refer to the leaflet 'Inclusive Environments'.

The Environment (indoor and outdoor)

- Workshop / zoned areas providing a wide range of resources and experiences across the six areas of learning
- Always provide new resources and experiences in addition to familiar ones
- Areas for quiet and solitude as well as opportunities for more boisterous play
- Resources at different heights, including on the floor
- Sand and water trays that can be used on the ground as well as on a stand
- Adjustable height tables
- Arrange furniture so there is plenty of space to move around
- Symbols and pictures on doors to indicate equipment or activities
- Close cupboard doors and keep passage ways clear of clutter
- Model and encourage children to tidy resources throughout the session
- Consider ways of adjusting light within the environment. (The space should be well lit but avoid bright light and glare).
- Improve acoustics using soft furnishings
- Ensure experiences are multi-sensory:

Sound – wind chimes, plants and feeders to encourage birds, grasses and other plants that rustle, fountain or running water, musical instruments, treasure baskets, sound wall/fence, sensory bottles

Touch – different surfaces to walk/ride on, plants with furry leaves, pinecones, non-poisonous berries, variety of fabrics, toys and resources made from a range of materials (not just plastic!), treasure baskets, feely bags/boxes, range of materials for tactile play (e.g. sand, rice, bark chips, 'gloop', shaving foam, soap flakes)

Smell – pots with herbs, scented flowers and leaves, sensory bottles / socks, playdoh with various aromas, scented toys, cooking experiences

Taste – kitchen garden with fruit, vegetables and herbs, cooking experiences, opportunity to try new foods including at snack/meal times,

Sight – flowers planted for good contrast, shiny mobiles (e.g. CDs), light and shadow boxes, colour paddles, bubble tubes, blowing bubbles, ribbons, coloured cellophane, magnifying glasses, torches, sensory bottles, mirrors

Proprioception – a range of resources that help children familiarise with their body position, balance and movement in different spaces e.g. pulling/pushing carts outside, space hoppers, trampoline, 'wobble' board, balance beams, seesaw, giant cones, monkey bars, swings, see-saw.

Resources

Toys and large activity equipment

- Ensure a range of toys are accessible and stable for use such as anchoring to table or builders' tray
- Replace small knobs on inset boards and puzzles with larger knobs or plastic golf tees
- Make games which reflect children's experiences, eg transport matching games can include wheelchairs
- Make matching games using textures, shapes or smells instead of pictures
- Make simple sound lotto games
- Make feely-bag games
- Wheeled toys such as:
 - Trundle toys with and without pedals
 - Push-along toys
 - Carts that can be towed
 - Hand propelled vehicles
 - Vehicles with support seats, lap belts
 - Car with a roof
 - Vehicles for two or more children

Fixed equipment (where appropriate) such as

- Range of support seats for swings
- Ramp or shallow steps to equipment
- Wide slides
- Hand-rails
- White / fluorescent strips on the edge of platforms and steps, corners (horizontal and vertical surfaces)

Creative

- Have a range of paintbrushes and rollers etc., including:
- Range of sizes
- Different handle lengths and thickness
- Adding foam to handles to widen grip
- Mix sand, glue and other materials into paint to add texture
- Mix corn flour and water
- Give each colour of paint a different smell, using food essences and perfumes
- Use large pieces of paper to encourage children to paint together
- Provide different surfaces to paint on – easel, table, wall, floor
- Encourage children to mark make outside walls and paving with water, chalks or mud
- Have a range of sizes and thickness of mark making implements including chalks, pastels, crayons, pens, pencils
- Have a range of scissors including spring loaded, left and right handed, over hand scissors

Music

- Look for instruments which vibrate such as guitar
- Hang instruments up so that they can be hit with one hand
- Attach a cord to a hanging instrument and the child's foot so that they make a sound when they move
- Use action songs including gesture and sign as appropriate

Books and stories

- Keep group size small for story times small (informal stories with one or more children / group story time with key worker)
- Use visual props (puppets / story sacks)
- Use stories which involve children in doing actions, giving responses etc
- Use taped stories and sounds
- Use ~~r~~ facial expression and gestures and signing where appropriate
- Have a range of books (fiction and non-fiction, board and cloth books, tactile books, dual language books, books with positive and non-stereotypical images of gender, ethnicity, culture and disability)

Communication

- Use gesture and signs as appropriate to support verbal communication
- Use body language, gestures and facial expressions to facilitate communication
- Approach a child, get down to their level and gain their attention (verbally and/or gentle touch) before speaking
- Adapt language to match level of understanding
- Keep instructions short
- Model inclusive language
- Use a range of prompts to warn of change of routine
- Provide running commentary
- Use positive language
- Use visual cues (props, picture cues etc.)

Games

- Adapt the rules to include everyone (football sitting on the floor, hitting ball with hands, shorter and more frequent turns)
- Involve children in adapting a game
- Use a range of large and small bats
- Use a range of resources for rolling, throwing, catching and kicking (balls with lights, bells inside, different sizes, different weights, hard and soft, beanbags, balloons)
- Look for co-operative games eg parachute
- Allow children time to observe if they wish as well as to join in without having to wait too long

Attitudes Audit

Have you considered...

- The wide range of impairments that children may have and how potential barriers can be removed

	Current provision (what do we do/have now?)	Any further action /developments? Yes / No	Apply for Capital Grants money Yes / No	Priority High/medium/low
Commitment to training: all staff access training regularly, including training in diversity and inclusion				
All policies are inclusive, reviewed regularly and freely available for all: e.g. Admissions Equality and Inclusion Social and Emotional Development (or behaviour management)				
No 'blanket' policies that discriminate against some children				
Settling-in procedures are flexible for individual children and families – for example, pre-entry requests for disabled children and those with complex needs				
All practice is consistent with policy. This process is regularly monitored and reviewed				

	Current provision (what do we do/have now?)	Any further action /developments? Yes / No	Apply for Capital Grants money Yes / No	Priority High/medium/low
Inclusive language is used (and body language is positive)				
Displays and notice-boards for children and parents demonstrate inclusive values and a positive welcome to the setting				
Pre-entry visits to collect and include information from all other professionals working with a child				
Transitions to another setting are planned for each child and in collaboration with next setting				
Where children attend more than one setting, communication between the settings is robust				
Job descriptions to include nappy changing / appropriate medical procedures (with training)				
Staff have appropriately high expectations of all children				
Support needed for different experiences is considered, without compromising independence				

	Current provision (what do we do/have now?)	Any further action /developments? Yes / No	Apply for Capital Grants money Yes / No	Priority High/medium/low
All practitioners take responsibility for supporting children who may experience barriers to participation				
All children have a named Keyworker who takes a key role in supporting both children and their families				
Staff are confident in challenging any discriminatory behaviour from children or adults				
Staff actively promote anti-discriminatory behaviour e.g. through planned experiences such as use of persona dolls				
All children are regularly consulted about their preferences, support needs, prior learning or experiences. This information is used to inform planning and decision making to meet the child's needs				
The setting is welcoming of, and flexible in meeting the needs of parents and staff members who may themselves be vulnerable to exclusion.				

Accessibility Development Plan

Area for development (Choose appropriate one)	What we will develop? – actions we need to take	Budgeting required	Who will lead?	Timescale (Expected completion date)	Success criteria (How will we know?)	Review of progress
Communication Physical environment Attitudes Routines and experiences						

Setting:

Plan date:

Review Date: