

3. Training materials

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3.1 Introduction

The materials in this section have been developed and refined with use over the life of APPEY. They draw significantly on the *purple booklet*¹ which is usefully circulated at the time of the presentation and workshops.

On the next page is an outline for a training session which is designed to develop:

- ❑ a shared understanding of the core concepts in the DDA: the definition of disability, less favourable treatment and reasonable adjustments;
- ❑ an understanding of which DDA duties apply to services and settings;
- ❑ participants' ability to apply their understanding to practical examples from early years services and settings;
- ❑ an understanding of how to avoid discrimination;
- ❑ an understanding of the benefits of a planned approach to increasing access to early years provision for young disabled children;
- ❑ participants' ability to plan the next steps in their own service or setting.

The training session includes:

- ❑ a presentation on the duties in the DDA, including how they apply in different settings, see separate Powerpoint file: *Early Years and the Disability Discrimination Act 1995*;
- ❑ two workshop sessions on:
 - different scenarios that arise in early years settings and how the DDA applies to these;
 - ways of planning to increase access in participants' own settings.

Clearly the training session, below, can be tailored to suit different circumstances. The suggested timings work well and allow participants to have time in small groups. Nonetheless the timing is quite tight and the trainer needs to be well-organised to keep to this timetable.

The training session can be run over a whole day, particularly where there may be:

- ❑ additional elements of local policy development to be included, for example: policy on the administration of medicines or transition into school; or
- ❑ specific issues to be included, for example, a focus on childminding arrangements.

¹ *Early Years and the Disability Discrimination Act 1995: What providers need to know* (2003) Written by the Council for Disabled Children and the Early Childhood Unit and published by the National Children's Bureau for the Sure Start Unit. Available from the National Children's Bureau, 8, Wakley St, London EC1V 7QE. Downloadable from: www.earlychildhood.org.uk/downloads

Outline training session (2hrs 30 minutes)

10.00 **Welcome, introductions and practicalities**

10.10 **Presentation on the duties**

45 minutes + a few questions. Most of the questions will be addressed by the workshop discussions after the break.

11.00 **Refreshment break**

11.15 **What would you do?**

Introduce activity then ask participants to discuss in 2s and 3s for 15 minutes. Listen in on some of the discussions so that it is possible to pick up points in the feedback session.

Feedback and opportunity to check understanding of what the DDA might require and what is good practice. Allow 30 minutes.

12.00 **Identifying barriers and planning to include young children in early years settings**

20 minutes, working in 2s and 3s again. Encourage participants to support each other in thinking through what is relevant to their setting.

10 minutes feedback

12.30 **Close**

3.2: What would you do?

On the following pages are some scenarios drawn from real life. The scenarios provide trainees with the opportunity:

- ❑ for discussion of current practice;
- ❑ to draw on and reflect on their own experience;
- ❑ to relate the scenarios to their own setting;
- ❑ to develop an approach to ensuring their setting does not discriminate.

In the materials are:

- ❑ trainees' pages, with the scenarios;
- ❑ trainers' pages. The trainers' pages include notes, in italics. The notes are designed to help guide the discussion.

It is important to recognise that only limited information is provided in each scenario. There is no single right way of proceeding in each scenario. It is recommended that trainees should discuss in small groups first (2s and 3s works well and doesn't usually require the re-organisation of a room). Allow time for discussion of all the scenarios, then share key points in a plenary. This provides a mix of:

- ❑ opportunity to try out ideas, get discussion started and relate the situation to trainees' own setting;
- ❑ opportunity to correct any misunderstandings publicly and ensure that trainees are clear about what the DDA requires.

In many cases good practice is well ahead of what the DDA requires. Where this is apparent in the discussion it should be highlighted.

What would you do?

Consider each of the following situations. Say what you think:

- should be done to comply with the Disability Discrimination Act (DDA)
- good practice would be.

There is space for you to make notes under each scenario.

1. A pre-school leaves a child behind when the rest of her group goes to the park to see a puppet show. The girl has learning difficulties and the staff consider that there is no point in taking her as she will not understand the show.

2. A child with an egg allergy is going to be admitted to a private nursery school. The staff are concerned about what they may have to do and ask the head teacher not to admit her.

3. A child with one arm attends a nursery class at a primary school and seems happy and well motivated. Gradually he becomes sad and listless and staff notice he seems isolated. A member of staff sees an older boy talking to him and thinks the boy may be being bullied.

4. A young boy is admitted to a playgroup. The parents confide in the manager that the child is HIV positive. They want it kept confidential for fear of him being victimised by other parents, but the child will need to take medication at lunchtime. After a few months rumours are spreading amongst the parents who are telling their children not to play with the boy.

What would you do? With guidance notes for discussion

1. A pre-school leaves a child behind when the rest of her group goes to the park to see a puppet show. The girl has learning difficulties and the staff consider that there is no point in taking her as she will not understand the show.

The decision not to take her to the show is for a reason related to her disability, 'staff consider that there is no point in taking her as she will not understand the show'. The decision is likely to be discriminatory.

In certain circumstances there may be justification for less favourable treatment but, in this example, it would appear to be unlikely.

The pre-school does not appear to have considered how the girl might be supported in watching and enjoying the puppet show if she had accompanied the other children, or how they might have prepared her for the show. A number of strategies are available to the pre-school. In the discussion, provide the opportunity for trainees to provide their own ideas for how the setting might prepare for the visit.

Their ideas might include:

- ❑ puppets played with in advance of the visit, to familiarise the girl with puppets. In real life the staff thought the girl might be afraid of the puppets and this contributed to their decision not to take her. Playing with the puppets in the setting could help to overcome any fear;*
- ❑ finding out in advance what story is going to be told at the puppet show;*
- ❑ reading the story before the show, to familiarise the girl with the story;*
- ❑ using puppets and props to act out the story before the visit;*
- ❑ acting out the story in other ways before the visit, for example: dressing-up;*
- ❑ visiting the park beforehand to familiarise the child with the surroundings;*
- ❑ at the visit itself, deploying staff so that the girl is in a small group with some of the children she knows best.*

The setting would need to have taken action like this to enable the young girl to participate in the visit. Note: the type of action suggested would not be to the detriment of any of the other children, rather it would benefit all the children.

2. A child with an egg allergy is going to be admitted to a private nursery school. The staff are concerned about what they may have to do and ask the head teacher not to admit her.

It could be discriminatory if the school refused to admit the child without exploring what they might need to do for her. There might be a range of things that the school could do that it would be reasonable to do. Again, use the discussion time as an opportunity for trainees to generate their own ideas about what might be needed. The school could:

- discuss with the parents what the school might need to do to accommodate their child;*
- agree a health care plan for the child;*
- discuss with health staff the management of the allergy;*
- change some of the cooking arrangements: ingredients, methods of preparation, in respect of the food for all children, or for this child only;*
- put in place special meal-time arrangements which could be supervised by named staff;*
- arrange for a nurse to come in and train staff;*
- extend their insurance to indemnify staff who volunteer to administer emergency medication.*

All of these things might be reasonable adjustments that the school should make. The DDA could not require staff to administer emergency medication, such as an epipen. That remains a voluntary undertaking. Guidance from the Department for Education and Skills and Department of Health states clearly that:

There is no legal duty that requires school or setting staff to administer medicines. A number of schools are developing roles for support staff that build the administration of medicines into their core job description. Some support staff may have such a role in their contract of employment. Schools should ensure that they have sufficient members of support staff who are appropriately trained to manage medicines as part of their duties.

Conditions of employment are individual to each non-maintained early years setting. The registered person has to arrange who should administer medicines within a setting, either on a voluntary basis or as part of a contract of employment.

Staff managing the administration of medicines and those who administer medicines should receive appropriate training and support from health professionals. Where employers' policies are that schools and settings should manage medicines, there should be robust systems in place to ensure that medicines are managed safely. There must be an assessment of risks to the health and safety of staff and others and measures put in place to manage any identified risks.

DfES & DH (2005) Managing medicines in schools and early years settings

Many schools and early years settings offer training to all their staff so that any one can be called upon in an emergency. Within a clear policy on the administration of medicines, this is a matter of good practice.

3. A child with one arm attends a nursery class at a primary school and seems happy and well motivated. Gradually he becomes sad and listless and staff notice that he seems isolated. A member of staff sees an older boy talking to him and thinks the boy may be being bullied.

Small groups will use the discussion time to explore what has gone wrong in this scenario. They may speculate that the change in the child's demeanour is due to factors other than his disability. It is important to acknowledge that this is a possibility, not to assume that the difficulty is related to his disability. In practice this was not the case: the bullying was related to the nature of the boy's impairment. It emerged that he was being called a 'one-armed bandit.' When the school realised what was happening they developed their approach in a number of ways:

- ❑ two assemblies were held that addressed name-calling and bullying. Disability and race issues were addressed together as the children in the school come from many different cultural and ethnic groups;*
- ❑ there was follow-up work in a number of classes, including the nursery class;*
- ❑ volunteer 'buddies' were sought for the boy, especially to be with him in the outdoor areas where he was more likely to encounter the older children.*

Any of these adjustments might be 'reasonable adjustments'. The school might plan these arrangements into their curriculum for subsequent years. Not to address the issues might be to treat the boy 'less favourably.'

One of the lessons from this example is the need to check that anti-bullying policies address bullying related to an impairment. Changing the policy doesn't mean that the bullying won't happen, but it should ensure that it is addressed and that the school community gets and gives out the message that this form of bullying is as unacceptable as any other form of bullying.

4. A young boy is admitted to a playgroup. The parents confide in the manager that the child is HIV positive. They want it kept confidential for fear of him being victimised by other parents, but the child will need to take medication at lunchtime. After a few months rumours are spreading amongst the parents who are telling their children not to play with the boy.

This example is more challenging as it relates to parents' behaviour rather than staff and children. The setting has less control over the issues as the rumours are spreading outside the playgroup.

The playgroup needs to raise the issues with parents, but in a general way that doesn't focus unduly on the particular child and family. They also need to be able to raise issues in a way that enables them to address some of the fear and ignorance that may be fuelling the rumours. They take advice and decide to discuss their health and safety policies at an open meeting with parents, in the way that in the past they have sometimes discussed aspects of the curriculum. Discussing health and safety enables the playgroup to raise issues that need to be discussed: barrier nursing, administration of medicines, but at the same time talk about wider ways in which the playgroup looks after both children and staff, safety on visits, police checks and other issues.

A specialist health visitor joins the meeting and is able to answer questions from parents in informal groups.

The parents' meeting takes some time to plan and in the mean time the playgroup works on including all the children in activities and pays particular attention to including the boy in small group activities, so that he is rarely on his own.

Trainees may be concerned that a member of staff has breached confidence. If this were the case it would need to be pursued through the disciplinary route. However, in this instance it was not the case. Rumours had spread through discussion at drop-off and collection times and probably more widely in the community.

3.4: Identifying barriers and planning to include young children in early years settings

This workshop is designed to follow up from What would you do? to help trainees to see what they might need to do in their setting to start to address some of the issues raised in the initial presentation and in the discussion of the scenarios.

The focus is very much on identifying priorities and developing an action plan. It is as important that trainees reflect the realities of their setting as their understanding of the issues to be addressed.

Often those who take up training are those who are aware that they need to know more. When they return to their setting they have to communicate what they have learnt to those who may not be as committed to equality of opportunity as they are themselves. For many settings the starting point is likely to be ensuring that all staff are aware of the duties. It is more important to set targets in relation to this than to build plans for policy development. If the basics are not in place, policy development may founder.

The workshop includes:

- ❑ discussion of tricky issues in early years settings;
- ❑ individual settings: barriers and reasonable adjustments;
- ❑ ways to support planning to include young children in settings.

Identifying barriers and planning to include young children in early years settings

This workshop will include:

- ❑ discussion of tricky issues in early years settings
 - ❑ individual settings: barriers and reasonable adjustments
 - ❑ ways to support planning to include young children in settings
1. Working with colleagues in twos and threes, discuss then rate your setting on some of the tricky issues that arise in relation to including young disabled children in early years settings. Challenge each other to provide evidence to justify the ratings: well/OK/not so well.
 2. On the basis of the ratings you have given your setting and taking into account your own knowledge of your setting, for example: children you know who may be coming to your setting, identify what needs to be a priority for development in your setting. Identify 3 or 4 things that may be a priority, a maximum of 5. A smaller number of priorities is more likely to be achieved.
 3. Take one or two of the priorities you have identified and enter one of them in the appropriate column on the planning page. Work with colleagues to identify the necessary actions to address the priority that you have selected. It is likely that you will need to identify several actions for each priority. Plan the detail of who will need to do what, etc. including what evidence you will expect to see when you have completed the action.
- Help each other to complete one priority each. Go on to a second priority each if time permits.
4. Take some time before the end of the workshop to consider how you are going to introduce your ideas to your setting.

Tricky issues: How well is my setting/service doing?

Issue	Setting/service does		
	Well	OK	not so well
administering medicine			
challenging behaviour			
toileting			
staff attitude to disability and awareness of disability issues			
access to the curriculum for children with learning difficulties			
speech and language issues			
managing medical conditions			
physical access issues			
working with parents			
staff confidence			

Priorities for action:

- 1
- 2
- 3
- 4
- 5

PLAN FOR ACTION

PRIORITY AREA	What needs to be done?	By whom?	By when?	What resources will be needed?	How will we know when we've done it?