



Lifelong Learning



BEST PRACTICE REPORT



Action on Disability

EnableIreland



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EUROED



EXECUTIVE SUMMARY

This Best Practice report fulfils the main aims of the FIESTA 'Facilitating Inclusive Education and Supporting the Transition Agenda' network:

1. To examine examples of Best Practice identification of children with additional support requirements who transitioned into first year of mainstream primary school from either a specialized environment or a mainstream early years environment and to pinpoint examples of Best Practice identification of children with additional support requirements who transitioned from mainstream primary to mainstream secondary school.
2. To identify Best Practice through using a mixed methods approach where children and families along with a wide range of professionals will be asked to participate in this research.

This report utilises both quantitative and qualitative data from children and parents, education, health and social work professionals from 8 EU member states (Bulgaria, Cyprus, Greece, Ireland, The Netherlands, Romania, Spain and the UK). The quantitative data was derived from an online questionnaire and generated 578 individual returns. The qualitative data was generated from professional focus groups where 173 professionals participated and 34 individual parent and child interviews.

This Best Practice report combines themes from the Literature Review with findings from the quantitative questionnaire and qualitative interviews/focus groups to highlight participants' perceptions of Best Practice. The report itself is divided into three sections that highlight Best Practice in regard to the concepts, structures and relationships of transition. Each section starts with a small introduction followed by at least one detailed case study that explores the issues that are discussed in the section. The main themes of each section are then detailed to illuminate Best Practice examples. Each of the three core sections end by posing key questions for policy makers, parents, children and professionals.

The first section discusses: concepts of childhood, inclusion, disability and transition. It argues that deficit model approaches based on the concept that the professional knows best, prevent processes of transition from being based on the aspirations, views and ideas of parents and children. The 'professional expert' model also prevents collaboration between different professionals and a shift in power relations in local settings (e.g. that enable disabled children to adopt leadership roles). This section illustrates that professionals connect Best Practice on transition to issues of rights, equity and flexible pedagogy. The case study from The Netherlands demonstrates that transition is not a linear process but rather is holistic and requires a collaborative approach. This section also demonstrates a need for increased training on transition. In particular it recommends that participants discuss the implications of different conceptual approaches and recognise where they inhibit or support collaborative planning.

The second section of the report examines Best Practice around structures of inclusion, integration and transition. The case study from Scotland demonstrates the need to have accessible structures (including accessible equipment, staffing schedules, training), and to have flexible local and national policies. The section also highlights that Best Practice involves early planning, local dialogue, and flexible pedagogy and once again confirms the view that transition is not linear but is a holistic process. This section specifically argues that parents and children should receive tailored rather than generic documentations and that they can be active participants in designing, planning, reviewing and implementing adaptations that aim to promote transition. This section also highlights the important role of the key professional coordinator who helps families negotiate their way through local systems, promotes parent/child choice and enables resources to be moved quickly to respond to issues that arise from planning meetings. Children in this section identify positive transition with 'equal opportunities', accessible buildings and being able to participate in as full a range of activities as possible. This section concludes by suggesting that more focussed professional training is required on how to develop a flexible curriculum, within the context of recognising that some professionals are prevented by national policies from developing flexible local solutions.

The third section highlights the importance of participation and involvement. It discusses the pitfalls of professional led transition through a case study from Greece and then demonstrates with

another case study from Spain how parent partnership and child led peer support transition can be achieved.

The section stresses the need for: Holistic professional collaboration, clear avenues of communication, supportive policies on information sharing, shared goals, timely evaluation, strong relationships, whole community support and contemporary training for professional staff on best participatory practice.

The final section of the report delivers a set of recommendations for School Leaders and Policy Makers, for School Teachers, other out of school agencies, for professionals, families and children. This report concludes by advocating that process of transition adopt the following key Best Practices:

1. Formal Transition Framework

Develop a formal transition framework which is flexible to the individual needs of children with additional support requirements and adaptable based on national policies. A framework that details pre-transition preparations and post transition evaluation to ensure successful transition and meaningful inclusion.

2. Holistic Approach

Recognise the educational, psychological, social and cultural contexts of a child with additional support requirements and their families which will provide a holistic approach to learning and remove barriers for learning.

3. Participation

Ensure children with additional support requirements and their parents are involved and are at the centre of all decisions that affect them.

4. Tailor Made

Facilitate children with additional support requirements through bespoke approaches and pedagogy tailored to their individual requirements.

5. Information

Provide relevant, up to date, timely information to children with additional needs and their parents in an accessible manner.

6. Key Worker

Formalise a key working system (point of contact) for children with additional support requirements and their parents to support them throughout the transition process.

The key worker is an essential role for all professionals to liaise with and communicate with ensuring a clear pathway of communication for all.

7. **Continuation of Supports**

Identify a clear pathway for the continuation of support for children with additional support requirements during and subsequent to transition.

8. **Collaborative Working**

Ensure professionals in education and health collaborate using a pro-active approach to meet the needs of children with additional support requirements during transition.

9. **Training**

Provide training and continuous professional development for professionals that centre on managing transition, adapting the curriculum, models of inclusion, disability and childhood.

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INTRODUCTION

The FIESTA Network aimed to inform the development of inclusion, transition and collaborative of children with additional support requirements by identifying Best Practice among 8 EU member states (Bulgaria, Cyprus, Greece, Ireland, The Netherlands, Romania, Spain and the UK). These countries are at different stages of applying various approaches from the inclusive education agenda. At the beginning of the network the FIESTA team set out to enable stakeholders to make informed decisions regarding best working practices. Significant policy developments have taken place on an international basis to harness and adopt inclusive education however reforms in many areas are needed and this remains very challenging for many EU member states. Transition and collaborative working are core areas which have been neglected in facilitating inclusive education for children with ASN. FIESTA focuses on achieving and reporting effective transition through collaborative working for children with ASN.

This report sets out detailed knowledge and understanding of the environments encountered within the network. The FIESTA network also aimed to provide an in-depth analysis of the continuum of qualitative interpretations and quantitative factors that support Best Practice for inclusion, transition management and collaborative working. The network sought to develop a complex and interconnected notion of the factors that support Best Practice and to locate its findings within a pragmatic realist position (that illustrated the interplay between qualitative and quantitative beliefs, evidence, processes and structures). This report confirms that Best Practice on transition should lead to consistently higher student engagement but it also suggests that different actors in the process (e.g. children, parents and professionals) will possess a variety of aspirations and have contrasting definitions of Best Practice.

OBJECTIVES OF THE FIESTA NETWORK

The FIESTA network had, at its core, two fundamental research aims, which were

3. To examine examples of Best Practice identification of children with additional support requirements who transitioned into first year of mainstream primary school from either a specialized environment or a mainstream early years environment and to pinpoint examples of Best Practice identification of children with additional support requirements who transitioned from mainstream primary to mainstream secondary school.
4. Identify Best Practice through using a mixed methods approach where children and families along with a wide range of professionals will be asked to participate in this research.

It is our principal aim therefore to develop a multi-disciplinary learning approach for professionals, in education, health and social services and for parents and children in order to facilitate the additional learning and support requirements of children with ASN during periods of transition. Transition is not a linear process but that all educational, health, and social work professionals along with children, parents, and their community are needed to be involved in order to achieve successful transition from and to differing school. The FIESTA network promotes this non-linear view of transition.

This Best Practice report is a document that that should be used as a guide and tool in order to support professionals, parents and children in order to achieve successful transition.

THE STRUCTURE OF THE BEST PRACTICE REPORT

The Literature Review enabled us to identify and group potential key factors for inclusion, transition and integrated working under a number of headings. These included: concepts, structures, experience and relationships (see Literature Review document). Under these four themes we identified 78 potential hypotheses (see Appendix A1.8). This report simplifies for a non-academic audience our findings regarding our hypothesis. It is separated into 3 sections that highlight Best Practice in regard to the concepts, structures and relationships of transition.

This Best Practice report combines themes from the Literature Review with findings from the quantitative questionnaire (statistics) and qualitative interviews/focus groups to highlight participants' perceptions of Best Practice.

METHODOLOGY

The Literature Review established the basis upon which the FIESTA research process was designed. The design process sought to allow the Best Practice report to recommend standardised criteria for service providers who were tasked with establishing and evaluating Best Practice in inclusion, transition and integrated working. The Literature Review:

- Established the conceptual and cross-cultural basis for collaboration on the FIESTA network
- Explored terminology and definitions of inclusion, integrated working and transition utilised in the partner countries (Bulgaria, Cyprus, Greece, Ireland, Netherlands, Romania and Scotland)
- Established the key hypotheses concerning Best Practice that were tested in the network's online quantitative survey
- Developed key qualitative questions to be examined in interviews & focus groups (set out in Appendix)

The research process involved:

- A survey monkey online questionnaire distributed to educational and related professionals in all partner countries in order to identify the factors which constitute Best Practice and test key quantitative hypotheses(partner countries Bulgaria, Cyprus, Greece, Ireland, Netherlands, Romania, Spain and the UK)
- Qualitative interviews and focus groups were carried out with children, parents and professionals (see table in p.9)in all partner countries in order to deepen the understanding of the factors that contribute towards Best Practice(partner countries Bulgaria, Cyprus, Greece, Ireland, The Netherlands, Romania, Spain and the UK)

The scope of the work package was extensive and time was spent on ensuring the research process was culturally sensitive for example by:

- Carrying out team meetings to analyse the cross-cultural comparability of research tools (questionnaires/analysis templates)
- Uploading of questionnaires in all network languages and ensuring adequate translation and
- Employing a uniform format for questionnaires and templates to enable consistent the thematic and qualitative analysis.

Online Quantitative Survey:

The development of a list of hypothesis enabled the creation of a quantitative research instrument: an online quantitative survey. The main objective of the survey was to understand and define the conditions under which Best Practice takes place in organizations and which elements can act as predictors of Best Practice. The questions that were generated can be seen in appendix A1.1 the Professional Quantitative Questionnaire.

The questionnaire was also hard copied and sent out to over 300 respondents in each partner country (N = 8), to:

- Family and Child Workers
- Speech Language Therapists
- Occupational Therapists
- Early Years Setting Professionals
- Primary School Professionals
- Health Professionals (e.g. Health Visitors)

This combination of hard copy and one line questionnaire delivery resulted in over 578 returns from the 8 countries which can be seen in table 1. The questionnaire thus enabled the network to map understanding and experiences across European partnership.

Table 1: Over all return rate per country.

Bulgaria	148
Cyprus	34
Greece	60
Netherlands	61
Ireland	59
Romania	90
Spain	97
The United Kingdom	29
TOTAL	578

Qualitative Interviews and Focus Groups:

The number of participants in the semi-structured qualitative interviews and focus groups carried out across 8 partner counters was:

Type of data collection	Total no. of participants	Settings	Participants
Professional Focus Groups	173	Pre-Primary Mainstream Primary Mainstream Special Pre-Primary Special Primary	Teachers, Special Teachers, Educational Psychologists, CREDV, Guards, Social Service Workers, Mathematics Teachers (Secondary), Tutors (Primary), Teachers (Secondary), ESO Special Education Mathematics (Secondary), Physiotherapists, Evaluation Psychologists, Therapists, Speech & Language Specialists, Principals, Occupational Therapists, Educational Psychologists, Study Psychologists, OTs, SNAs, Early Intervention Educators, Principals (Primary), Family Support Workers, Speech & Dyslexia Therapists, Children & Development Scientists, Team Managers, Ambulant Guides, Intern/Supervisors, Care Coordinators, Assistant Directors, Children’s and Neuron Psychologists, Resource Teachers Number of professionals involved in Focus Group by country: Cyprus = 12 Spain = 21 Romania = 23 Ireland = 32 Netherlands = 17 Greece = 25 Bulgaria = 33 The United Kingdom = 10

Parent & Child Interviews	34	<p>Primary Mainstream to Secondary Mainstream</p> <p>Pre-Primary Mainstream to Primary Mainstream</p> <p>Kindergarten to Pre-Primary Mainstream</p> <p>Mainstream Secondary School to Home Schooling</p> <p>Mainstream Secondary to Mainstream High School</p> <p>Mainstream Primary to Mainstream Secondary School</p>	<p>Parents, children, parents & children.</p> <p>Number of parents and children who participated in the interviews by country.</p> <p>Cyprus = 4 children (and their parents) aged between 12 – 14 years old.</p> <p>Spain = 4 children (and their parents) aged between 3 – 14 years old.</p> <p>Romania = 5 children (and their parents) aged between 7 – 15 years of age.</p> <p>Ireland = 4 children (and their parents) aged between 7 – 16 years of age.</p> <p>Netherlands = 4 children (and their parents) aged between 13 and 14 years of age.</p> <p>Greece = 4 children (and their children) aged between 7 and 14 years of age.</p> <p>Bulgaria = 5 children (and their parents) aged between 7 and 13 years of age.</p> <p>The United Kingdom = 4 children (and their parents) aged between 3 and 14.</p>
Total	196		

The aim of the interview and focus group process was to deepen the understanding of the elements constituting Best Practice and back up quantitative findings with a greater level of depth and detail. This was an important step in the procedure, as it offered the possibility to focus on areas that had not yet been covered in the quantitative questionnaires. The thematic questions for the focus groups and interviews are set out in Appendices (Child Interview Questions, A1.2, Professional Focus Groups Questions, A1.4, Parent Interview Questions, A1.6). The reporting templates are also given in the Appendices (Child Interview reporting template, A1.3, Professional Focus Group Reporting Template, A1.5 and the Parent Interview Reporting Template, A1.7).

Research findings from the qualitative data were compared to the quantitative hypotheses in order to ascertain whether the gathered data answered, confirmed, supported or rejected quantitative and qualitative aspects of Best Practice.

More information on individual research tools can be found in the appropriate Appendices. Additionally, Appendices A1.4 & A1.6 contain the report templates for each separate data source. Lastly, in order to protect the families and children that took part in this research and maintain their anonymity, names mentioned in the Case Studies in this report have been altered.

NETWORKOUTCOMES/IDENTIFIED BEST PRACTICES

CONCEPTS

Introduction

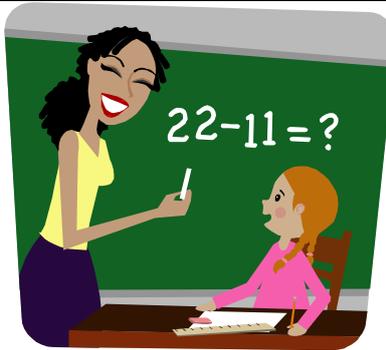
As established in the Literature Review, research participants believed that one of the key barriers to fruitful transition was different understandings of the key concepts that support transition such as:

- Concepts of childhood
- Concepts of inclusion and disability
- Transition concepts and processes
- Approaches to assessment and integrated working
- Rights and Equity
- Pedagogy
-

In order to explore best practice understanding around these concepts we will present a case study approach that will highlight the need to understand that transition is not a linear process but rather is holistic and requires a collaborative approach.

At the end of this section there are also a series of key questions that as a professional or as a parent/child may find useful in examining Best Practice around the differing concepts that support successful transition.

Case Study 1



Case Study 1 Transition Primary to Secondary: The Story of Bas (Netherlands)

Bas was a young boy in the Netherlands, in the process of transition from primary to secondary.

Bas has additional support requirements. In most countries of the FIESTA Network there was an assumption towards inclusion and that the role of professionals was to reduce the stress on parents and children of the transition process. However, Bas's parents did not feel that the professional sufficiently understood that their role should be to reduce the stress involved, engage with parents/children at an early stage to identify potential barriers and develop collaborative solutions. Indeed, Bas's parents did not feel the professionals conceptually supported their choice and explained that they had to develop the framework for identifying necessary resources themselves:

"They (the primary school) had to go along with us a bit more in the entire process of preparation. In group 7 they had said: "We still have lots of time left and you do not have to make the choice on your own. Subsequently, I very much constantly have the feeling that we indeed do need to do everything on our own. When we very emphatically took the initiative, they were not very happy with that. I do not have a good feeling about it. They could have done more about it... I had more the idea that I had to defend myself because of the choice I had made than that I had to explain something. I had to defend myself on why on earth I had chosen this school. Yes, that is what it kind of came down to."

According to the family:

- The school should have been more supportive during the process and less critical
- More could have been organised for the parents preceding the start of the new school, e.g. information about how the lessons are taught and mentorship processes

- A collaborative framework that provided the necessary resources for Bas' transition.

In this case, the professionals did not see a need to engage with the parents/child. This example demonstrated a connection between professional perspective (e.g. that the parent should defend the choice for inclusion in mainstream), a lack of concepts of transition (that professionals should make the process smoother) and a one-sided power relationship (professionals know best – there is plenty of time). This approach was based on the view that professionals are experts, a view that is often associated with the deficit model view that children are mature enough and parents not knowledgeable enough to be involved in the transition process. This position meant that Bas experienced relatively minimal involvement in the process; there was little cooperation between different professionals (e.g. primary and secondary school) and a lack of involvement of the parent.

If the setting had involved Best Practice the schools would have had clear guidance to staff concerning the different concepts of transition, inclusion and collaborative working. Professionals would have demonstrated a constructive, supportive attitude in the process and the parents/child would have reported that the professionals had a clear understanding of how to make the process participatory (shifting power relations), strength-based (recognising the abilities of the parent/child) and inclusive (removing the barriers to Bas's involvement in the education process).

In Scotland the planning process involves a conceptual starting position that a holistic and strength-based assessment will take place that identifies key barriers to learning and provides solutions to those barriers. Barriers to learning include, the need for physical adaptations (e.g. doorways, ramps, visual aids, computers etc.), social structural support (e.g. removal of issues such as poor housing, poverty/welfare support, provision of transport etc.), psycho social support (e.g. to mitigate the effects of drug abusing parents, family break up, divorce etc.) and cultural support (e.g. policies/practice to confront discriminatory attitudes, peer support activities, activities that enable disabled children to take leadership roles etc.). This process also involves an assessment of the professional's capacity to enact transition. In Spain and Romania this holistic concept includes the idea that the community can support processes of inclusion and transition and that this process should not simply lie in the domain of professionals.

I think me personally, I learnt a lot from staff members that have been doing the job longer and in this environment have been doing the job longer. I feel I've learnt a lot from people that I've worked with. And [name] as well and [name] and [name], our management. You know, them all, they're all experienced practitioners. You know, they're not just management. They've all, you know, they've all walked the walk like. So...

And we're all encouraged, you know, to go on our career professional development courses and keep up to date in training. We also do training in house, child protection come and visit us here so that we all have up to date knowledge.

Teachers, UK

Bas' story is indicative of the importance of awareness of concepts of inclusion, transition and collaborative working and how their lack can impact negatively on children. Concepts were very important for Bas' transition, and will be the main focus of this section.

The data demonstrated that only 11.1% of professionals believed they were inexperienced with the social model concept of inclusion and 65.7% had some or a lot of experience of employing collaborative working to remove barriers to learning. Yet, despite experience of collaboration participants were less likely to be involved in managing processes of transition e.g. only 56.1% of participants had experience of managing multi-professional working, 56.4% suggested they were experienced at managing inclusion, and another 58.3% of professionals were experienced at transition. In particular 39.1% of professionals reported little or no experience of training on transition. This raised questions about front line staff leadership of processes of transition and suggested that the expert led model meant that in almost half of work places planning approaches were not collaborative and did not involve dispersed and shared processes of leadership.

I think that those children who have to be integrated in the process of transition feel rejected at the beginning. Thus, teachers are those who facilitate child's integration in the group." (Speech and Language Therapist, Romania)

Professionals connected Best Practice on transition to concepts such as:

- Rights/equity (only 13.5% of respondents were inexperienced with issues of equity and diversity, 79.9% claimed they underpinned their practice with concepts of children's rights)
- Policies/rules (only small percentage of work places were not influenced by 17.6% local, regional 12.8% and 14.4% national policies)
- Strength-based working (only 15.6% of all professionals stated

they were inexperienced with strength-based working)

“Yeah, I believe it to be a child’s right, you know, inclusion for everyone but for adults as well. And...if we were doing a group experience or something with the children, we give the children the choice if they want to join in, you know. So it’s up to them if they want to be included or not. Just, you know, I have seen in the past, you know, everyone must gather at the same time for register or storybooks. But here we tend to give the children the choice. Well we always give the children the choice [laughs], if they want to. They don’t have to, you know, that’s fine, that’s their choice. If they want to be on their own, play in the garden.”

Early Years Professional, Scotland

- Holism (only 10.4% were inexperienced with adopting this type of working).

69.4% of professional respondents believed that the aim of their work was to alleviate pupil’s fears and feelings of discontinuity during process of transition, as a Resource Teacher from Ireland stated *“Obviously people are going to have fears when a child with a disability comes into school they definitely need support around it. When they see it in practice around the school that helps.”* However, a small group argued that *“At a certain time we all have to go through transition”* and 16.4% felt that their role did not involve reducing fear.

Interestingly, professionals were now more experienced with social model concepts of inclusion than medical/age and stage approaches (45.7% medical model v 65.2% social model). Yet, the fact that both models were prevalent meant there could be conceptual uncertainty. The qualitative findings demonstrated that some professionals lacked conceptual clarity utilising dated concepts of childhood such as child development models (e.g. associated with Piaget & Skinner) at the same time as using more contemporary and strength based ideas such as learning through play. We concluded that increased training on transition should include opportunities to understand the pros and cons of such ways of working in relation to key case studies e.g. medical model approaches might aid the development of physical adaptations such as low vision aids, whereas strength-based approaches would enable children to be involved in evaluation of the usefulness of such adaptations and encourage children to put forward their own solutions. *“Fifteen days after they observed the child, we met the tutor, the USEE teachers and some parents in order to coordinate.” (Parent, Catalonia)*

In the qualitative findings, **Best Practice was associated with the concept of pedagogy** (learning related to the whole, creative, emotional, environmental child) rather than the concept of teaching

(learning related to the transmission of particular academic knowledge) or therapy (aimed at fixing the broken child). A teacher in Romania said, *“When working with children, we have to use games, children learn best by playing. In this way, they discover the world around them.”* Another teacher from Bulgaria similarly added that *“Children must grow in a calm, joyful environment, independent on whether they have problems or not, to be joyful every day and every day to find something new... to learn in a fun way.”*

55.7% of professionals stated they were experienced with community approaches to inclusion that were connected with societal inner processes such as cultural activities/festivals, environmental sustainability activities and out of school leisure events/processes. For example, in Scotland some disabled children were enabled to demonstrate their leadership abilities in the community by volunteering to manage re-cycling processes.

However, it should be noted that some professionals were prevented from supporting such processes that aided transition by holding deficit model ideas of disabled children as being incompetent. These professionals argued that they approached children with additional support requirements in a different way with more care and attention because they were more needy and incomplete than other children.

This perspective defined children with additional support requirements as more vulnerable and in need of help. A professional from Bulgaria argued that *“There is a difference between the childhood of a child with additional support requirements and another child, but it is us, the special teachers and the other teacher, that should teach other children how to treat our children so that there is no difference.”* This idea that children should be taught does not see children as active in the process and an alternative, more inclusive community and strength-based approach would recognise the capabilities of children to develop their own methods of promoting transition e.g. through utilising methods that enable disabled children to lead transition activities e.g. getting to know you games designed to enable children to engage with their new peers. We also see this theme being replicated by an Early Years Professional in Scotland who said *“I think we do a lot of work with families as well. You know, not just the children, working from a family perspective and trying to understand the child from their background and, you know, what they, where they live and the kind of environment they’re used to. And so we do kind of use that in the workplaces. But I mean on*

treating children as individuals, you know, they've got different lives and different perspectives on life as, you know, than each other. So we try and kinda treat them as individuals and not as a whole."

In contrast, professionals who were able to balance traditional child development ideas with contemporary ideas on play, pedagogy and inclusion viewed children as active participants, did not simply accentuate the deficits of the individual child, initiated processes that allowed the active participation of the child and shifted power relations in the learning environment.

We concluded that transition and inclusion should not be characterised as involving false dichotomies and that Best Practice requires a synthesis of conceptual ideas on childhood and disability.

Different Concepts of Inclusion and Transition

Professionals seemed to balance a number of different concepts of inclusion in their practice.

For example, professionals in Cyprus defined the concept of inclusion as the **teaching and integration of children**, adding that it is also about the **provision of equal rights to all**.

Respondents in Greece also spoke about a transition process that requires stakeholders (professionals, parents, community members) to *"Encourage everyone to participate in educational processes."* This again reinforces the concept that transition is not a linear but is a holistic process. Irish practitioners, tended to use the term 'normalising' when talking about transition and inclusion stating that transition should involve children going to the same mainstream schools as siblings or friends, *"Being a normal child in that sense."* These respondents were aware of the clear difference between inclusion (experiencing equity in a setting) and integration (being located in a setting on unequal terms).

Professionals, parents and children held a similar view of what equitable transition and inclusion looked like. Their conceptual framework could be broadly separated into: achieving diversity, enabling equity, promoting a sense of community, sustaining sense belonging and changing power hierarchies through participation. As a teacher from Ireland says *"I think if it was needs based and not label based, just because a child has a certain label doesn't mean they need lets say 5 hours so*

surely if you do it needs based then whoever will get what they need rather than just because they have a label and they mightn't need it.”(Teacher, Ireland)

In summary, using the quantitative and quantitative data we can associate Best Practice with the following concepts that have been identified within three thematic areas; diversity and equity, enabling community and belonging and changing power hierarchies through participating.

Diversity and Equity:

Best Practice in this area was associated with concepts such as:

- **Adapting environments and educational systems** to students' needs *“Rather than other way round”*
- **Open attitudes to different learning styles and differences** by all stakeholders (teachers, parents, children)
- **Children's rights being respected**
- **Respecting difference** (enabling diversity of local choices and identities)
- **Minimising differences** (removing different barriers to learning)
- **The right to education**

Enabling Community and Belonging

Best Practice in this area was associated with:

- Creating a **common sense of belonging**
- **A community approach** (rather than only setting, classroom or teacher -specific)
- **Enabling social and educational participation** in common activities
- **Active involvement and interest by all stakeholders**
- Promoting **equality for all**
- **Children** being treated the same, being able to participate in all activities not just those related to the formal curriculum (e.g. *“swimming pool, swings, games”*)

Changing Power Hierarchies through Participation

Best Practice in this area was associated with:

- **Enabling participation in decision making processes**
- **An active, proactive process** (*“The key word really is ‘process’ in inclusion”*)
- **Listening and making changes based on dialogue**
- **Participative individualisation of the educational process and**
- **Child-centred removal of barriers**
- **Parent partnerships**

Interestingly these concepts seek to balance individual, structural, power/political and cultural aspects of transition and inclusion. They also indicate that sometimes disabled children aspired to be treated the same as other children and at other times they wanted their diversity to be recognised. This means that professionals and parents need to spend time talking to children about the different contexts where they require different things. As Ina says *“I felt very welcome, everyone accepted me the way I am and nobody acted weird. I really feel at home there.”*

Professionals suggested that children’s different requirements could also relate to concepts of inter-sectionality - the interaction of different biological and sociocultural categories in everyday settings:

- **Gender:** a respondent, when talking about his practice, mentioned that “Girls are usually less cared for in our community”
- **Ethnicity:** a nursery teacher mentioned that he had come across “Many cases of children with different customs and traditions” that had to be accounted for in their practice
- **Appearance:** a participating **principal/teacher** mentioned that small children *“Will notice and comment on appearance”* and that transition required for children, parents and professionals to be accepting of childhood difference
- **Age:** some professionals suggested that issues of age discrimination in settings could result in younger children experiencing problematic transition
- **Culture:** a primary tutor from Spain stressed on the role and importance of culture, especially with regard to how it touches on issues of gender and the school setting

One professional from Catalonia argued that there was a connection between *discrimination in the home and the school setting*: *“I think that it is above all related with the culture that parents and family has. For example, imagine that a family discriminates against a woman, these people will never include a woman or a girl as a part of the inclusion; the woman has to do some things that the other cannot do”... “As an example, last year I had a boy who worked a lot here in the school, he washed the glasses, the dishes but he did not do anything at home. His mother was surprised about this inclusion when I told her; moreover, the first comment he did at class was that this kind of things are for woman. I do not know; this is girls’ job. Inclusion is difficult for the boys’ culture at home.”* (Tutor of a Primary School, Catalonia)

“Easy for the child, very important to have communication between services & departments; smooth movement from one education setting to another. Key working supporting the transition process. Increased collaboration between health and education i.e. a professional who has training in both health and education”

OT, Ireland

A professional in Romania who had worked with a lot of children from different ethnic backgrounds stated that *“Handling... these situations has been a very useful experience”* and that it had taught him *“Different things.”*

It must be noted that not all professionals recognised issues of intersectionality in their settings, and there was a connection between deficit style approaches, transition and settings that ignored other equity issues: e.g. one speech and language therapist from Scotland argued *“Inclusion should not be associated with aspects related to gender, ethnicity and age, but to each child’s particularities and needs and to the use of methods adjusted to his/her needs.”*

This led some professionals to argue that more training was required for strategies to enable professionals to engage with issues of intersectionality:

“I have been working with children belonging to different ethnic groups or religions, but I have never undertaken a proper training in this field and I think training for dealing with differences is absolutely necessary. I have just acted according to every situation of this kind I have experienced so far.”(Teacher, Romania).

Key Questions that Arise for Policy Makers, Parents, Children and Professionals

Is there a presumption of inclusion in national/local policies that reduces the need for parents to have to campaign?

Is there professional awareness that parents and children can also be experts on their lives?

Are professionals able to analyse the power relations involved in processes of transition?

Are children and parents aware of the different concepts of inclusion when they are asked to make choices about transition?

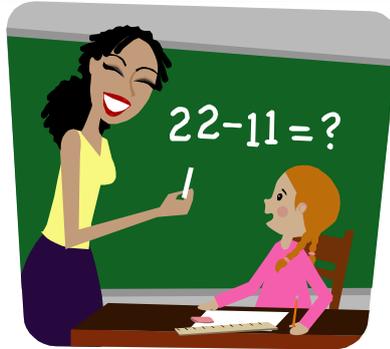
Does the transition process consider the wider barriers to inclusion?

STRUCTURES OF INCLUSION, INTEGRATION AND TRANSITION

Introduction

This section identifies the ranges of structures that can be used in order to support successful transition. We have identified three main core areas of Best Practice; accessible structures (e.g. adapted equipment, staffing schedules, flexible local and national policies), flexible planning (e.g. that can be tailored to different children and families aspirations) and flexible pedagogy (e.g. adapted curriculum, creative learning spaces and tailored materials).

Case Study 2



Case Study 2: The Story of Mary and Stewart (Scotland, UK)

Mary and Stewart were two young siblings who live in Scotland, who had experienced transition from pre-primary to primary. Mary and Stewart had been attending a nursery out with their local primary school catchment area. Therefore, the children expressed their desire to transition to the school that is co-located with their nursery, which was more accessible and with which they were familiar. The children, their mother claimed, were very upset by the prospect of changing schools. They had *“Become part of the community in the school”* and the transition to the new setting meant that they would have to *“Start their whole education again going to a new school.”* The daughter especially, had started showing signs of anxiety and was stressed by the prospect of such a change.

‘Trying to say to a four year old, ‘you can’t go to that school’... ..cause she now thinks that she’s done something, not naughty, that’s not a word I use but she’s done something that doesn’t allow her to be at that school ... ‘Why can’t I go there, what have I done?’, So she can’t understand that catchment. And trying to explain a catchment area to a four year old is a bit hard isn’t it.’

The local council did not accept the family’s suggestion for their children to attend a school out with their area and this led the family to log an appeal and go through a difficult bureaucratic process in order to overturn the council’s decision. Two key issues arose from this process: (1) Prior planning at a local level could have made the local school and local nurseries more accessible; (2) A flexible policy could have been put in place that enabled children and parents to enter into dialogue with local authority staff to reach agreement on school placements rather than go through an expensive

and time consuming appeals process.

The children's nursery (and more specifically the children's nursery teachers and head of school) was very supportive of the mother and were *"Really backing [her]... up"*; she also indicated that the nursery staff had encouraged her to appeal the process and were very approachable (*"They've also said how am I getting on and if there's anything they can do, to get in touch. And the head teacher's gave me her email and number... ..to be kept up to speed with what's going on as well"*).

Hence, this raises the question of consistency between the helpful approach of professionals in a setting and the unhelpful approach of professionals in a local authority system. In particular, it raised questions about whether processes are governed by flexible rules, policies and regulation.

The nursery setting that Mary and Stewart attended utilised a flexible child centred curriculum/pedagogy. This aimed to enable children to have flexible choices about the activities they took part in the nursery, it highlighted the importance of providing a range of creative indoor and outdoor spaces and also involved the children choosing what resources would be spent on specific equipment. The setting was particularly good at adapting equipment to meet the requirements of disabled children, e.g. out-door play equipment at different heights, dual buggies for peer supported play and accessible swings.

According to the interviewed mother the nursery setting contrasted greatly with the proposed school and the problem with the inflexible process of transition was that:

- There was no participation of the child (*"I just think they're taking it now too far. They're taking it away from the child now. It's not child led"*)
- Parents, though receiving paper work on transition, were excluded from the process where children from the nursery went with staff to visit the new school
- There was no flexibility in the process, so that an individual family's specific needs could be accommodated
- Documentation was prescriptive and not tailored to the requirements of disabled children and parents
- There was no single place, one-stop-shop or person who could make a quick decision on the

inappropriateness of the original suggested primary school

Despite the existence, in the Scottish case of policies that emphasise the need for integrated working – there were great differences between the policy and practice of the local nursery, the local authority system and the originally suggested primary school. This can be contrasted with the structure in Holland where the “Backpack” system enables flexibility. Backpack is the popular name for the regulation for pupil-specific financing, which was founded by the Dutch Ministry of Education, Culture and Science. According to this regulation, parents themselves can decide which school they send their child to. The financing (that is, the “Backpack”) goes along with the child. If the school the parent and child chooses cannot directly support the child the school has to take the initiative to seek another school that can directly support the child through the backpack scheme. Interestingly, in both Scotland and Holland there is a presumption of inclusion in mainstream settings. This finding demonstrates that where similar ideologies of inclusion exist there is no guarantee that practices will be similar.

The story of Mary and Stewart is a highly interesting illustration of how key structures such as accessible equipment, adapted pedagogy and flexible transition policies can have a decisive impact on a child’s transition process demonstrating the non-linear process of transition. In order to fully explore these core themes the following will detail under each of the headings how Best Practice can be implemented and achieved.

Accessible Structures

Professionals, parents and children argued that transition process worked well when they focussed on:

- Providing proper training to **staff on how to devise appropriate plans/procedures** for adapting physical aspects of buildings, enabling equity during transition activities, altering time-tables, adjusting curriculum and providing flexible lesson plans
- Enabled planning to **identify and flexibly move resources to meet children's requirements** before, during and after transition
- **Key workers who liaise and communicate with staff**
- Transition processes that enable children, parents and front-line staff to **engage quickly with people in local systems**
- **Policies that enable local choice** rather than the imposition of inflexible rules

Children and parents associated effective planning and communication with child and parent-led activities (e.g. disability awareness/peer development), regular communication with professionals starting as early as possible in the process and information sharing networks in communities. This can be clearly seen in the comments from a teacher from Catalonia "*I think that we should devote more time to talk, to hold this coordination, what works, what does not work...*"

Accessibility in transition activities was associated with facilities aimed at supporting students with mobility needs, such as ramps, broad corridors, access handrails, classrooms location and adjusted bathrooms. It is important to note that participants argued that a structural approach to transition and inclusion required:

- Flexibility and adaptability of physical structures e.g. buildings/policies
- Supportive professional defined structures and financial frameworks e.g. resources
- Early assessment/planning
- An enabling curriculum and pedagogy
- A participatory process of review and evaluation

"In accessibility I should add a concept: making accessible the areas when there is a disabled person because I think that everything must be adapted so there will not be differences, everything should be done in statutory measures, so this will be inclusion and any special thing will be needed. Statutory measures should always appear".

Social Services Worker, Catalonia

64.2 % of professional respondents believed that their buildings were accessible, 48.4% were not satisfied with the financial resources in their setting and 41.7 % did not believe that they had appropriate time and materials provided in their setting. One Physiotherapist from Ireland reported that

"...It seems crazy in this day so it comes down to then when a child is going to primary school you have to do this massive piece of work on environmental adaptation and trying to get money to do that, when it isn't there, that's very stressful. Coming back to inclusion there was a case recently where there was a school and only a small part of the yard was wheelchair accessible for a child so all her peers wanted to play in a different area and she wasn't able to access that area so things like that, they're not accessible- particularly the older schools and primary schools more so than secondary."

Similarly a Primary Teacher from The Netherlands states *"I think that very often the materials which are necessary for a child for example are of importance. The facilities I think that should also be considered very carefully. Because speaking from experience, I now have a girl in a wheelchair and that all goes well, but she cannot participate in everything. At the same time because a number of facilities are not yet arranged well and we have not discussed that yet."*

This suggests that more could be done to ensure the most appropriate framework is planned, developed and implemented during processes of transition. It also suggests that the emphasis in planning is generally placed on gaining access to locations (integration) rather than providing adaptations to ensure equity of experience within those locations (inclusion).

Children's ideas concerning the structure of a perfect inclusive school were related mainly to school accessibility because children wanted to be included in a number of different activities. A child, for

example, argued that he/she wanted his/her school not to have a carpet, as the child could not walk easily on carpets and would trip more often.

Children appreciated it when accessibility was given a high priority; a child from Ireland praised the school's actions on improving accessibility for children with additional support requirements (*"It's grand like... they have a lift so it's easy enough...It was accessible... There was a girl before... so they adapted the school"*). Accessibility is not always about buildings and structures.

Another child from Ireland commented positively on the school's recognition of their needs, by mentioning that *"The current school acknowledge that it is proactive duty to serve the educational needs of us. As such it is committed to providing equal opportunities for us on accordance with the policy of the school."*

However, planning and coordination did not always work, for example one child felt that their key worker should be proactive in their duties:

"...Well, I also quite often went to my care coordinator about that door, so many times that I am fed up with it, because that door is driving me insane. He keeps saying that he did something about it, but nothing changes so then at some point I was just like; forget it." (Pupil, The Netherlands)

Hence, a coordinator can only play an important role in transition if they follow through on issues raised by children.

Planning For Transition and Inclusion:

Information sharing was perceived to be key to transition. 69.5% of participants indicated that planning for transition took place (18.9% did not).

Professionals connected relationships of joined-up working with clear communication between all stakeholders. Professionals believed that sharing of information between institutions (pre-primary and primary school through file transfer, for example), between professionals (through meetings) and between the institutions and the parents (through information sharing systems) was a key aspect of transition.

“Yes, I think they are connected. I don’t know how much they are correlated. There is information about the issues and it is accessible on the net or on the school sites. You can get enough information to figure out what your perspectives are. It is clear that parents get informed about what it is going on at the target school when their children pass from special school to mainstream or from primary to middle school. So we can speak about both children’s transition and inclusion in the new systems, new schools or new groups of pupils. They are connected but problems, tensions may appear...in spite of the existing information and open-mindedness of those who monitor these stages...but they may be solved...”

Psychologist, Romania

“Normally, these systems of inclusion and transition should be interconnected, and of course, integrated because the process of inclusion is actually a transition. When, for instance, disabled children are transferred from a special to a mainstream school, they are not only introduced in a new system, but they also have this transition. They have to be integrated to ease their transition. For this purpose, teachers should work together, schools should share information through both self-assessment and integration sheets.” (Speech and Language Therapist, Romania)

This was also reflected in comments from an Educational Psychologist from Cyprus *“Yes there must be the possibility of feedback from parents, teachers and by the students themselves about that planning.”*

Professionals argued that transition planning documentation need to include:

- **Information related to medical issues during transition** (*“Medical information, making sure a full handover is done to the school in terms of risk assessment if anything goes wrong, medical machines attached knowing that whole process”*)
- **Holistic assessment of the child’s** psychological, educational, social and cultural barriers to learning (*“When the child fails we realize there is a problem but it is solved individually... In one or two years we’ll have to admit that it would be much cheaper if we designed such strategies.”*)
- **Identification of a Key worker or lead professional to coordinate** different professionals, enable multi-professional assessment and provide a single point of contact for communicate with the parent. 66.4% of professionals indicated that a key person was identified for families to contact (19% said not). It is also worth noting that 65.7% of the professional staff indicated that

“We teach children to become grown-ups who are able to integrate in a community. Even if their personalities might be different, they have to integrate in the same society... I treat children like different individuals that have different types of personalities very well defined, and I try to make them aware of their future role as citizens and as well of their right and obligations.”

Teacher, Romania

That’s the big thing that’s lacking in transition. It’s imperative that there is a key worker.

There needs to be one person pulling the parts together I feel that’s a big lack in pre-school to primary anyway I don’t know anything about primary to secondary.”

Early Intervention Educator, Ireland

they had some or a lot of experience of collaborative working (16.6% not). As an Occupational Therapist from Ireland said *“I think it should be there (key worker links with primary schools) a key worker would have worked with the child for a year, two years, they know the child...I think if it’s not done formally it’s not going to happen.”* However, only 48.1% of participants suggested that coordination of financial or equipment resource sharing was usual (28.2% said it was not usual).

- **Multi-Professional Assessment** and information on how different professional perspectives have been compared to the perspectives of the child and parent.” *Thanks to the joint working of the teachers and the specialists the child with additional support requirements (are) accepted in the peer group and they do not notice they are with some ‘special needs’... and the other children to support them.”(Kindergarten Teacher, Bulgaria)*

Many respondents argued that transition planning was too often reactive rather than proactive:

“What we can speak of is reaction. Whenever a problem arises we react trying to solve it! Unfortunately we are conservative, as [name] previously said, and we find it hard to accept diversity. We also prefer to react rather than take preventive measures. We think that it will never happen to us and therefore we don’t need a strategy. The moment it HAPPENS we are desperate to solve the problem...”(Therapist, Romania)

“Our laws are OK. Their application is also satisfactory. Things somehow work... ...When the child fails we realize there is a problem but it is solved individually..... It seems that it is not typical of us to make such strategies YET. In one or two years we’ll have to admit that it would be much cheaper if we designed such strategies.”(Therapist, Romania)

“Transition from home to school, kindergarten, so if there is no link, no matter how successful the next structure may be the child will fail, or if they don’t fail they will delay in their educational target.”(Primary Teacher, Greece)

Other professionals suggested that hierarchical ideas could prevent settings from engaging in proactive approaches. For example, a psychologist from Romania argued despite national policies on inclusion, elitist ideas concerning a school's reputation meant that certain schools were less open to enabling transition.

“From a legislative point of view the situation is good. The acts which... describe and regulate the transition and inclusion strategies are in place and cover a broad range of situations that may arise. The problem appears when they are applied in practice because... each school approaches them... in a different way. We shouldn't hide that there are schools which...prefer to select their pupils through tough admission exams at the beginning of each school cycle. These criteria are stipulated by national or local rules and regulations. Some of them have been decided by schools. These criteria can lead to conflicts, tensions both among pupils and parents. Going back to the previous question I was thinking that there is a big problem when it comes to the transition from primary to middle school for...some schools which would like to have very good pupils, pupils who are bound to get excellent results for the school. Tensions can appear under these circumstances. Parents want to have their child study in that school. The criteria are very tough. Children can't get in the school, or they do but can't keep up with the tough criteria. Such things can happen. But I think if there is permanent communication with the family, things can be sorted out so that everybody should be pleased: the school with its pupils and the pupils with everything going on in the school.”(Psychologist, Romania)

Respondents raised issues about the extent to which school structures of transition are inclusive. For example, a teacher argued that schools that do not accept certain students (because of additional support requirements, or the lack thereof) could not be considered fair and inclusive. This suggested that more effort needed to be placed on ensuring that children and parents could choose a school that was inclusive. It was argued that choice was restricted when there was/is no transition planning or resources to support the inclusion of children with additional support requirements in mainstream settings:

“It’s also very difficult; the other side of it is when the floodgates opened to include all children with disability.....Back in the 1990s there was no planning of that, he opened the floodgates without informed planning and now they’re trying to claw it back but it’s a little bit too late. Is it fair I wonder to put a child... ..into a system without the right resources? You have up to 30 odd children apart from it being difficult for the rest of the class its semi abusive for the child in the class. As a promoter of inclusion of children with disability I would promote inclusion within the community but you have to be sensible about it as well” (Early Intervention Educator, Ireland)

"I have scarce experience in developing inclusive curricula. I think an inclusive curriculum should be adapted to their needs. The proposed activities should be designed and performed so that each child could feel appreciated by his/her peers and feel that he/she is an important element in the group he/she belongs to and be offered the opportunity to show what he/she can do best."

Teacher, Romania

Flexible Pedagogy

Respondents recognised a need for flexibility in the curriculum. The main goal of an inclusive curriculum, according to respondents, was to **make children with additional support requirements feel part of the group** and to **encourage their improved performance and participation in activities** ("You always try to allow those children who cannot do what the rest can, to participate to the maximum, so you adapt accordingly... They will feel part of the group too"). (Teacher, Catalonia)

According to focus group participants, inclusive curricula should;

- **Be based on a relevant methodology** ("When we prepare personalized plans we are doing little adaptations... I think that it is basic isn't it? Methodology is basic")
- Involve contents and teaching methods that are "**adapted and focused**" on the "**best interests**" of the children that ensure that additional requirements are catered for in such a way that does not make other children "*feel children with 'special needs' as a burden.*"

It was argued that an inclusive curriculum works best when it has benefits for all participants. Respondents who had experience in developing inclusive curricula described the various approaches as including: adapting the mainstream curriculum; elaborating support collectively (support staff, class teachers and children); and developing appropriate additional practices e.g. use of computers, visual aids, large print copying, symbols/signs, and other assistive communication tools, providing materials in advance, allowing more time for assignments, enabling scribes for exams, reducing the number of subjects (high school) taken, promoting active learning, utilising the outdoors, enabling opt out from certain topics/subjects to receive other services such as health care on site, etc.

"At which my experience is also that there are always a number of pupils who feel left out because of receiving inclusive education. And that for me is the boundary. I heard a pupil once (and that was also for me a revelation) who said: "oh I do not stand out at all here anymore", when she was transitioned to special education after all. And that gave a whole other basis to function than the idealistic point of view that everyone must be able to function within inclusive education. So those are eye openers whereby is shown that the flexibility is somewhat there. There can be much more flexibility in mainstream education."

Secondary Special Education Professional, The Netherlands

Professionals in some countries focussed on delivering a flexible curriculum in the mainstream setting, encouraging mainstream staff to take leadership roles and transferring knowledge from specialist to mainstream staff.

"It is about the way we adapt the curriculum: the supporting teacher tries to adapt the curriculum to the child's capacity having in mind the objectives envisaged over a long period of time, not necessarily over a school year but over the entire school cycle." (Teacher, Catalonia)

In Scotland the *Curriculum for Excellence* had been introduced in order to enable local flexibility. However professionals in other countries did not have the same ability as Scottish professionals to adapt the curriculum. This raised an issue about top down power and the extent to which any children encountered flexibility:

"I think that in the kindergarten children should play and have a childhood. My son is 5 and he used to go to the kindergarten with pleasure, but now they have begun to prepare them for first grade and he says kindergarten is now too boring and he refuses to go."

(Resource Teacher, Bulgaria)

"It is not our fault, you know, that are the requirements of the educational system"... "If it was up to me, I would change everything; I would increase the movement and decrease the stress for the children" (Kindergarten Teacher, Bulgaria)

In some settings in these countries the role of the front-line professional was down played and thinking tended to be wedded to the notion that disabled children would always require to

attend separate provision outside the mainstream school from specialist professionals.

“We have certain objectives which we follow for each school cycle until the eighth grade when the child graduates. This inclusive curriculum is designed together with the teacher from the mainstream, who has such children in his class. It is also supported by specific therapy activities carried out outside the school curriculum in special laboratories.”(Psychologist, Romania)

This prevents professionals from discovering that disabled children can sometimes be included without a lot of adaptations:

“One of my pupils is a child with disabilities...there aren’t significant differences between him and the other children. This is why he follows the same curriculum as his peers do. From time to time, I do some extra work with him.”(Teacher, Romania)

These statements located the problem with the child rather than the system by suggesting that a flexible curriculum could not be utilised because of difficulties associated with the child’s impairment. Such respondents suggested that **they did not feel theoretically and practically prepared to adapt the mainstream curriculum to the requirements of the child.**

Other respondents argued that more focussed training on strategies for developing flexible curriculum could be provided to professionals:

“I think that school inspectorates and other organizations should offer more programmes for teachers’ training regarding the development of inclusive curriculum since I think this curriculum is mainly intended to special school more than to mainstream schools.” (Teacher, Romania)

One of the teachers explained **the importance of experience** and how experiences of every day problem solving enabled them to develop local strategies:

“We don’t have strategies but we have several models because we have solved several cases and we knew how to solve them from our experience! Probably we’ll have these strategies in a few years! It seems that in non-governmental organizations there is a real need of strategies; probably in a few years this need will be transferred to the state institutions as well! Experience is important. We’ll generalize our experience.”(Therapist, Romania)

“Yeah I feel included... everyone knows me (laughs)

I’m the only girl in a wheelchair in my school as well They don’t treat me differently ... I have to say so“

This need for strategies led us to conclude that training in this field needed to become less focussed on generic ideas of inclusion (as these ideas were now in general currency) and more on how to develop focussed processes, plans, structures and frameworks to enable transition and inclusion.

Making sure that children are included in the full range of school activities(informal as well as formal curriculum) was identified as a major component of inclusion that should be planned for during processes of transition. A mother from Ireland was very clear on how negative her daughter’s exclusion from certain activities was:

“Am... like that now the first year alright you see [name] doesn’t do PE obviously and a lot of the PE there was a lot of day trips out and they know that didn’t bother her cause she doesn’t do sport and she doesn’t like sport. But then it came to the school tour and that was including everyone in the class and I just remember going into the principal...the teacher that was organizing it, I just rang her from home and said look... I said will they be able to get a wheelchair bus for [name]... and she (principal) said look I don’t think we will be able to get a bus. And I said well there are buses available and she said yeah but they are a lot more expensive and I said look to be honest with you it’s her ([name]) school tour it’s the first day out she has had out this year and she wants to go.”(Parent, Ireland)

Similarly from Greece we see a parent commenting that,

“We want it [i.e. an educational excursion]... it’s a shame to go wasted because it’s an educational excursion, it’ll be good for them and the parents as well, I mean, they’ll leave pre-primary someday, what will they remember? I mean, these are also wonderful things, we as parents would like more to have... more educational trips but

it's not just on our hands, it's the willingness of the other parents to participate, and ok, more or less it's also the financial part, I mean some have money, others don't." (Parent, Greece)

Having their specific needs recognised and participating in activities that do not highlight their differences with other children was very important for children and parents in the study. The ideal process of transition led to a child being included in spaces where no child was singled out for discrimination, which forward planned to address issues of access, and placed equal value on ease of access to social as well as educational activities.

Key Questions That Arise For Policy Makers, Parents, Children and Professionals

Is there a process to enable easier choices of schools e.g. the money/resources follow the child?

Do professionals have the flexibility to adapt processes of transition to different children's requirements?

Are there multi-professional assessment, planning and delivery during processes of transition of the physical adaptations, accessibility issues and curriculum changes required to enable inclusion?

Are there local processes, forums and opportunities for professionals to engage in dialogue with children and families concerning transition?

Are children and parents provided with a key person to support information sharing, communication and decision making during the transition process?

INVOLVEMENT

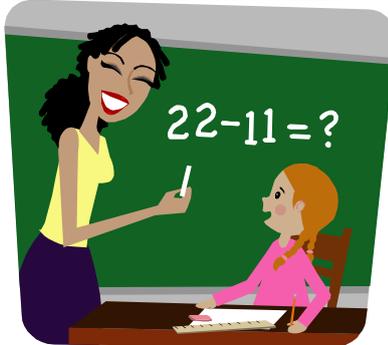
Introduction

This section will outline the importance of participation. Participation will be seen in this section as a complex weave that not only involves the participation of all professionals working collaboratively during the transition process, but participation should also be seen as a partnership between the child, the parent and the professional. This section argues that participation should revolve around

- a) Parent and Child Partnerships
- b) Child and Peer Supported Involvement
- c) Holistic Professional Collaboration

This section: questions the role of professional led transition; differentiates between parent led and child led transition; and highlights the importance of clear avenues of communication between different professional groups such as health, education and social workers.

Case Study 3



Case Study 3: Parent Partnership: The Story of Dimitris (Greece)

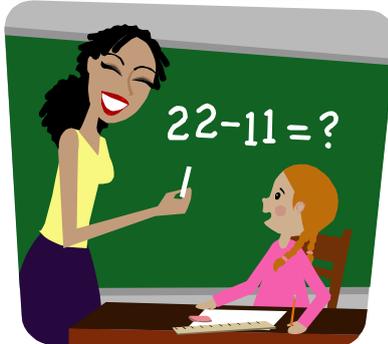
Dimitris was a young child in Greece, in the process of transition from pre-primary to primary. Dimitris did not go to kindergarten as is normally the case in Greece, but went “Directly to junior pre-primary” in a special inclusion class. The reason was that his family wanted Dimitris to transition to the same school and at the same time as his brother (“He must begin with pre-primary at all costs, or he’ll have other problems”). His family was concerned about whether this would affect Dimitris’ transition and ability to cope with the increased school demands (“Yes, yes I expected we’d have difficulties”) but the process eventually worked fine for both the child and the family (“I think that everything went well, I mean that since the first day I left them to... they didn’t complain, I mean I left them and had peace of mind, it all went well, all well, no complaints, no crying, no hysterical behaviour, everything ok”).

The child had the ability to “Express his desires, his worries, his agonies, his fears” and thus helped improve his own experience. Dimitris would be able to tell either his parent or the teacher about any problems he was having and they would react to this “Immediately.” However, it was not Dimitris who ultimately led the transition process. Decision-making was firmly in the hands of the parents. The family supported the selected process of transition and of starting school “Eagerly” and “With joy.” Given that the process “Went smooth” without “Any problems”; the family expect that future transition will take place just as successfully.

Staff had considerable experience and training on transition and inclusion. There was clear

communication with school staff, which the family considered a major positive element of the process. School staff also showed “Intimacy” and “Interest” (“Just like old friends”) and played a major part in alleviating the fears of the family (“Helped very much to help us adapt, no complaints, I have the best opinion for them”). The parents praised the significant contribution of the educators on Dimitris’ transition.

Case Study 4



Case Study 4 The Child-Centred Story of Juan (Catalonia, Spain)

Juan was a young boy in Catalonia, Spain, in the process of transition from kindergarten to Pre-Primary. When the time came for Juan to move to a primary setting, the family were unsure about which primary setting would be most appropriate for their child. They thus decided to contact the professionals responsible for the transition and assessment of children with additional support requirements (EAP). In Catalonia, Spain, children with additional support requirements have access to both professionals such as EAPs and special educational support units (USEE) when their impairments are permanent and severe – that is, resources that facilitate educational activities and promote the participation of students with severe and permanent additional educational requirements in ordinary school environments. In the end, Juan’s transition to primary was smooth and successful.

Juan was involved in the process from the beginning and the family met a range of people (“We met the tutor, the USEE teachers and some parents in order to coordinate”). The parents were concerned at first, but soon their fears were alleviated by the active involvement of school staff and constant communication with both the EAP and the school. The parents and child were encouraged to talk about their specific requirements and any fears were alleviated: (“Both *the school and the structure are perfect and it is adapted for the disabled children*”). Professionals were involved in the process from the beginning and maintained “*Good and fluent communication*” with the parents and the child, making sure that they always asked both the child and the family’s opinions on the

progression of the transition process.

According to various parents and children in our research network, what worked in such process was that:

- The transition process was child and parent-led involving face to face meetings and the building of strong relationships through joint working
- There was clear, participatory and collaborative early assessment, planning and problem solving
- There were clear policies on information sharing
- There was good communication between the child, family and professionals – involving a lead coordinator and information sharing between different settings/systems
- That there were key professionals that supported the family in the process (*“We live near the school, we know other children who attend there and apart from knowing other families, the USEE was an important point to take into account for our son”*)
- There was a strong value set and shared goals in the school setting (*“Very positive in aspects such as the inclusion, the integration and the values that the school has which are and were very important for us”*). That was supported by USEE and EAP professionals
- The process was regularly evaluated and children and parents were enabled to identify if key aims/outcomes agreed with professionals had been achieved
- Other parents, children, peers and the school community supported the process of transition
- The transition process was effectively designed and planned in a way that reduced stress and alleviated fears
- Children and parents were involved in designing transition documentation. 58.5% of professionals said that transition documentation was adapted for the service user

These case studies support the views of many professional respondents in that they connected appropriate and successful transition with strong relationships. That enabled various stakeholders (the child, parent, extended family, community members, professionals etc...) to play key roles. It was found that there was a connection between concepts concerning children, parents and inclusion and their approach to collaborative planning.

- Health, social services and education professionals who viewed themselves as the sole experts in the setting or process tended to expect parents and children to fit into their predefined practices
- Professionals who believed that parents have the final say in their children's education tended to only focus on parent's views
- Professionals who were aware that disabled children are capable of making complex decisions utilised every day participatory processes to involve children in transition

This general finding raised questions concerning who leads the process of transition.

Professional Led Transition:

"First of all I'd like to mention that all our colleagues in this room have a solid theoretical basis and know the main elements of the psychology of children's development very well. Everybody studied at University or at the Pedagogical High School and has done lots of training courses. Everybody is well acquainted with the basic concepts related to a child's development, its stages etc... We are experts in this field." (Psychologist, Romania)

"So you need also to train the teacher, this is a problem he has to realize and must give much time especially in the first class for the smooth transition of all children. He is in other words the maestro, the coordinator and the children are his band, meaning, this is why I rank the teacher role very high he will destroy myths created at home or enforced and is responsible for the souls he has under supervision for anything." (Teacher, Greece)

This type of professional tended to focus on ensuring that children were integrated into a setting rather than being concerned with children experiencing equity of experience. The underplayed all children's abilities and viewed children as immature (applying notions of age and stage):

"A 12 year old is not fully capable of making a well-considered decision. They can make nice decisions about a nice building and that is where my girlfriend goes to. But I do think that the parents are more capable of making the decision of what is better for the child. A 12 year old does not yet have the overall picture of what is better in the long term." (The Netherlands, Health Professional)

“The older children can be involved in the IEP depending on their skill and their level of knowing that they have a special need.”(Special Teacher, Ireland)

The ‘professional expert’ approach focussed on professionals deciding which adaptations were important. On developing their own plans in isolation, on ‘teaching’ children to behave and viewing children as incapable of collaborating (using notions from child development): The Maestro professional expert tended to also view parents as incapable:

“Unfortunately, nowadays children do not have the calm and happy childhood they need. And the reason for that is not in the children, nor in the parents, or in the teachers. It is because of the society – because of the difficult economic conditions, parents are unemployed and even though they would like to take care of the calm and happy wellbeing of the children, they just do not have that opportunity.”(Kindergarten Teacher,Bulgaria)

“There are two types of parents. Some of the parents deny the problem, others are very cooperative. Our goal is attract those who are uncooperative. At first, we inform the parents, involve them in mutual activities, then we direct them to services outside the KG – such day care centres for children with disabilities. The social status of the parent has an impact on their actions. There are even parents that say this is your job, it is your problem. They are not many.” (Kindergarten Teacher,Bulgaria)

“They (teachers) are the most qualified to show and prove parents that they work with children... ..Parents rarely get interested in the exact planning but they can easily see the knowledge children has acquired from the worksheets which are displayed on the walls, from what children say at home and from the trust they grant to teachers.”(Psychologist,Romania)

These professionals tended to perceive inclusion to be idealistic:

“I heard a pupil once (and that was also for me a revelation) who said, ‘oh I do not stand out at all here anymore’, when she was transitioned to special education after all. And that gave a whole other basis to function than the idealistic point of view that everyone must be able to function within inclusive education.”(Secondary Special Education Professional,The Netherlands.)

This type of thinking that tended to concentrate on child, parental and community deficit views and can be contrasted with professionals who associated child and parental non-involvement with problems in the system (e.g. the ability to shift resources/poor communication) that prevent trust from being built:

“At kindergarten, the system of transition and inclusion involves only the family and kindergarten. Unfortunately, there is no connection between kindergarten and school. When the child goes to school, the primary teachers do not know many things about him/her. In the fortunate case, as happens in our institutions, kindergarten and primary teachers work together to make this transition be easier.”(Teacher,Romania.)

In general despite there being a lot of knowledge about inclusion these professionals tended to exclude parents and children from processes of transition, force them to fit into existing systems and prevent them from being involved in early planning of flexible approaches.

Parent Partnership Transition:

59.9% of professionals claimed that parents were involved in defining the aims and outcomes of the transition process with professionals and 62.2% of professionals said parents were involved in the decision making processes of the professional’s organisation. Parent partnership was put forward as an alternative to the professional expert approach:

“We as teachers have to realize that parents are our partners and that we have to involve them in the educational process especially when we deal with a process of transition. We must always keep in touch with them, talk with them and find the best solutions.”(Teacher,Romania)

“As we are partners in the educational activity, we have equal rights. Parents are entitled to ask for information on plans and we as educators when we see that a parent does not ask for information from different reasons such as shyness, shame etc... I think we should take the initiative and offer him/her information on any aspect related to his/her child. We, for example, arrange meetings with every child’s family in order to evaluate child’s progress or drawbacks. We also participate in teachers’ meetings where we discuss problems in each class and try to solve them together.”(Romania, Teacher)

“When conflicts between parents and teachers occur, they are usually solved by the school’s management. One of its representatives discusses with both the parties. The problems are easily solved through communication.”(Speech and Language Therapist, Romania,)

These professionals also believed that all parents in a setting had a duty to assist with transition and promote inclusion:

“We also try to develop good relationships among parents because when we have a child with disabilities in class, the other children tend to look on him/her differently. I think that parents should talk with their children about children with disabilities and encourage them to love and respect them.” (Psychologist, Romania)

These settings encouraged the child to communicate problems to the teacher through the parents. Children were not prevalent in leading the transition process and inclusion was approached in a pragmatic way that emphasised limits:

“Is it fair I wonder to put a child with a moderate learning disability into a system without the right resources and maybe the right resources is a special class within the school and that doesn’t happen within all the classes...As a promoter of inclusion of children with disability I would promote inclusion within the community but you have to be sensible about it as well” (Early Intervention Education,Ireland,)

Many parents in these settings praised the significant contribution experienced early years, primary and/or secondary school educators had made to their child’s transition.

“Mr. [name] was very helpful, I mean thanks to him... my children came to this school...because he says and Mrs. [name] says that these children need help starting out, I only have the very best words to say for those who helped us, but they helped me very much, both Mr. [name] and Mrs. [name] very much, I have the best I mean I don’t [small pause] I’ll have the best memories, thanks to them we’re making good progress.”(Greece, Parent)

The parent partnership aimed to where possible utilise transition planning to change the system to enable access for the child.

“In accessibility, I should add a concept: making accessible the areas when there is a disabled person because I think that everything must be adapted so there will not be differences, everything should be done in statutory measures, so this will be inclusion and any special thing will be needed. Statutory measures should always appear.”(Social Services Worker, Catalonia)

However, the parent partnership approach tended to promote the idea that children should use adults as conduits for change rather than promoting the idea that children should be change agents:

*“Another stakeholder is a **child** him/herself. Children’s role is to communicate with both teachers and parents, to talk about their needs. In this way, teachers will be able to identify their special needs.”(Psychologist, Romanian)*

Professionals who advocated parent partnership still tended to lead the transition process:

“Teachers have an essential role in integrating (children) in the new school or in a new level of education, helping the child to interact with his or her peers and improving children’s self-esteem.”(Primary Teacher, Scotland)

Alternatively some parents wished to lead the transition process:

“The (early years) teachers take them for their first visit to the (primary) school to meet the new school. Whereas I think it should be the parent that takes them first to see the new school.”(Parent, Scotland)

Yet others were critical of parent and/or professional led processes for not recognising children’s leadership skills. One child connected child led activities with ideas of equality:

“The current school acknowledge that it is proactive duty to serve the educational needs of us. As such it is committed to providing equal opportunities for us on accordance with the policy of the school.”(Pupil, Ireland)

Processes of transition that involved the recognition of ‘equal opportunities’ issues tended to be more child centred and child led.

“And what I want to say is that the teacher must listen to the pupil that, is no matter the problem that it may be for a teacher –no, an older person – the problem may not be so important, but for that moment the child tells you their problem, if at that moment you don’t pay the proper attention you’ve lost their trust. Eh, so the educator should aah continuously listen to the children.”

Psychologist, Greece

Child Involved, Led and Peer Supported Transition:

Children suggested that child-led settings improved academic performance:

“They are very accepting over here and I find it incredible and I love it and I get good results.”(Pupil, Ireland)

Child led transition included: buddy systems, children leading social activities and doing presentations on inclusion and joint visits with professionals where children could identify key issues to be resolved. Yet, only 38.4% of professionals said that children were involved with defining the aims and outcome of the transition process and only 39.4% of professionals said that children were involved with the decision making processes of their own organisation.

Child – led transition appeared to be easier where children’s nurseries and primary schools were located in the same local area:

“Like they usually get older years to look after 1st years we do (named programme) in my school (primary) where 1st and 5th years’ work together... And they just see how they are getting on through different games and stuff ... like yeah a buddy system.”(Pupil, Greece)

“My transition was not frightening, with the same kids we played in the neighbourhood, we were the same age, and exactly as we played, thus we went to school, so it was simply as we started to go to play, we didn’t realize we’re going to (primary school), we

saw we could have a very easy transition all together.”(Pupil, Greece)

“During the period of time spent in our school they all build strong affective relationships with the adults they work. Working for 8 years with the same teacher they all create a community. Communication is also special. We place a great emphasis on emotional communication in a group. As soon as the pupils get into the vocational schools they encounter several changes: on one hand they go through a developmental change as adolescents; they may have more problems or challenges and they express themselves in a more explosive way than the other children who are able to find solutions more easily. On the other hand hmm ... they find themselves in a new world, a new institution where they don't know the adults. It takes them a long time until they manage to find a communication channel with the adults. They often finish school before they manage to express themselves and trust people around them.”

“I think, ah, it depends because ah when they go to the same ah, junior high school ah, with eh the same classmates that they had during primary school for them it's just a natural procedure of advancing and going a class further, I don't think that they... perceive it so much as a change or a difference, it's just that... it's going to be more difficult, but, other than that if they are with the same children of their time I don't think it's going to be so much of a trouble for change.”(Teacher, Greece)

Some settings had created online forums for parents and children to discuss issues of inclusion. Similarly, Focus group participants highlighted the benefits of peer mentoring.

“There is a teacher to say that if a new child comes to class it is good to prepare the class to discuss with the children how to welcome the new member of the... family because a class is a family very good and thus there will be even better transition for the child... if it [i.e. the child] leaves from us to another school there must be various activities as games etc. but if it comes to us from another school there we must prepare the children it should take various games to know the other children and so smoothly to be integrated to the classroom”(Teacher, Greece)

Peer mentoring seems to alleviate children's fears and concerns and creates a better, more familiar and relaxing environment, facilitating both inclusion and transition.

Child led transition processes made children feel more included:

*“The teacher asked us for some features that they do not know...
...I'm going into transition year next year and they were like asking...
...where they would locate a special bus and stuff like that so I do feel included very much.”(Kindergarden Child, Scotland)*

Child-led transition was believed to build children's confidence:

“For a successful transition, communication among children, family and school is very important. It is very important to provide children with the necessary information adjusted to their level so that they can understand the changes they will be experiencing. They should be given as many details on future activities and information about the school and what will happen subsequently and they should also be shown a classroom etc.”

Teacher, Romania

“I didn’t particularly like school in primary school but now I love it and now I see that there will be opportunities after I finish at school but whereas before I didn’t really see the opportunities I would get” (Pupil, Ireland)

Children identified child led approaches with:

- Ideas of children’s; and disability of rights
- Structural and cultural inclusion rather than a focus on impairment
- Flexible time-tables and curriculum that responded to children ideas (‘rather than other way round’, Scotland Early Setting, Child), allowing for differences
- Activities such as games and trips that created a common sense of belonging
- Community activities (e.g. leading recycling projects) that enabled them to establish strong relationships and demonstrate their leadership abilities.

Therefore, children identified a range of structures, concepts and relationships of transition that fostered inclusion. Professionals who advocated child led transition related it to the concept of involvement:

“The word involved always comes into my head when it comes to inclusion and without involved I don’t think there is any inclusion do you know and ... am ... and I don’t see as a disability issue at all you know I saw it as something well it is a disability issue but that’s how I would see it just as being well is everyone involved? You know are people included? Are they interested, involved and part of it you know?”(Teacher, Ireland)

Professionals and Children associated child led transition with strong local relationships:

"Sometimes they won't come out to the school, so it depends. You might only hear from them once a year or you mightn't hear from them at all you know you might get reports on a regular basis or you mightn't get reports at all.... I suppose it's very important to have that outside information especially for the Resource Teacher, I was a Resource Teacher last year you know you need to get up to date recommendations of their needs and their strengths you know ... that we wouldn't .. am... necessarily pick up because we're not trained in that area I think for the Resource Teacher, the class teacher as well you need to know that as well. The class and RT they would meet on a regular basis to discuss needs and so on but you know the outside people wouldn't you know necessarily"

Teacher, Ireland

"The educational process is a process which involves people. This may give rise to conflicts between parents, teachers and parents, employers and employees or even teachers and children. I am going to talk about the conflicts between children which are the most frequent. Teachers should show a lot of tactfulness and patience to find solutions for these conflicts. After the conflict has been solved, the children should be friends again and build up a relationship of friendship and cooperation."(Teacher, Romania)

"Another point that want to make which made it easier for me was that my friends mom is my SNA over in the school that I am in now and I got two SNA's [name] and [name] and I am not exaggerating but they treat me like I'm their daughter which I find I'm really really comfortable with and I can talk to them like about anything within school if it's bothering me."(Pupil, Ireland)

Children, families and professionals connected child led transition with ideas of collaborative working. For example a school principal in Romania argued that in joined up working and thinking placed children 'in the centre of... activity as main actors and developing appropriate educational strategies'. He suggested that learning spaces should be co-constructed by adults and children. This connected with ideas from a Scottish Nursery Professional who argued

"Yeah, I believe it to be a child's right, you know, inclusion for everyone but for adults as well. And...if we were doing a group experience or something with the children, we give the children the choice if they want to join in, you know. So it's up to them if they want to be included or not. Just, you know, I have seen in the past, you know, everyone must gather at the same time for register or

storybooks. But here we tend to give the children the choice. Well we always give the children

the choice [laughs], if they want to. They don't have to, you know, that's fine, that's their choice. If they want to be on their own, play in the garden." (NurseryProfessional, Scotland)

Such professionals associated child led working with a flexible approach to pedagogy. They promoted social inclusion and social interactions of children, the need to balance specific/differentiated approaches with more generic community based pedagogy and the requirement for specific resources to be provided for the inclusion process.

The child-led and parent partnership involvement processes were also connected with ideas of evaluation and review

"We, for example, arrange meetings with every child's family in order to evaluate child's progress or drawbacks. We also participate in teachers' meetings where we discuss problems in each class and try to solve them together." (Teacher, Romania)

Clear communication, problem solving, evaluation and review was thought to reduce conflict:

"The advantages of joint problem solving are many... each party is given the possibility to say his/her opinions. Finally, the most appropriate solution is taken, both the parties are satisfied and they can go on working together." (Teacher, Romania)

"Certainly every school copes with solving problems or conflicts with parents and students and among teachers. I think that the success of a problem-solving process depends on communication, efficient communication. This is what we try to do in our school – not to avoid communication." (Principal, Romania)

A Cypriot professional, for example, commented on the fact that *"Children have the ability to discuss a lot with their parents and professionals"* and that they have *"The ability to discuss with the parents any difficulties that occurred during" previous semester...*

Key Questions That Arise For Policy Makers, Parents, Children and Professionals

Do policy makers and local authorities promote and provide training and professional development on transition, inclusion and involvement?

Do professionals enable parent partnership and child-led processes of transition?

Is there regular communication, evaluation and review during processes of transition?

Are professionals willing to collaborate with each other and parents/children e.g. on problem solving?

If you are a child or parent are you able to influence the design of transition material?

RECOMMENDATIONS

There are a number of conclusions and recommendations that can be determined from this Best Practice report. For clarity this report shall divide up the sections for professional groups and identities as well as providing a set of recommendations for parents and children themselves.

Recommendations for School Leaders and Policy Makers

- ✚ Develop a transition strategy document for the school with clear procedures, time-line frames, relevant agencies, target groups and indicators for success. Include procedures for pupils that are coming in-organization transition, for pupils leaving or out-of-school transitions, as well as transition within the school
- ✚ Develop in partnership with the parents, the child and other relevant agencies a transition plan for each student with additional support requirements, including;
 - Assign specific roles and responsibilities for example a coordinator, a child key contact person, and parents key contact person
 - Specific timeline frames for in advance planning, during and after transition actions
 - Adaptations concerning
 - Building and main facilities accessibility and usability
 - Curriculum and academic growth
 - Social inclusion
 - Assistive Communication Needs if necessary
- ✚ Apply a holistic individual approach in developing a transition plan for each child who will consider the child and the family's educational, psychological, cultural, social and daily living characteristics
- ✚ Apply a community based approach – make sure the child will be included in their peer groups and develop processes that allow the family to keep in touch with other families
- ✚ Raise the school's staff capacity on transition and inclusion, by supporting staff training and information on:
 - Transition management
 - State, LEA's and school's procedures for assuring additional support
 - Team work with other professionals involved
 - Collaboration with parents

- Along with information and training to support for the child with information, orientation, emotional support

Recommendations for Teachers

- + Make sure you participate actively in the transition plan development
- + Make clear with the transition team your aspirations and concerns and seek for support from the child's family, other professionals or more experienced colleagues
- + Make sure you are able to provide parents with up to date and clear information on transition and inclusion procedures
- + Do not promise something that you cannot deliver
- + Meet in person with the family and the child early in advance to get used to each other and develop a relationship of trust and respect
- + Liaise with other professionals who can provide you with on-going consultancy to ensure holistic support – physical, academic, emotional, social of the child you are supporting

Recommendations for Other Out-of school Agencies and Professionals Involved

- + Contribute based on your professional experience and opinion to the transition plans being developed in the children's schools
- + Facilitate and or lead in the pre, during and post transition initiatives
- + Provide expert support to the mainstream teachers involved

Recommendations for the Families

- + Prepare a list of criteria for choosing a new school and a list of the desired outcomes for your child when they enter and then graduate from that school
- + Initiate the development of a transition plan for your child early in advance so as to allow for all the decisions and adaptations to take place (begin at least one year in advance)
- + Require a transition plan from both the former and the future school of your child and make sure there is continuity between them
- + Make sure you have a contact person in both schools from whom you can receive information about transition related procedures and other support needed

- ✚ Make sure you know your role in the transition process and every other person involved is aware of their own role and related responsibilities in terms of time frame and expected results
- ✚ Be collaborative

- ✚ Put your child rights first

- ✚ Make sure your child's physical, academic, emotional and social needs are met during and after the process of transition

- ✚ Take into account your child's perspective

- ✚ Keep in touch with other families whose children are also going through similar transition and with the families from your child's school

Recommendations for Children*

- ✚ Ask questions about your new school, new role, new routines

- ✚ Talk about your feelings, about your former school and decide with your friends, teachers and parents on a suitable way to say good-bye

- ✚ Make clear your priorities for your new school – friends instead of simply a nearby school, for example

- ✚ Make clear your interests state what is it you like to do at school

- ✚ Make clear your fears and worries

- ✚ Make sure you have a contact person in your former and in your new school to support you in going through the transition process

- ✚ Be pro-active and talk about everything you want your teachers and peers to know about you

* If the child is not able to follow the recommendations pro-actively and independently it is the adults' – parents' and professional's role to find out about them and support the child in communicating them to the other stakeholders.

Conclusion

In order to support a child with additional support requirements through transition from special school to mainstream (Nursery, Primary and or Secondary) the following should be adopted;

- **Formal Transition Framework**
Develop a formal transition framework which is flexible to the individual needs of children with additional support requirements and adaptable based on national policies. A framework that details pre- transition preparations and post transition evaluation to ensure successful transition and meaningful inclusion
- **Holistic Approach**
Recognise the educational, psychological, social and cultural contexts of a child with additional support requirements and their families which will provide a holistic approach to learning and remove barriers for learning
- **Participation**
Ensure children with additional support requirements and their parents are involved and are at the centre of all decisions that affect them
- **Tailor made**
Facilitate children with additional support requirements through bespoke approaches and pedagogy tailored to their individual needs
- **Information**
Provide relevant, up to date, timely information to children with additional and their parents in an accessible manner
- **Key Worker**
Formalise a key working system (point of contact) for children with additional support requirements and their parents to support them throughout the transition process. The key worker is an essential role for all professionals to liaise with and communicate with ensuring a clear pathway of communication for all
- **Continuation of Supports**
Identify a clear pathway for the continuation of supports for children with additional support requirements during and subsequent to transition
- **Collaborative Working**
Ensure professionals in education and health collaborate using a pro-active approach to meet the needs of children with additional support requirements during transition

- **Training**

Provide training and continuous professional development for professionals that centre on managing transition, adapting the curriculum, models of inclusion, disability and childhood

FINAL STATEMENT:

This Best Practice report has been published with the support of children, parents, professionals in order to identify what improvements can be made across Europe in order to support the transition of children with additional support requirements into and out of various educational settings. No claims have been made about success in this report as success in this case is not a quantifiable measure and this was not the aim of this research. What this report does claim to provide are a range of strategies and recommendations based on evidence collected across 8 European countries that will support and have been identified as providing Best Practice.

"This project has been funded with support from the European Commission. This publication [communication] reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein."

APPENDICES