

**Ordinarily Available Provision**

*Guidance for Parents and Professionals.*

Ordinarily Available Provision is not about treating everyone the same, but it is about making adaptations and small changes, so all children get the same opportunities.

*It is important to remember that “Children who may struggle in their early learning are not ‘low ability’. We do not know what their potential might be. Every child can make progress with the right support”* Development Matters, Sept 2020, revised July 2021.

Please also read our SEND Information Report, which provides information and answers frequent questions parents ask when their children may have particular learning, communication, physical and social emotional needs.

*Mrs A Flinders* is the named Special Needs Co-ordinator,

 Head teacher and National SENCO Award gained.

***Introduction***

Fullbook is an inclusive community: it is expected that the vast majority of children will have their needs met by our universal mainstream provision through an ethos of best practice and reasonable adjustments in line with the SEND Code of Practice (DfE Jan 2015)

Our ***Ordinarily Available Provision*** is the range of activities, opportunities and strategies that we offer as part of our quality first teaching and evidence informed approaches to meet a range of additional needs without the need for a formal diagnosis or specialist support.

### Here at Fullbrook nursery we place clear expectations of inclusion on ourselves;

We will:

* adhere to the Statutory EY (Early years) Foundation Stage Framework when planning the delivery of curriculum, provision and developing stringent policies and procedures
* promote equality of access for all children in their care
* have a robust strengths-based early identification and assessment system in place
* actively work with parents and carers as a key aspect of good practice, with clear and regular communication giving parents a voice and ensuring that the child is at the heart of the process
* champion the child’s voice: a child may express themselves using their voice, or in other ways. Behaviour is a communication and practitioners will have an active curiosity about what a child is trying to communicate to them
* co-ordinate multi-agency working, so that practitioners and parents have the benefit of expert professional advice and support when a child already has an identified need or when a need becomes apparent
* actively seek out evidence informed training to maintain skills and knowledge as part of their ongoing CPD (continuing professional development).

The next ***four sections*** give more detailed information about how we support our young children in each of the categories of need, as described in the Code of Practice.

***Communication and Language***

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| What does it look like?  | Ordinarily Available Provision  | Resources Used  |
| **Attention and listening** **Child may have no or poor eye contact and may not respond to their name** **Child may be easily distracted, find attending to activities difficult and flit between one thing and another** **Child may not be able to listen and do something at the same time** **Child may appear to be in their own world or on their own agenda and it may be difficult to get them to engage in adult led interactions** **Child may engage in a limited range of activities**  | **Environment:** * Uses calm colours to reduce distractions, support attention and concentration – all useful aspects to effective communication
* Carefully plan where areas are placed in the room. For example, have the book area in a corner away from the outside door. Be aware of throughfares
* Use of natural resources e.g. wood, metal, real leaves, mud can offer opportunities for more language to be used, sensory engagement to support listening & attention & something more interesting to talk about than plastic equipment
* Are aware of noise levels in the setting e.g. the use of soft furnishing or creating cosy areas.
* Ensure appropriate daily routines are in place to support the child.

**Experiences and Opportunities:** * Know about and follow the child’s current interests or motivators
* Offer a range of sensory experiences to engage the child
* Free flow outdoor provision provides experience that relaxes children and offers opportunities to support their social communication.

**Strategies:** * Identify the child’s attention levels
* Use the child’s name before communicating with them
* Use eye contact, gestures, tone of voice and nonverbal communications
* Get down to the child’s level
* Organise small groups or paired work
* Play high interest games e.g. bubble, balloon or ready steady go games
* Use visuals or objects of reference to support attention skills
* Share key strategies with parents and carers to ensure a consistent approach
* Sing songs and rhymes
 | Small world playSocial communication groupsFocused social interactions Sensory circuits and sensory breaks Safe spacePositive language and praising Wellcomm screening and planning tool |

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| What does it look like?  | Ordinarily Available Provision  | Resources Used  |
| **Receptive language (understanding)** **Child may struggle to understand language and could mimic with no understanding (out of context)** **Over reliance on non-verbal communication** **Struggles to follow simple instructions** **Not responsive to their name Difficulty making choices** **May have high levels of anxiety, withdrawal, challenging behaviour, low levels of wellbeing** **Avoids tasks and activities where there is a reliance on understanding language** **Struggles to follow routines without support – waits and copies what others do** **Children may find following verbal instructions difficult**  | **Environment** * Use visual support strategiesUse quiet spaces to support concentration X Reduce distractions in the environment
* Use real objects to generate new vocabulary and make learning more meaningful
 | ALD boardsCommunication friendly environments Purposeful displays Tents Tables covered with cloths Book Nooks Sofas and bean bags Ideas and activities to support speaking and listening Wellcomm Modelling/instructions/ commentary Creating opportunities to communicate Early Talk Boost |
| **Experiences and Opportunities:** * Provide opportunities for real life, first-hand experiences (cultural capital) to facilitate new vocabulary through a multi-sensory approach
* Utilise all daily routines as opportunities to interact
* Re-visit words and experiences to embed vocabulary in a variety of contexts
* Children need a reason to communicate, we plan resources and opportunities to support this
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| **Strategies:** * Simplify language when necessary to aid understanding
* Use objects of reference, photos or visuals to support the child’s understanding
* Intentionally plan new words to introduce and share these words with parents to encourage use at home too.
* Follow the child’s lead, comment on their play or interests.
* Avoid asking too many questions. Adults should ask one question to every four comments made.
* Offer choices with a visual support even when you may already know what they want e.g. ‘do you want an apple or banana?’
* All practitioners try to use the same word/phrase rather than using a range of words to describe the same activity.
* As receptive and expressive skills develop, we ask open-ended questions to encourage conversation e.g. “What did you do on holiday?” rather than “Did you go to the seaside?”
* Story sacks, props, puppets, nursery rhyme bags all add meaningful context to words
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| What does it look like?  | Ordinarily Available Provision  | Resources Used  |
| Expressive Language (expressing themselves or talking) Child may have less expressive communications, such as facial expressions  | * Use the 10 second rule to give children time to process, understand the words and gestures used.
* Emphasise key words in your comment or instruction e.g. Here’s the car. The ball is in the bucket
* Children usually understand nouns first (objects) then verbs (doing words) and then adjective (describing words) this can help in the type of words we use with children
* Model the correct language to children without expectation for the child to repeat the phrase e.g. Child: ‘Cat runned away’ Adult: ‘Yes, the cat ran away’.
 | Wellcomm toolEarly Talk Boost  |

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| What does it look like?  | Ordinarily Available Provision  | Resources Used  |
| **Social Communication** **Child may avoid situations where language is involved** **Child may demonstrate aspects of solitary play** **Child may find emotional vocabulary learning a challenge**  | **Environment:** * When children feel comfortable and safe, they are more likely to communicate.
* Are aware that different cultures may have different social rules. Make sure we speak to parents about what is expected in their culture
* Are aware that a child with EAL may present as having SEND but just need time to immerse in the new language and we must proactively support this.
* Minimise visual distractions and background noise.
 | Language SupportSocial communication groups Ealy Talk BoostWellcomm |
| **Experiences and Opportunities:** * Small group work with the child for short and regular interventions
* Use co-operative play and adult led or child-initiated tasks involving turn taking
* Interact in the child-initiated moments as they arise to support and model language
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| **Strategies:** * Routines are very important for children with social interaction difficulties. Routines are clear (e.g. by using a visual) and we warn children in advance of any changes during the session
* Ensure we are face-to-face when communicating and use children’s names to gain attention.
* Children may find it challenging to stay in the group for a long period of time so we have realistic expectations for individual children.
* Follow the child’s lead and make the context and reason for communication motivating and interesting
* Use high interest toys like bubbles, noisy or pop-up toys to encourage simple interaction and turn taking.
* Praise the child for ‘good listening’ or ‘good looking’ or for taking turns in an activity.
* Repeat and revisit activities particularly in small groups as this can offer reassurance and build confidence
* Value and recognise all forms of communication including non-verbal.
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***Cognition and Learning***

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| What does it look like?  | Ordinarily Available Provision  | Resources Used |
| **Through observation children may have:** **Poor memory skills** **An inability to retain basic play skills and concepts and need lots of practise and repetition** **Difficulty recalling known skills** **Difficulties with joint attention** **Fleeting / poor concentration** **Difficulty or inability to make a choice** **Repetitive play skills** **Difficulties with understanding** **Limited play experience and inability to explore toys/ activities** **Difficulty generalising skills Over reliance on adults** **A reluctance to take risks or problem solve**   | Use visual support materials to aid understanding. We choose materials based on the child’s level of understanding – objects of reference, photographs and then symbols  | Using pictures and symbols Photos and Symbols (Widget)  |
| Visual schedules help children to follow the structure of the day and also sequences e.g. getting dressed, going to the toilet First/then or now/next systems help children to access activities they wouldn’t usually experience, and this also extends attention and focus ALD boards, personal passports help children to choose activities and communicate what they would like to do.  | Objects of reference – aim to make them meaningful to the child Destination photos – take photos of the place and show the child where you are going (passports/timelines)Now and next / first and then Visual schedules and timetables ALD boards / Symbol passports  |
| **Support for receptive language skills (understanding) we..**We use simple clear languageGain the child’s attention by saying their name or using a gentle physical prompt Get down to the child’s level when talking to them Chunk instructions into smaller parts and give them one at a time Reduce the number of questions asked and increase simple commentary alongside play. Use the ratio one question to 4 commentsIncrease the use of gestures  |  Ideas and activities to support ShREC – modelling / instructions / commentary  |

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| What does it look like?  | Ordinarily Available Provision  | Resources used  |
| **Lack of confidence to approach new tasks and experiences due to limited understanding** **Unwanted behaviour** **Child may appear isolated and disconnected from others** **Difficulty sequencing** **difficulties understanding and recalling routines** **misinterpretation of social contexts**  | **Support for attention and concentration we…**We consider positioning during group/carpet sessions. Carpet mats can help a child to focus Offer wobble cushions/fiddle toys/weighted lap toys can aid concentration during group times Reduce the group size for some carpet activities e.g. story time, for those children who need it. Use shorter, more interactive/sensory stories and use visual props to extend attention and help the child to stay focussed Reduce distractions when playing with the child e.g. cover some activities up with a cloth or sheet e.g. computer/water tray Break tasks down into small steps so the learning is more achievable e.g. thread one bead, then two Basket work helps children to focus on short task and brings a clear structure to activities. Start with one task and increase over time. This gives children chance to practise listening and attention skills and also develop confidence to try new activities Use the phrase “one more then finished” to extend concentration on activities **Support to develop play skills** Copy children’s play and pause to see if the child respondsModel and extend play and then introduce a new action e.g. stirring the tea during a tea party Have two sets of toys/activities to model play sequences. This will help the child to copy play sequences Use the child’s interests to help to broaden experiences e.g. Peppa Pig/cars. Use this interest in other activities e.g. put Peppa pig in the sand tray, use colouring sheets with Peppa on. Appropriate toys/activities need to be available for the child’s developmental stage. Use some hand over hand techniques to support the teaching of new skills e.g. putting a finger in messy play materials Use motivating object/resources e.g. bubble machine, to entice the child towards a new activity/area of the room Create a calm, quiet and distraction free area to introduce and model new skills Allow lots of opportunities to practise skills e.g. doing different jigsaws with large knobs, building with different bricks and materials so that learning and skills are generalised**Support to develop learning in social situations we…**Play people games without toys to help the child to copy and respond to adults Include the child in social communication groups. Groups are adapted by reducing the number of children and the number of activities.Plan in independent time periods for children who are over reliant on adults. Give children a visual cue to show that the practitioner is busy at the moment but will be available soon. Create opportunities for paired and shared play and turn taking activities e.g. “my turn, your turn”. Plan fun and motivation activities e.g. rolling a ball, popping bubbles, banging a tambourine Teach a strategy to initiate interaction with peers e.g. show how to give a high 5 to another child Adults can anticipate what might happen in a social situation and give this a narrative e.g. ‘Tommy has tapped you, he wants to play chase” **Support to develop positive approaches to learning we…**Model and teach new skills in small groups before whole group sessions Give positive praise which is relevant to the child for all attempts not just successes Provide breaks in learning for children who have sensory needs and may not be able to attend for longer periods. Sensory boxes may help with self-regulation and enable a child to re-engage with learning tasks Teach the child a phrases to obtain help and assert themselves e.g. ‘help me please’Share success with other children and adults (if this is appropriate). This could be a smile, thumbs up or a sticker: whatever motivates the child. Ensure parents are fully involved in supporting the child by sharing approaches, strategies and successes | Carpet spots Fidget toys Wobble cushions and weighted lap buddy Sensory stories Once upon a Touch Helicopter Stories Sand timer to support sustaining concentration Home learning packs – to develop play skills SMILE approachSocial communication groups Sensory circuits and sensory breaks Safe space Positive language and praising |

 *Social, emotional and mental health*

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| What does it look like?  | Ordinarily Available Provision  | Resources Used  |
| **Children who find it difficult to regulate their behaviours and emotions**  | We offer…Calm spaces – both indoors and outside Movement and sensory regulation breaks – indoors and outside Sensory/calm box available for free and independent access (may include puppets, persona dolls, worry dolls, emotion stones) ‘Professional love’ – a key person who can recognise needs and de-escalate emotions and behaviours Zones of regulation, emotion coaching and conflict resolution used.  | Books to explored and summarised in training for practitioners: Heather Geddes; Attachment in the Classroom (2006), London, Worth Publishing. Niels Rygaard; Severe attachment disorder in childhood a practical guide (2006), New York, Springer-Verlag. John Bowlby; A Secure Base (1988), Oxford, Routledge  |
| **Children who may be withdrawn, overactive and or have poor concentration**  | We offer…Planned sensory breaks – indoors and outside Visuals – objects of reference, photos, timers, now/next, schedules, task list, photos of adults who are looking after the child each day Key person bonds Whole setting approach to develop professional curiosity to further explore the child’s presentation – why are they withdrawn/overactive/have poor concentration? We follow the child’s interests Provide opportunities for the child to learn in a way that best suits their needs – join them in their play/space rather than large/whole class groups Allow a child to join towards the end of a session and build up the time engaged slowly Joint attention activities Meet and greet with key person Have a welcome box with favourite activities Use of a comfort object from home to help them feel safe and secure  | Social communication groupActivities to help listening and awareness of soundPositive behaviour visuals Promoting Positive Behaviour Policy and approach  |

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| What does it look like?  | Ordinarily Available Provision we offer … | Resources Used |
| **Children who may have triggers that they respond to**  | **We use…**Behaviour tracking charts (BCC charts) are used if needed to be able to track and understand a child’s behaviour. Practitioners understand patterns of behaviour and that behaviour is a form of communicationTrauma informed approach and restorative repair Use Positive touchUnderstanding anxiety in childrenProvide structure during unstructured times Use of transitional objects  | Link to behaviour/BCC charts and behaviour planPromoting positive behaviour policy and approaches. Positive touch - Once upon a story time.  |
| **Children whomay present aspikey, inconsistent developmental profile**  | Developmentally appropriate expectationsDevelopmentally appropriate resources  | Link to small steps guidelines hereEvery child a talker (ECAT) – modelling / instructions / commentary etc Help for EY providers gov pages link https://help- for-early-years-providers.education.gov.uk/  |

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| What does it look like?  | Ordinarily Available Provision  | Resources Used  |
| Children who may present with extreme emotions  | **We provide calm spaces** Annual staff training on managing challenging behaviour  Positive behaviour policy – supports adults to de-escalate behavioursConsistent approach to managing emotions and behaviours which are shared with parents Nurture groups and focused nurturing interactions through playSocial stories SMILE Approach – to explicitly label emotions – “I can see that you look cross, would you like help?” Direct teaching of calming/self-regulation strategies (yoga, mindful breathing)  | SMILE – Social Stories + personal social storiesSMILE PSED Books to explore with children SMILE vocal scripts – poster Emotion Bears, display and emotion  |

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| What does it look like?  | Ordinarily Available Provision we offer… | Resources Used |
| **Children who may present with eating or sleeping difficulties**  | Rest/calm breaksHome-setting communication bookA smaller space to eat in a calm/quiet area  | SMILE parent advice sheetsTop tips/ Small step sheets  |
| **Children who may find following instructions difficult**  | Offer choices Know the child – what are their motivators/interests? Visuals (now/next, timer, task lists) Simplified language – now/next Adults match their language to the child’s level of understanding Individualised reward system linked to the child’s interests X Give an element of control – controlled choicesGive the child responsibility for certain tasks  | WellcommSymbols - Widget  |
| **Children who may seek or reject reassurance from an adult**  | Seek the child’s voice – what do they want?Use the child’s own self-regulation strategies as a starting point and facilitate these Use transitional objects  |  |
| **Children who may partake in self-harm activities**  | Substitute self-harming behaviours – e.g. biting – replace with Chewelry, or throwing – play a ball game  Complete a sensory profile  | Sensory processing resource pack (OT) |
| **Children who may struggle to make and maintain friendships**  | Social communication groups Use buddy systemsParallel playCue cards/visuals Turn taking gamesDen building Daily Invitations to playTeam/group tasks/games  | SMILE -social communication groups  |

***Physical and/or sensory***

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| What does it look like?  | Ordinarily Available Provision  | Resources Used |
| **Physical Needs** these could include, but are not limited to: Cerebral palsy Talipes Achondroplasia Spina bifida Hypermobility Duchenne muscular dystrophy Loss of limbHirschsprung’s diseaseDegenerative disease Rheumatoid arthritis  | **Environment and Resources, we…**Enable access to IT equipment e.g. sound buttons, Ipads.Ensure there is space to move around with a walker or in a wheelchair- re-arrange the room to make access easier Keep a tidy, clutter free room to help children with visual and physical difficulties Use soft furnishings to lessen echoing, (curtains, carpets) For children with visual difficulties use contrast e.g., paper and crayons, place toys on a plain background that contrasts and makes the toy stand out e.g., black background for a yellow toy Allow opportunities of rest throughout the day - set up a quiet area for children to go to rest, beanbag, cuddly toys, quiet books, materials to feel, blankets. Make reasonable adjustments to allow access to toys such as putting toys in a Tuff spot on the floor Toys in a tray on table to prevent things falling off X Provide steps for children to access the toiletsPlace grab handles near steps, toilets.Put bright strips on steps to highlight visually Use Dycem matting to stop bowls/plates/toys slipping off or Sellotape paper to table/floor to stop it falling off Offer the opportunity to sit on a chair at group timesAccept children going for a rest any time. Have short bursts of rest throughout the day and provide a safe space for them to do this. Ensure the children can be included in all activities at an appropriate level. Use a range of sizes of toys, different apparatus such as different type of scissors (loop handles, spring, assisted), have a variety of sizes of crayons/ pens, stick paper to the table to stop it slipping, put the paper on the floor, Have evacuations plans in place for children with physical difficulties Look at the Local Offer, so you are aware of local support groups and activities to signpost parent/carers to  | The books we may plan to share include; The Same But Different -Molly Potter Don’t call me special – Pat Thomas  Amazing – Steve Anthony (wheelchair user) The Christmasaurus by Tom Fletcher Brave Huxley Book by Dan Hipkiss  |

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| What does it look like?  | Ordinarily Available Provision  | Resources Used |
| **Physical Needs** Child may not be meeting physical milestonesChild may be very clumsy, often falling over Child may have spatial awareness difficulties  | Through interactions, environment and routine we.. Develop the child’s core stability, for example wobble cushion, exercises and games. Provide physical activities to support development of gross motor skills,for example throwing, catching, hopping, scooting, riding a trike etc. In addition, offer opportunities for a child to cross the mid-line such as waving scarves, ribbons, pom poms etc. Develop fine motor skills, for example hand and arm exercises such as dough disco, specialist scissors, pegboards, threading, play dough, pincer grips activities, such as pegs onto washing line or sorting with tweezers.  | Early Movers Active Tots Physical Activity Guide Advice from Physiotherapy and OT plans |
| Sensory circuit activitiesClutter free environmentDefined spaces (colour or surface change)A mix of floor and raised activitiesUse bright tape on steps to define edges  | Sensory circuits Newlife Charity – www.newlifecharity.co.uk  |

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| What does it look like?  | Ordinarily Available Provision  | Resources Used |
| **Hearing Impairment needs** these could include, but are not limited to: Hearing loss which is not aided (such as glue ear or single sided hearing loss) Has a fluctuating hearing loss Requires equipment to support their listening, for example hearing aids, cochlear implant etcHas difficulty adapting to environments with high levels of background noise Find it difficult to listen in background noise  | We…Consider body language including facial expressions, practitioner positioning at children’s level, eye contact, face to face Gain the child’s attention prior to giving an instructionUse visuals (objects or reference, photographs of objects of reference and signs and symbols) together with speech to support child Give warning regarding fire alarms. If appropriate use an alternative exit route Stand still and get to their level when giving instructions to support children who may be lip reading. move or reduce background noise Have quiet spaces Consider the environment, for example carpeting, soft furnishing, rubber feet on the table and chair legs etc. will reduce noise.  | Access HI teacher support and resources |
| May have delayed language and communication skills May not have enough hearing to fully access spoken language May mishear and misunderstand  | Repeat verbal instructions: sensitively provide reinforcement and reassurance where necessary. Identify areas of strength and needs in terms of communication and language for the child you are considering  | Early Talk Boost  |
| May have difficulties with social interactions  | Social communication groups – children can sit at a table/ on the floor/ outside/face to face/on a chair (dependent on need of child) Parallel playTurn taking gamesDen building Invitations to playModelled interactions from adults | Supporting Self-Esteem through SMILESocial stories ShREC approach  |

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| What does it look like?  | Ordinarily Available Provision  | Resources Used |
| **Visual impairment needs** these could include, but are not limited to: Impairment of sight, which cannot be fully corrected Visual impairment may result in the appearance of delayed physical and cognitive responses. May be physically tiredMay find it difficult to make and maintain friendships May need enlarged texts around the environment May struggle with early literacy and pre-writing skills  | For children with visual difficulties we think about contrast e.g., paper and crayons, place toys on a plain background that contrasts and makes the toy stand out e.g., black background for a yellow toy Provide additional resources for inclusive play, for example a bell in the ball so all can play together. Ensure time for a child to map the room and allow this to occur when the child attends. Allow re-mapping to occur when furniture and resources change place to reduce confusion and potential injury Use recordable devices e.g., talking tins, word buttons Use blinds to reduce glare Adults to ensure they don’t stand with their backs to the windows when talking to the child  For children who wear glasses ask for a spare pair to be kept at the setting Have toys and dolls who wear glasses or patches in the home corner  | Access VI teacher supportWidget  |

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| What does it look like?  | Ordinarily Available Provision  | Resources Used |
| **Medical Needs these could include, but are not limited to:** Epilepsy Diabetes Tracheostomy Gastrostomy Oxygen dependent Severe allergies Haemophilia Osteogenesis imperfecta Severe asthma Children with cancer Children with life-limiting conditions Metabolic disordersPrada-Willi syndrome Incontinence conditionsCatheterised conditions Cystic fibrosisHydrocephalusHeart conditionsBirth Trauma Children may tire easily and appear unwell. Knowing the child and the condition is vital.  | **Through the environment and routine, we..**Consider fatigue levels and how these impact on children’s ability to engage X Make plans for rest and sleep.A Health Care Plan must be in place and signed by a health professionalRobust procedures in place for the administration of medicines. Equipment e.g. walkers, standing frame or chair must be accessible and checked by health professionals periodically Accessibility of the building e.g. ramps, wider doors, lifts/stairs. Staff medical training e.g., EpiPen training, NG Tube training. Put yellow tape on steps to define the edges. Use support padding on posts within the indoor/outdoor environment. Severe and complex medical needs including a life-limiting diagnosis or condition:Make reasonable adjustments in line with the Equality Act 2010 Support equipment such as medicine cabinets, first aid bags, fridges. Regular home setting contact when/if child is not in setting to maintain ‘sense of belonging’ with peers and setting community  | Health servicesCDC referrals/professionalLydens Outreach |

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| What does it look like?  | Ordinarily Available Provision  | Resources Used  |
| Sensory Need these could include, but are not limited to: Can appear withdrawnCan display stimming or self- stimulatory behaviour Can have limited listening and attention skills Can be very repetitive in their language and actions Can display Pica activities X Can be sensitive to touch or sounds May respond to pressure such as weighted blankets May self-soothe through rocking or head banging May avoid textures such as messy play Children may appear to have periods of ‘sensory overload’ when they are being overstimulated.  | **Environment and resources, we**Completed a sensory environment auditComplete a sensory profile document for relevant sensory needs- collaborate with parents and carers to assess sensory needs. Followed by sensory reduction planning.offer sensory breaks.Sensory adaptations and resources. Consider the environment e.g. noise, room temperature, visual stimuli, proximity. Flexible approach to transitions. Access to safe place. Identify strategies to help support child’s sensory needs Incorporate sensory breaks, circuits Provide a sensory box for calming- filled with motivating objects/distracting fidgets/regulating objects Create calming spaces - allow children’s pushchairs into room if that is a safe space for them. Pop up tents, large bean bags to sink into. Offer distractions that are highly motivating and divert focus Offer alternatives which are safe to mouth e.g. Chewelry Are aware of contents of items like paint, playdough – are these safe if accidentally mouthed? Incorporate motivating objects into messy play learning/ begin with small objects Teaching ‘high five’ followed by an activity that is highly motivating/ favoured activity  | Sensory Audits, profiles and plans. Transition plans Mood bears SMILE resources  |