

Ordinarily available provision (schools)

Ordinarily available provision (OAP) in schools

The term 'ordinarily available provision' comes from the SEND Code of Practice and refers to the support that mainstream schools or settings are expected to provide for a child or young person through their agreed funding and resource arrangements.

This section contains a range of additional strategies and interventions, in addition to the toolkit in Section One that should be considered for children and young people in line with their assessed additional needs. It is of relevance to teachers, SENCOs and school leaders when determining the school's SEND offer in relation to their learners' additional needs. It will also support conversations between schools and parents so the right support can be prioritised at the right time.

There are a range of strategies suggested but it is important to note that all learners are different (each child has strengths and needs that are unique to them) and so not all strategies or interventions will be effective for all learners, and not all support can and should be provided at the same time. It is important that this resource is used by settings and family carers to plan the support that is needed and effective (see [Provision Mapping Guidance](#)).

For ease of use, this section has been arranged by the four areas of need as set out in the SEND Code of Practice.

- [Communication and interaction](#)
- [Cognition and learning](#)
- [Social, emotional and mental health](#)
- [Sensory and/ or physical](#)

However, many children and young people may have needs across more than one category and their presentation may not fall neatly into one area. Any support or provision should be provided according to the needs of a child or young person (CYP) and not be dependent on a diagnosis. Even if a diagnosis has been given it is paramount to remember that each child has strengths and needs that are unique to them.

A 'medical' section has also been added to support classroom practice. Although a medical diagnosis or disability does not imply that the child or young person has a special educational need, some may have medical conditions or a disability that can impact on their access to education.

Communication and interaction

This provision should be in addition to the expectations in section one.

Whole school provision

- Whole school awareness and understanding of communication and interaction needs.
- Whole school audit of skills and training needs in relation to communication and interaction.
- Whole school CPD plan around communication and interaction.
- Communication friendly classrooms.

Resources, advice, and consultation available

- Refer to [Surrey's Inclusion and Additional Needs Schools Service Offer](#)

Identified barrier and/ or need	Provision and or strategies:
Difficulties understanding what is being said to them.	<ul style="list-style-type: none">▪ Check that hearing has been tested.▪ Engage the child's attention before talking to them, use their name.▪ Consider how many information carrying words (identify this through screening) a child can manage and adjust language level accordingly when giving instructions.▪ Provide visual prompts to support language including key vocabulary, now and next, visual timetables, gesture, signing.▪ Allow extra time to process what has been said (10 seconds).▪ Repeat your instruction or request if not understood and simplify the language and use additional visuals to support.▪ Check understanding by getting child or young person to feedback or by asking questions.

Identified barrier and/ or need	Provision and or strategies:
Difficulties saying what they want to and being understood.	<ul style="list-style-type: none"> ▪ Provide an environment that limits distractions. ▪ Pre-teach topic vocabulary. ▪ Avoid use of sarcasm (make sure your words and body language match) and idioms ("it's raining a lot" rather than "it is raining cats and dogs" in general instructions as these can be misunderstood and lead to negative behaviours but explicitly teach where these occur in curriculum or are featured in a book/ text. <ul style="list-style-type: none"> ▪ Allow time to try and find the words they want to say. ▪ Ensure there are opportunities for practising language that can be predictable e.g., circle time, news, group time. ▪ Repeat back what has been to either; expand the sentence; complexity or length, add a different vocabulary word or modelling the correct grammar. ▪ Encourage talking by commenting and giving choices rather than questioning. ▪ For older student's barrier games e.g., Guess Who, Battleships can support with developing sentence structures, grammar, and vocabulary. ▪ Use of alternative methods of communication e.g., signing and picture exchanges can also support with getting message across. ▪ Where the difficulty is with speech and/ or fluency. ▪ Be honest. Don't pretend to understand if you don't. ▪ Give reassurance that you want to understand and if you can't right now you will try later or try another way to understand.

Identified barrier and/ or need	Provision and or strategies:
<p>Child or young person does not understand or use social rules of communication and has difficulties with interactions e.g., turn taking, sharing, greetings, active listening, empathy, respect resolving conflict, making, and maintaining friendships.</p>	<ul style="list-style-type: none"> ▪ Repeat back part of the message that you did understand and ask to repeat or draw; act out or gesture so you can model the words to make that message successful. ▪ Ensure you are following all the advice for difficulties with understanding. ▪ Once you have identified the rule that is not understood through screening you will need to explicitly teach, use visuals, modelling, role play, use Comic Strip conversations to support. ▪ Use lots of different scenarios of where or when the rule applies to support generalisation. ▪ Opportunities to practice throughout the school day and week. ▪ Opportunities for learning from role models. ▪ Praise all communication attempts. ▪ There are many social skills programmes that can support, see Inclusion and Additional Needs Schools Service Offer for evidence-based programmes relevant for age and key stage. ▪ Be clear with expectations and use consistent language to talk about the expectations.
<p>Anxiety based communication needs.</p>	<ul style="list-style-type: none"> ▪ Do not pressurise the child to speak, it may make the situation worse. You could say that you don't need them to speak e.g., "It's OK if you don't want to talk now, you can show me". ▪ Reduce the number of questions you ask, as this puts pressure on the child to talk. E.g., instead of saying "what's that?" say "oh look, a tree". This way you provide a

Identified barrier and/ or need	Provision and or strategies:
	<p data-bbox="1003 236 1796 304">language model but without putting pressure on them to speak.</p> <ul data-bbox="958 312 1818 783" style="list-style-type: none"><li data-bbox="958 312 1818 411">▪ Identify a consistent member of staff, who can spend additional time with the child, so the child starts to feel more comfortable with them.<li data-bbox="958 419 1818 518">▪ Initially encourage participation in games that do not require any talking. Let them know that they won't have to talk in the game.<li data-bbox="958 526 1818 595">▪ Encourage non-verbal communication e.g., eye contact, gesture, drawings, and writing.<li data-bbox="958 603 1487 635">▪ Concentrate on gaining their trust.<li data-bbox="958 643 1818 783">▪ Refer to 'The Selective Mutism Resource Manual' by Maggie Johnson and Alison Wintgens, as an easy-to-follow programme to use with children with Selective Mutism.

Cognition and learning

This provision should be in addition to the expectations in section one.

Whole school provision

- Whole school staff awareness of the principles of assessment through teaching and evidence-based approaches to intervention.

Resources, advice, and consultation available

- Refer to [Surrey's Inclusion and Additional Needs Schools Service Offer](#).

Identified barrier and/ or need

Attention and listening difficulties.

Provision and/ or strategies (approaches, adjustments and specific interventions expected to be made by settings at school SEND support according to the ages and stages of the learners):

- Being aware of times of the day that may be more difficult.
- Reduce background noise e.g., keep classroom door closed so that there are no competing noises.
- Focus the child's attention to the task by saying their name.
- Use visual cues to let child/ young person know when they need to make a particular effort to listen.
- Be an interesting speaker e.g., show enthusiasm, use body language to emphasise points, vary pitch, volume, and intonation.
- Give information in short chunks, repeat, and give time for processing:
- Provide a reason for listening.
- Give a listening partner who can remind what to do.
- Praise good listening.
- Regular, short breaks.
- Differentiation.
- Chunking, breaking tasks down.
- Visual timetables.

Identified barrier and/ or need

Provision and/ or strategies (approaches, adjustments and specific interventions expected to be made by settings at school SEND support according to the ages and stages of the learners):

- Backward chaining. Chain parts of the task together (e.g., build the sequence at the last part of the task and working back so the child experiences success and then gradually work back to increase more elements until they can do the entire task).
- Named instructions.
- Asking the child to repeat back what activity they are going to do.
- Use of timers, so they know they only must focus for a comfortable amount of time.
- Individualised timetables.
- To be at the optimum arousal level for learning some children will need access to sensory equipment e.g., fiddle toys, wobble cushions.

Difficulties with learning e.g., despite appropriate differentiation, making inadequate progress over time across the curriculum and working below age-related expectations.

- Assessment through teaching to identify the areas of need in consultation with the learner.
- Teaching skills to fluency and promoting generalisation of learning across contexts.
- Teaching metacognition to help the child develop awareness of how they learn and effective strategies.
- Mediated learning to ensure learning is accessible with specific feedback to bridge new learning.
- Clear and simple instructions, breaking down longer.
- Visual timetable.
- Visual cues and prompts.
- Social stories.
- Give time before response is needed.
- Pre-teaching e.g., provision of a TA to help prepare the learner for the new topic.
- Shared next steps, so they know what to expect.

Identified barrier and/ or need	Provision and/ or strategies (approaches, adjustments and specific interventions expected to be made by settings at school SEND support according to the ages and stages of the learners):
	<ul style="list-style-type: none"> ▪ Differentiated resources that teach the curriculum appropriate to the child not their chronological age (e.g., year five child may be accessing year one objectives in the same context). ▪ A neuro-diversity approach to celebrate the strengths of each learner. ▪ Recognising and celebrating success in other areas of their life.
Generalised learning difficulties.	<p>In addition to the strategies for difficulties with learning:</p> <ul style="list-style-type: none"> ▪ Adjustment, modification, and differentiation of the curriculum, right across the board, to enable the learner to fully access the curriculum. ▪ Active learning, concrete, pictorial, and pragmatic approach to learning. ▪ Emphasis on self-actualisation, activities designed to develop skills which will support them to become independent learners. ▪ Support to manage self-esteem, celebrations of strengths, reinforcement of success.
Specific learning difficulties, acquiring literacy skills used as an example, but strategies can be applied to any learning difficulty.	<ul style="list-style-type: none"> ▪ A direct teaching approach which focuses on high quality, explicit and systematic instruction. ▪ Use of a structured approach using task analysis that ensures one skill is taught at a time (e.g., targeting the reading of certain word rather than targeting both reading and spelling at the same time), mixing new and old learning to minimise forgetting and increase confidence (this is called interleaved learning). ▪ Distributed practice, which means a 'little and often' approach using short frequent teaching sessions (for example, five 10-minute teaching sessions are often more effective than one longer

Identified barrier and/ or need**Provision and/ or strategies (approaches, adjustments and specific interventions expected to be made by settings at school SEND support according to the ages and stages of the learners):**

50-minute teaching session). The Education Endowment Fund's Key Stage 2 literacy guidance recommends brief interventions of "about 30 minutes" three to five times per week. Sessions should be regular and maintained over a sustained period, with careful timetabling to ensure consistent delivery.

- Teach skills to fluency as well as accuracy (i.e., being accurate and quick), ensuring there are sufficient opportunities to practise skills before moving on.
- Use of teaching activities which represent/ practise the actual skill being targeted (e.g., using real books for reading rather than phonics scheme books which limit texts to decodable words only).
- Ensuring children are fully informed about what the intervention is and why they are doing it and including them in the monitoring of their progress and achievements (to develop meta-cognitive thinking skills).
- Providing opportunities for children to generalise teaching from their intervention sessions throughout the day, ensuring that there are connections between the out of class intervention learning and classroom teaching.
- Peer-assisted learning.
- The adult delivering the intervention is experienced and has appropriate training in relation to the specific intervention.

Social, emotional, and mental health difficulties

This provision should be in addition to the expectations in Section One.

Whole school provision

- A well-being policy underpinned by an inclusive ethos and values with clearly communicated expectations around behaviour and engagement.
- Use of whole school approaches to promote wellbeing and resilience.
- Training on building and maintaining relational approaches in schools.
- Use of **Restorative Approaches** to build, maintain and repair relationships.
- Anti-bullying work.
- Regular opportunities for staff to reflect on a child's wellbeing and behaviour and plan together in partnership with the child and family.
- Use of PSHE, Circle time and curriculum approaches to explicitly teach rules and routines, build self-esteem, and develop social and emotional skills to all learners.
- Use of nurturing approaches and nurture groups.
- Developing attachment aware strategies (training available from the Virtual School and Educational Psychology Service).
- Small team of key adults identified for more vulnerable children with whom the child can build trusting relationships.
- Reasonable adjustments are made such that we differentiate for social, emotional and mental health (SEMH) in the same way that we differentiate for learning.

Resources, advice, and consultation available

- **[Surrey's Inclusion and Additional Needs Service Offer](#)**
- **[Surrey Healthy Schools Approach](#)**
- **[Supervision, support and coaching for school staff such as ELSA supervision, SENCo circles](#)**
- **[Mindworks Surrey \(mindworks-surrey.org\)](http://mindworks-surrey.org)**

Identified Barrier and/ or need

Provision and/ or strategies (approaches, adjustments and specific interventions expected to be made by settings according to the ages and stages of the learners):

Difficulties participating and presenting as withdrawn or isolated.

- Assessment through teaching e.g., are there parts of the curriculum that they find easier to manage than others? Use these to develop confidence.
- Small group work e.g., friendship or social skills, nurture groups.
- Backward chaining. Bringing learner in at the end of assembly or school day.
- Play based activities.
- Establish interests.
- Buddying and peer mentoring.
- Giving responsibility for looking after someone else.

Behaviour that concerns.

- A consistent message but flexible approach, e.g. "I want you to be in class learning" is the consistent message, the approach to support this happening may vary or be flexible depending on individual needs.
- Helping the learner to substitute other, more acceptable, behaviours.
- Use of choices to allow the child some control with the same result e.g., "would you like to talk to me now or in one minute?".
- Teach the learner different ways to get their needs met? E.g., develop social skills, strategies to manage anger.
- Develop readiness to learn how.
- Consideration of the timetable and transitions.
- Professionals' meeting to understand the behaviour.
- Risk assessment.
- Communication with home/ family e.g., what is going on at home, other agencies involvement?

Identified Barrier and/ or need	Provision and/ or strategies (approaches, adjustments and specific interventions expected to be made by settings according to the ages and stages of the learners):
	<ul style="list-style-type: none"> ▪ Structure should be clear and explicit; what are the expectations? ▪ Explicitly teaching de-escalation and self-management strategies. ▪ Use of distraction techniques and giving responsibility. ▪ Communication with families about what might be happening at home (e.g., divorce, bereavement, illness) and strategies that work/ don't work and relaying this information to staff. ▪ Preventative strategies in place. ▪ Voluntary access to a quiet space to support emotional regulation. ▪ Appropriate de-escalation strategies in place (e.g., time out card). ▪ Risk management plan. ▪ Reintegration plans. ▪ A clear plan of action, agreed with parents about physical intervention.
<p>Behaviours that may reflect mental health concerns:</p> <ul style="list-style-type: none"> ▪ Anxiety/ depression ▪ Self-harming ▪ Substance misuse ▪ Eating disorders 	<ul style="list-style-type: none"> ▪ Safeguarding/ risk assessment. ▪ Unpicking the behaviours (negative and positive behaviours) what lies behind them? ▪ Multi-professional approach. ▪ Identifying what is not right through engagement with the learner. ▪ Looking at the history, when did the behaviour start to change? ▪ Liaison and collaboration with home is essential to understand the wider picture.

Identified Barrier and/ or need	Provision and/ or strategies (approaches, adjustments and specific interventions expected to be made by settings according to the ages and stages of the learners):
Physical symptoms that are medically unexplained e.g., soiling, stomach pains	<ul style="list-style-type: none"> ▪ Substitutes for self-harming behaviours e.g., elastic bands, marbles. ▪ A relational key adult approach. ▪ Activities that are stress reducing e.g., games, dance, colouring, gardening, animals, forest school. ▪ Keep a log and analyse pattern or trends to identify triggers. ▪ Liaison with school nurse.
Attachment difficulties (Including Attachment Disorder) N.B. any provision or support should be provided in line with the needs of the child or young person and is not dependant on any formal diagnosis	<ul style="list-style-type: none"> ▪ Nurturing approaches and ethos/ nurture groups. ▪ Liaise with parents and carers for shared understanding. ▪ A good transition when the child starts school, including checking the history. ▪ Supportive, structured school curriculum. ▪ Staff to all be trained and aware of any child with attachment difficulties and how to respond to them. ▪ Consideration of discipline procedures/ behaviour policies. ▪ Consideration of family context and the range of children that may have attachment difficulties e.g., adopted, forces children, previously CIN, CLA. ▪ Liaison with the Virtual School and/ or EPT for training and advice including working as part of the attachment aware project.
Low level disruption or attention seeking behaviours, e.g., talking out of turn, frequent interruptions to learning, fiddling with objects.	<ul style="list-style-type: none"> ▪ Differentiated use of voice, gesture, and body language. ▪ Focus on reducing anxiety and thereby behaviours. ▪ Flexible and creative use of rewards and consequences e.g., 'catch them being good'.

Identified Barrier and/ or need	Provision and/ or strategies (approaches, adjustments and specific interventions expected to be made by settings according to the ages and stages of the learners):
Difficulty in making and maintaining healthy relationships.	<ul style="list-style-type: none"> ▪ Positive reinforcement of expectations through verbal scripts and visual prompts. ▪ Time out/ quiet area in the setting. ▪ Small group/ nurture group activities to support personal, social, and emotional development. ▪ A range of differentiated opportunities for social and emotional development e.g., buddy systems, friendship strategies, circle time <u>Restorative approaches</u>.
Difficulties following and accepting adult direction.	<ul style="list-style-type: none"> ▪ Look for patterns and triggers to identify what may be causing stress and anxiety. ▪ Positive scripts, using positive language to re-direct, reinforce expectations e.g., use of others as role models. ▪ Calming scripts to deescalate, including, for example, use of sand timers for 'thinking time'. ▪ Limited choices to engage and motivate. ▪ Flexible and creative use of rewards and consequences e.g., 'catch them being good' sticker charts. ▪ Visual timetable and use of visual cues i.e., sand timers to support sharing.
Presenting as significantly unhappy or stressed.	<ul style="list-style-type: none"> ▪ Identify and build on preferred learning styles. ▪ Safe place/ quiet area in the setting. ▪ Feedback is used to collaborate and plan with parent or carer, to ensure consistency between the home and setting. ▪ Use of social stories to identify triggers and means of overcoming them.

Identified Barrier and/ or need	Provision and/ or strategies (approaches, adjustments and specific interventions expected to be made by settings according to the ages and stages of the learners):
Patterns of non-attendance or Emotionally Based School Non-Attendance (EBSNA).	<ul style="list-style-type: none"> ▪ Home-school meeting to develop a shared understanding of the factors contributing to the non-attendance (i.e., the function of the non-attendance), drawing upon best practice guidance e.g., resources on EBSNA. ▪ Named key adult maintaining daily communication, to include a wellbeing check and ensuring provision of work if not in class. ▪ Meeting with pupil to gain their views around the non-attendance, using resources on EBSNA. ▪ Co-authored support plan in place for the young person (collaboration between the young person, school, and home). ▪ Reasonable adjustments according to the young person's needs and factors contributing to the non-attendance.

Sensory and/ or physical needs

This provision should be in addition to the expectations in Section One.

Whole school provision

- All staff are aware of individual students' sensory/ physical disability and implications in all teaching and learning environments.
- The environment needs to be managed so that they can access communication, learning in all activities e.g., delivery of information, seating, distractions.
- Staff are aware that for some learners, a sensory or physical disability could impact on their language and social interaction.
- Staff should encourage students to wear appropriate sensory equipment and use physical aids and ensure that all equipment is working.
- Staff should ensure that all students have understood all instructions.

Resources, advice, and consultation available

- [Inclusion and Additional Needs Schools Service Offer](#)
- [Education Psychology Team](#)
- [Physical and Sensory Support Service](#)
- [Surrey County Council Speech and Language Therapy Hearing Impairment Team](#)
- [Specialist Early Education Service](#)
- [Occupational Therapy Service](#)
- [Children with Disabilities Team](#)
- [Physiotherapy Service](#)
- [School Nursing Service](#)

Identified barrier	Provision and/ or strategies (approaches, adjustments and specific):
Hearing impairment	<ul style="list-style-type: none">▪ Deaf Awareness Training.▪ Ensure appropriate and consistent use of hearing aids and assistive technology.

Identified barrier	Provision and/ or strategies (approaches, adjustments and specific):
<p>Hearing Impairment needs may include temporary conductive hearing loss e.g., glue ear, unilateral loss, mild or moderate loss.</p> <p>Tips to be deaf friendly Communicating with deaf children (ndcs.org.uk)</p>	<ul style="list-style-type: none"> ▪ Check that hearing aids are working. ▪ Seat in class with clear view of teacher's or communicator's face and any visual material used (this may not be the same fixed place for all activities). ▪ Ensure that the child or young person is face on when you are giving instructions. Try not to move around the room whilst talking as they may use lip-reading and visual clues to support their hearing. ▪ Instructions delivered clearly and at an appropriate volume. ▪ Check the lesson content has been heard and understood, particularly when delivering new information, instructions, or homework; and, or using unfamiliar vocabulary. ▪ During class discussions allow only one student to speak at a time and indicate where the speaker is. E.g., you could pass around a classroom microphone to make class discussions more accessible for a deaf/ hard of hearing child. ▪ If students are to be asked to work together, arrange the seating so that the students can see everyone by putting chairs in a circle or horseshoe shape. ▪ Repeating or rephrasing pertinent comments made by other learners ensuring the student accesses those comments. ▪ Visual reinforcement (pictures and handouts), to support learning. ▪ Be aware that during P.E. or games lessons it will be more difficult to follow instructions. ▪ Words spoken on an audio/ visual recording may need a person to repeat what is being said, provide written copy and, or use subtitles. ▪ Carpeting, soft furnishing, rubber feet on the table and chair legs etc. will reduce noise.

Identified barrier	Provision and/ or strategies (approaches, adjustments and specific):
	<ul style="list-style-type: none"> ▪ Seat away from any source of noise e.g., window, corridor, fan heater, projector, the centre of the classroom etc. ▪ Encourage good listening behaviour: sitting still, looking, and listening. ▪ Encouraged to ask when not sure what to do. ▪ A quiet working environment, particularly for specific listening work. ▪ All staff who work with a learner with HI should be made aware how best to support in school. ▪ Staff to work together with other professionals to share strategies and advice to support the child.
Visual impairment	<ul style="list-style-type: none"> ▪ Encourage the student to use visual aids/ resources that have been prescribed (e.g., glasses, magnifiers, big-print books, etc). ▪ Seat the student appropriately in the classroom. ▪ Make sure lighting is suitable. ▪ Make efforts to eliminate the risk of glare from the desk and whiteboard. ▪ If possible, ensure lights are coming from behind or to the side of the student. ▪ Give clear instructions as the student may misinterpret gestures and facial expressions. ▪ Consider the use of enlarged print/ magnified worksheets. ▪ The less configurations on a page the better (worksheets can be cut in strips and stapled together to present less work at a time). ▪ Print materials need to be clear and dark. ▪ Have lined paper for assignments (the darker the lines the better). ▪ Near point work should be limited to fifteen minutes or less. The student should be encouraged to look away from his/ her work, sharpen a pencil or participate in another activity as this will allow

Identified barrier	Provision and/ or strategies (approaches, adjustments and specific):
	<p>the student to refocus his/ her eyes so that the student is less likely to become fatigued.</p> <ul style="list-style-type: none"> ▪ Have students measure from their elbow to their fingers and tell them they need never get closer to their work than that distance. ▪ Slanted desks may be of benefit to individual students. ▪ Provide contrast on any visual materials used: black and white is best. ▪ Avoid italic or ornate script. Remember that lower-case letters are easier to read than capital letters because they have a greater number of ascenders and descenders, making them more visually distinctive. ▪ Supplement visual material with clear verbal explanation. ▪ Require less copying from the board or elsewhere. ▪ Increase oral activities. ▪ Use concrete material and hands-on experience whenever possible. ▪ Allow more time to complete tasks and provide breaks to combat fatigue. ▪ Do not lower expectations because the student has a visual impairment. ▪ Provide mobility and orientation training as students with visual impairment experience great difficulty in acquiring skills in direction, mobility, and travel. This is particularly important at post-primary level where the student may have to move for individual subjects. ▪ Arrange for other students to act as buddies and use peer tutoring. Peer-groups should be encouraged to include and support the student. ▪ Use the student's name when seeking his/ her attention.

Identified barrier	Provision and/ or strategies (approaches, adjustments and specific):
<p>Physical disability</p>	<ul style="list-style-type: none"> ▪ Encourage independence. ▪ Remove obstacles so that the student can move freely from lesson to lesson. ▪ Encourage support for the student from classmates. ▪ Address physical access issues such as ramps, toilets, lifts, and classroom layout. ▪ Incorporate advice from the occupational therapist in the student's programme. ▪ Encourage use of any specialist equipment that learner has. ▪ Allow extra time to complete tasks. ▪ If students use wheelchairs, where possible place yourself at their eyelevel when talking to them.
<p>Sensory Differences</p> <p>Sensory Sensitive children and young people tend to be hyper-alert to sensory input.</p> <p>They may be:</p> <ul style="list-style-type: none"> ▪ Easily distracted by people walking around the classroom (staff and learners). ▪ React badly to loud or sudden noises. ▪ Become easily upset by other people walking around/near or touching them. 	<ul style="list-style-type: none"> ▪ Seat in class facing away from seeing people coming in and out of the class. ▪ Reduce the amount of exposure to bright colours or lighting by positioning away from posters or lamps in class. ▪ Fidget toys or stress balls can help calm learners. ▪ Sucking on a bottle or through a straw can promote deep breathing which is calming. ▪ Chewing on something tough or chewy can be calming. ▪ Ear defenders help learners who find auditory input difficult to process. ▪ Have a 'smelly' bag to provide a positive smell for those learners sensitive to smell. ▪ 'Calming' corner in the classroom (that can be accessed as and when needed). ▪ Provide frequent movement opportunities including helping to pass out resources and books.

Identified barrier	Provision and/ or strategies (approaches, adjustments and specific):
<p>Sensory Seeking children and young people tend to be under sensitive to input and try to use their behaviour to actively increase their exposure.</p> <p>They may:</p> <ul style="list-style-type: none"> ▪ Stand too close to others in line. ▪ Walk with loud, heavy steps. ▪ Consistently touch people and objects. ▪ Chew on non-food items. 	<ul style="list-style-type: none"> ▪ Movement breaks that are very specific such as 10 star jumps or two laps of the field to prevent over-stimulation. ▪ Provide exposure to bright colours and moving objects if appropriate in class. ▪ Position the learner in larger groups and the middle of walking lines. ▪ Movin' sit cushions allow for movement while seated. ▪ TheraBand on the legs of chairs gives feedback while seated.
<p>Severe and complex medical needs including a life-threatening diagnosis or condition</p>	<ul style="list-style-type: none"> ▪ Reasonable adjustments in line with the Equality Act 2010. ▪ Support equipment such as lockable medicine cabinets, first aid bags, fridges. ▪ Rotated medication/ care training. ▪ Liaising with specialist colleagues for up-to-date training. ▪ Clear bereavement training and policies. ▪ Regular home school contact when/ if learner is not in school to maintain a 'sense of belonging' with peers and school community.