NOSHSA

Neurodiversity Affirming Practice

in Outside School Hours Care

EDUCATOR WORKBOOK

The National Outside School Hours Services Alliance (NOSHSA) acknowledges the Traditional Owners of Country throughout Australia and recognise their continuing connection to culture, land, waterways and communities. We pay our respects to Elders past, present and emerging.

NOSHSA would like to thank Emily Hammond from NeuroWild for the beautiful illustrations used throughout this resource. The images remain the copyright of NeuroWild and are not to be reproduced from this material. Images can be purchased directly from the teachers pay teachers (TPT) website under the profile “Emily Hammond – NeuroWild”: https://www.teacherspayteachers.com/Store/Emily-Hammond-neurowild

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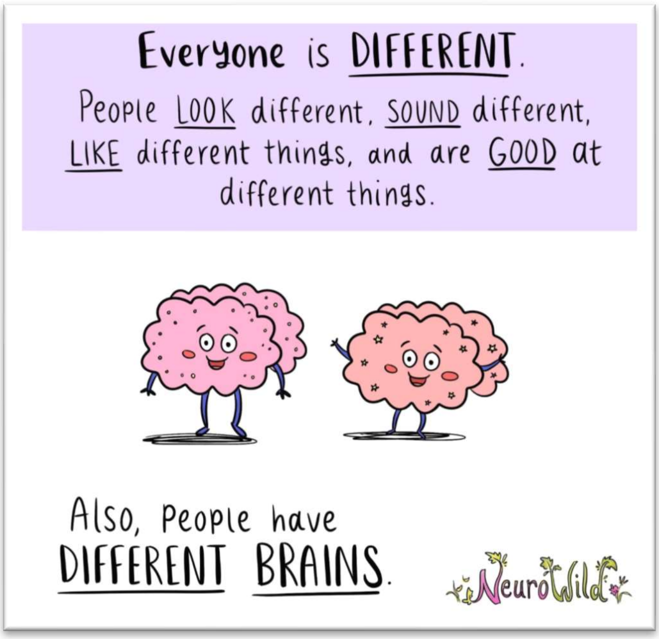
What is Neurodiversity?

Take a moment to note down your beliefs about diversity.

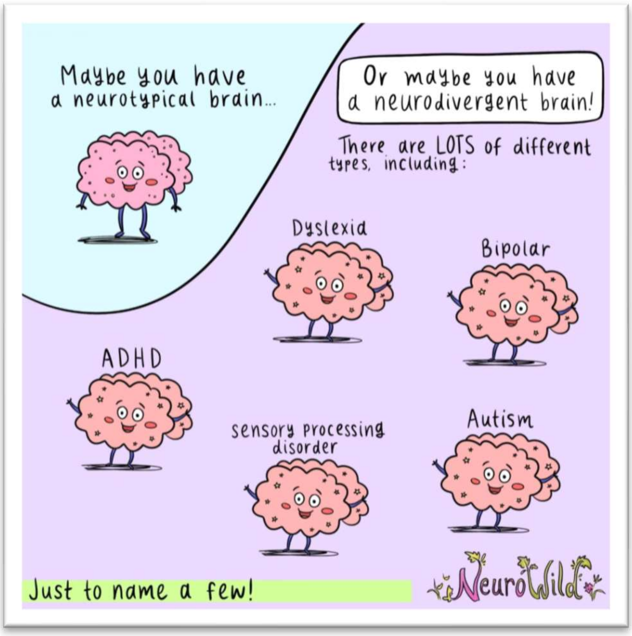
- What does diversity mean to you?
- What elements of diversity are considered within your service (e.g., gender, culture, religion)?
- Has your service considered diversity in ways of thinking and processing?



Everyone is DIFFERENT.

People LOOK different, SOUND different, LIKE different things, and are GOOD at different things.

Also, people have DIFFERENT BRAINS.

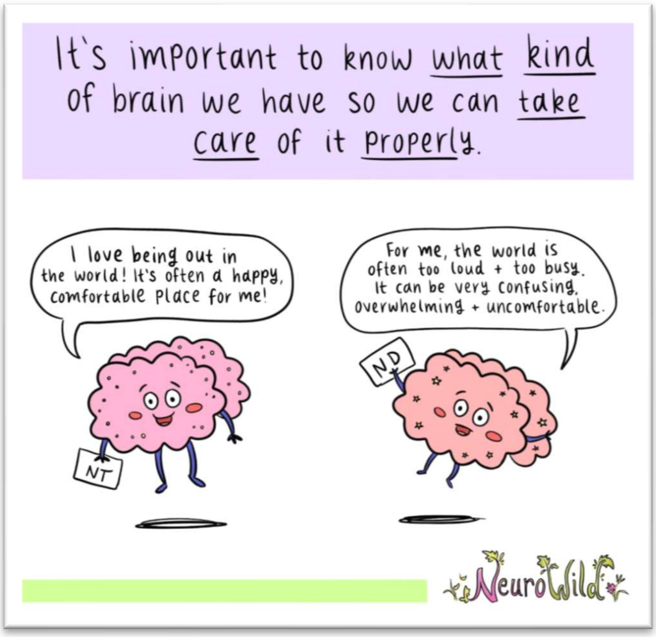


Maybe you have a neurotypical brain...

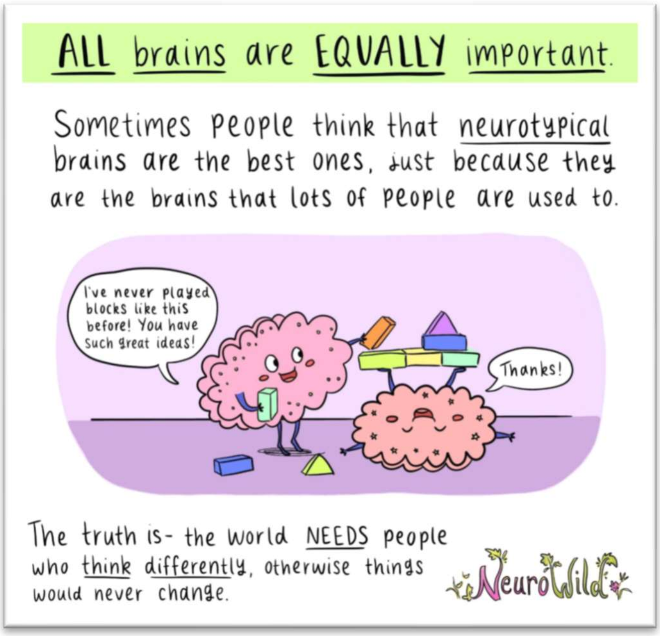
Or maybe you have a neurodivergent brain!

There are LOTS of different types, including:

Just to name a few!



It's important to know what kind of brain we have so we can take care of it properly.



ALL brains are EQUALLY important.

Sometimes people think that neurotypical brains are the best ones, just because they are the brains that lots of people are used to.

The truth is - the world NEEDS people who think differently, otherwise things would never change.

Neurodiversity: Neurodiversity is the term given to acknowledging different ways of thinking and learning.

Neurodivergent (ND): The self-identifying label of neurodivergent has in recent years expanded to describe those who think and learn differently than what is considered "typical" in society. Many of the challenges typically associated with this neurodivergence result from a misalignment with a world that misunderstands or disregards neurodivergent needs (Heyworth, 2019). Neurodivergence is an umbrella term which is commonly associated with the diagnostic categories Autism Spectrum Disorder, Attention Deficit Disorder and Attention Deficit-Hyperactive Disorder. The diagnostic categories included in this term are expanding and the term "disorder" attached to these is not necessarily the preferred language of these communities.

Neurodiversity Paradigm: The neurodiversity paradigm is a perspective that recognises neurodiversity as a natural and valuable part of human diversity. This paradigm rejects the idea that there is a "normal" or "healthy" type of brain or mind (Heyworth, 2019).

The neurodiversity movement advocates that our brains are different and that everyone, regardless of this difference should be treated equally by individuals, the workplace and broader environments. If you've read that last statement and think "it just makes sense", you might be surprised to know that starting in childhood, there are systems in place that mean neurodivergent folks do not always have equitable access to the types of support that they need. For example, by the age of 12, children diagnosed with ADHD have on average 20,000 more negative or corrective interactions with adults than their peers (Jellinek, 2010).

Within state schools the most suspensions and exclusions go to "vulnerable children". While the data doesn't tell us what percentage of those go to neurodivergent children, 47% of those go to children with a disability (The Conversation, 2021). There are many other examples of statistics that indicate there is much work to be done.

Neurodiversity Affirming Practice: To be neurodiversity affirming we need to adjust our lens and consider how our own practice, the environments and our expectations have an impact on neurodivergent individuals. Being affirming is to accept differences, show an eagerness to understand these and create environments that support these differences. In the case of neurodivergent individuals, when differences result in challenges to participation, an affirming approach is NOT to try to change the individual, but rather to understand and educate about their differences and subsequently find ways to change the environment, expectations and activities, while supporting learning and development in an individualised and strengths-based way.

This workbook will start your thinking about inclusion and equity for neurodivergent children. Conversations about how to best create neurodiversity affirming environments (environments that allow children to be their authentic selves) need to be centred around the lived experience of neurodivergent individuals. This workbook is intended as an initial reflection, but our role as practitioners is not to dictate what neurodivergent children need, it is to amplify neurodivergent experiences and expertise. The phrase "Nothing About Us, Without Us" is used to reference this, as unfortunately, neurodivergent people have historically been disenfranchised from decisions that impact their lives and the narratives that describe them. The majority of information included in this workbook has been sourced from people with this lived experience. The reality is that neurotypical practitioners may assume to understand the needs of neurodivergent children without collaboration and subsequently employ practices which end up shaming the expression of neurodiversity and creating an environment that does not value diversity of thought, communication and interests. OSHC as a profession seeks to value diverse ways of learning and expression. This has been further strengthened in My Time, Our Place 2.0.

Important Considerations

Unique Individuals: Each neurodivergent person will have a different experience. The information in this workbook still requires you to get to know the children you're working with, understanding their strengths, interests and what supports they may need.

Language Matters: Autism, in full is autism spectrum disorder. The word disorder is not the preferred language of many in the Autistic community. Sometimes people assume that because the word disorder is in the diagnosis that it is something that needs to be cured, this is not the case. Autism is a different way of thinking, learning and processing. As a group of professionals who strive to celebrate and recognise differences, we need to educate and advocate that it's ok to think differently. Rather than a cure, it is our job to create inclusive environments and practices that allow each and every child to participate.

Identity First Language: Contrary to some of the academic literature and teachings, many neurodivergent individuals advocate for the use of identity first language. This includes the use of "Autistic" or "Autistic Child". When we use "Autistic" we recognize, affirm, and validate an individual's identity as an Autistic person. This is reinforced by the preferences of the majority of Autistic people (Kenny et al., 2016). However, each person should be afforded the agency to determine their preferred language, so respect your neurodivergent communities' preferences.

Not Everybody Has Access to a Diagnosis: There are particular demographics of people who are less likely to be diagnosed for a number of reasons including; waitlists, financial barriers, girls, children who are taught being different is a bad thing and learn to mask from a young age and a reluctance from adults to "assign labels."

Inclusion & The NQF

> "True belonging doesn't require us to change who we are. It requires us to be who we are."
>
> Brene Brown

Inclusion is acknowledged as an approach in the NQF where educators recognise, respect and work with each child's unique abilities and where diversity is celebrated (ACECQA, 2017). True inclusion allows children to be themselves in OSHC environments. This is an important part of "identity" aligning with the framework for school age care that focusses on a sense of "belonging", allowing children to be their authentic selves.

Equity, inclusion and diversity are reflected in the guiding principles that underpin the National Quality Framework (NQF), and the UN Convention on the Rights of the Child states that all children have the right to an education (Article 28) that develops their ability to their fullest potential and respects their identity (Article 29).

The NQF promotes a strengths-based approach, seeing children as capable, competent contributors to their world. This is an important shift from the deficit view that is often associated with developmental differences and disabilities. Taking a strengths-based approach means focussing on identifying and building on children's strengths, abilities, knowledge, culture and skills.

Within the National Quality Standards, the words **‘each child’** are intentionally used throughout, 18 times to be exact – to promote the inclusion of every child across each of the quality areas.

Article 23 of the UN Convention on the Rights of the Child specifies that children with disabilities have the right to special care with assistance . This means we need an understanding of the fact that inclusion is not about everybody being treated the “same”; a point that is reinforced in My Time, Our Place 2.0 – “educators recognise that equitable means fair, not equal or the same, and that some children and young people may need greater access to resources and support to participate in programs.”(2022:17)

That convention also states that all children have the right to feel accepted and respected. So, an important part of our work with young people is to help them develop an appreciation and respect for the diversity of their local and broader communities.

This language is again reflected in Regulation 155 related to taking reasonable steps to ensure that the education and care service provides education and care to children in a way that maintains at all times the dignity and rights of each child.

Additionally, the rights of children with disability and from diverse backgrounds to access and participate in OSHC are set out in national and state-based legislation such as:

- Disability Discrimination Act 1992 (Commonwealth)
- Disability Standards for Education 2005 (Commonwealth)

There are instances where “integration” can be mistaken for inclusion. It is not enough to simply have neurodivergent children in the same environment as their peers and expect them to conform to neurotypical expectations. This can lead to something called “masking”.

Masking

Masking is when neurodivergent individuals consciously or subconsciously mask their neurodivergent traits in order to blend in or appear to be neurotypical (Neurodivergent Rebel, 2020). This masking is a self-defence and is not something that is intended to be deceptive or manipulative. Many children learn to mask subconsciously due to comments made by other people, overt bullying or the message that being different is not valued.

Masking can also occur when children have their needs dismissed. For example, a child who says “that light’s too bright” or “ these socks are annoying me” and are told “it’s not that bad” or “you need to toughen up”. When they hear these things often enough, children stop speaking up and suffer in silence in an attempt to live the life they think they should. Over time, this masking leads to increased anxiety, depression and suicide (Marschall, 2022).

This means that it is vitally important for services to consider the equity of their expectations, environments, routines and transitions and how they value difference. Educators should “think critically about opportunities and dilemma that can arise from diversity and take action to redress unfairness.” (MTOP, 2022:15)

Consider the expectation:

“Whole Body Listening” (looking eyes, listening ears, hands in lap, legs crossed).

Who does this advantage?

Where does your information on Autism and ADHD come from?

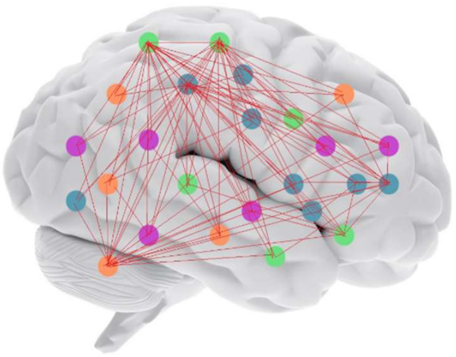
Who does it come from?

What might be the problem with relying on information from these sources (if any)?

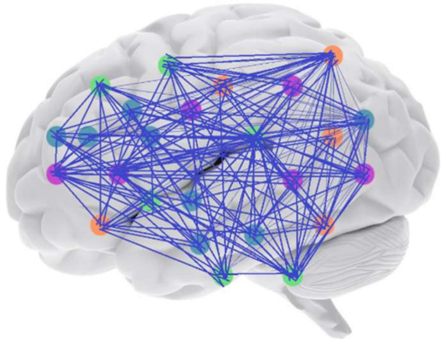
About Autism

Autism is a neurological variant that begins in utero and influences development across the lifespan. Autism produces distinctive ways of thinking, moving, communicating and sensory and cognitive processing (Walker, 2014).

Autistic neurology is not yet fully understood, but current evidence suggests that autistic brains are characterized by "hyperconnectivity" in particular regions (Heyworth, 2021). This tends to make autistic individuals experiences more intense and chaotic than that of non-autistic individuals. On both the sensory and cognitive levels, the autistic mind tends to register more information, and the impact of each bit of information tends to be both stronger and less predictable (Heyworth, 2021). Alongside this, there may be fewer connections in other regions which may explain differences in ways of interacting, forming relationships and displaying emotions (Heyworth, 2021).



Typical Brain Connectivity

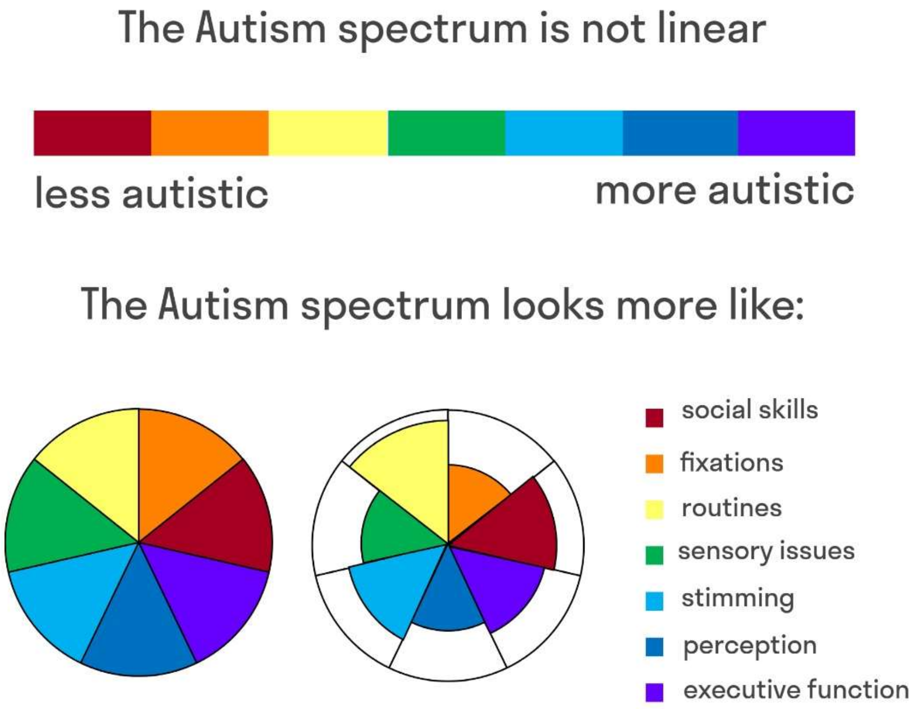


Brain Hyper-Connectivity

> "Like hyperconnectivity, hypoconnectivity doesn't mean that Autistic people are inferior or disordered, or indeed superior, in their processing, but simply different. The point to take away is that Autistic people have significantly different connectivity in brain regions that are characteristically associated with Autistic behaviours"
>
> Dr Melanie Heyworth
>
> (Heyworth, 2021).

While Autism is still widely referenced as a "disorder" this view has been challenged and is not necessarily the preferred language of those in the community. Autism and other neurocognitive variants are simply part of the natural spectrum of human diversity, like variations in ethnicity or sexual orientation, which have also been pathologized in the past (Walker, 2014).

Autistic individuals are vastly different from one another. There is no one way to be autistic, although representations in the media often portray a particular stereotype (Heyworth, 2021a). A lot of us are probably familiar with the concept of Autism being a spectrum. Previously this was interpreted as being from “low” to “high”. You might hear people using labels like level 1 or 2. That makes it seem like the scale is linear, more autistic, less autistic. These labels don’t tell us anything about what that person’s strengths are or what they might need support with. A better understanding is that this spectrum involves a unique collection of strengths, support needs and variable experiences for each individual.

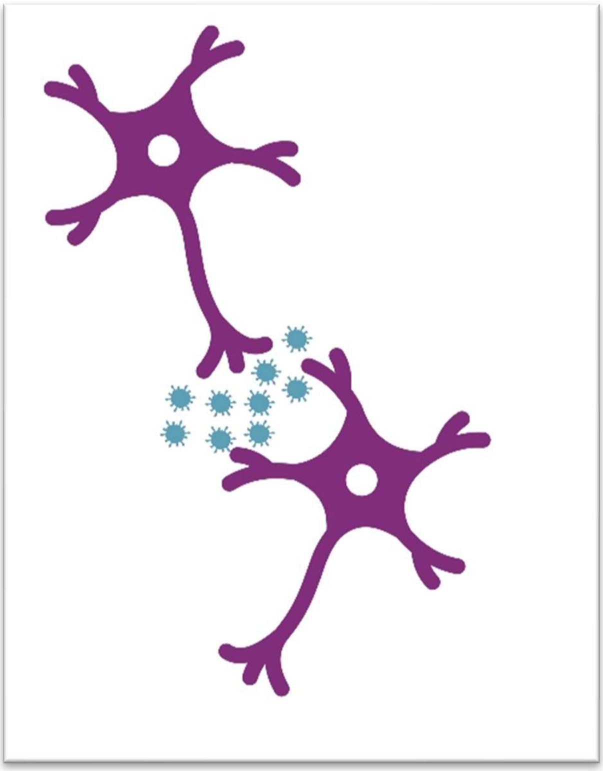


(Burgess, 2022)

About Attention Deficit Hyperactivity Disorder (ADHD)

ADHD is a neurodevelopmental difference which is characterised by persistent patterns of inattentive, impulsive and hyperactive behaviours. People can experience one type or a combination.

Within the brain there are millions of cells or neurons. Each region of the brain is responsible for a particular function (Silver, 2022). For the various regions to do their jobs, they must be linked to one another with extensive “wiring.” Rather than wires though, these are called neural pathways or circuits that carry information from one brain region to another. Information is transmitted along these pathways via the action of neurotransmitters. Each neuron produces tiny quantities of a specific neurotransmitter, which is released into the microscopic space that exists between neurons (called a synapse), stimulating the next cell in the pathway (Silver, 2022).



ADHD was the first "disorder" found to be the result of a deficiency of a specific neurotransmitter — in this case, norepinephrine — and the first "disorder" found to respond to medications to correct this underlying deficiency. Norepinephrine relies on dopamine, and there is evidence that ADHD brains have less dopamine (Silver, 2022).

When people hear ADHD, they often consider this to be a short attention span. A more accurate description might be having a "dysregulated attention system".

On a spectrum of attention, let's call one end "The Disco Ball", where attention is scattered. We'll call the other end, "The Laser Beam". When a task is interesting or stimulating, focus becomes intense, sustained, and shifting to another task is difficult. This is called hyperfocus. Like distractibility, hyperfocus is thought to result from low levels of neurotransmitters. This can make it hard to "shift gears" to take up boring-but-necessary tasks. Anecdotal stories suggest that individuals diagnosed with ADHD move from The Disco Ball to The Laser Beam without much in between. The ADHD nervous system is rarely at rest. It wants to be engaged in something interesting and challenging, activities that give instant feedback. Attention is never "deficit." It is always excessive, constantly occupied (Dodson, 2022a).

"Children and adults with ADHD have difficulty shifting attention from one thing to another. The brains of people with ADHD are drawn to activities that give instant feedback." (Flippin, 2022).

When people with ADHD are not in "The Zone", in hyperfocus, they may have four or five things rattling around in their minds, all at once and for no obvious reason, like five people talking to you simultaneously. Nothing gets sustained, undivided attention. Like a disco ball, focus flickers around to various points (Dodson, 2022a).

Creating Inclusive Environments for Neurodivergent Children

Social Model of Disability

When looking at how to support neurodivergent children, it can be important to understand the social model of disability which "sees challenges associated with disability as a problem with the society where disabled people live and not as a problem within the disabled person." (Walker, 2014).

Additional Information: For more information on Autism & The Social Model of Disability

https://www.youtube.com/watch?v=A1AUdaH-EPM

In the context of a society designed around the sensory, cognitive, developmental, and social needs of neurotypical individuals, many barriers that neurodivergent people face can actually be fixed by societal change.

The social model doesn't solve everything for neurodivergent and disabled people, but it does provide guidelines for centring people with a disability as people equally deserving of access, instead of as problems or burdens. It is meant to be a contrast to the medical model, in which disability is automatically a deficit, or a medical problem to be "cured." (Walker, 2014).

The medical model does have a place in advocacy, as many neurodivergent people will advocate for and seek medical treatment for things that cause them suffering, for example anxiety, epilepsy, or chronic pain (Walker, 2014). What constitutes effective neurodivergent support strategies is a personal question to be answered by children & families with support from paediatricians and other health professionals. Some children will use medication as a tool to regulate attention, but there is much involved in this decision making. As educators our role is not to offer medical advice but to support children and families as they explore what is in the child's best interests.

For the purposes of this workbook, the focus is on creating supportive environments. This social model aligns with the nature of the work we do in OSHC.

What's the Purpose of our Interventions?

The problem with some interventions associated with neurodivergence is that they only address children's behaviours, not their needs. These interventions focus on reinforcing neurotypical expectations which often require a neurodivergent individual to tolerate discomfort.

An example of such an intervention would be telling a child they need to stay inside the noisy hall while their peers play basketball, some are playing with the musical instruments and others are chatting while having afternoon tea. This is starting to get expressed in their behaviour. Some professionals would say that in this case educators shouldn't relent or remove the child from the hall because the child would be "rewarded for behaving this way". Eventually the behaviour changes. The hall isn't any less noisy, or bright or overwhelming, the child still finds it difficult there. Instead, this child has learnt to supress their feelings and try and focus on pleasing others, bottling up their stress inside. We can see this isn't a healthy thing to teach a child.

Ableist Attitudes

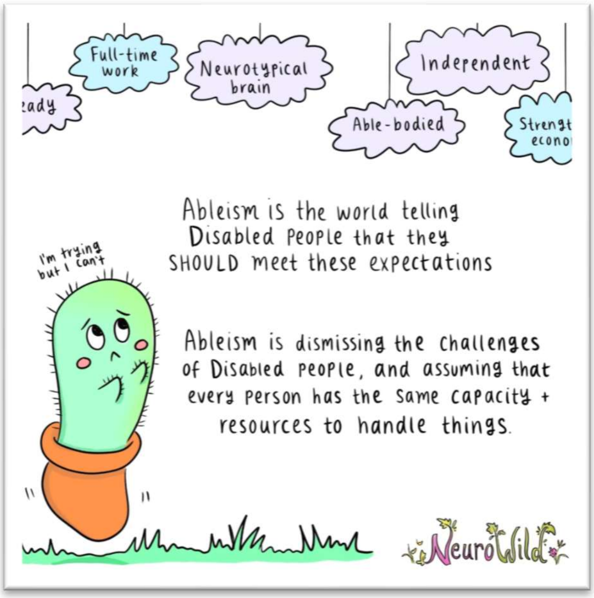
In considering the intentions of our support strategies we also need to examine the attitudes we have towards neurodivergence in our organisation. Ableism is a word given to the belief that able-bodied ways of moving, communicating, behaving and existing are superior. Ableism is discriminatory, stigmatising and devaluing and should be challenged.

We can't unlearn a bias that we don't know we have.

So let's talk about ABLEISM - the belief that able-bodied ways of moving, communicating, behaving, and existing are superior to disabled ways.

Ableism is extremely pervasive, and many people are unaware of it.

It stems from the idea that there is a GOLD STANDARD of HUMAN that everyone should aspire to be



Ableism is the world telling Disabled people that they SHOULD meet these expectations

Ableism is dismissing the challenges of Disabled people, and assuming that every person has the same capacity + resources to handle things.

Common ways that Neurodivergent People experience Ableism from others...

Having sensory processing differences dismissed

Being expected to tolerate uncomfortable + distressing situations

Having accommodations denied or removed because they are deemed unnecessary

Having personal experiences invalidated and diminished

Being expected to demonstrate neurotypical skills + traits

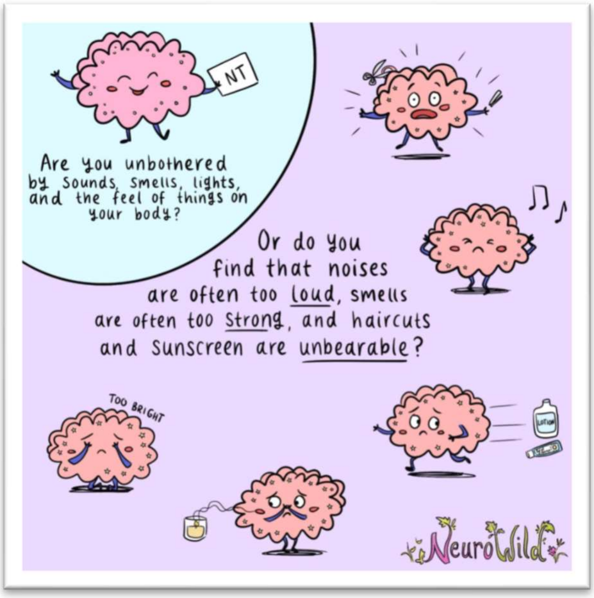
Being trained to have the 'right' behaviour, while having needs ignored

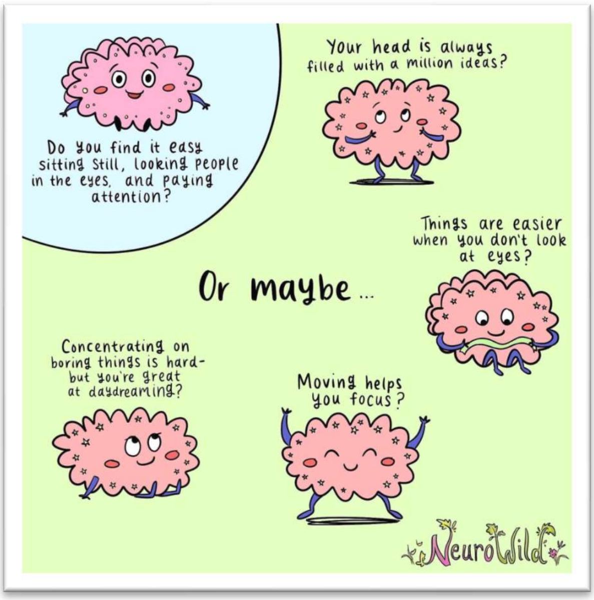
Lack of empathy, curiosity and open-mindedness when it comes to neurodivergency

Sensory Processing Differences

Autistic children or those diagnosed with ADHD, may have differences in their response to sensory input. A child with ADHD may have a hard time listening to the teacher if another child in the room is clicking a pen (Cheyette & Cheyette, 2020).

Sensory Processing is “the way the brain receives, processes and responds to information from the senses” (Dunn, 1997). How many sensory systems do we have? Maybe you’ve been taught five – sight, touch, taste, sound, smell. You may be surprised to know we actually have a few more, including senses focussing on movement, balance and understanding our internal sensations.





We can probably all think of sensory input that alerts us and input that calms us down. Sometimes we seek out extra sensation and other time a little is A LOT.

Sensory processing disorder (SPD) can impact a person's ability to regulate their response to sensations. This may involve over-responding or under-responding to sensory input or excessively seeking this out. While SPD is different to autism, recent studies suggest that a large number of autistic people have sensory processing differences. Through this next section, you'll notice that we all have different sensory preferences. This is different to SPD, which can impact children's day to day participation.

This is often explained using the cup metaphor. Some people have regular sized cups, some small cups and some people have large cups.

You may be able to picture children who have a BIG movement cup. They seek out a lot of movement activities – they spin, they like rough and tumble play, they're constantly on the go. They need this to fill up their cup. Alternatively, there could be children who have a small movement cup, just a little bit of input can make that overflow. These different cups can often be referred to as "over responding" or "under responding" to sensory input.

Imagine if we poured the medium cup into the small cup – it would overflow. Someone with a small sensory cup may overrespond to sensory input that people with the medium or large cup would be fine with or even actively be seeking out.

If we were to pour the small or medium cup into the large cup, it wouldn't reach the top. Someone with a big sensory cup may under respond to sensory input. The need more than people with those other sized cups.

Complete the following reflection to think about your own preferences.

Consider your own sensory needs when it comes to relaxation.

Complete the checklist below.

Sensory Preferences	Tick the best response
I like a dimly lit room to relax.	☐ Yes ☐ No
I need background noise when I'm relaxing.	☐ Yes ☐ No
I tend to "fidget" when I'm seated for long periods of time.	☐ Yes ☐ No
I like aromatherapy (the scent of lavender, eucalyptus etc).	☐ Yes ☐ No
Any activity involving gentle movement is calming (rocking chair, swinging, driving).	☐ Yes ☐ No

If you compare yourself with those around you, you'll notice that we all have different sized sensory cups, and they can vary between sensory systems. The goal is for children's sensory cups to feel full, but not overflow. The bigger the cup, the more sensory input that child needs within that sensory system. If a child has a small sensory cup, they can only handle a small amount of input before the cup overflows.

Where things can get tricky, is that sensory cups may not be the same across sensory systems. A child with a big tactile cup, may have a small auditory cup. When a sensory cup overflows, this can become "sensory overload". A child may become distressed and dysregulated very quickly.

Implementing Sensory Strategies

Step 1: Observe

Think about a child at your service:

What have you noticed about their response to the following sense?

Touch:	
Taste:	
Movement:	
Sight:	

Sound:	
Smell:	

What does this child’s preferred sensory afternoon look like?	
Arriving at OSHC I like to go:	Straight to afternoon tea Into a quiet activity/space Run around straight away
I feel the best when:	I first arrive at ASC/BSC In the middle of the afternoon/morning In the late afternoon/morning
I like:	Movement activities Quiet play with friends Individual play Other
My favourite environment to spend time in is:	
My behaviour sometimes changes if I access this environment/activity:	
What helps me “regulate” my engine is:	

Step 2: Identify a Strategy

Part A: Modify the Environment

Consider one of the spaces in your service:

- What do you like about it?
- What don't you like about it?
- What aspects of this space make participating easier?
- What aspects of this space make participating more difficult?

In thinking about modifying our environment, we need to consider the sensory needs of all children. If we make every environment a quiet, calming environment, how do we meet the needs of those children who need lots of movement or sound to regulate?

Consider the following sensory information in the environment:

Smell	**Vision**	**Sound**
• Arousing and alerting smells • Calming smells • Cleaning products and perfumes	• Natural lights create a soft filtered light that is not too harsh • How much visual stimuli is displayed in the environment? • How are activities and resource spaced out? • How cluttered are cupboards?	• How noisy are these environments? • Do we have quiet areas available for children to access? • Do we consider where we facilitate particular noisy activities?

Touch
• What's the temperature of the environment? Hot? Cold? Stuffy? Drafty? Humid? Dry? • Opportunities for sensory play with different textures? • Multiple ways of participating in activities for those with sensory sensitivities (e.g. finger painting). Have barriers to messy activities if children are sensitive to these; for instance give your child spades and buckets when they play with sand, use forks and cookie cutters. • Avoid irritating fabrics. • Use different tactile sitting arrangements such as beanbags, pillows, cushions, rugs and chairs. • When playing with clay/slime/playdough, have a towel nearby to wipe hands when needed. • 'Jobs' around the centre such as carrying groceries or heavy resources often involve deep pressure input to muscles and joints.

Important questions to ask for each environment is:

- What do we need to remove?
- What do we need to add?
- What flexibility do we offer for children to access different spaces/activities?
- How responsive are we when we notice that an environment may be triggering a child?

Part A: Modify the Environment
Choose one environment at your service and address the following questions:

OSHC Environment (e.g. upstairs, hall, playground)	What do we need to remove?	What do we need to add?

Part B: Introduce a Tool, Resource or Visual Support
Work with children to create a “calm space” or even an individualised “calm box” with preferred activities and sensory supports. This will vary between children and will depend on their sensory needs. Examples may include:

- Noise cancelling headphones
- Sensory fidget toys
- Visual supports – lava lamps, timers, sunglasses
- Accessing a specific area e.g., gym crash mats, obstacle courses, open air, natural spaces
- Visual reminders on how to access sensory supports

Step 3: Consider Routines

Are there any routines that impact children’s participation?

Case Study: At our service we used to have a compulsory afternoon teatime. All children would arrive at after school care, sign in, access afternoon tea and remain seated until we facilitated “group notices” about the afternoon, finally, they were released to play.

Picture the chaotic sensory environment with 180+ children in the hall – lots of movement, lots of chatter, lots of educators telling children to stay sitting down. It became very clear that this routine wasn’t working for all children (or the educators). As a group we reflected on “who is advantaged by this routine and who is disadvantaged?” as per My Time, Our Place. We determined it was disadvantaging for:

- those children that find it difficult to remain seated on the floor
- those children who become dysregulated in loud, busy environments
- those children that don’t retain lengthy instructions. They weren’t processing or remembering the information being delivered during group notices.
- those children that weren’t hungry. For some of the children on Ritalin, they weren’t ready to eat until later in the afternoon.

This prompted a change in routine. Afternoon tea became more flexible. Those that wanted it could access this in a quiet environment with lots of different seating options. Those that weren’t ready, could move into play straight away. Afternoon tea remained available across the afternoon, so children could access this as they wanted/needed. Information about the afternoon was displayed visually on a large whiteboard. This included pictures of the areas open, pictures of the educators in each area and the time each area would likely close. Group notices were no longer necessary.

The change in children’s behaviour and participation was remarkable, and the bonus was that Educator’s didn’t spend the first 25 minutes of the afternoon attempting to “manage” behaviour. Instead, we created a more inclusive routine that supported participation and success.

Are there any routines at your service that need re-thinking?
Choose one routine and consider:

- Who is advantaged by this?
- Who is disadvantaged by this?
- What changes could you make for this to be more inclusive? (*remember, simply separating those children that have difficulty with this routine, is not inclusion, it’s segregation)

Executive Functioning

Executive functioning is the terminology used to describe a group of skills that involve "staying on track". These may include following a plan, starting something new, stopping what you are doing, remembering what's happening next and moving on to the next thing (Ehmke & Cruger, 2021).

Example: Emily works as an OSHC Educational Leader and she is in charge of a few things in Vacation Care. First, she has to help set up the service in the morning with the help of other educators. Then she has to get permission slips signed. For particular families, she needs to have conversations about medication and support needs. She needs to respond to the walkie talkie when queries come through. Some children require extra support to transition in. Some children have forgotten their hats and water bottles and Emily needs to organise someone to help them get spares. She needs to make sure all children have wrist bands on. She has to start a lot of things, prioritise their importance, accommodate constant interruptions, get back on track, stop them when she's done, and plan and remember what to do next.

Think of how executive functioning skills apply to your role as an educator?

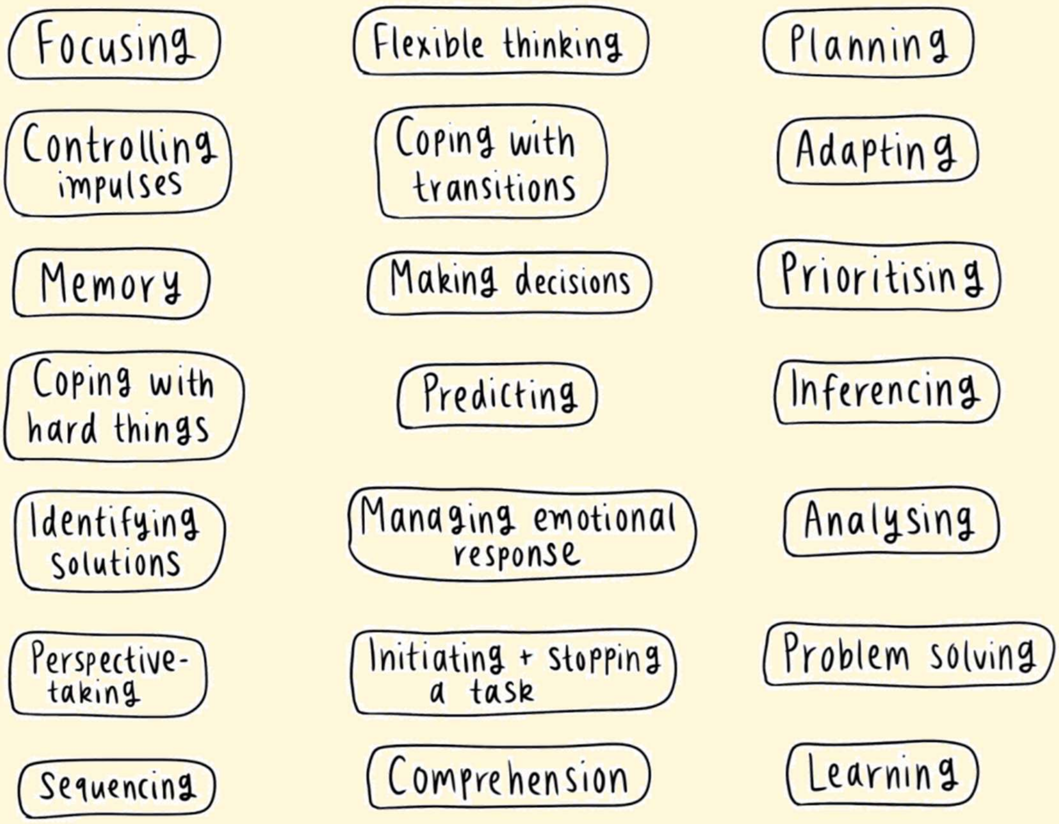
Let's put that in the context of our children. There are many tasks and instructions that they are expected to follow to completion across the OSHC day. Come in from school, go to the sign in spot, put your bag down, then come back and wash your hands, then go and eat afternoon tea, then go and play, but only in the areas that are open, if you're going outside, get your hat and put on sunscreen. There are a lot of steps to follow in that simple task of arriving at OSHC.

Difficulties with executive function can often get mislabeled as being defiant or lazy but that's not the case (Child & Adolescent Health Service, 2022). It is not that they don't want to do it, it's just that they might need support to. Executive functioning differences can feel like riding a stubborn horse; no matter what you want, the horse ignores you. In this example, the horse is your body. You might want to do something, but you just can't do it. Educators need to adjust their unhelpful assumptions. This is not children being "lazy" or "oppositional". Instead, educators need to be empathetic and available to offer support.

For some neurodivergent children there are differences in working memory. This may mean they can tell you every detail of a movie they saw five years ago but draw a blank on what happened yesterday. Short-term working memory is what we rely on when we go into a room to get something and then can't remember what we walked in there to get. Working memory stores what you're paying attention to in the moment and helps you hold onto that information that you're processing and will act on soon (Rodgers & Kalyn, 2022). Picture in class, a child raises their hand, the teacher chooses somebody else first and then comes back to the child, by then they've forgotten what they were going to say to begin with.

Image:NeuroWild Executive Function Handout, Teachers Pay Teachers

For a child at your service, which of the following executive functioning skills have you noticed differences in:



Focusing
Controlling impulses
Memory
Coping with hard things
Identifying solutions
Perspective-taking
Sequencing
Flexible thinking
Coping with transitions
Making decisions
Predicting
Managing emotional response
Initiating + stopping a task
Comprehension
Planning
Adapting
Prioritising
Inferencing
Analysing
Problem solving
Learning

How to support executive functioning skills:

- Executive functioning skills are increased when children are regulated. Notice when children need a break before completing tasks or instructions.
- Provide checklists – steps to packing your bag for school.
- Establish routines and ensure these are understood and visible in the environment.
- Establish time frames/limits and make time visible (explored further in supporting transitions).
- Break tasks down into smaller, more manageable steps.
- Remind children of pending changes (e.g., fire drill upcoming).
- Allow time for processing.
- 1:1 help from an adult or peer.
- Visual reminders of expectations, out of bounds areas etc.
- Check that the child has the necessary executive functioning skills to complete the task.

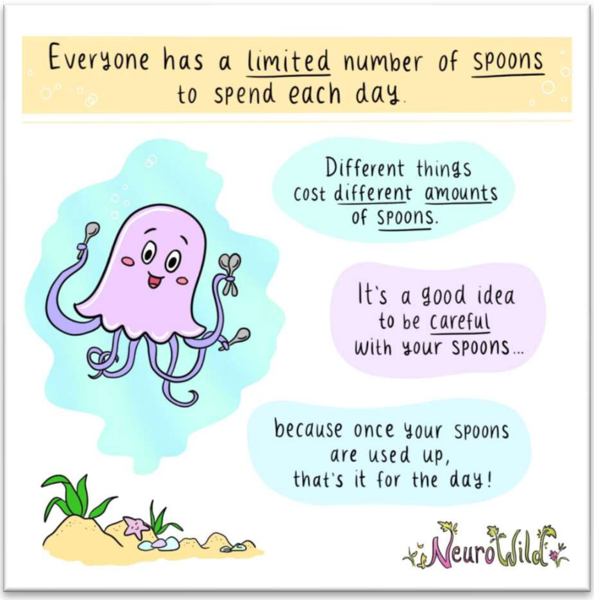
(Attitude Editors, 2022)

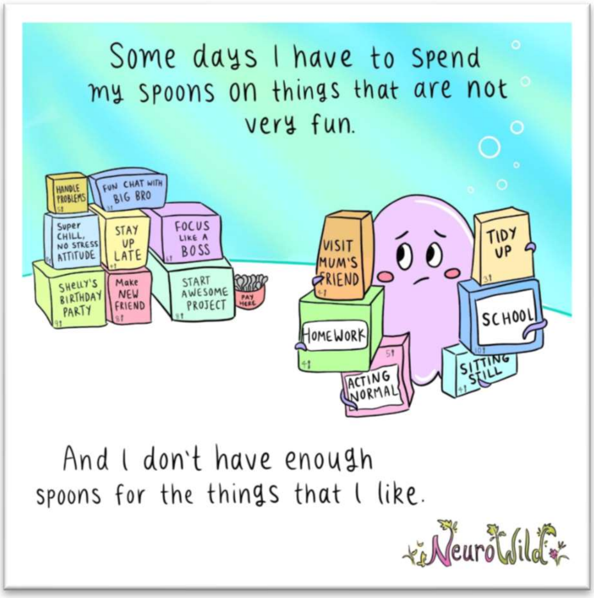
Complete the Neurowild worksheet to identify how to support executive functioning for one of the children at your service.

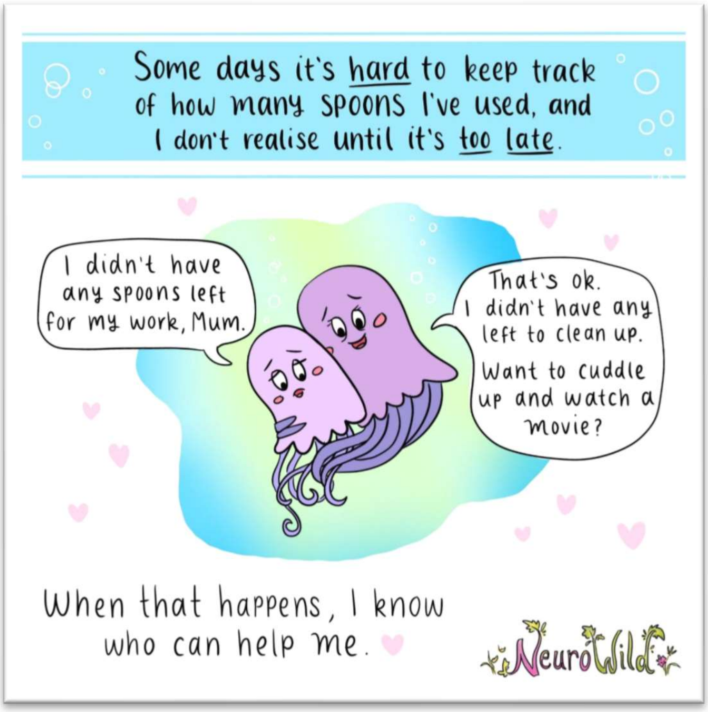
Spoon Theory

The confusing thing with executive functioning differences is that these can fluctuate. Educators will often go “well they did this yesterday without help, or I’ve seen them do that before, so I know they can do it independently.” This then leads educators to assume that this child is choosing not to do well. Remember that “children do well when they CAN”. We need to take into account that we’re not the only people and only environment placing demands on this child today.

The “Spoon Theory” (Miserando, 2003) provides a common language to explain what day to day demands are placed on neurodivergent children and how this impacts them across the day. Things that we take for granted as being simple and easy, may not be so in an environment that is not set up to be inclusive or with people who are not educated in how to make accommodations and understand and acknowledge differences. This is explained more in the images below.







An excursion or incursion might take multiple spoons because of the sensory overload involved. An argument with someone at school might wipe them completely out of spoons for the rest of the day; or they may consistently run on a spoon deficit. This is why some tasks don't get done regularly, or burnout and meltdowns become common (McCann, 2021).

When there are no more spoons…

Can you picture a child who seems engaged and happy in the morning, but finds it difficult to regulate in the afternoon? Maybe a child who has frequent meltdowns on some days, but appears quite calm on others?

It may be that the child has used up all their spoons. This means they may not have the communication, organisation, social or cognitive energy left to complete tasks or meet the expectations we've placed on them. Some days, there may be no spoons left to deal with things they typically seem okay with.

So what can we do to help? Essentially all the strategies we can draw upon have one common component – adjusting the demands on the child. Neurodivergent children often face a range of challenges in a school environment, so we can see that conserving and replenishing spoons may be difficult. This may be particularly evident come After School Care, after having spoons sapped throughout the day.

Things to consider about supporting spoon conservation and replenishment:

Check the Environment: Consider how you can make the environment more accessible for neurodivergent children. Sometimes, busyness, visual overload and noise can easily drain their spoons.

Soothing Sensory Experiences: These vary from child to child. Some children may need a quiet, dark room and others may seek to jump, crash and swing.

Break Tasks Down: Break down your instructions into more manageable tasks and allow sufficient time for each one. Remember, sometimes you'll need to offer support with some or each of these steps. Again, this requires an examination of our expectations of children and the way we label them when they find it difficult to follow instructions.

Expecting independence as the universal standard, is not inclusive. Holding different people to the same standard without accounting for their individual differences, makes this fixation on independence, ableist.

Additional Information on Ableism:

Read more about it: https://theswaddle.com/how-societys-fixation-on-independence-as-a-universal-goal-excludes-disabled-chronically-ill-people/

Support their organisation: Re-consider your expectations. Expecting "independence" in organisation and then becoming frustrated with a child when they are unable to meet that expectation.

Areas of interest: Support children to engage in activities related to their areas of interests. Remember this may require some flexibility in terms of expectations. Is it acceptable for a child to be playing with a soft toy during group time? (yes) Can they bring in something from home to support this? (e.g., transition toy)

Awareness of spoons: notice if the child is having a "minimal spoon" day. Be intentional with strategies and allow down time.

Allow stimming: Stimming is a repetitive or rhythmic behaviour that is commonly expressed through body movement (e.g. hand flapping, finger flicking, feet flexing, spinning etc.) but also vocalisations (e.g. muttering, whistling, singing). (Kapp et al, 2019). According to Kapp et al, 2019, stimming provides a reliable and self-regulated feedback as a response to an overwhelming, unfamiliar or unpredictable environment. This can look like seeking sensation in a sensory lacking environment or seeking relief from excessive sensory input and emotional overload. Provided this behaviour isn't physically harmful, attempts to control this behaviour is removing a coping mechanism from an individual and could have negative effects for autistic people (Lilley, 2018).

Can they say no?: The problem is, many adults don't "let" children say no in their settings. Often children become overloaded because there are lots of demands that are stressful or overwhelming. These aren't always "explicit demands", e.g., "Pick up those toys". Often, they are the demands of social interaction, sensory regulation etc. Autistic adults reflect on the need to say "no" when they have committed to too many things. Often children aren't given this understanding or supported to advocate for their own needs (McCan, 2021).

Communication

Many neurodivergent people talk, but ALL neurodivergent people communicate. It is important to reexamine any belief that you may hold that children need to talk verbally to communicate. Just because people don't talk, doesn't mean they have nothing to say, and it certainly doesn't mean that they don't want interaction. For our children who are non-speaking, we need to help them communicate in ways that work for them. That means our job is to understand them, get to know them and avoid making assumptions.

We need to honour all forms of communication; remember behaviour is communication too.

Neurodivergent children, particularly autistic children, can communicate in different ways. This includes not only the understanding and use of language, but how emotion is conveyed and how facial expressions and body language are used and interpreted.

"In the past, these social differences have been framed as a 'deficit' characteristic of Autism and the Autistic person held responsible for unsuccessful social interactions". (I am Cadence,2021).

For children diagnosed with ADHD, dysregulated attention and impulsivity can lead to challenges in social interactions. Often this is accompanied by increased sensitivity to rejection (Dodson, 2022), meaning that peer relationships can become complex.

Neurotypical expectations can often lead to a communication breakdown. There seems to be many unwritten social rules that we deem essential in our interactions. For example, eye contact. Is eye contact essential to demonstrate that you are listening? Many neurotypical people would say yes. However, for neurodivergent people, this can actually make listening far more difficult as they attempt to sustain an uncomfortable sensation. More on this shortly…

What expectations do you have about communication?
E.g., eye contact, body language, facial expression, tone, the type of information shared

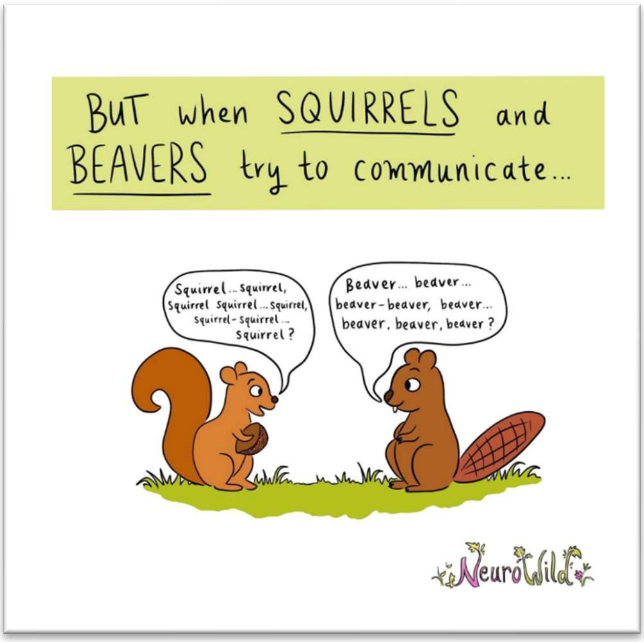
Where do these beliefs about communication come from?

The unpredictability of social interactions and rules of play can make OSHC environments stressful. Playground politics mean that social dynamics can change quickly. One day you're somebodies' best friend and the next you're not invited to their birthday party. On Monday the rules of handball say one thing and the next day they are completely different. Layer on top of this sensory pressures and it is clear that OSHC may be an incredibly demanding environment for our neurodivergent children. There may be children who prefer to play independently or those who seek out educator interactions due to the more predictable nature of these. It is important for educators to understand each child's individualised communication. Often the onus is put on the neurodivergent child to change their way of communicating (Milton, 2012). This is linked back to the "medical model" where communication "deficits" are often referred to.

However, research conducted in 2020 actually found that communication difficulties arise from a mismatch in neurotype (Crompton, Ropar & Fletcher-Watson, 2020). What does that mean? The researchers created three groups of participants; an autistic group, a non-autistic group and a mixed group, to see how information was communicated. Initial participants were told a story which they recounted to a second participant, who recounted the story to a third participant and so on. The research found that there was significantly steeper decline information transfer in the mixed chains, while autistic chains did not significantly differ from non-autistic chains. Participant rapport ratings revealed significantly lower scores for mixed chains. What this means is that it's not the responsibility of autistic children to "learn how to communicate". As a society, we're not that great at communicating with people different from ourselves (Crompton, Ropar & Fletcher-Watson, 2020).


SQUIRRELS have NO PROBLEM communicating and making friends with other SQUIRRELS.
I'm just not sure what we're going to do with all these nut shells.
Maybe the Beavers could help.
Great idea! Let's ask them.
NeuroWild


And BEAVERS have NO PROBLEM communicating and making friends with other BEAVERS.
Hey, we could really use some nut shells for the dam.
The squirrels probably have loads. We could ask them?
NeuroWild


BUT when SQUIRRELS and BEAVERS try to communicate...
Squirrel... squirrel, Squirrel Squirrel... squirrel, squirrel-squirrel... squirrel?
Beaver... beaver... beaver-beaver, beaver... beaver, beaver, beaver?
NeuroWild


MISCOMMUNICATION OCCURS.
Whose fault is it?
Who is responsible for fixing it?
?
?
NeuroWild


Curiously, society decided that it's ONLY the SQUIRRELS' job to repair any miscommunications.
You need to be taught how to be more like a beaver.
Beavers don't understand you - you need to change your whole communication style.
Beavers are unfamiliar with your SQUIRREL habits, so you need to stop doing those things.
You have disordered beaver communication skills
NeuroWild

When miscommunication occurs, the responsibility of repairing the situation is on both children. Both children will benefit from learning more about the other person's communication style.

While we never disclose children's diagnosis (it is the child's choice if they feel safe to disclose), educators can play a role in supporting children to understand different forms of communication and play, recognizing how individuals show emotions differently and how to look for those differences so they can cooperate together. Learning social and emotional skills is important for all neurotypes, but it must be done in a way that doesn't solely value neurotypical communication and expression, forcing the neurodivergent child to mask or suppress aspects of themselves.

When communication breakdown results in conflict, both children benefit from support in the development of their conflict resolution skills and their social and emotional development. For more information refer to the Complex Behaviour Support Educator Workbook.

Transitions

> "Transitions can be micro activity shifts within a classroom, physical moves between classrooms or life stage shifts from year to year and within the school community. Poor support for children in transitions can put their entire educational journey at risk because the child's reaction can be to lose control of their emotional state and suffer social shame before their peers. It is this emotional and social dimension of transitions that causes the greatest worry for parents and children because of the harm to identity development and the trauma that can be caused by the reaction of others to anxiety behaviours." (Developmental Disability WA submission) (Australian Government, 2021:17)

In examining explanations of autism and ADHD earlier on, it may make sense how the different brain connectivity might make changing tasks quickly quite challenging. Combine this with differences in executive functioning and a sensory cup that is overflowing, it's no wonder transitions can be source of anxiety and frustration for some of our neurodivergent children (Buckle, et al., 2021).

Consider: Let's envision this very typical OSHC scenario – you make a request of one of your children. Nothing, no response. Play continues as if you are not even there. You make it again, still no response. You start to raise your voice, maybe they can't hear you. And still crickets.

In these moments, using our old mindset, it can feel like children are flat out ignoring us. You know, we call it selective hearing. It feels like they are ignoring you, acting disrespectfully and purposefully trying to irritate you. But...

- What if they are not actively ignoring you?
- What if they are not being disrespectful?
- What if they are not trying to make you angry?
- What if they are fully invested and inspired by what they are doing?
- What if these moments give them space and safety?
- What if switching gears and doing what you want them to do requires a little more time for them to retract that hyperconnectivity so they can shift their focus and hear your request?

Steps to Support Transitions

- Remind children of time frames “the oval is only open till 5pm because AFL starts then.” Consider the child’s preferred form of communication – would a visual timer be more helpful?
- Continue to offer reminders “20 more minutes, 10 minutes, 5 minutes until….”
- Remind children when they can participate in that activity again. “We’ll open the oval again tomorrow afternoon” or “we can put your Lego on the top shelf so it doesn’t get broken, and you can continue this afternoon”.
- Consider natural end points. If you’re playing a board game, it makes sense to stop when there’s a winner, if you’re playing an iPad it makes sense to stop at the end of a level. If you’re building Darth Vadar out of Lego, it makes sense to stop when it’s complete. When we can identify a finite end point, that may be more helpful for transitions than a timer.
- Consider the sensory environment. If everyone else is packing up, would it be helpful for that child to play for an extra five minutes and be supported to pack up when the environment is calmer?
- Offer practical support to transition (packing up, moving to the next space etc.).

Delivering Instructions

- Check in with yourself and see how you’re feeling (Calm? Anxious? Annoyed? Relaxed?). Check out the “How We Feel” app to grow your emotional intelligence.
- Observe. Walk over to the child (shouting your request across the room is rarely going to be an effective communication approach). Take a moment to notice what they’re doing.
- Connect. "I can see you've worked hard on this drawing." or "You really love that game!"
- Clear, simple, instructions. Once you feel like you've connected, make your request. Ask for a confirmation that the message was received.
- Pause. Walk away. Give them ideally, one to two minutes to shift gears, and honour their request if they ask for more.

Play

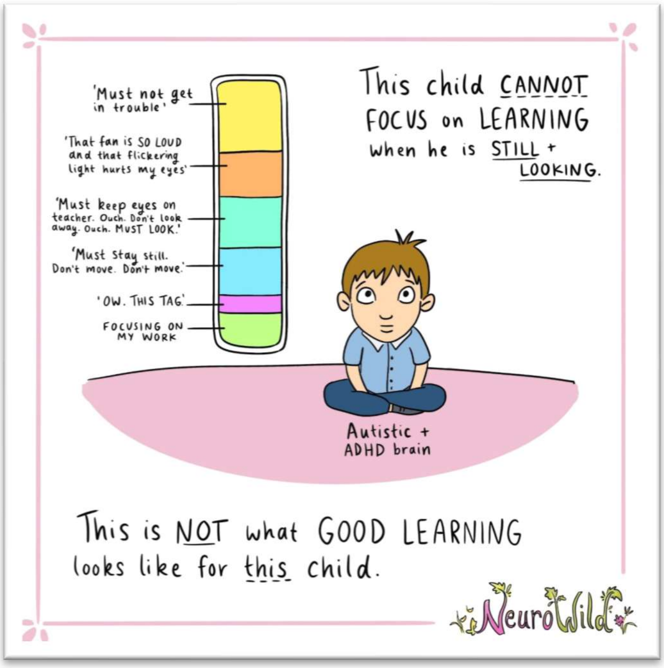
Play is central to the OSHC environment, and you may notice differences in the way neurodivergent children play. What’s important to understand is that children learn through play, but that doesn’t mean we teach them how to play.

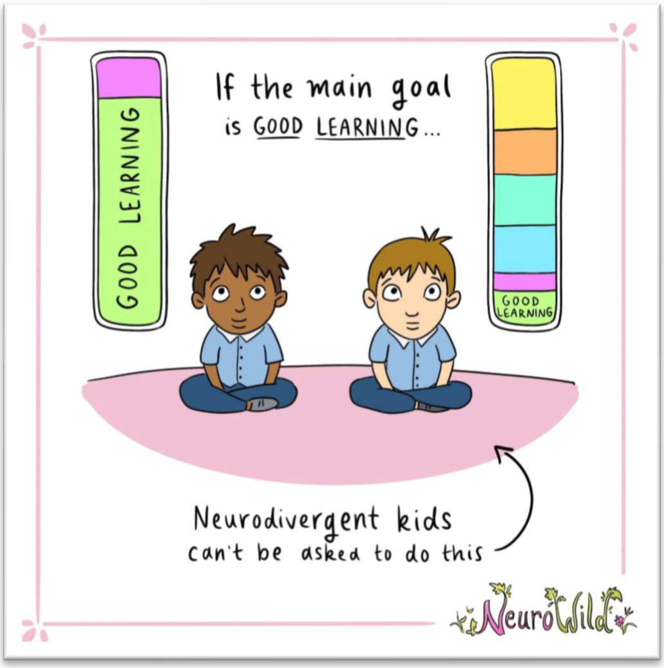
> “Viewing children and young people as active participants and decision-makers opens possibilities for educators to move beyond pre-conceived expectations about what children and young people can do in play and leisure experiences. This requires educators to respect and work with children and young people’s unique qualities, diverse capabilities and curiosities.” (MTOP, 2022:9)

For play to be meaningful it must be child directed and motivated. There are instances where a child may want support to join in play with others but our role as educators is to allow children to direct this, be responsive to their cues and value ALL types of play.

It is also important to recognise the individual learning styles of all children. For some neurodivergent children the classroom can be a really challenging place. Children are spending a significant amount of time in an environment that is placing a lot of demands on them and they are potentially receiving a lot of corrective feedback due to differences in executive functioning skills, communication or sensory processing (Chen & Patten, 2021).

Consider what it does to children's self-image if they're constantly unable to meet people's expectations or are even labelled as "naughty". This "cumulative toxicity of failure" can be further compounded when children do not have a diagnosis and don't understand why these differences are occurring (Hallowell, 2021). It is important to ensure all children have the opportunity to achieve success in our OSHC environments.





Have you noticed any differences in the way children play and learn?

What makes your leisure activities meaningful to you? Are these the same as your colleagues?

How do you like to learn? Is this the same as your colleagues?

Behaviour & Meltdowns

The information on meltdowns, shutdowns and burnout has been taken from a study by Phung et al (2021), that explored the knowledge and insights of autistic children and youth about their experience of this phenomena and what others around them do to make things better or worse.

Meltdowns typically occur when a child gets too stressed and loses control of their body. This may look like screaming, running away or shutting down completely. These may look scary to us as educators and anecdotal evidence tells us that they are certainly scary to experience. When we consider that children do well when they can, we need to view meltdowns as an indication that this child needs support. Autistic children referenced meltdowns and shutdowns as being felt with their "whole being". Feeling "out of control" and "exhausted and/or frozen" were used to describe the emotional, physical and cognitive experiences. These descriptions related to children's bodily reactions reminiscent of the fight, flight or freeze response. Each child recognized that they experienced these things differently (Phung et al., 2021).

Additional Information on Melt Downs:

Dear Autistic Kid, on meltdowns and shame – Autistic Science Person

It is likely that children are not arriving to OSHC at a baseline level of "calm". When we consider the demands of the classroom, accompanied with arrival in a loud, bright and at times smelly OSHC sensory environment, it makes sense that children may be experiencing varying levels of stress. Children may be stressed due to the quick task switching expected of them, unresolved conflict with others or the phrasing that we're using when we make demands. When children experience this stress, their fight, flight or freeze response is activated. When this response is activated, children's reactions are instinctual and accessing the thinking part of the brain is difficult. Activating the stress response frequently may have a direct impact on bodily functions and mental health (Lennon, 2021). Consider what this means for neurodivergent children who are consistently in environments and situations that trigger this stress response.

How do we prevent these from occurring and what do we do if they are? The children in the study highlighted three main ideas for adults.

1. Know the things that can make me "feel out of control"
2. Learn my strategies to help me regain "control"
3. Understand the things that can make me feel worse

Central to all of these things is the need to listen to children and collaborate with them. When we rely on adult created and imposed strategies, we're unlikely to have success. Children referenced times adults advised them on strategies that were not as useful as we may think.

" Well, something that every adult that I've ever talked to about this kind of stuff tells me – just walk away. Except, it's not very helpful advice because sometimes it isn't possible to walk away, sometimes you're in class and you can't walk away, you're stuck there for the rest of the day." – CY 6 (Phung et al., 2021)

Being proactive is the best thing we can do for a meltdown. Often educators will label children as going " 0-100", but it is important to think about the level of stress neurodivergent children are under much of the time. Knowing what triggers children is important. Triggers may include feeling drained from an accumulation of task demands, feeling out of control, an unexpected change in plans or overstimulation (sensory, social and cognitive).

Imagine those sensory sensitivities – hearing the ticking of the clock, the fluorescent lights, the high-pitched noise of the printer and how these could compound any stressful situation. Autistic adults have spoken about not expressing the stress that they are under because when they do complain about it, it is often ignored, especially by those adults who don't understand sensory sensitivities, "nobody else is bothered by the lights, you'll be fine".

If you are having difficulty identifying the cause of the meltdown, complete observations over a period of time. Consider what happened before, during and after each meltdown to see if patterns may emerge. You may find that these are happening at particular times, in particular places or when something has happened. Most importantly though, collaborate with children, they are the experts on their own experiences.

Children identified the benefit of having a "safety plan" about things they could do when they were starting to feel out of control. Suggested strategies included talking about their interests, doing fun activities like play-doh or listening to a podcast. Sometimes this may involve adults helping find safe outlets for coping mechanisms. For example, a child who referenced needing to kick things when they're overwhelmed found that kicking a soccer ball against a wall gave them that same sensory input, in a safer way. Other children spoke about positive interactions with family and friends, a safe person they could talk through emotions within a calming way and someone who would listen. Some children noted that having a "body break" or removing themselves from the current setting was important.

Some of the young people discussed being supported to use formal strategies taught to them by adults including breathing techniques, mindfulness strategies, imagination and visualization. One participant discussed the use of an iPad to help them.

When reflecting on things that made it worse, children referenced traditional behaviour management techniques – the isolation of time out, "you're acting like a child", "stop that now." They highlighted the impact of communication, specifically the type of language and tone used.

"…and if they're just saying, like, stop, that usually…it doesn't really help. And if they're saying it in, like a mean sort of tone of voice, that makes it even worse, and that you add, and like, add sad to the bucket of negative emotions that I'm feeling in that moment." – CY3 (Phung et al., 2021).

> *"To me, a meltdown is the body's expression of being extremely overwhelmed, either because of sensory overload, or social or emotional overload, or, as it usually is, a mixture of these things. It's when all of the layers suddenly keep building up and building up really really fast and the mind loses the ability to keep track of them as they multiply out of control, getting louder and louder, until it explodes. While the comparison to a nuclear meltdown feels like an accurate metaphor, my brain translates the word 'meltdown' to the image of things gently 'melting down', like marshmallows, or butter - but a meltdown does not feel like this at all! It feels like a volcano explosion of confused frustration."*
>
> Sumita Majumdar

Studies like these and listening to the anecdotal experiences of neurodivergent individuals emphasises the importance of compassionate support and understanding. "Collaborative Regulation" acknowledges the shared responsibility for monitoring and supporting a person's state of arousal and mindful and deliberate planning to set an individual up for success, including consideration of the physical, sensory and social environment.

Anticipating a Meltdown

- Know the child's triggers and remove pre-emptively where possible.
- Identify signs of distress – pacing, seeking reassurance through repetitive questioning, physiological changes.
- Provide the child's calming strategies.
- Communicate changes in routines in advance. This may include:
  - The use of a picture or symbol to explain the change.
  - Reinforcement the rest of the day is the same.
  - A change to express any frustration appropriately (hitting a pillow, ripping paper, pulling weeds from the garden).
  - A calming activity.

In the Middle of a Meltdown

- Ensure their safety.
- Allow time and space to recover. Ask other children to move along, reduce sensory input, provide the child's identified resources (these need to be identified prior to a meltdown).
- Demonstrate kindness and empathy.

What do you know about a child in your services'

- Triggers?
- Preferred regulation strategies?
- What makes it worse?

Things to Consider:

- Consider the demands you are placing on a child. Some neurodivergent children need to understand "why" before doing something. Making everybody pick up 5 things when they didn't make the mess, may not make a lot of sense to them.

- Help children recognise the signs they are experiencing stress. Some neurodivergent children have difficulty recognising and labelling emotions. Some children may not recognise when things are bothering them. It takes practice and conscious effort to figure out what their bodies are telling them. It's actually an important skill to learn to check in with ourselves so if needed, we can use regulation strategies. It doesn't help when adults write off these things if they are mentioned. If children tell us something is too loud, or they're bothered by something and we think, "oh they're being rigid or inflexible" and we don't validate that.

- Be curious about and validate children's emotions. Sometimes we accidently misinterpret children's anxiety as anger. Sometimes when children sound angry, they are actually in distress. What anxiety can look like to an educator:
    - Complaining about a task
    - Rolling eyes
    - "Being rude"
    - Stomping feet, hitting objects, yelling and screaming
    - Asking a lot of "annoying" questions – "being annoying on purpose,"
      (Kraemer, 2018)

The Role of Partnerships

Working with the child and their support network is essential in order to provide child-centred and strengths-based support. We need to take a "working with" approach rather than a "doing to" one. Speaking with the young person about their strengths and interests is an important part of their participation, identity and belonging in OSHC. Observe the young person. What do they like doing? What do they like talking about? What gives them a sense of purpose and contributes to their quality of life? Speak with their parents and their teachers too. This creates a rich understanding of the whole child.

Potential questions may include:

- If you had some free time to do anything, what would you choose?
- Are there activities that you are usually good at?
- What do you like?
- What do you enjoy doing?
- Are there times when you totally relax?
- What do you get excited about?
- What makes you laugh or smile?
- When do you learn the best?
- What do you get complimented on?

By working with families, professionals and agencies, educators can gain access to helpful information and strategies to support children's participation in the OSHC program.

Who to Consult	Type of Information	How to Gather Information
Child	• Interests • Preferences • Goals • Helpful strategies	• Conversation • Age-Appropriate Questionnaire pre-enrolment (all about me sheet) • Observation
Parent/ Guardian	• Child’s strengths, interests, support needs • Cultural Practices • Triggers • Preferred Environments + People • Successful + Unsuccessful Strategies • Clarify enrolment information (health needs, disability information) • Specialist Support Accessed	• Conversation • Email • Forms (Enrolment or other) • Meetings • Surveys
OSHC Staff	• Child’s strengths, interests, abilities • Triggers • Preferred Environments + People • Successful + Unsuccessful Strategies • Signs of dysregulation	• Conversation • Child Wellbeing Plans (Behaviour Support Plan) • Observations • Reports
Teacher	• Classroom Participation • Preferred Environments + People • Triggers • Successful + Unsuccessful Strategies	• Conversation • Email • Meetings • *Remember permission must be granted by parent/guardian
Specialist	• Diagnosis • Triggers • Strategies	• Conversation • Reports • Meetings

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Notes

KNOWLEDGE CHECK

Neurodiversity Affirming Practice

Individual Support

Complete the below template to identify how you're supporting a child in your service in a neurodiversity affirming way.

Child's Name:

Communication Needs:	**Educators can support this by:**
Sensory Needs:	**Educators can support this by:**
Executive Functioning:	**Educators can support this by:**

Strengths & Interests:	Educators can support this by:
Regulating Strategies:	**Educators can support this by:**

What is likely to lead to a meltdown?

What can Educators do proactively?

What can Educators do to respond?

Where has this information come from?

☐ The Child
☐ Parents
☐ OSHC Educators
☐ Teachers
☐ Allied Health Professionals
☐ Other _______________

How have we involved the child in considering the type of support provided?

What other information is required?

Practical Application Checklist

Provide an example of when you have done the following:
Provided individualised support to a child to facilitate their participation in the OSHC program.
Conducted support activities in a way that is neurodiversity affirming (i.e. allows this child to be themselves, sees children as individuals, does not impose unfair expectations).
Implemented child-centred practice and involved children in developing support strategies.
Recognised the differences that accompany neurodivergence.
What additional information do you need to help you improve these practices?