



# **The Federation of Sacred Heart and St Mary's Catholic Schools**

## **ASD guidance and policy**

(adapted from the Wandsworth Borough Council Policy)

Date reviewed: January 2016

Signed:

## Definition

Autism (including Asperger syndrome) is a lifelong developmental disability that affects how a person communicates with, and relates to, other people. It also affects how they make sense of the world around them. Autism is a spectrum condition, which means that, while all people with autism share three main areas of difficulty, their condition will affect them in different ways. Some people with autism are able to live relatively independent lives but others may need a lifetime of specialist support. People from all nationalities and cultural, religious and social backgrounds can have autism, although it appears to affect more men than women. It is a lifelong condition: children with autism grow up to become adults with autism.

The three main areas of difficulty (often known as the 'triad of impairments') are:

- Difficulty with social interaction. This includes recognising and understanding other people's feelings and managing their own. Not understanding how to interact with other people can make it hard to form friendships.
- Difficulty with social communication. This includes using and understanding verbal and nonverbal language, such as gestures, facial expressions and tone of voice.
- Difficulty with social imagination. This includes the ability to understand and predict other people's intentions and behaviour and to imagine situations outside of their own routine. This can be accompanied by a narrow repetitive range of activities. Coping with change can also be challenging.

People with autism may also experience some form of sensory sensitivity or under-sensitivity, for example to sounds, touch, tastes, smells, light or colours. Many people with autism have intense special interests, often from a fairly young age. Children with ASD, particularly those with Asperger's syndrome, also have strengths and talents which should be built upon, such as a keen eye for detail, logical thinking and a strong visual memory.

## Alerting features in primary school age children

Professional concerns about more able children, or those with Asperger Syndrome, may not develop until children are exposed to the greater social demands of the primary school environment. Indeed, prior to school entry, some may have been thought to be well advanced in their development because of their special interests and precocious vocabulary.

The following features should alert teachers and others to the possibility of ASD and trigger discussion with parents and the possible implementation of the local referral pathway:

### 1 Communication impairments:

Abnormalities in language development including muteness, odd or inappropriate intonation patterns, persistent echolalia, reference to self as 'you' or 'she/he' beyond 3 years, unusual vocabulary for child's age/social group.

Limited use of language for communication and/or tendency to talk freely only about specific topics.

## **2 Social impairments:**

Inability to join in with the play of other children or inappropriate attempts at joint play (this may manifest as aggressive or disruptive behaviour).

Lack of awareness of classroom 'norms' (criticising teachers; overt unwillingness to cooperate in classroom activities; inability to appreciate/follow current trends e.g. with regard to other children's dress, style of speech, interests etc.). Easily overwhelmed by social and other stimulation. Failure to relate normally to adults (too intense/no relationship). Showing extreme reactions to invasion of personal space and extreme resistance to being 'hurried'.

## **3 Impairment of interests, activities and behaviours:**

Lack of flexible, cooperative imaginative play/creativity, although certain imaginary scenarios (e.g. copied from videos or cartoons) may be frequently re-enacted alone.

Difficulty in organising self in relation to unstructured space (e.g. hugging the perimeter of playgrounds, halls).

Inability to cope with change or unstructured situations, even ones that other children enjoy (such as school trips, teachers being away etc.).

**4 Other factors:** unusual profile of skills/deficits (e.g. social and motor skills very poorly developed, whilst general knowledge, reading or vocabulary skills are well above chronological/mental age). Any other evidence of odd behaviours (including unusual responses to sensory stimuli (visual and olfactory); unusual responses to movement and any significant history of loss of skills).(National Autism Plan for Children, 2001)

## **Assessment**

Children with ASD have an increased likelihood of also having one or more additional learning difficulties such as dyspraxia or attention deficit disorder, with or without hyperactivity. A substantial percentage of children and young people with autism will also have very significant / severe learning difficulties.

Although diagnosis of any medical conditions will be confirmed by professionals from the health services, the assessment of the impact of the child's social communication difficulties, with or without other co-existing conditions, on his or her ability to access the curriculum, whether this is the Foundation Stage or the National Curriculum for children of school age, is a matter for education professionals.

Medical diagnosis should aim to:

- Identify whether the child's social communication difficulties meet the criteria for a diagnosis of an ASD
- Clarify if there are any other difficulties co-existing and how these are affecting the child
- Give parents information about support available in the area

ASD can result in, or co-exist with, a vast range of difficulties. In schools and settings, children may present with some (few or many) of these difficulties without a confirmed diagnosis. The diagnosis, per se, is not therefore an indication of level of need. It will, however, help to clarify the type of strategies that are most likely to be effective.

## Strategies

Through the different phases of their education children will need a variety of strategies and interventions to bring about successful learning. This might include a range of groupings including mainstream classrooms, small groups and/or one-to-one work.

School/setting policies should include reference to behaviour management, risk assessment and reasonable adjustments that will be made in order to ensure the ongoing education of children with ASD.

Staff supporting and working with a child with an ASD will:

- Create co-operative learning opportunities with peers
- Focus on shared interests, use interests and strengths
- Ensure that both staff and peers allow the child to develop as much independence as possible
- Keep facial expressions and gestures simple and clear
- Give a clear indication of the amount of work required, teach what 'finished' means and what to do next
- Provide accurate, prior information about change/expectations

## Hilary House

At Sacred Heart, we have a special unit for children on the autism spectrum. It caters for 19 pupils in two classrooms. A variety of strategies are used, including TEACCH, PECS, Makaton and intensive interaction. A broad and balanced curriculum, including the National Curriculum, is delivered to children attending the ASD base. This includes:

- i) high staff-pupil ratio
- ii) TEACCH approach (environment, visuals, individual work stations)
- iii) highly differentiated tasks in all areas of the curriculum
- iv) visual strategies (including the use of Widgit symbols) to access the curriculum
- v) regular SALT and OT sessions
- vi) opportunities for sensory breaks
- vii) opportunities to develop social skills and cooperative play skills
- viii) support to manage anxiety
- ix) good communication between home and school

All pupils who attend the base have opportunities to access the mainstream school according to individual needs and strengths.

## National and Local guidance

Our policy follows the recommendations of the following reports:

- *Autism-friendly LA Good Practice Guidance (DfES 2002)* which states that LAs should provide and commission courses in ASDs that are available to all staff (teaching and non-teaching) and families of children with an ASD

▪ **National Autism Plan for Children (NIASA 2003)**

*'Joint multi-agency programmes of ASD awareness training on a continuous basis are necessary for all professionals working with children in the community and for parents/carers. Training should be provided for all staff delivering both specific ASD interventions and other interventions for children with ASD. Training should include issues related to understanding ASD and not be limited single intervention training'*

▪ **Make School Make Sense (NAS 2006)**

*'Inclusion is not about placing children with autism in mainstream schools and ignoring difference by 'treating all pupils the same'. It is about making appropriate provision to meet each child's needs and reasonable adjustments to enable each child to access the whole life of the school.....Without an understanding of autism, staff cannot be expected to know how to adjust the curriculum and school environment .....these adjustments can be very straightforward and simple where staff have an understanding of this hidden disability'*

At the local level, ASD policy will support Wandsworth's

- **Inclusion and Diversity Policy Statement 2005**, in particular to help schools in meeting its definition of an inclusive school which:
  - has a clear vision and ethos of inclusion, led by school managers who are willing to adjust the cultures, policies and practices of the school to build its capacity to embrace and respond to the diversity of its students
  - seeks to identify and remove barriers to access and participation for all students
  - challenges attitudes and behaviour which may lead to social isolation of students
- **Special Educational Needs and Inclusion Policy and Strategy 2005**, in particular to:
  - ensure that both mainstream and special schools have the resources, environment, skills and confidence to meet their needs.
  - publicise sources of specialist advice, explore methods of using the expertise within its own schools to promote good practice on working with pupils with SEN and support positive attitudes to disability.
  - Seek to meet children's SEN at the earliest opportunity, working closely with other services

## **Aims and Principles of our policy**

1. That all staff working within our school who come into contact with children identified with ASD, including senior leadership, should have training to help them understand the nature of the condition and its implications for the delivery of appropriate support. This will include understanding the environment and ethos amongst staff required to nurture children with autism.

2. Sacred Heart School and St Mary's School needs to acknowledge the diversity and complexity of ASD, the value of early intervention and the varying needs of children at different points of their lives.
3. Sacred Heart School and St Mary's School will take account of what strategies are working well in Wandsworth schools and any specific approaches and interventions which we provide training on should have a proven track record of success.
4. That parents/carers have a fundamental role in the development of children with ASD and that families and communities also have a need for greater understanding and knowledge.