

IN TEACHING RESEARCH P

The Autism Toolbox

An Autism Resource
for Scottish Schools

Support for Learning Division
Schools Directorate
Scottish Government

Scottish Autism Service Director

National Centre for Autism Studies
University of Strathclyde

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Authors' note

Throughout this document we refer to 'Autism Spectrum Disorders' (ASD) to signify children and young people with diagnoses of autism, high functioning autism and Asperger's Syndrome or other autistic conditions as described in DSM IV (American Psychiatric Association, 1994 and 2000) and ICD 10 (World Health Organization, 1992) - to date the two most commonly used diagnostic criteria. We recognise that schools will sometimes work with pupils 'as if' they are on the autism spectrum - perhaps when a process of assessment and diagnosis is underway, or when behaviours strongly suggest that such approaches will be helpful to the individual concerned. Numbers of pupils with ASD attending mainstream education will have a diagnosis of Asperger's Syndrome (AS).

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The Autism Toolbox Overview of Approach

The Autism Toolbox for Scottish Schools is designed to support Education Authorities in the delivery of services and planning for children and young people with Autism Spectrum Disorders (ASD) in Scotland, and will sit alongside existing Local Authority resources. It complements the guidance issued on [Autism Spectrum Disorders: A Guide to Good Practice](#) (2016) and [Autism Spectrum Disorders: A Guide to Good Practice](#) (2016). The intention

these have yet to be fully developed, they should take care to ensure that school staff is aware of the guidance and the provisions that are supplied to support access to the curriculum. A brief overview of the guidance follows -

Part 1 - The Policy and Legislative Context

The first part of The Autism Toolbox for Local Authorities and schools summarises the policy context in Scotland as it affects educational provision, the legislative context in which provision for pupils with ASD in Scotland should be considered and highlights the need for strategic planning for ASD by Local Authorities and their strategic partners. This information is elaborated upon in Section 7 of The Autism Toolbox to be found on the accompanying CD Rom. Part 1 also presents the key recommendations of two reports published in 2006: the HMIE Report into *Autism in Scottish Schools* (Her Majesty's Inspectorate of Education, 2006a) and the NAS *Autism in Scottish Schools* campaign report (Batten and Daly, 2006).

Part 2 - The Toolbox - Autism in Practice

The second part of the resource, The Toolbox – Autism in Practice, provides direct advice for day-to-day practice: the guidance in each section is presented in the form of grids which address the impact of autism on key aspects of practice, and relate these to 'How Good is Our School' (HMIE, 2007a) and 'Child at the Centre' (HMIE, 2007b). A file containing the grids is available on the CD Rom.

Section 1 - Know more about Autism

In order to include and support individual children and young people with autism in mainstream services it is important to have an understanding about the nature of this lifelong, complex spectrum which has day-to-day implications for work in schools. This section emphasises the importance of starting with the person and combining individual understanding with knowledge about autism. It presents an introductory understanding which will help practitioners to feel informed.

Section 2 - Support for Pre-schools, Primary Schools and Secondary Schools

Ten key aspects of practice are addressed in this section, they include:

- 2.1 Autism - A Highly Individual Context
- 2.2 Strengths and Challenges
- 2.3 The Impact of ASD on Teaching and Learning
- 2.4 Assessment
- 2.5 Individualised Educational Programmes

- 2.6 Classroom Organisation and Classroom Strategies
- 2.7 Differentiation - Principles and Practicalities
- 2.8 The Social Curriculum
- 2.9 Transitions
- 2.10 Whole School Approaches

Examples of practice gathered from field practitioners at all stages of education are threaded through these sections.

Section - Support for Parents and Families

Written by representative parents with long experience of working collaboratively with schools, this section addresses:

- 3.1 Working with Parents
- 3.2 Schools' Guidance to Parents - a Reciprocal Relationship?
- 3.3 Communicating Effectively with Parents
- 3.4 Meetings with Parents
- 3.5 Inclusion of Parents of Children and Young People with ASD in the Life of the School
- 3.6 Working with Groups of Parents
- 3.7 What Parents may be doing at Home
- 3.8 Issues for Siblings

Section - Working with Other Agencies

This section offers a brief guide to working with the range of professionals who may be involved with children and young people with autism and their families. The complexity of autism may determine that a range of professionals are involved:

- 4.1 What is Multi-agency Working?
- 4.2 Who takes the Lead?
- 4.3 Transitions and Multi-agency Working
- 4.4 Multi-agency Systems
- 4.5 Co-ordinated Support Plans (CSPs)
- 4.6 Top Ten Points for Positive Practice in Multi-agency Working
- 4.7 Multi-agency Involvement - Professional Roles

Part 3 - CD Rom of printable files

Part 3, containing Sections 5-9, is produced on the enclosed CD Rom, and not in the printed resources. It is available through the Scottish Government website and the Scottish Autism Service Network website. With millions of ‘hits’ every time the word ‘autism’ is keyed into the web (at the time of publication this was 18,500,000) a filter is needed to identify useful and reliable information. The resource section is intended to provide reliable information, useful links, and to illustrate resources that may be helpful in practice and are readily available at the time of going to press.

Section 5 - Overview of interventions

This section offers an overview of interventions and draws on the research literature to describe their effectiveness, strengths and possible drawbacks. It is included in the Toolbox as practitioners working with children and young people with autism are likely to draw from these interventions in their own practice, and need to be able to discuss their key strengths with parents and families.

Section 6 - Resources

In this section we have included some key texts, web links and references. Print based material is shown by book or report cover, with a brief description and a note of how to access the resource. There are 100 sources listed here and these are referenced where appropriate throughout the document.

Section 7 - Guidance on the policy and legislative context - Local Authority guidance to Local Strategic Planning Approaches for Future Service Provision

This section considers the Scottish legislative and policy context in more detail, expands on the brief outline of legislation provided in Part 1 and suggests guidance for Local Authorities on strategic planning approaches.

Section 8 - Directory of information on Agencies

Information about where to get help from knowledgeable others is important in the dissemination of good practice. Key organisations and local contacts are included here. Information is correct at the time of going to press, however such information is quickly outdated, and so readers are advised to check on the Scottish Autism Services Network for routes to up-to-date information.

Section 9 - Practice grids and posters files

It is recognised that Toolbox users may wish to print off some of the material included in Part 2 – the practice grids are available here in pdf format. There is also a set of 8 posters related to sections of the Toolbox which may be ordered in full A1 size from the National Centre for Autism Studies.

Set 1 - Practice Grids

Set 2 - Posters






1. A Resource for Scottish Schools - The Autism Toolbox
2. Guidance for Schools
3. Support for Parents and Families
4. Sharing Responsibility - Working with Other Agencies
5. Early Interventions
6. Pupils' Involvement in all matters which affect them
7. The Policy and Legislative Framework
8. Highlighting Resources - Finding help and information

Part 1 The policy and legislative context





Education Authorities, schools and early years settings have a major role to play in supporting the Scottish Government's 5 strategic objectives by expanding opportunities, increasing access to education, as well as increasing the opportunities available to, and the achievements of, pupils and young children on the autistic spectrum. This part of The Autism Toolbox summarises the policy context in Scotland as it affects educational provision, the legislative context in which provision for pupils with ASD in Scotland should be considered, and highlights the need for strategic planning for ASD by Local Authorities and their strategic partners. Each aspect is expanded in Section 7 of The Autism Toolbox (to be found on the enclosed CD Rom). This part also presents the key recommendations of two reports published in 2006: the Her Majesty's Inspectorate of Education (HMIE) Report into *Quality of Provision for Children with Autism* and the National Autistic Society (NAS) Scotland's *'Quality of Life for Children with Autism'* campaign report.

Part 1. The clinical context

Further and in implementing these principles the Cabinet Secretary for Education and Lifelong Learning has stated that the Scottish Government's education policies will focus on:

-  Early intervention
-  Supporting vulnerable children and their families
-  Improving the learning experience in school
-  Developing skills and lifelong learning
-  Promoting innovation in higher education

These policies are supported by the introduction of *Aspirations for Learning* that seeks to enable all to become:

-  Successful learners
-  Confident individuals
-  Effective contributors
-  Responsible citizens

Part 2 A contractor set een Scottish government and local government

by the Disability Discrimination Act 2005: the 2005 Regulations provide a specific duty on educational authorities to produce a disability equality scheme to help them fulfil their general duty: The Disability Equality Duty (DED).

... The Disability Equality Duty (DED) (also ...)

The Disability Equality Duty – the general duty is introduced in the amended Disability Discrimination Act 1995. There is a requirement for any public body to develop and implement a Disability Equality Scheme (DES) for the whole authority and a separate education DES to cover their function as an education authority.

... Getting it Right for Every Child (R) (also ...)

Getting it Right for Every Child is a key priority for the Scottish Government as it contributes to its strategic objectives. The Government is committed to policies which help Scotland's children and young people fulfil their potential. Getting it Right for Every Child is a national programme that is changing the way adults and organisations think and act to help all children, young people and their families grow, develop and reach their full potential.

... A Curriculum for Excellence (also ...)

A Curriculum for Excellence provides explicit statements of the aims of education in Scotland, concepts which have long been implicit. In summary, the purposes of education are to enable all young people to become: successful learners; confident individuals; responsible citizens and effective contributors.

The development of these capacities, attributes and capabilities lies at the heart of work on curriculum renewal.

... The Early Years Framework (also ...)

The Early Years Framework, at its simplest, is about giving all our children the best start in life and identifying the steps the Scottish Government, local partners and practitioners in early years services need to take to make a start on that journey. At the heart of this framework is an approach which recognises the right of all young children to high quality relationships, environments and services which offer a holistic approach to meeting their needs.

Part 1 Strategic Planning for Future Service Provision

In Scotland, education authorities have a duty to ensure that they provide adequate and efficient educational provision for any child or young person with additional support needs and this of course includes children and young people with ASD. In ensuring that these needs are met, education authorities must also make a wide range of provision available and ensure that the teaching methods used in schools meets the needs of each individual pupil. This provision may be made in specialist units or bases within mainstream schools, or by outreach, or peripatetic support teams. Provision may also be provided in Special Schools.

This guidance is designed to support education authorities in the delivery of these duties and as a first step considers the legislative and policy context in which these duties exist.

Local authorities' Strategic Planning for Future Service Provision will include definition of strategy or direction for ASD, and making decisions on allocation of resources to pursue this. Strategic Planning should take account of the policy and legislative context summarised in Part 1, the advice offered in Parts 2 and 3 of The Autism Toolbox, and the more detailed Legislative section in Section 7, and should be predicated on the recognition that ASD is a lifelong condition. Services will need to offer at least some level of support throughout life. This highlights the importance of strategic analysis, direction and action planning in the light of the need for joined up services, consultation with families and service users, training of staff and the right services for ASD.

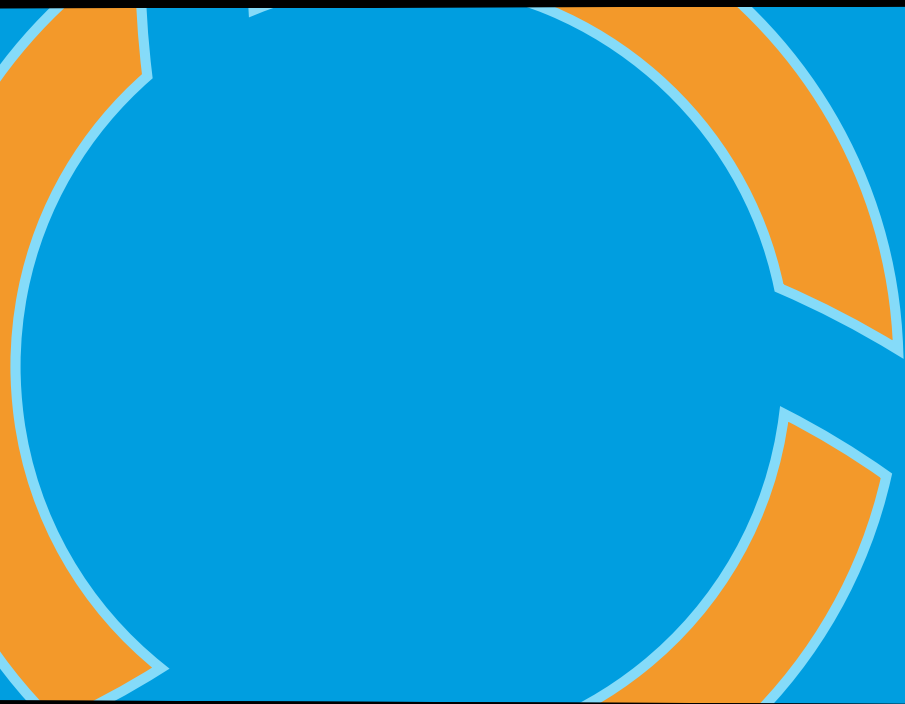
A number of key elements in strategic planning are listed here and elaborated in Section 7 which can be found on the CD Rom included with The Autism Toolbox.

Key elements in strategic planning: 161616

Additionally, these annexes provide helpful information:

Table 1 – Annexes to Section 7 (CD Rom)





Part 2

The Toolbox

Autism in Practice

The Toolbox provides direct advice for day-to-day practice: the guidance in each section is presented in the form of grids which address the impact of autism on key aspects of practice, and relate these to 'How Good is Our School' (HMIE, 2007a) and 'Child at the Centre' (HMIE, 2007b).

Section 1 - Introduction to About Autism

In order to include and support individual children and young people with autism in mainstream services it is important to have an understanding about the nature of this lifelong, complex spectrum which has day-to-day implications for work in schools. This section emphasises the importance of starting with the person and combining individual understanding with knowledge about autism. It presents an introductory understanding which will help practitioners to feel both informed and more skilled.

Section 2 - Support for Primary Schools and Secondary Schools

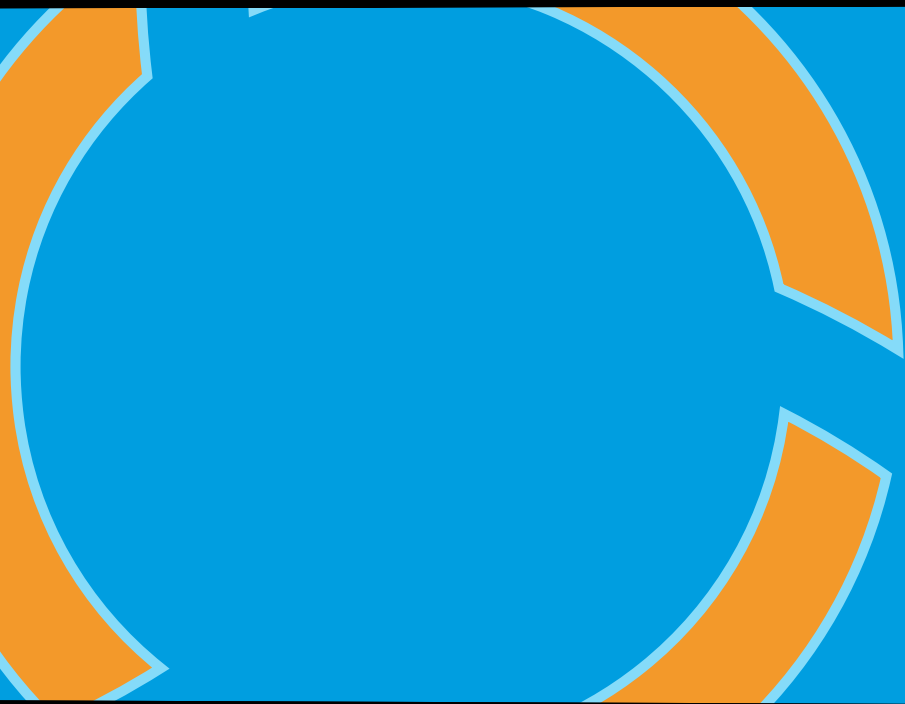
Ten key aspects of practice are addressed in this section.

Section 3 - Support for Parents and Families

Working together with parents and families in the eight main ways highlighted in this section will ensure appropriate links with families.

Section 4 - Working with Other Agencies

No single professional group can meet the needs of pupils with autism in isolation from other services. Seven elements of multi-agency working are covered in this section.



Section 1 - Know more about Autism

Understanding the terminology used in the Autism Spectrum - Defining ASD

The first step to understanding pupils on the autism spectrum is to have an awareness of the terminology used and to know what such terms may indicate in terms of educational, social and emotional needs. It is essential to build a relationship with and to develop personal knowledge of the individual child or young person, in this way it is possible to begin to appreciate that autism spectrum disorder (ASD) is part of the story of who the child is as a person with a unique profile that includes their personality, strengths, challenges, likes and dislikes. A significant number of individuals with a diagnosis of autism also have learning disabilities (Vermeulen, 2001). ASD is considered to be a neuro-developmental disorder (Trevorthen, 2000) with the impact on development occurring before 3 years of age (World Health Organisation, 1992), however recent insights into autism suggest that the impact of the neuro-developmental differences in autism takes place from 8-14 months (Trevorthen and Aitken, 2001).

Terms and their meaning

ASD

Autism is commonly typified by what is known as the triad of impairments (Wing 1996).

These are:

- Social Communication
- Social Interaction
- Social Imagination and Flexible Thinking

AS (AS)

This term is often used but is not found in the diagnostic criteria. It was used to describe people whose Social Communication, Social Interaction and Social Imagination is affected by autism, but whose IQ is within the normal range (as with Asperger's Syndrome (AS) – no clinical impairment and a standard score of over 70 IQ), before the term Asperger's Syndrome (AS) came into common usage in the 1990s. Debates continue as to whether HFA and AS are interchangeable terms.

AS







Asperger's Syndrome is typified by:

Severe and sustained impairment in social interaction

Restricted, repetitive patterns of behaviour

Individuals will have had no clinically significant delay in language development. It is however important to note that there may be significant issues with the understanding, processing and use of social language. Individuals with Asperger's Syndrome have no clinically significant cognitive impairment. Consequently their cognitive abilities fall within the normal range (American Psychiatric Association, 1994). As with HFA the disabilities associated with autism will have an impact on learning and schooling. Children with a diagnosis of Asperger's Syndrome may also be noticeably clumsy.

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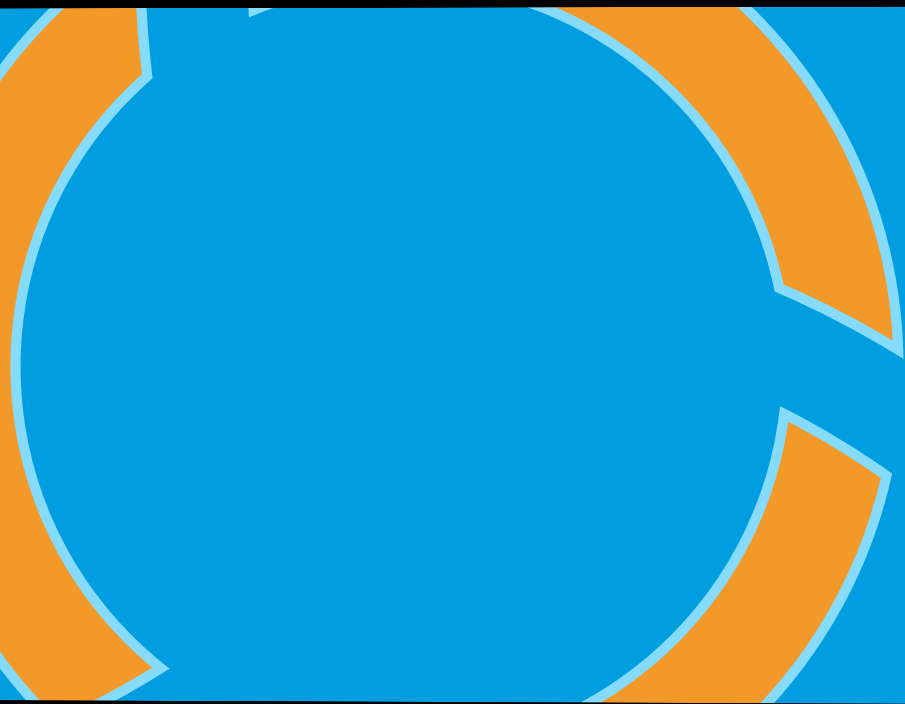
-
-  Literal interpretation of language is a common feature in children with ASD. Metaphors and similes can be difficult to interpret. Difficulties in abstracting intention and implied meaning can lead to many social misunderstandings.
 -  As a result of a tendency to take language literally, pupils with ASD may be unable to understand the subtleties of classroom behaviour and may speak up to report on other pupils' behaviour when their peers might maintain a steady silence – this too can lead to isolation in the peer group.
 -  Understanding facial expressions. Subtle expressions may be difficult to perceive and process. Children may also find it problematic to join the communicative dots: meaning they may not make the connections between what is said, how it is said and the body language and facial expressions that are used in congruence. This can lead to misunderstandings as some will not find it easy to interpret others intonation to derive the correct meaning.
 -  Individuals with ASD may have an unusual way of using social eye gaze. Eye gaze is a helpful social communicative tool that typically developing individuals may use to include or exclude people from conversation. It can also signal that conversations are about to end or that there is something in our field of reference that we wish to draw to another's attention. Children and young people with ASD may avoid eye contact or use it very intensely and as a result will stare at people in a way that can be unnerving. Some people with ASD have reported that they use their peripheral vision as they find eye contact or the more usual use of eye gaze uncomfortable. Others say they don't make eye contact as it distracts them from hearing and understanding what is being said.
 -  A diagnosis of Asperger's Syndrome is given when there is no significant language delay and no cognitive impairment. There is also the presence of intense and restricted special interests often referred to as obsessions. The verbal and non verbal social communication difficulties of children with Asperger's Syndrome may be more subtle. They may have very fluent speech but have a very narrow range of topics of conversation. Their style and use of language may be quite formal or precocious. They are likely to use the same style of communication regardless of the context. Therefore unlike typically developing children they may not differentiate between the language used with friends in the playground and language used in the classroom. The tendency to more formalised pedantic language can often set them aside from their peers. Restricted interests and obsessions can limit their ability to access social situations and to develop reciprocal relationships as their one-sided, narrow view can be off-putting to others.
 -  Children and young people with ASD frequently behave in ways that are difficult for others to understand. Such behaviour may be a form of communication. It can be more productive to view behaviour in this way and to develop supportive communication strategies rather than to assume there is a behaviour problem. s .
-

“normality”. This can render them vulnerable to bullying and manipulation by other children who may capitalise on their social naivety in the classroom and the playground as well as on the way to and from school.



Children and young people with ASD tend towards routine and sameness indeed for some there is a high level of dependency on both. This aspect of ASD is often misconstrued as meaning that there must never be any change around pupils with ASD. This is misleading. Change and unpredictability are part of daily life. However the pupil will not become desensitised to change just because it occurs around them and it can be a source of stress and anxiety. It is important to recognise the extent to which this may be an issue for an individual pupil. Minimising unnecessary change and involving the pupil where possible will be beneficial.

The key to thinking about these issues is to have an awareness of Social Communication, Social Interaction, and Social Imagination and Flexible Thinking and to understand the different impact of each aspect of the Triad for each individual pupil.



(HMIE, 2006a), A : B 3 (The Scottish Government 2008b) and ~~As~~ ~~ss~~ ~~s~~ ~~□~~ (Learning and Teaching Scotland, SQA, Scottish Executive, 2006). Where quality indicators are referred to these apply across all stages, and take account of the strong connection between ~~□~~ and ~~s~~

There are no prescriptive solutions. This guidance is intended to support authorities and school staff to develop innovative, individualised and creative approaches to teaching pupils with ASD. The aim is to raise attainment and minimise potential difficulties by being proactive. Booth and Ainscow (2002) suggest that inclusive schools are those where policy, practice and culture promote both the presence and active participation of all pupils. When the needs of pupils on the spectrum are well recognised, understood and supported such outcomes are possible. Additionally the needs of other pupils will also be met.



The Autism Toolbox

Part 2

Section 2.2



Strengths and Challenges

2.2 Strengths and challenges

2.2. Meeting the Rights of people with ASD in education

The rights of all pupils in Scotland are respected under the UN Convention of the Rights of the Child (Scottish Government, 2007c). In 1996 the European Parliament adopted the Autism Charter as a written declaration of the rights of people with ASD. Existing guidance for schools emphasises the right of all pupils to be consulted on matters which affect them. Whilst the status of the Charter of Rights for People with Autism remains adopted as a written statement, rather than enacted, there are particular items in the Charter that provide a helpful guide for schools, for example:



The right of people with autism to lead independent and full lives to the limit of their

achievement. It can be very helpful to view the impact of ASD in this way. By beginning to identify differences in thinking and processing teachers can be more responsive and creative in terms of differentiating approaches and resources to increase accessibility to the curriculum for learners on the spectrum. Vermeulen illustrates that the range of strengths in thinking can lead to original, artistic and creative outcomes. This is clearly reflected in the variety of artwork and literature people on the spectrum generate.

It is therefore important to move beyond a view that the characteristics of individuals on the spectrum always result in challenge and or impairment. This does not mean that the needs of individuals should be overlooked but that there should be equal emphasis on the identification of skills, talents and abilities regardless of how diverse they may be or how difficult they are to identify.

Curriculum for Excellence (Scottish Government, 2008b, p.17) advocates “All children and young people should experience personalisation and choice within their curriculum, including identifying and planning for opportunities for personal achievement in a range of different contexts. This implies taking an interest in learners as individuals, with their own talents and interests.” Scottish school pupils have a right to be consulted on all matters which affect them.

Example - utilised in all matters which affect them

A primary pupil demonstrated a strong fear of going to the doctor. This had a huge impact on both himself and his family, as trips to the doctor were extremely stressful and avoided whenever possible.

Through discussion with his parents and school staff it was agreed that the Early Childhood Practitioner (ECP) would work with the pupil to devise a programme which aimed to reduce his level of anxiety in these situations.

The pupil was fully involved in planning out the small steps in this programme and the ECP worked closely with the GP practice. Activities in the programme included role play, sharing stories about the doctor, playing with real objects, social stories, trips to the surgery, talking to the receptionist, making appointments, talking to the GP, and finally, attending an appointment. After two weeks of daily activities the pupil was happily visiting the GP surgery and continues to do so one year on.

It is recognised that this can be testing for staff who may feel they have insufficient insight into ASD to be able to make an accurate judgement. However drawing on and applying advice from the “Assessment” section of the toolbox will increase confidence and encourage staff to engage with pupils in a way that allows their abilities as well as needs and rights to be recognised.

The Autism Toolbox

Part 2

Section 2.3








Teaching and Learning



Individuals on the spectrum have impairments in a range of executive functions

Theor of Mind

Theory of Mind emerges in typical development around 2 – 4 years. It is the cognitive mechanism that enables the ability to appreciate the perspectives of others and to recognise that others have thoughts, desires, beliefs and mental states that are unique. Significant research in relation to deficits

-  Focus attention
-  Appreciate alternative perspectives
-  Cope with environmental variables or that which is unknown or unfamiliar
-  Choose and prioritise
-  Organise and plan






(Adapted from Cumine et al, 1998)

Example 2 - Inappropriate focus of attention

A teacher was working with a primary one class. Anne, a pupil with ASD, was particularly difficult to engage in teacher led activities or settle to tasks. It was story time and the pupils were gathered on the carpet. Anne seemed to be listening very intently to the story and the teacher was delighted. At the end of the story Anne put up her hand, the teacher was very excited because this was the most engaged Anne had been. When the teacher asked Anne what her question was Anne stated, "Your nostrils are different shapes!"

Executive Function

Executive function difficulties are not unique to individuals with ASD however research suggests that for this population they are more severe and are different in type and onset than in other conditions (Klin, Volkmar and Sparrow, 2000) This is perhaps one of the most complex areas as executive function is the term used to describe a collection of cognitive mechanisms that are implicated in a range of areas such as:

-  Behaviour that is involved in developing and working towards a goal
-  Systematic problem solving
-  Flexibility of thought and behaviour
-  Controlling inappropriate impulses and self-control
-  The guiding of behaviour by mental models or internal representations

(Jordan, 1999)

Whilst no theory completely explains the spectrum there are elements of all that are helpful in guiding educationalists towards appropriate supports and teaching strategies based on an appreciation of the diverse cognitive styles of children and young people on the spectrum. Theories can therefore be used to inform practice and to develop empathy for individuals on the spectrum.

Example - Motivation and Confidence

Our Primary School Unit decided to enter the annual Determined to Succeed Making Movies Competition sponsored by Glasgow City Council and the Glasgow Film Theatre. This offered a concrete opportunity for the P6/7 children to work collaboratively on a project from beginning to end, to generalise their learning and to celebrate success. The children needed to decide on a storyline and write a synopsis of the film which was the initial entry to the competition. We were one of ten primary schools to be successful and entered into the second stage of the competition. The children were involved in characterisation, developing their storyline within the limits of the synopsis through writing storyboards, acting the parts, using digital video cameras for filming, sound recording and finally editing the work to the required length of time. All of the children contributed to the project and were brimming with confidence and pride when presenting their project, 'Cuckoo Cop', to visiting teachers, parents and peers.

2. . Stress and Anxiet

Pupils on the autism spectrum are known to experience high levels of anxiety which impacts on their ability to function appropriately in some contexts and be receptive to learning. Staff may question the inconsistent patterns and root cause of inappropriate behaviours, e.g. he can do it in the drama group so he should be able to do it in the gym hall. We all perform differently depending on our environment and mood, e.g. an experienced driver can negotiate familiar routes while chatting, listening to music, eating, etc. but if you were to drive in an unfamiliar city these skills would be much poorer, you may only be able to concentrate on direction signs, finding the radio or another person talking distracting.

Stress levels must be monitored and reasonable allowances made to enable pupils to cope with the environment and access the curriculum as fully as possible.

Sometimes the source of a pupil's anxiety will be clear, however, what can be more challenging for adults is when pupils respond adversely to anticipated events or reactions, for example, bells ringing, school outings, responses from peers. These responses and feelings are very real for pupils on the autism spectrum even when they are associated with events or activities usually perceived as enjoyable or innocuous.

Example - Anticipation

Andrew, a Primary 2 pupil was frequently showing signs of distress and would attempt to leave the classroom. Discussion with his parents revealed this was also occurring at home. No clear trigger was apparent to staff or parents. After a period of persistent, close observation it became clear that Andrew had an intense fear of the animated BBC2 jng ng9-0.053 Tw t f or paeers.s revea un whpatfyhe radi()TJ-0.050*[(ha

2. . The impact of ASD on Teaching and Learning (Priority)

The impact of ASD on Teaching and Learning	
Impact of ASD	Response to the needs of pupils with ASD
	Indicators
1.1 Improvement in performance 1.2 Fulfilment of statutory duties 2.1 Learners' experiences 5.1 The Curriculum 5.2 Teaching for effective learning 5.3 Meeting learning needs 5.4 Assessment for learning 5.5 Expectations and promoting achievement 5.6 Equality and fairness 5.7 Partnership with learners and parents 5.8 Care, welfare and	

The impact of ASD on Teaching and Learning	
Impact of ASD	Response to the needs of pupils with ASD
<ul style="list-style-type: none"> • Predicting and understanding the consequences and the impact of behaviour on others may be problematic. • Seeing and making connections in a range of contexts may be challenging. Skills learned in one environment may not automatically be replicated in another. • Focus of attention may be inconsistent and out of step with teachers' expectations. 	<ul style="list-style-type: none"> • Understanding the social behaviour of pupils with ASD can be complex. It is tempting to view the responses and reactions and motivation of pupils from a typical perspective. Whilst behaviour needs to be addressed it is essential that attempts are made to understand the ways in which ASD has been a factor and that behaviour can often result from communication difficulties or from prolonged exposure to highly stressful situations. It is important to remember that some pupils with ASD will find even the most basic of social situations anxiety provoking. • There is a need for continuous assessment across all areas. Assessment will need to take account of environmental and contextual factors. Do not assume because a child demonstrates competence in one setting that this will be generalised to a range of contexts. This means more detailed and comprehensive approaches to assessment may be required to ensure an accurate profile of skills and abilities is being formed. • Visual supports may be needed to enable the pupil to direct their attention appropriately e.g. use of maths window, highlighting sections that need to be read. The teacher may also need to check that the focus is as expected as it may frustrate pupils to feel that they are carrying out tasks when they find a mismatch of expectations. Adults may also become frustrated by what may appear to be a lack of concentration and focus. In reality most children with ASD will be trying hard to process information but may not always be on the right track.

The impact of ASD on Teaching and Learning	
Impact of ASD	Response to the needs of pupils with ASD
<ul style="list-style-type: none"> Coping with the unknown or unfamiliar may be stressful and may have a negative impact on behaviour. Choosing and prioritising may be problematic and may be linked to difficulties with predicting outcomes and consequences. Self and task organisation, planning and working sequentially and systematically may be difficult and idiosyncratic. Flexibility of thought and behaviour: The ability to cope with change and interpret and act on information in a range of different contexts can be problematic. This may result in a tendency for rigid thinking and processing that manifests in inflexible behaviour patterns and responses. 	<ul style="list-style-type: none"> Plan and prepare for new situations by using strategies such as appropriate visual supports, social stories or by a familiar and trusted adult explaining what will happen. This is especially important if plans need to change. Pupils with ASD are less likely to respond negatively to change if it is signalled and explained in a way they can understand. Sometimes it may be necessary to limit choices in order to make the decision more manageable for the pupil. This does not need to mean that access to experiences or opportunities are closed off but that pupils with ASD may need to learn the consequences of decision making in a more incremental way. Strategies which support planning such as using checklists, schedules or colour coded work sheets will support problems with prioritising and working in a systematic way. It is important that such inflexibility is not misinterpreted as belligerent or non compliant behaviour. Staff need to understand the child's perspective and support them to work through the inflexibility. Pupils will need help to understand that people have different thoughts and feelings to their own. Pupils need to consider alternative responses to challenging situations in a supportive non-judgemental environment.

The impact of Sensor processing issues in ASD on learning	
<ul style="list-style-type: none"> • Child uses vision as a stimulus. 	<ul style="list-style-type: none"> • Keep classroom environment as clutter-free as possible. If your preferred teaching style is to have busy walls then ensure the child has a screened off workstation with high sides, blank walls and a visual timetable only. • Allow the child some small visual toys for their sensory box, that he may play with during timetabled 'sensory breaks'.
Auditory processing issues	Responding to the needs of pupils with ASD
<ul style="list-style-type: none"> • The child is easily distracted by loud or extraneous noise. • The child hums constantly (either to block out extraneous noise or because he is seeking auditory input). 	<ul style="list-style-type: none"> • Shut doors or windows to reduce external noise. • Pre-warn the child before any tests of the fire alarm system. • Allow the child to use headphones whilst working. • Ear plugs might help in situations such as assembly/ dinner hall etc. During assembly ensure the child is seated at the end of a row, next to the teacher/adult if possible. • Reduce the amount of electrical equipment used during times of concentration. • The noise of a pencil on paper can be uncomfortable and the child may prefer to use a ballpoint pen. • If the child needs to hum to concentrate, teach him to do so quietly. Position him in class where he is less distracting to others. • Giving the child a vibrating toy to hold in this hand whilst working, or allowing him to sit on a vibrating cushion can reduce the degree of humming.
Olfactory processing issues	Responding to the needs of pupils with ASD
<ul style="list-style-type: none"> • The child is sensitive to smell. 	<ul style="list-style-type: none"> • Be aware that your perfume or aftershave might elicit an adverse reaction in a child with olfactory sensitivity. • Avoid the use of air fresheners etc in the classroom. • Be aware of the strong smells of some cleaning products.



2. Assessment

Assessment is a crucial element in meeting the needs of any pupil; however, for pupils on the autism spectrum it is even more important to establish an accurate pupil profile on which to base educational targets. Pupils on the autism spectrum are not a homogenous group; there is no standard educational assessment or approach which can be 'applied'. Even recognised autism specific strategies used indiscriminately, or without consideration of a pupil's individual learning style, impact of their autism, or environmental factors, could be ineffectual or detrimental.

Assessment of pupils with ASD is not achieved through a tick list or prescriptive set of tasks. It is individual to each child and relies on careful observation, identification of concepts or skills which require further exploration, dialogue with parents and other professionals, and reflective interpretation of this information.

Factors that will be important in relation to assessing pupils across the autism spectrum are that:













Assessment should ideally be carried out in a range of environments. Children may perform well in a given situation but may not transfer or use the skill in another. Such inconsistencies

as their peers. However, it is not uncommon for children with ASD to have difficulties with elements of the formal testing process, requiring that some adaptations may have to be made. In some instances pupils may be unable to engage with formal testing and alternatives will need to be sought.



The Duke of Edinburgh's Award encourages all pupils to develop:





-  Increased self-confidence and self-esteem
-  The skills needed to become part of a team
-  A consideration for others
-  Understanding of countryside and conservation
-  Greater awareness of benefits of healthy eating
-  Improved fitness
-  Increased friendship with peers
-  Broader personal links with wider community
-  Lots of fun times
-  Memories for life

For the Award to be meaningful, it was important that 'success' had to be earned and this also meant that 'failure' had to be present for the challenge to exist. An important part of the learning process was in helping pupils to see occasional setbacks as learning opportunities and in supporting them to develop resilient mindsets when facing tasks that they did not initially consider to be achievable.





The Supported Award would prepare pupils for the world of independent living, further education and work and thus equip them with the real skills that life would inevitably demand.

The award programme was delivered through three 55 minute lessons per week over two years.

Pupils completed all sections of the Award but each was adapted according to the individual needs of children with ASD, many of whom had difficulties with:

-  Balance, coordination and movement (co-morbid dyspraxia)
-  Sensory sensitivities (hypo and hyper sensitivities)
-  Dysexecutive Syndrome (planning, organising, memory, self-management)
-  Spatial awareness

The parents of children who have participated in the supported programme have spoken of the child's:

-  Increased independence
-  Heightened skill levels
-  Enthusiasm for outdoor activities
- 

2. Example - completed pupil profile

The following example shows one approach to recording a pupil profile. A blank copy of the template below is available as Exemplar 1 - Pupil Profile Template, which can be found in the CD Rom included with the Toolbox in the 'Autism Exemplars' folder.

<p>Primary School</p> <p>Support placements</p> <p>pupil profile</p>
<p>Name Jimmy</p> <p>Date of birth 2 / 21</p> <p>Primary Stage 2</p> <p>Reported by Mrs</p> <p>Present at meeting Mrs , Mrs , Mrs Mrs T</p> <p>Date / /</p>
<p>Reported by</p> <p>Name</p> <p>School</p> <p>Additional Agencies</p>
<p>Personal and Social Development</p>
<p>Interaction, Social Awareness and Skills</p>
<p>Peers</p> <p>Jimmy prefers to mix with younger children or to play alone with his dinosaurs. He enjoys playing shops, making comics or playing games where he is the organiser or in charge of things.</p>
<p>Adults</p> <p>Jimmy relates well to familiar adults and enjoys talking to and interacting with them – especially when they are willing to engage in his interests. He has a good relationship with Tom, who enjoys</p>

■ **ome**

Jimmy enjoys family life. He has a close relationship with his family members and enjoys talking about and sharing his experiences with his teachers and peers at school.

■ **eneral (Social Awareness)**

Jimmy seems aware of his place in society most of the time and will alter his behaviour in different social situations but only to a certain degree. Sometimes he seems unsure as to how to behave and will display inappropriate behaviour. Jimmy is aware of dangers in society and in the environment, although his parents are still concerned that he would forget rules of safety if something of interest caught his eye. It is possible that Jimmy would forget road safety rules or wander off if he were to be distracted.

■ **o A reness, U o ment n Self-hel S ills**

■ **eneral (o A reness/ U o ment)**

Jimmy's movements can, on occasion, appear quite clumsy. He can sometimes find it difficult catching and batting a ball. His gross motor skills are improving and he is happy to climb trees although he is wary of large open spaces and heights. Jimmy's fine motor skills are also developing. There is an improvement in his writing as he attempts to leave spaces between words and when using left handed scissors his cutting skills are good. When Jimmy draws things that are of interest to him he likes to pay attention to detail. Jimmy is aware of the parts of his body and will respond to feelings of hunger and thirst. Jimmy has a high pain threshold. This is obvious as he has to tolerate his eczema which can become very itchy, inflamed and bleed. Jimmy does not like to see blood and will ask for a plaster if his eczema causes bleeding in school.

■ **ome (Self-hel s ills)**

■ **s s**

Jimmy is happy to make a good attempt at doing things for himself. Although he prefers to have a bath than a shower, he will shower if it is for a particular reason such as before or after going swimming.

†

Jimmy will not use the toilet outwith home. He has had severe constipation, requiring medication from the doctor and will panic if he has to use an unfamiliar toilet without his mum.

■ **ss**

Jimmy is able to dress himself, but sometimes chooses not to. He is very particular about textures and cannot tolerate a shirt and tie, he has become used to wearing a polo shirt but is always unhappy if he has to wear a new one for the first couple of weeks.

Sleeping is a problem for Jimmy. He is reluctant to settle himself at night and relies on Mum to rub his back throughout the evening until he falls asleep. This process can go on for quite a while. Jimmy usually settles fairly late.

Jimmy eats a lot but has a very restricted range of foods, particularly carrots and chicken drumsticks, he will also binge on cereals at times. Jimmy prefers to stay in the kitchen to eat and is reluctant to join the family in the dining room for meals – even on special occasions.

Jimmy can sometimes be a little disorganised. Mum and Dad encourage Jimmy to put things in their correct place, but even when he does Jimmy has difficulty finding them again. Jimmy can be quite particular about putting his items of importance in specific places. If he does so and someone moves them he can become quite cross.

Language and Communication

Receptive Language

Level of Development

Jimmy has a good vocabulary and his speech is clear. His sentence structure is still developing and he can on occasion say things that are inaccurate. Jimmy often picks up phrases from films and likes to use these in conversation, but doesn't always use them in the correct context or appropriately. Jimmy is happy to talk about his experiences. He enjoys looking at books, being

Environmental Influences

Physical Environment

Jimmy takes his environment in visually and more recently has been using his sense of smell. He observes situations holistically and is beginning to notice and talk about the things he sees in the environment.

Social Environment

Jimmy can become anxious and worried if he hears or anticipates loud noises. If Jimmy loses control he is able to be calmed by being taken away from the situation, comforted and talked to. Jimmy's mum and dad are conscious of the fact that he stands out when he is with children of the same age as he will choose not to socialise with them and plays alone. If Jimmy does play with a friend he will often spend a little time with them then leave them alone so that he can do his own thing. Jimmy does not like it if plans are changed at the last minute and will react badly.

Other Environmental Comments

Points to consider when drawing up the I.E.P:

- *Sleeping patterns
- *Eating habits
- *Socialising with his peers

2.2 Example - Recognition, celebration & achievement

Tom is in Primary 3 at a small rural primary school. His use of language is inconsistent and he can become frustrated and aggressive at times. He is well supported and completes most tasks but is not always aware of the purpose of activities. One of Tom's particular interests is Trains. When the school needed to buy a new train set they saw an opportunity to incorporate Tom's interest to develop a variety of language and communication skills.

Tom wrote a letter to his headteacher asking if they could buy the train set, found a suitable one in the catalogue, filled in an order form, faxed it to his headteacher (shared headship with another school), and eventually sent away the form. The school recognised the academic and social skills that were naturally involved in the process and recorded Tom's journey in a school display of which he was justifiably proud.

2. . Example - Recognising triggers for behaviour

A primary school child on the autism spectrum was aggressive for the last 30 minutes of every day. His teaching team carried out a Functional Behaviour Analysis (Antecedent, Behaviour Consequence chart) in an attempt to pinpoint why this behaviour was occurring. It became apparent that a reoccurring antecedent to this behaviour was a free choice time for the last 10 minutes of the day. The pupil was desperate to get onto the computer and was worried that another child would choose it first. The teaching team decided to put a rota system in place where a different pupil would get to choose first every day. The pupil now accepts that he may not get on the computer when he does not have first pick. The aggressive behaviour subsided and he is now more open to learning for the last 30 minutes of the day.

The Autism Toolbox

Part 2

Section 2.5







Individualised Educational
Programmes









2. How to use educational programmes

Having assessed pupils learning needs in the context of their autism profile an individualised educational programme (IEP) should be developed. The assessment process will have identified areas of difficulty for the pupil, these in turn will have to be prioritised, it would usually be unrealistic and inappropriate to attempt to address all areas at the one time. Each area of priority can then be

What is included in an IEP?

-  General pupil information and details of additional support needs
-  Long and short term targets (SMART* targets)
-  Curricular and social targets, e.g. sections on social interaction, self awareness, and independence
-  Home targets

IEPs should:

-  Raise achievement
-  Be seen as a working document
-  Use a simple format and be jargon free
-  Be shared with parents, relevant staff, and where appropriate pupils
-  Include pupils' views where appropriate
-  Accommodate uneven profile of pupils with ASD
-  Be reviewed regularly – at least twice a year
-  Be incorporated into other planning formats, e.g. CSP, ASP, PLP, Management plans, ICMP, care plans

* SMART – specific, measurable, achievable, realistic and timed.









2. . u i l n o l e m e n t

Consultation with pupils is becoming an increasingly significant issue in education (Standards in Scottish Schools etc. Act 2000). This has been highlighted in recent documentation such as Building Excellence (Scottish Government, 2007d) and Assessment is for Learning (LTS, SQA, Scottish Executive, 2006). Meaningful involvement of pupils can potentially enhance their learning and enhance experiences for pupils and staff. Pupils on the autism spectrum face particular barriers when it comes to formulating and expressing opinions. It would however be inaccurate to assume that such pupils do not hold opinions. Individuals on the autism spectrum tend towards rigid but often logical patterns of thinking. This can often bring a refreshingly honest perspective but can also result in pupils being viewed as inflexible, pedantic or critical of traditional approaches.

Facilitating the participation of pupils on the spectrum in school matters is an important aspect of an inclusive approach. Adjustments are likmpor5cs6 brevi

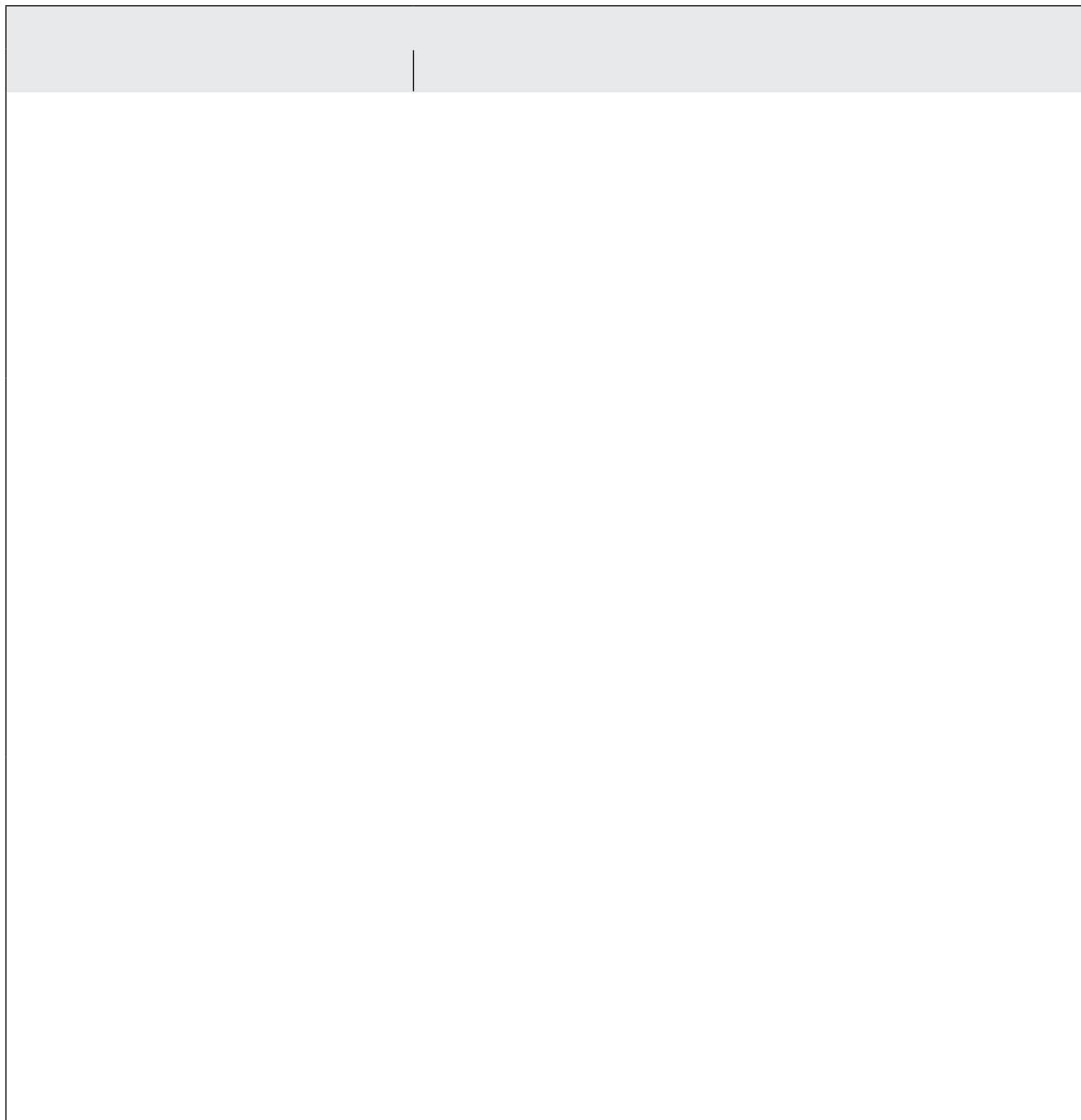
to influence their own learning. Strategies outlined in the [Assessment](#) section such as use of visual communication tools and social stories (Gray, 2002) will support this.

Some additional things to think about are:

-  Discussion with a known and trusted adult to ensure the pupil understands why their views are important
-  Use of a visual format for pupils to record their views
-  Meetings – explain who will be at the meeting and why
-  Clear information about when the pupil will be involved in a meeting and what that will be
-  “Permission” to not take part in meetings if they choose
-  Use of alternative consultation methods rather than face-to-face meetings (e.g. e-mail)
-  A trusted adult to express views on behalf of the pupil if they are not comfortable speaking in a formal meeting
-  Follow up after meetings to ensure the pupil is clear about any outcomes and what they mean for the pupil on a day to day basis

The following exemplars are available in the [exemplars folder](#) on the **CD Rom**

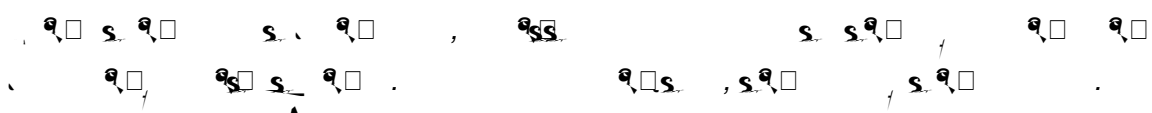
- Exemplar 1 - Pupil profile template
- Exemplar 2 - Pupil preparation for review meeting
- Exemplar 3 - Early Years approaches – Q and A
- Exemplar 4 - Management plan – Primary School
- Exemplar 5 - Individualised Educational Plan 1
- Exemplar 6 - Individualised Educational Plan 2
- Exemplar 7 - Additional support planned activities template
- Exemplar 8 - Communication Assessment Early Years
- Exemplar 9 - Passport template
- Exemplar 10 - Completed Passport



2. Classroom Organisation and Classroom Strategies

2.1 Classroom Organisation

The physical environment can make a lot of demands on children and young adults with ASD due mainly to sensory difficulties and problems with central coherence. As with physical, visual or hearing impairment, for children with a communication impairment it is important that reasonable adjustments are made to reduce as many barriers to learning as possible.



Hanbury (2007)

Consideration of where children sit is important. There is never enough room in busy mainstream classrooms, and every child is different, but there are a number of basic issues which should be addressed. For example, are they going to be overly distracted if sat by a door or window? Will they be unsettled if they are in a main thoroughfare? Are they seated next to a radiator getting them literally overheated or are they so transfixed by the computer they can't concentrate on anything else?

As a general rule aim for a clutter-free environment to cut down on distraction and confusion. Sometimes it will be appropriate to provide a separate work area for certain pieces of work - this could be their work area, a work station, or office. If pupils do have a separate area to help them focus on work tasks they must also have a space within an appropriate social group rather than 'squeeze them in' when they are joining group activities. This area might be used at times for other pupils who are doing a special piece of work.

Example - retaining focus or area within mainstream class

A school with 2 pupils on the spectrum in a P5 class developed the idea of an individualised work station by creating an "office" area within the class. This space was available to all pupils who recognised that they needed a quieter space in which to work. The office was deliberately designed to give the feeling of a "grown up" space using real life office equipment. Pupils were also given the option to wear headphones and listen to music if they wished. Very quickly this resource became a normal, accepted part of the classroom.

Consideration should also be given to social groupings and personalities, ideally providing good social role models. If badly handled, children on the autistic spectrum are often 'wound up', or victimised by peers which creates additional barriers to learning.

and agreed strategies or approaches for repairing social situations which have broken down. There are a number of commercial packages or programmes available, such as Social Use of Language Programme (Wendy Rinaldi, www.wendyrinaldi.com), Socially Speaking (Schroeder, 1998), and Developing Social Interaction and Understanding (Knott and Dunlop, 2007). There are also a wealth of resources and games available to promote social understanding and self esteem which can be accessed through catalogues such as 'Incentive Plus' (www.incentiveplus.co.uk).




One of the most commonly used approaches for pupils with ASD is a social stories approach. They are short pieces of writing which enable children to understand information, cues and actions for specific social situations. Social stories describe a specific social situation and often include suggestions for appropriate actions in the future. An important element of the stories is that they help us understand the perspective of children with ASD. Carol Gray, who developed Social Stories™, recommends a specific structure when writing a social story, using different types of sentences, e.g. descriptive, perspective, affirmative or directive. Information around social stories can be found at www.thegraycenter.org.

Social stories should always be individualised. It is highly unlikely you will ever be able to photocopy a social story, as it would not be specific enough to your situation and would bypass the crucial step of considering the social situation from the particular pupil's perspective. Carol Gray emphasises that the process of writing a story can be as important as the product.

Stories are usually written in the first person. They should be non-judgmental and positive, and use vocabulary which is relevant to the child, e.g. story corner/group time/ circle time. Language must also match the pupil's cognitive ability. Stories can be written about any situation - even when it may be a little indelicate - for example, a social story about why we have to wipe our bottoms. As long as they are factual, delivered sympathetically, respectfully, and are helpful.

Parents should have a copy of all social stories, even if it is not pertinent to the home environment to ensure that the pupil's family are aware of social situations being tackled, and are able to reinforce in a range of environments outwith school.



Also developed by Carol Gray, comic strip conversations are an excellent method of exploring social situations from different perspectives in a very immediate and visual way. Comic strip stories are discussed and developed with the pupils in a factual non-judgmental way. The adult (or child) talks through a situation illustrating relevant people with matchstick figures. The two key elements of each story is what the involved parties said or did (in a speech bubble), followed by what they were thinking (in a separate thought bubble). The process of understanding what other people are thinking, particularly if it does not seem to match up with what they are saying can be problematic, confusing and at times upsetting for pupils on the autistic spectrum. For example, '

' could be interpreted as not ever playing again, not playing because they don't like the pupil, or game (which could be just as offensive to a pupil on the autistic spectrum). The reality might be that the child has been playing chases for a while and just wants a rest, or to play something else. Sometimes the relationship between thoughts and actions or words needs to be simply but explicitly discussed with children on the autistic spectrum.

As with all strategies this approach does require time to be tackled effectively. However, it is one of the best ways for adults working with a child on the autistic spectrum to understand the world from their perspective, enabling them to become more perceptive and skilled at responding appropriately. Crucially this type of approach can also prevent secondary behavioural problems and be a constructive means of helping pupils understand the social world.

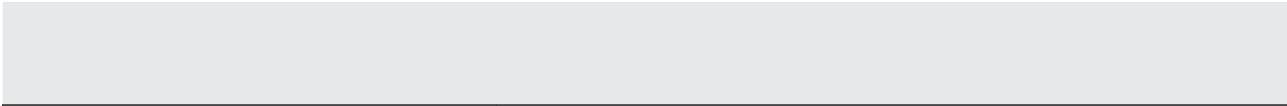
S **B**

Some children with ASD might at times present challenging behaviour. It is crucial to understand that there is no behaviour which is in itself 'autistic', and there is no easy or standardised approach. Perceptions of 'challenging' can vary widely: school staff are not a homogenous group and will have different tolerance levels and interpretations of challenging. However, if unrealistic expectations are imposed on pupils, it is highly likely that they will eventually respond in an unacceptable or challenging manner. Staff must establish the communicative intent of behaviours, viewing problematic situations from the perspective of the pupil on the spectrum, while considering their own interaction style and how it impacts on the pupil.

When dealing with a challenging situation priority must be given to resolving the immediate situation keeping the pupil, peers and staff safe in as dignified a manner as possible. Staff should also consider why the situation arose and what they would do to prevent it happening again. Typically this process might include drawing on some of the strategies mentioned: visuals to provide structure and predictability, adaptations to the environment to limit distractions and sensory sensitivities, or social stories to explore and direct future social interaction. Reward systems may also need to be developed to focus on areas of difficulty, recording and rewarding positive behaviours (see Section 2.7 - Differentiation – Principles and Practicalities). Understanding and responding to pupil behaviour is clearly a complex issue. Helpful resources are highlighted in Section 6 - Resources which is available in Part 3.

2. . Collaborative or in the classroom

The impact of ASD on classroom organisation and classroom Strategies	
Impact of ASD	Response to the needs of pupils with ASD
<ul style="list-style-type: none"> Pupils may become overwhelmed by environmental stimuli. 	<p>Pupils may need the opportunity to subtaify helrethe y</p>



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2. Differentiation principles and practicalities

2.1 Differentiation

Most teachers have experience of differentiating tasks in a variety of ways to accommodate the learning needs of all pupils in their class, whether they have identified additional support needs or not.

Typically classroom teachers will adapt teaching content in terms of the level of work in response to the pupil's cognitive level or experience. However, there are many other ways of differentiating tasks which can be particularly appropriate for children on the autistic spectrum. Often one of the most important factors is not their cognitive level but their motivation level. Presentation of tasks and recording of information can also be challenging.

2.1.1 ASD

Pupils with an ASD will have some difficulties around processing language. While it is natural to want to provide a rich language environment for any pupil who has difficulties in this area, sometimes it is necessary to cut down the amount of language used because too much is simply confusing or overwhelming.

Verbal and written instructions should take account of the pupil's language level, where possible removing extraneous or unnecessary language. If verbal instructions have to be repeated reduce the language but keep to the same basic structure rather than completely rephrasing, e.g. 'put your jotter in the finished work tray then come and sit in the book corner', reduced to 'finished work tray then book corner', rather than giving the same instruction in a different way e.g. 'just put it there and come over to join us - we're waiting...'

If work tasks are dependent on language but the actual teaching concept is not, e.g. a problem solving question about division (sharing sweets), pupils may become confused by the language although they are very capable of doing division sums when presented simply. Pupils may also become distracted by irrelevant details, e.g. What type of sweets are they? What if the children don't like those sweets? Does their mummy let them have sweets? and, What about that boy there (at the bottom of the page) - has he to get sweets?...

It is important that pupils learn to interpret information and apply it to functional situations. However, staff need to be clear about what the main teaching point of a lesson is – division or problem solving? It would be unrealistic to introduce the language and problem solving element until the concept of division in a simpler format has been mastered. As with many pupils, it will be easier for children to attempt problem solving activities if they have experience of the situation in a functional context or at least with practical materials before attempting a language laden problem in a textbook or workbook.

Throughout this range there is always scope to explore ways of using their interests to motivate them to carry out activities they find challenging. It could be as simple as allowing a child a set time to play with their favourite toy once they have completed a task. This could be presented visually - first task X...then toy - using objects, symbols or text as appropriate. The amount of rewards would be very much dependent on the individual child or difficulty associated with the task.

As well as immediate motivation to complete tasks, teachers can use children's special interests for a variety of other reasons. Systems can be developed to motivate children around academic work, behaviour, communication, and PSD targets. Where possible, teachers should attempt to have pupils with ASD access the school or class reward systems, however, many pupils will be more enthusiastic if the system used has their special interests as a theme or part of an award.

Sometimes special interests might be a little more obscure than a common toy. For example, if a child has a special liking for patterned metal or military leaders, then the reward can be tailored to reflect this. It is often a valuable exercise to spend time with people who know the pupil (and the pupil themselves if appropriate), to identify a list of powerful motivators. It is important that these are pupil led, and may therefore be unusual, for example, historical figures. In this case a reward system that relates the positive choices, attainments and achievements of the child to historical events, may be extremely motivating. A favourite king winning battles, or famous military figure being promoted through the ranks as the child's work is successfully completed, will draw attention to and promote motivation towards tasks and goals set by the adults. Encourage the child to complete objectives within an environment or context which is interesting to them and in which they are comfortable.

Occasionally staff may feel uncomfortable about the nature of some interests, particularly if they are not encouraged in the mainstream population, e.g. Power Rangers, Yugioh cards or football teams. However, in most cases, staff should be confident in utilising this focus sensitively to motivate pupils to complete class work or behave positively. Children who obsess over football league tables may access maths work with questions of how many points for 4 wins and a draw, when they would show no interest in number work otherwise. It is simply a case of identifying what children are driven by and tapping into it in an imaginative and flexible way.

The appearance of a child's work can also be altered to reflect their interests. For some children Thomas the Tank Engine on a work sheet is enough for them to take an interest in work they had no previous motivation to engage with; reading words on train silhouettes (instead of traditional reading words) or maths work presented on a washing machine outline - if it works use it! Likewise, the use of stickers with Dr Who printed on them can be infinitely more rewarding for children with ASD with that particular interest than the kinds of awards, such as special Headteacher Awards, that may motivate typically developing children tuned to the social context.

It is understandable that some staff may see the use of interests as 'giving in', or rewarding challenging behaviour. However, the intention is not to deliver the whole curriculum through the solar system or

dinosaurs, but to engage pupils in the learning process and give them opportunities to be successful. If we cannot find a way to engage pupils, there will be no progress at all. The Curriculum for Excellence endorses individualisation in learning using pupil interests (Scottish Government, 2008b).

When developing a reward system, consideration should also be given to the frequency of rewards. Many schools operate a very successful 'Golden time' system, pupils typically getting their reward on a Friday afternoon. For some pupils (not only those on the autistic spectrum) Golden time on a Friday afternoon is not going to get you through a rainy Tuesday morning, therefore staff need to consider what is a realistic block of time for pupils to sustain a particular behaviour or pace of work before receiving a tangible recognition of this. Rewards might need to be given daily or even more frequently, perhaps splitting the day into three blocks which should gradually be extended to longer blocks of time.

Where possible, rewards should be earned in a flexible way: points being accrued for particular pieces of work, social interaction or targeted behaviours and these could be 'weighted' depending on level of difficulty. It is best to avoid an 'all or nothing' approach – why bother to try any more if you know you have lost your reward already?

Be prepared to revise reward systems regularly. Pupils' interests will change appropriately or otherwise as they develop, and interest levels will fluctuate. Involve pupils in their own rewards and give them responsibility for sourcing or suggesting rewards. Finally the ideal situation is to arrive at a point where self-motivation takes over, and rewards can be phased out altogether.

The impact of ASD on Differentiation	
Impact of ASD	Response to the needs of pupils with ASD
<ul style="list-style-type: none"> • Recording information can be challenging in terms of quality and quantity. Reasons for this include: <ul style="list-style-type: none"> • A need for work to look perfect. This may be due to a tendency for rigid/inflexible thinking. • Fine motor and or sensory issues may impact on the quality of written work due to the over or under exertion of pressure applied. • A lack of intrinsic motivation may inhibit the quantity of work produced. A pupil who feels they have mastered a skill may see no purpose or benefit to them in evidencing competence. • Autism may overlap with other conditions. • Motivation to engage with tasks is dependent on many factors including: <ul style="list-style-type: none"> • Purpose • Interest/experience • Tangible outcomes 	<ul style="list-style-type: none"> • It will be important to consider whether it is necessary to have written evidence. If so individual motivators may need to be used to encourage the pupil to produce work that reflects their ability. • For pupils who tend towards perfectionism, long term approaches to address understanding that everyone makes mistakes should be ongoing. • If written evidence is not required consider alternatives such as: <ul style="list-style-type: none"> • Photographs • Pre-written labels • Access to a computer • Scribing (to varying degrees) • Magnetic boards and photocopier • Whiteboards/chalkboards • Video • Illustrations/drawings • An occupational therapy assessment may be required for pupils whose motor skills are a consistent source of concern. • Motivators will vary significantly for individuals with ASD. Consider observing to find what will motivate a pupil in any given situation as this may also vary. Initially motivators are usually highly personal and families will often be able to provide helpful information about their own family member.



2. The Social Curriculum

Kanner (1943) described autism as a disturbance of affective contact. Affect is about how people relate one to another, how we identify, process and act on feelings and emotions. For most typically developing people there is an innate drive for social contact that is evident from the very beginning of life (Hobson, 1993).

Children with ASD do not develop social skills and social competence in the same way as their typically developing peers. It is more usual for children across the autism spectrum to accumulate social knowledge by employing an intellectual rather than an innate approach. In other words they have to systematically learn that which most children learn experientially and developmentally. Responding to the need for a social curriculum for pupils with ASD is an essential component of successful inclusion in any setting. By recognising the value of meaningful social learning, schools will be enabling pupils with ASD to function in and contribute effectively to their own communities. They are also meeting their responsibility to ensure an equitable approach to supporting pupils to attain in the 4 main competencies that are central to Curriculum for Excellence, i.e. successful learners, confident individuals, responsible citizens and effective contributors.

Smith Myles and Simpson (2001) refer to the “hidden curriculum” that is the skills that are not specifically taught but there is an expectation that everyone will have or very quickly develop when they come to school. These skills are numerous and diverse and include:



Classroom conforming behaviours such as being motivated to please the teacher. Picking up on social cues from others e.g. sitting when they sit, working in groups, engaging in collaborative and shared learning.



Identifying a hierarchy of social behaviour e.g. behaviour in the classroom is different from the playground and is different again at home or travelling to and from school.



Playground conforming behaviours including peer pleasing behaviours such as using particular language, engaging in common topics of conversation, knowing what is “cool”/ “uncool.” Knowing how to identify bullies and bullying behaviour. Recognising and acting on friendship signals. Knowing how to break into a group. Knowing when it is best not to be part of the group.



Community based behaviours such as knowing how to conduct oneself across a range of setting e.g. swimming pool, café or shops.

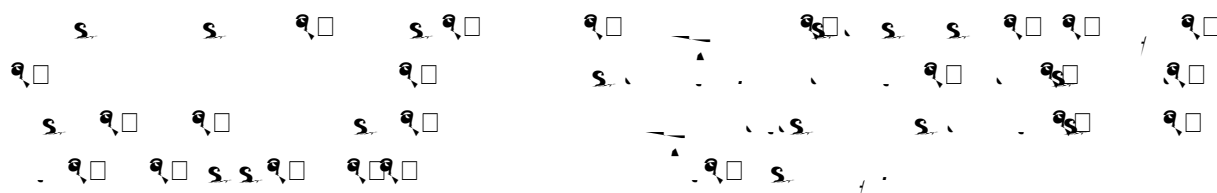


Issues can range from simple to complex. Within the school environment pupils are likely to need support to know where to stand, how to use intervals, how to line up or queue for lunch. Equally it is likely that pupils will need support to understand and develop interaction with their peer group. This will be relevant regardless of the age of the pupil, it is important not to assume that an older child or young person will be or indeed should be

able to demonstrate age appropriate social skills. Pupils with ASD do not always learn from accumulated experience.







Repeated exposure to challenging and stressful situations may potentially impact on the child's well being and also their capacity to learn. It is therefore important to assess level of skill and ability and to set targets accordingly to support social development. It is also important that exposure to such situations is commensurate with the current level of skill.



(Smith Myles and Andreon, 2001)

Example - promoting peer awareness / buddies







A one hour Personal and Social Education (PSE) lesson was given to secondary pupils attending an ASD base by ASD base staff on different learning approaches, communication challenges and how to help each other (using worksheets, group work and brainstorming). This aimed to develop:

-  Peer social interactions during break and lunch times
-  Relevant social skills
-  Social chat
-  Acceptance as part of the year group

Members of the peer group were invited to join base pupils at lunch and break times. A range of resources such as board games and computer games were provided for use. Buddies were used to accompany pupils from the base outside into playground instead of staff member. Training was provided to buddies to help them understand the difficulties pupils from the base may have. Additionally buddies were invited to join outdoor learning days to develop their social skills further and deepen friendships. There is now a regular group of peer group buddies attending the base daily. All pupils are comfortable in each others company and there are regular interactions. Pupils from the base are very popular in classes and are able to work well with buddies. Peer support

Example 2 - Developing social competence-related targets

Gary is a Primary 4 pupil with Asperger's Syndrome. He is coping very well with the academic demands of school but is extremely passive. He will not volunteer information and, if asked directly, he will respond very quietly and uncomfortably. Staff have organised for Gary to take a message to an identified person every day. Staff have been pre-warned and asked not to make it too easy for Gary by anticipating or 'de-coding' the message for him. IEP aims associated with Gary's task are:

-  Entering identified areas confidently
-  Gaining the adult's attention appropriately
-  Conveying messages clearly and confidently
-  Listening to and remembering the response
-  Ending conversation appropriately
-  Delivering a response back to teacher

Example - visiting a local arts centre with buddy support

A “buddy system” has been developed by an education support service. The service has two class bases attached to mainstream primary schools. Intensive group support is provided as is outreach support for pupils who are managing in their local mainstream school. The class bases are divided roughly into an early years (nursery – P3) and an upper primary group (P4-7). The children attending these bases all have some contact with their local mainstream school.

The buddies who are in P5 - 7 ‘apply’ for the position and attend meetings. They also have a buddy booklet which explains what autism is and how best to be a friend, as well as the chance to read simple published material on autism. This example demonstrates how the use of buddies was developed to include a variety of activities rather than the usual playground support. Access to a local arts centre for expressive arts provided an opportunity for buddies to be involved.

Aims were to:



Provide the pupils with a new learning experience in a different environment from the classroom



Enhance the children’s experience of relating and interacting with others



Listen and respond through the medium of music and movement



Promote a sense of enjoyment and well-being through positive relationships with peers

Each pupil on the autism spectrum was accompanied by a buddy. The theme for the day was ‘Friends Together’. Planning for the day involved collaboration between school staff, centre staff and visiting specialists. Preparations to support the communication of pupils on the spectrum such as taking and using photographs of the venue, compiling schedules for the day to provide predictability and writing social stories were undertaken. The outcome was a positive day enjoyed by all. A key point was that pupils were supported mainly by peers rather than adults. Using a natural approach resulted in benefits to all participants. The event has provided a foundation on which to build more opportunities to develop the buddy role.

It is known that children and young people with ASD are vulnerable to being singled out in the peer group. It is therefore important to consider the impact of autism on both bullying and emotional well-being as part of the social curriculum.

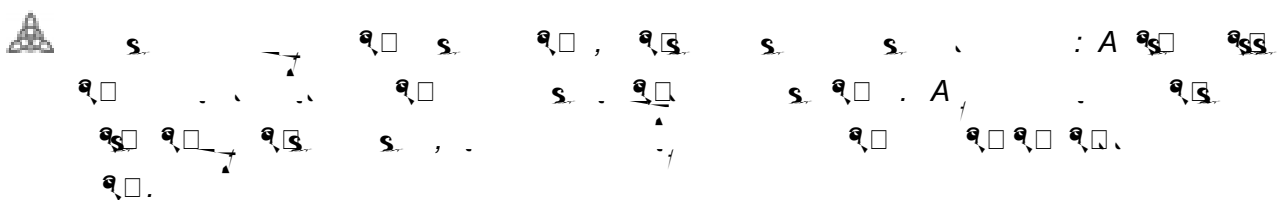
The impact of ASD on the Social Curriculum	
Impact of ASD	Response to the needs of pupils with ASD
<ul style="list-style-type: none"> • Pupils with ASD, particularly more able individuals, often have a desire for friendship but lack knowledge and experience of the incremental and complex way in which friendships develop. This can render them socially vulnerable in a number of ways: <ul style="list-style-type: none"> • They can be vulnerable from more streetwise pupils who may encourage them to be disruptive in order to “earn” a place in a group. • They can be more vulnerable to bullying as they are unable to read the predatory signals of children who engage in bullying. • They are unlikely to be able to generate a range of strategies to enable them to disassociate with individuals who are taking advantage of them. • They may not recognise that they have to report acts of bullying in order to seek support. Added to this they may be unclear about who may be in a position to help them. 	<p>Anti-bullying guidance may need to be differentiated in order to be more accessible for pupils on the spectrum.</p> <p>Pupils with ASD may need individualised support in order to recognise such behaviour in others.</p>

The impact of ASD on the Social Curriculum	
Impact of ASD	Response to the needs of pupils with ASD
<ul style="list-style-type: none"> Pupils with ASD are likely to interpret language on a literal level. Added to this there is a tendency for logical, sometimes rigid interpretation of rules. Social behaviour may therefore be very inflexible with some responses being perceived by adults as belligerence. Such pupils are frequently exactly right on a logical level but extremely inappropriate on a social level. 	<ul style="list-style-type: none"> Clubs and interest groups are likely to provide a place where pupils with ASD can socialise and also shine in terms of their knowledge and or ability. Again it is important not to take certain responses personally. Staff working with pupils with ASD need to be aware of their own non verbal and verbal language. They may feel their authority is challenged and may feel undermined by the pupil. It is important to reflect on such responses within the context of understanding the impact of ASD on the pupil. It may be beneficial to set out rules, expectations and required standards of behaviour from the outset. Of all the pupils in the class those with ASD are the most likely to conform. It will however be difficult for pupils to detect implied meaning therefore clear and explicit instruction is likely to be needed.

It must be recognised that children with ASD are not always without fault. They may indeed be annoying to other pupils, but their ability to behave in a more socially appropriate way or recognise and change their ‘annoying’ behaviour is doubtless hindered by their disability. They might repeat words without fully understanding the meaning of the words or the impact of words and behaviour on other children, due to their difficulty with Theory of Mind (understanding the thoughts, feelings and beliefs of others as different from their own). Children with ASD might be capable of enjoying mischievous behaviour, they lack the skills of not getting caught, of being mischievous at the right times in the right measure and of lying about it when questioned that other typically developing children can utilise.

The behaviour seen in all children, including those on the spectrum, resulting from being bullied can be varied, including refusing school, self-harm, decline in school performance, becoming withdrawn, low self-esteem, and even talk of suicide or vengeful thoughts. These experiences can result from incidents of prolonged bullying and it can be viewed as a typical response. Many children do experience bullying. There are additional considerations however in relation to the impact of ASD. The recognition that you are a target of bullying may need to be taught. Bullying involves the intentions; verbal expressions and physical actions of others directed towards you and these all require interpretation. As has been identified previously interpreting social and communicative intent is a particular area of difficulty. Teaching the abstract and more overt signs of bullying may be a useful means of raising understanding.

A case example of a parent of two sons with autism, one in and one approaching transition to mainstream secondary school -



(SSA, Advisory case, 2008)

This illustrates one aspect of the difficulties people with ASD face in relation to the pragmatics of communication (i.e. knowing that you can explain your behaviour to others).

Whilst whole school policies and approaches to bullying may be equally applicable to, and should take account of, children with ASD and typically developing children alike, teachers and practitioners should be aware that children with ASD are particularly vulnerable to bullying and lack the skills to recognise and deal with it. Bullying and teasing are major barriers to children with autism and Asperger’s Syndrome (Barnard, Prior and Potter, 2000; Peacock, Forest and Mills, 1996). A NAS survey of teachers across two local authorities in Scotland (Barnard, Broach, Potter and Prior, 2002) found that many teachers ranked the prevention of teasing and bullying as an important intervention

in order to secure successful inclusion. Approaches which place the onus on the child to take responsibility for dealing with bullying, or rely on the child’s peer group, should be adopted with caution in the case of autism as such approaches will not play to the child with ASD’s strengths.

Although methodological issues regarding research evidence are not of concern here there are research findings proposed regarding the longer term impact of bullying and social isolation. One particular research study found that typically developing children who experience bullying are subjected to an increased risk of developing low self esteem, increased levels of anxiety and depression and increased social isolation (Hodges, Malone and Perry, 1997; Olweus, 1992; Stewart, Barnard, Pearson et al, 2006). Furthermore, some evidence suggests that children without friends may be at risk of delay in social and emotional development, low self-esteem and the development of anxiety and depression in later life (Hay, Payne and Chadwick, 2004). It could be proposed that having friends can act as a preventative measure to low self-esteem and mood disorders (Kim, Szatmari, Bryson, Streiner and Wilson, 2000; Attwood, 2007).

A case example a teenager (15 year old female) with Asperger’s Syndrome:



(Robinson, 2007)

2. . The impact of ASD on all in ()

The impact of ASD on all in	
Impact of ASD	Response to the needs of pupils with ASD
in s to S u l i t n i c a t o r s	
1.1 Improvement in performance 2.1 Learners' experiences 5.1 The curriculum 5.2 Teaching for effective learning 5.3 Meeting learning needs 5.4 Assessment for learning 5.5 Expectations and promoting achievement 5.6 Equality and fairness 5.7 Partnership with learners and parents 5.8 Care, welfare and development	6.1 Policy review and development 6.2 Participation in policy and planning 7.2 Staff deployment and teamwork 7.3 Staff development and review 8.1 Partnerships with the community, educational establishments, agencies and employers 8.4 Managing information 9.1 Vision, values and aims 9.2 Leadership and direction 9.3 Developing people and partnerships 9.4 Leadership of improvement and change
Refer to HMIE () s. As s. Recommendations 3, 4, 5 and 8	
The impact of ASD on all in	
Impact of ASD	Response to the needs of pupils with ASD
<ul style="list-style-type: none"> Core difficulties in social relatedness and understanding will often have a significant impact on the person. For example a pupil with an ASD is unlikely to be socially motivated to fit into the crowd or follow fashion trends: such a pupil may not be motivated by the same types of things as other pupils. They may like things that seem 'odd' to other pupils and teachers. This can cause them to 'stand out' in a crowd and they can then be susceptible to bullying in response to their difference. There are challenges within the social context resulting from interpersonal engagement, processing the social meaning and awareness of others perspectives. 	<ul style="list-style-type: none"> Assess and develop self-awareness skills in areas related to their vulnerabilities. There are numerous practical resources to help in this area; there are also specific interventions developed to support this area of functioning (Section 6 Resources 11, 16, 25, 26). Developing alternative opportunities, such as 'safe communities' within the school (examples of these can be chess clubs, library or a base to have breaks and lunch). Provide social skills training opportunities, but be aware of the limitations of generalising these skills. (Use this as a means of raising the pupil's self-awareness or as an informative informal assessment to guide strategies of support).


2. . The impact of ASD on emotional well-being


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(Lawson, 2001, p.104)

If we are to consider emotional wellbeing, then consideration should first be given to health and mental health. The definition embraced by the World Health Organization (WHO) of ‘health’ as referring to “physical, mental, and social well-being” enables us to see how this simple term could elude people with an Autism Spectrum Disorder (ASD). By this very definition the profile of abilities present for all persons with an ASD may well impinge on the state of their health. The primary social aspect of their condition appears to place the person diametrically opposed to healthy wellbeing as they struggle to cope with the basic social nature and social demands of our socially oriented society.

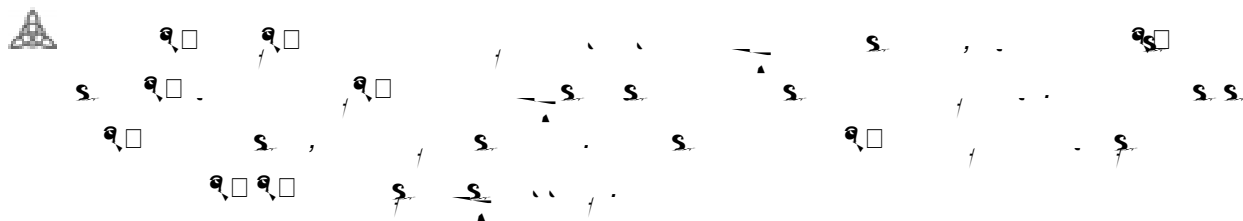
Although it is claimed that it may not be possible concisely to define mental health (Public Health Institute of Scotland, 2003), it is however deemed necessary to understand some of the factors which make up a person’s ‘mental health’ or ‘mental well-being.’ After a review of the literature however, it is possible to establish a definition of mental health that is quite commonly used:


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(Edwards, 2003)

interactions. They may misinterpret others intentions sometimes placing themselves in vulnerable positions due to their social naivety and their inability to 'read people'.

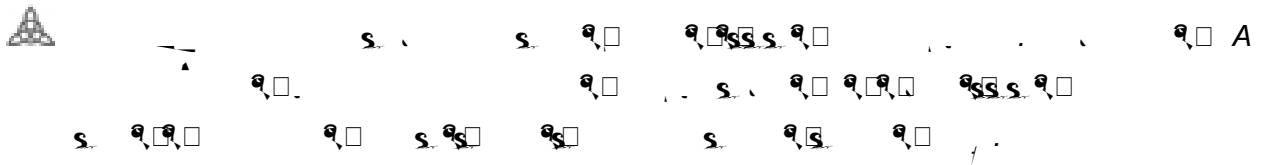
Case example taken from dialogue with a parent of a teenager (13 year old male) with Asperger's Syndrome:



(SSA, Advisory Case, 2007)

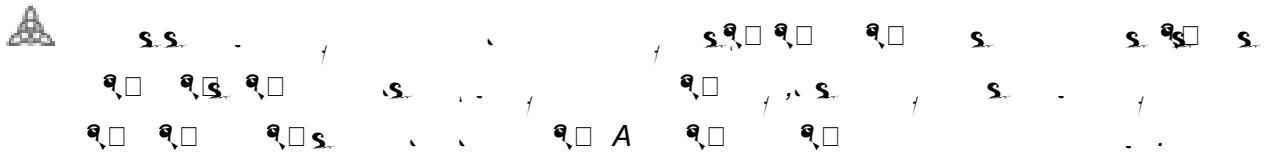
It was 'Towards a Healthier Scotland' (Scottish Office, 1999) that outlined the national priority agenda for improving Scotland's mental health. The Scottish Needs Assessment Programme (SNAP) (2000) recommended that children's mental health and wellbeing should be "mainstreamed'. In 2001, the Scottish Executive's National Programme for Improving Mental Health and Well-Being was established. Following on from this came the strategic framework for health improvement 'Improving Health in Scotland: The Challenge' (Scottish Executive, 2003a). The need for this came from emerging figures showing that around 125,000 young people under the age of 19 have mental problems which cause them daily difficulties in living (Public Health Institute of Scotland 2003). A further report states that 'one in five children and young people in Scotland will suffer from clinically defined mental health problems during their school career' (Edwards, 2003). This amounts to ten per cent of children aged between five and fifteen years of age experiencing clinically defined mental health problems. More recently a new policy document 'Towards a Mentally Flourishing Scotland' (Scottish Government, 2007e) has been published. An action plan on this is expected.

If we look at the impact of mainstreaming from the experiences of those on the autism spectrum that have accessed mainstream community and education, the figures relating to mental health appear quite alarming. The current research indicates that 65% of adolescents with Asperger's Syndrome have a secondary mood disorder, the most common being anxiety disorder (Ghaziuddin et al, 1989; Russell and Sofronoff, 2004). The prevalence of depression is also high, to such an extent that Attwood (2007) proposes that people with Asperger's Syndrome may be vulnerable to depression, with some findings claiming one in three adults develop clinical depression (Tantum, 1988; Tantum, 2000; Wing 1981). Some research has discovered that 25% of adults with Asperger's Syndrome also have clear clinical signs of Obsessive Compulsive Disorder (OCD) (Russell, Mataix Cols, Anson and Murphy, 2005). Often OCD can become confused with repetitive stimulation or a preoccupation of a narrowed focused interest. People with an ASD often engage in a focused interest for numerous reasons, examples of such are simply for the pleasure or the calming effect these can have when faced by stressful situations. It should be recognised that not all pre-occupations of idiosyncratic



Health

Children and young people should enjoy the highest attainable standards of physical and mental health, with access to suitable healthcare and support for safe and healthy lifestyle choices.

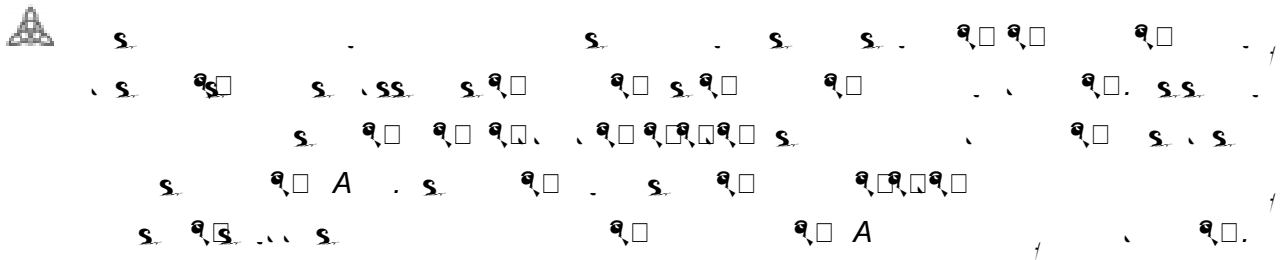


Achievement



Children and young people should have access to positive learning environments and opportunities to develop their skills, confidence and self esteem to the fullest potential.

Active

Children and young people should be active with opportunities and encouragement to participate in play and recreation, including sport. thy lifestyle choices



Furthermore, as previously stated, the then Scottish Executive recognised that the transition into secondary school, ‘is marked by increased exposure to risks that may predispose young people to poor mental health ... [including the] onset of anxiety, depression, eating disorders, substance misuse, psychosis and deliberate self-harm’. The profile of abilities faced by those with an ASD exacerbates the impact of personal, micro and macro transitions. In an attempt to address the needs arising from this stress invoking period the Executive proposed the following:

-  Developing and building the emotional literacy of our children and young people and supporting them through the many transitions they face.
-  Continue to develop and expand school-based programmes on positive emotional mental health and well-being.

In order to appreciate emotional literacy one should first turn to the concept of emotional intelligence. ‘Emotional Intelligence’ has been defined as:



Salovey and Mayer (1990)

The concept of ‘emotional literacy’ (EL) is derived largely from academic psychological work on emotional intelligence that has emerged and developed largely outside of the academic and policy mainstream (Sutton, Love, Bell, Christie, Mayrhofer, Millman, Williams and Yuill, 2005). It has been defined as:



(Southampton Emotional Literacy Interest Group, 1998 cited by Sutton et al, 2005)

Emotional literacy has developed from the academic work on emotional intelligence together with educational programmes devised in the USA covering ‘social and emotional learning’ (SEL). The aim of emotional literacy is to develop the emotional competence of children and young people. Whereas the context of emotional literacy is primarily targeted at schools perhaps because educators are familiar with the concept of ‘literacy’ and it is therefore is a more familiar concept for teachers (Weare, 2004).

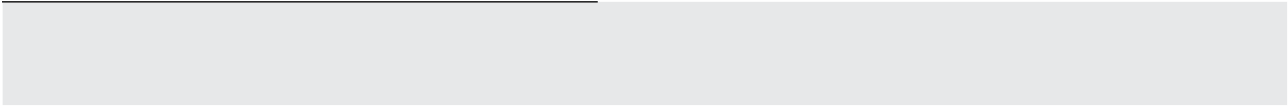
From the grid on the next page the need to concretely address the area of emotional literacy for those with an ASD is fairly apparent. However, it must be stressed that this is a particular area of impairment that requires adaptation. It is recommended that when engaging children and young people in social and emotional learning that you target their strengths. Many pupils with ASD particularly those with Asperger's Syndrome will be academically able and often excel in areas of personal interest. In

2. . The m _{act} of ASD on motional ell-bein _t (r _i)

The m _{act} of ASD on motional ell-bein _t	
m _{act} of ASD	Res on _i n _t to the nee _s of u _i ls ith ASD
in s to _a S u _l it n _i cators (hi hli hte _a b theme)	
<p>1.1 Improvement in performance</p> <p>s. :</p> <ul style="list-style-type: none"> Standards of attainment over time Overall quality of learners' achievement Impact of the school improvement plan <p>2.1 Learners' experiences</p> <p>s. :</p> <ul style="list-style-type: none"> The extent to which learners are motivated and actively involved in their own learning and development <p>5.1 The curriculum</p> <p>s. :</p> <ul style="list-style-type: none"> Programmes and courses Transitions <p>5.2 Teaching for effective learning</p> <p>s. :</p> <ul style="list-style-type: none"> The learning climate and teaching approaches Teacher-pupil interaction including learners' engagement Clarity and purposefulness of dialogue 	<p>5.3 Meeting learning needs</p> <p>s. :</p> <ul style="list-style-type: none"> Tasks, activities and resources Identification of learning needs <p>5.4 Assessment for learning</p> <p>s. :</p> <p>Planning learning experiences and activities</p> <p>5.5 Expectations and promoting achievement</p> <p>s. :</p> <ul style="list-style-type: none"> Learner expectations and sense of achievement Promoting and sustaining an ethos of achievement <p>5.6 Equality and Fairness</p> <p>s. :</p> <ul style="list-style-type: none"> Approaches to inclusion Promoting equality and fairness Ensuring equality and fairness <p>5.8 Care, welfare and development</p> <p>s. :</p> <ul style="list-style-type: none"> Approaches to and provision for meeting the emotional, physical and social needs of children and young people

Refer to HMIE _a _s A _s Recommendations 2, 3, 4 and 8








The m _{act} of ASD on motional ell-bein _t	
m _{act} of ASD	Res on _i n _t to the nee _s of u _i ls ith ASD
<ul style="list-style-type: none"> The pupil with ASD may possess a scattered profile of abilities however the core areas of difficulty being primarily in social communication, social interaction, play, imagination and flexible thinking mean that they may be less likely to engage in shared experiences. This may impact on their motivation to join in group activities, such as social games and sports. 	<ul style="list-style-type: none"> Present structured opportunities for group interaction within the school day. Use information gathered from baseline assessments of their profile of abilities. Prepare the pupil for group interaction through visually timetabled information of when and for how long group interaction sessions will take place. Develop visual materials to support their expected involvement and incorporate the involvement of others within the interactions.



The impact of ASD on emotional well-being	
Impact of ASD	Responses to the needs of pupils with ASD
<ul style="list-style-type: none"> • Difficulties building positive self-esteem. • Rigidity of thought and need for sameness may result with difficulties arising from difficulties with executive functioning. • Difficulties building emotional resilience. • A pupil may possess limited self-awareness and therefore may not be aware of internal feelings or mood states. • A 'fragile sense of self' may leave pupils vulnerable to additional mental health difficulties. 	<ul style="list-style-type: none"> • Teach the associations of feelings with experience. This requires immediate association, therefore, when they show behaviours that indicate a feeling or state, teach this association immediately. Augment this learning by developing concrete visual supports (such as an 'emotions folder'). • Providing the person with ASD specific counselling if they reach a state of distress (remember it is essential that the person providing therapeutic counselling is aware of the profile of abilities). Counselling may be useful for more able pupils and should be accessed only if the young person wishes to access this type of therapeutic support. • Teach others to understand the pupils 'differences' by having awareness-raising sessions (this should only occur if the pupil and their parents have given their consent. Some pupils with Asperger's Syndrome are very private regarding disclosing their condition to others). • Help the person understand their condition and the impact this has. This can be done with specific resources - see 'I am Special' (Vermulen, 2001) (Section 6 - Resources, 65) or with specialist therapeutic group interventions (Video Interpersonal Self-Reflection Assessment Method (VIS-RAM, Robinson, 2005).

Types of transition



There are numerous types of transition that occur throughout the day, the school term, the year and across the lifespan. It is not always the major transitions that have the most impact on pupils on the spectrum but all need to be considered and planned for where possible. At the very least, coping with transition needs to be recognised as a potential stressor for pupils and their families. The following are a selection of common transitions:









-  From one educational placement to another (new building, new people, new structures etc.).
-  From stage to stage
-  Different areas of the school
-  Home to school
-  Different/new personnel
-  Home issues (new house/new baby/bereavement/holidays)
-  Personal transitions as a result of maturation and development

Preparing a pupil on the autistic spectrum for a transition can vary widely, such as a trusted adult taking five minutes to explain why there has been change to the day, going to the assembly hall early to rehearse where you will sit before the hall is too busy, or a large multi-disciplinary team preparing a child to move between educational establishments. Whatever the scale or complexity of the transition the most important factor is to consider the situation from the perspective of the pupil, taking account of their strengths, difficulties and past experiences.

The following issues need to be considered when planning transitions between key stages. Some will also be appropriate for the day-to-day transitions.











Utilisation

-  Explore classroom and unfamiliar areas of school:
 - Identify times when class is empty – break/Gym/drama
 - Emphasise function of areas and ‘rules’
 - Photographs or video to discuss at home
-  Activities in classroom as an individual:
 - Transfer visuals where appropriate
 - Discuss and model ‘how to.... In P1’
 - Identify key resources and practise key procedures (cloakroom/register/lunches etc.)

-  Introduce key staff in familiar environment before meeting them in new environment
-  Activities in new environment as part of small group led by familiar adult
-  Where appropriate, discuss differences between familiar and new environments
 - Unfamiliar vocabulary
 - Timetables and subjects
 - Equipment needed/organisation
-  Identify Buddy/monitor/prefect/key adults
-  Provide factual information about school and staff - it may seem irrelevant but can be important and reassuring to pupils on the autistic spectrum. School handbooks and websites can be particularly useful
-  Problem solving using school scenarios, focusing on locating appropriate individuals to help if things go wrong and keeping safe (see Resource 26)
-  Individual concerns
-  It is important to be flexible and understanding. However, it is equally important to be clear about expectations from the start

Staff preparation








The emphasis tends to be on individual pupils and their difficulties. However, it is equally and in fact, often more important to prepare staff who will be working with the pupil. The following should be considered:

-  Whole school in-service/development sessions (Ideally delivered jointly with other services)
-  Personal experience and concerns/fears
-  Distribution of current pupil profiles, pen portraits, or home information
-  Collaboration time for staff to transfer information
-  Informal meeting with parents
-  Consultation with support services
-  Advice regarding classroom layout, current strategies, IEP targets
-  Multi-professional transition meeting
-  On-going support from senior management and appropriate agencies
-  Access to autism specific courses

Parental concerns

Major transitions between stages are stressful for most parents; if their children have ASN/ASD they cannot take the most basic elements of the transition for granted. In some cases they may have had a negative experience and be particularly anxious that mistakes are not repeated or that professionals are taking their concerns seriously. It is not suggested that schools do everything parents ask, but there must be a dialogue. Parent - school relationships are one of the most influential factors in successful placements.

It can be immensely beneficial if schools are pro-active in collating and valuing information from the home environment, even if it is only to make staff aware that a pupil is not sleeping and may be less tolerant than usual. Best practice occurs when schools work with parents to address home issues as well as school issues when appropriate. The following are common issues for parents:

-  Safety
-  Toileting
-  Behaviours
-  Child's communication
-  Other children
-  Siblings
-  Homework
-  Eating
-  Sleeping
-  Parents' role
-  Communication with Staff
-  Curriculum
-  If things go wrong...

A transition plan should be prepared reflecting the individual circumstances of each transition and distributed to all concerned (examples 14 - p128, 15 - p128 and 16 - p129).

Example - Nursery - Primary transition

Transition practices are often well developed for all children moving between nursery and primary education. Very young children often lack the capacity to generalise their experiences across settings and therefore nursery and primary staffs increasingly work together to develop shared practices and to ensure that the new primary classroom is familiar to school entrants. For the child with autism it is particularly important that the context allows them to make use of prior learning.

In the second year of nursery Ben often sought out Mark's company. The boys shared an interest in building Lego constructions for which Mark with his special interest in written words would write out labels. In the last term of nursery school their shared interests expanded into more social play with cars and with a wider range of construction materials. Ben led the way in social situations whilst Mark provided depth of knowledge on particular topics. Both were going on to the same primary school which had 2 primary 1 classes. It had been decided to split the intake by age – the boys were 4 months apart and Mark was allocated to the older group where it was felt his academic skills were more likely to be matched by those of other children. However Mark knew few of the children entering his new class. His nursery teacher suggested it would be important for Mark to go to school with his friend, Ben, who quite naturally provided him with necessary social support and could read the social situation and social interactions readily.

At first the primary staff were reluctant to make this exception to intake plans, but after seeing how isolated Mark was on his induction days, and how anxious he became, the primary 1 teachers arranged to observe in the nursery school, and agreed that it was in Mark's best interests to go to school with his friend. The nursery teacher worked with the 2 boys to produce a book showing some of their Lego designs, annotated by Mark – this was added to the primary 1 class library before the boys left nursery.

Example - Primary - Secondary transition

An 11 year old boy leaving a base for pupils on the autism spectrum and moving to a base within a high school. With help from a speech and language therapist, the pupil made up a communication passport to take with him to his new school. The pupil was asked what he would like people to know about him. He came up with several suggestions i.e. about his family, who his friends are, special things and people to him, places that he likes to go, how can others help him communicate, when he might need help, how to help him, what to do if he gets upset and things that he did not like doing. After discussions with the pupil it was felt that he should inform people in his passport that he has an autism spectrum disorder. The new school found this document to be invaluable.

A circle of friend with 8 pupils who would be attending the same high school was set up to support the pupil in getting to know his peers on a more social level. They had lunch together once a

) Support transition

Having additional one-to-one support at key stages in the transition can make a huge difference. A Mentor can accompany and/or guide a new student through the bewildering procedures surrounding registration, signing up for tutorial groups, finding teaching classrooms, locating the toilets, cafes and quiet spaces, attending events in Freshers' Week, joining the gym or special interest clubs and societies, using the library, getting on-line and so on. Some students will also benefit from one-to-one support from a Study Support Assistant (who might also be their Mentor), with organising their timetable, planning for deadlines, exploring strategies for note-taking and organising information and so on.

Having one-to-one support means the applicant or student has a 'trouble-shooter' to identify and address any potential difficulties or confusion on the spot.

2. . The impact of ASD on Transitions (Priority)

The impact of ASD on Transitions	
Impact of ASD	Response to the needs of pupils with ASD
Indicators	Success Indicators
1.2 Fulfilment of statutory duties 2.1 Learners' experiences 2.2 The school's success in involving parents, carers and families 4.1 The school's success in working with and engaging with the local community 4.2 The school's success in working with the wider community 5.1 The Curriculum 5.3 Meeting learning needs 5.4 Assessment for learning 5.5 Expectations and promoting achievement 5.6 Equality and fairness	5.7 Partnership with learners and parents 5.8 Care, welfare and development 7.2 Staff deployment and teamwork 7.3 Staff development and review 8.1 Partnerships with the community, educational establishments, agencies and employers 8.3 Management and use of resources and space for learning 8.4 Managing information 9.1 Vision, values and aims 9.2 Leadership and direction 9.3 Developing people and partnerships
Refer to HMIE Assessment for Learning Recommendations 3, 4, 5, 7 and 8	
The impact of ASD on Transitions	
Impact of ASD	Response to the needs of pupils with ASD
<ul style="list-style-type: none"> Resistance to change with a preference for the familiar, is a key feature of individuals on the spectrum. Transition of any kind is likely to involve elements that are new whether that be people, expectations or contexts. Cognitive styles will influence individual interpretation, processing and understanding of new environments. 	<ul style="list-style-type: none"> Assessment to work towards an individualised transition plan should take place. This should take account of: <ul style="list-style-type: none"> The pupil's capacity to cope with change Key people or agencies who may be contributing to the transitions process. Preparation visits. Communication of information in a form that is accessible to the pupil. Parental concerns. CPD for staff. Time (staff) – for planning, familiarisation and a reasonable timescale for the transition to take place.

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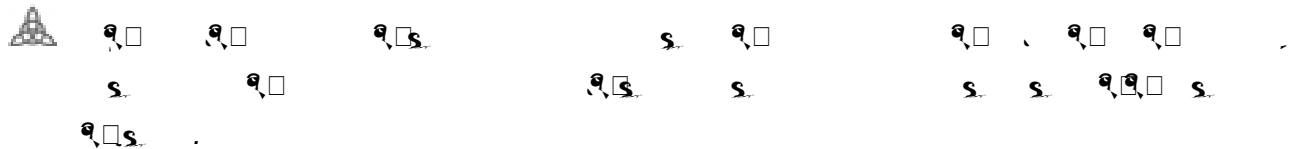
The impact of ASD on Transitions	
Impact of ASD	Response to the needs of students with ASD
<p>The potentially complex nature of ASD may give rise to concerns among</p>	

2.2 Developmental Impact on Personal Transitions



(Asperger, 1944/1991, p.67)

The development of all children with ASD will be uneven and idiosyncratic, having a dramatic and often unexpected impact on personal transitions throughout the lifespan. In particular, areas of social communication, social interaction and flexibility of thought/social imagination will suffer significant delay. Furthermore,



(Newson cited by Jordan, 1999. Resource 21)

In accordance with a profile of uneven development, however, certain areas will be less affected. For example, fine/gross motor skills may be relatively intact (although these, too, can be affected in children with a diagnosis of Asperger’s Syndrome (AS), or cognitive performance may be on a par with, or even above, that of their peers. Unfortunately the core areas of impairment will also impact on such relatively intact areas of development (e.g. a fundamental impairment in understanding communication will affect the understanding of a lesson when delivered verbally, despite the child having average intelligence).

Global learning disability if present will also impact on development across the board; however the key areas of impairment will be more greatly affected. Furthermore, the child may have other disorder/s affecting their development. The impact of each will need to be gauged and appropriately supported.

Another factor potentially impacting on personal transitions is that onset of epilepsy may occur at an increased rate and at an older age in children with autism as opposed to the general population: it is prevalent in a quarter to a third of children who have learning disability as well as autism, with onset most likely in the early teenage years (Ives and Munro, 2002) (Resource 61).

The uneven developmental profile characteristic of autism may result in other people having an unrealistic perception of the child’s abilities and challenges throughout their life. This can work both ways, with areas of deficit perhaps masking peak skills, or apparent skill areas masking underlying impairment. While development and progress is expected, especially in children less severely affected by their ASD, if appropriately supported (Ives and Munro, 2002); unless their developmental profile is understood then teaching and intervention strategies are unlikely to be appropriately pitched.

As a result of such developmental challenges, the child will mature at a different rate to their peers with uneven/qualitatively different levels of maturation across different areas. An understanding of their developmental profile can be gained through assessment tools such as the Psychoeducational Profile-Revised (PEP-R. Schopler Reichler, Bashford et al, 1990) and its successor, the Psychoeducational Profile: Third Edition (PEP3. Schopler Lansing, Reichler and Marcus, 2005) (Resource 39). Across the board, the child's autism, and its interaction with other aspects of their profile, will impact on personal transitions, making them qualitatively different, and often delayed in relation to, those of their peers. The following will look at the potential impact of ASD at different stages of childhood below:

2. . Early Childhood

Beginning with the pre-schooler, while physical development may have occurred in line with peers, or slightly slower, delays and differences will become increasingly apparent in social skills; communication; cognitive and self help skills.

When supporting a child with an ASD it is essential to keep in mind the framework of typical development. This constant reference to typical development provides insight into the actual achieved stages of development or developmental functioning for each child. Socially, the child may remain at the developmental level of 'parallel play' or not even reach this level, remaining aloof and alone. Interaction with others may be solely in order to have needs met (i.e. using others as tools), otherwise appearing passively indifferent to others. Alternatively, lack of understanding of social rules such as give and take may lead to a lack of reciprocal interaction seeing the child dominating play with other children.

Early communicative skills such as eye contact, sharing attention, pointing and joint attention are significantly affected, affecting subsequent development in not only communication, but areas such as imagination, social understanding and self help, too. Over 50% of all children with autism will not have developed speech by four years, and are unlikely to develop compensatory strategies, such as gesturing. Only about 25% of four year olds with autism have some meaningful speech, and this is likely to be extremely limited. The remaining 25% develop some speech but use it in a rote, echolalic fashion (repeating without meaning) (Harris, 2000). Use and understanding of non verbal communication is also likely to be affected, regardless of ability.

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At around 4 years, typically developing children will understand that other people think differently to them ('theory of mind'). This has a huge impact on their social understanding and interactions, however the child with autism is highly unlikely to make this developmental stage, leaving them vulnerable to others and unable to understand, communicate and interact in the same way as their peers.

In personal transitions to the acquisition of self help skills, milestones such as toilet training are likely to be delayed: almost half all children with autism are not toilet trained by the age of 4 (Powers, 2000) (see also 62). Similarly, feeding and sleep difficulties may persist into later childhood and perhaps beyond. Changes to routine are likely to be extremely upsetting.

Difficulties in the above areas can lead to behavioural expression (Stoddart, 2004) (see also 23) and tantrums may continue well beyond the expected age: 'Even for the most able, their attentional and emotional control may be below the level of a nine-month-old and so the behaviour shown is at a similar level' (Jordan, 2002) (see also 22). Where appropriate, behaviour management programmes, based on an understanding of how autism impacts on the behaviour, should be implemented early on. Such intervention is likely to have a big impact on the likelihood of difficult behaviours such as aggression and self-injury continuing into adolescence (Powers, 2000).

Not only may the child with autism develop at a slower rate to their peers, but developmental milestones may occur in a sequence that is different to that expected (Powers, 2000). This again can add confusion as to actual developmental level. In some children of higher ability, difficulties may not be fully recognised, understood for what they are and accurately identified. This is usually due to the uneven developmental profile masking some areas of impairment (e.g. a child with high language ability deflecting from the difficulties in social communication).

Early intervention (based on a thorough understanding of autism, and of the individual child's profile) is recognised as extremely important in supporting development (Stoddart, 2004; Jordan, 2002). Where this has not occurred, perhaps due to late diagnosis, developing an accurate understanding of the child in the context of their autism should enable appropriate intervention. It is important to view their difficulties from a developmental perspective and this may entail teaching very early social behaviours such as those seen in very young babies, despite their being at a much later

autism. Changing their own behaviour and self perception in line with other people's new perceptions of them as young adults is another hurdle that will require emotional support and practical strategies. The physical changes of puberty too can cause considerable anxiety (e.g. refusal to accept new, larger clothing; shaving off bodily hair as it appears).

It should be pointed out that adolescence in autism may however bring increased flexibility and reduced behavioural problems. IQ is likely to remain stable; however an increase or decrease may sometimes occur. Improvement in flexibility, tolerance of change and social interest may also occur. Some factors which suggest a more positive long term outcome for the child are level of cognitive ability; development of some spontaneous speech by age five or six and 'systematic early intervention'. However, the difficulties stemming from the triad of impairments will still pervade and for some the symptoms of autism may increase in severity (Powers, 2000).

The higher functioning teen with ASD may be aware of their developmental differences and the difficulties these cause, perhaps leading to secondary mental health problems. For example, they may be aware that peers are developing opposite sex relationships, but are themselves unsuccessful at this, lacking the skills and understanding required (Stoddart, 2004). It may be that a developmental crisis, in which the teenager is unable to meet key targets reached by his or her peers, is the start of the actual process of receiving a diagnosis of AS in a teenager hitherto undiagnosed (Atwood, 2007). Individuals with learning disability as well as autism may actually be protected by their disability from this acute insight into their difficulties, however deterioration in mental well being in adolescence has been found in 10% of people with autism (Rutter, 1970, cited Mortlock, 1993).

The transition from primary to secondary school can be an extremely difficult process. Not only is the environment and peer group changing, but also daily routines; expectations of others; range of teachers and classrooms; teaching styles; unstructured break times; increased workload; the need to increasingly organise themselves and their own learning, and physical development. The interests and social behaviour of typical peers will also be changing dramatically but unlikely to be shared or understood by the adolescent with autism. Hormonal changes will create further difficulties, the nature of which may be hard for the adolescent to understand. The above will all be compounded by difficulties created by the autism such as understanding changes going on around/inside them; interpreting and expressing their difficulties in a way that others understand; and seeking and receiving social support.

Finally, the major transition into adulthood will be looming as the young person approaches school leaving age. The direct impact of this transition will vary from person to person, however, given their autism, it can be expected that they will require considerable support both to understand and to undertake such transition. While peers will be striving for independence and considering concepts such as future career and personal aspirations, those with autism are likely to need planned and sustained support to think futuristically and to work towards the achievement of goals and ambitions.

2. The impact of ASD on Personal Transitions (Priority)

The impact of ASD on Personal Transitions	
Impact of ASD	Response to the needs of pupils with ASD
<p>Indicator Key Performance Outcomes</p> <p>1.1 Improvement in performance</p> <p>S:</p> <ul style="list-style-type: none"> Standards of attainment over time Overall quality of learners' achievement <p>2.1 Impact on learners: Learners' experiences</p> <p>S:</p> <ul style="list-style-type: none"> The extent to which learners are motivated and actively involved in their own learning and development Delivery of education <p>Indicator Delivery of education</p> <p>5.1 The curriculum</p> <p>S:</p> <ul style="list-style-type: none"> Programmes and courses Transitions <p>5.2 Teaching for effective learning</p> <p>S:</p> <ul style="list-style-type: none"> The learning climate and teaching approaches Teacher-pupil interaction including learners' engagement Clarity and purposefulness of dialogue Judgments made in the course of teaching 	<p>Indicators (highlighted theme)</p> <ul style="list-style-type: none"> Tasks, activities and resources Identification of learning needs <p>5.4 Assessment for learning</p> <p>S:</p> <ul style="list-style-type: none"> Planning learning experiences and activities <p>5.5 Expectations and promoting achievement</p> <p>S:</p> <ul style="list-style-type: none"> Learner expectations and sense of achievement Promoting and sustaining an ethos of achievement <p>5.6 Equality and fairness</p> <p>Themes:</p> <ul style="list-style-type: none"> Approaches to inclusion Promoting equality and fairness Ensuring equality and fairness <p>5.8 Care, welfare and development</p> <p>S:</p> <ul style="list-style-type: none"> Approaches to and provision for meeting the emotional, physical and social needs of children and young people Delivery of education
Refer to HMIE	Recommendations 3, 4, 5 and 8

The impact of ASD on Personal Transitions	
Impact of ASD	Response to the needs of pupils with ASD
<ul style="list-style-type: none"> • ASD is a developmental disorder and therefore developmental life transitions may be out of step with typical development. • As part of the developmental profile of abilities an ASD specific assessment can indicate in certain areas of functioning (for example imitation) a severe delay in development. • The impact of this developmental delay may result in the pupil with ASD being placed in an environment that they are not 'developmentally ready for' or have yet to acquire the skills to enable them to adapt, cope or even function adequately. This can translate into a conflict of expectations from parents and teaching staff. <p>For a pupil with an ASD typical adjustments to transitions may follow a different pattern to that of typically developing children. Transitions may be extended; elongated or delayed</p>	<ul style="list-style-type: none"> • Bear in mind the scattered profile of abilities and how this can be associated with typical development. Using typical development as a guide provides insight into why the pupil behaves in certain ways based on their developmental functioning. Observations gained from assessing developmental functioning enables teachers to develop programmes targeting these levels thus providing greater scope for successful planning and intervention. • Assess individual skills separately (i.e. imitation skills, cognitive verbal performance, nonverbal communication etc) against typical development and focus interventions and teaching strategies accordingly. • ASD specific assessments are available (Pep3, AAPEP and TTAP, Section 6 – Resources 39, 52) and provide a developmental profile of skills. Knowledge of the pupil's developmental profile.

The impact of ASD on Personal Transitions	
Impact of ASD	Resolutions to the needs of pupils with ASD
<ul style="list-style-type: none"> • There may be a delay in achieving an appropriate level of behavioural responsibility (the ability to take on personal responsibility for ones own actions). • The pupil may be delayed in their development of acquiring personal responsibility skills in relation to self-help and personal care. • There may be a further delay in the pupil acquiring extended personal skills (for example they may not possess the skills of safety or organisational management that would enable them to complete home work or travel independently to and from school). • Development of personal interests may be out of synch with their peer group (there is acceptance of young children watching, collecting and playing with fire engines, less tolerance, rejection and ridicule may be the experience for an adolescent following this interest). A pupil with ASD may appear to get stuck with a fascination or interest that is usually associated with a much younger child. • Transitions of loss and bereavement may be atypical and result in delayed, unconventional or no apparent response. 	<ul style="list-style-type: none"> • The ability to self-advocate may be a delayed or underdeveloped skill and therefore providing structured opportunities with a focused agenda to achieve this may be beneficial for the pupil with an ASD. The development of self-advocacy forums (i.e. 'pupil forums') where initially the concept of 'self-advocacy' is taught with visual adaptations that assist the pupil to 'put their view forward'. It is worth bearing in mind that this concept may be interpreted rigidly and the pupil will need to also understand that there are times when they may self-advocate, but this does not necessarily mean they will automatically receive a positive response – think beyond the actual immediate teaching to the possible longer term impact of the child's ASD (look at all aspects of teaching new skills and think contingency plans!). • Channel times for indulging in own specific interests if this may make the child susceptible to being bullied and teach similarly matched age appropriate alternatives (bear in mind that the social and developmental age may be significantly younger than their peer group). • Concretely teaching the concept of 'loss' is critical for all children, but particularly for the pupil with an ASD as this is an abstract concept that one achieves through experience. A useful concrete way of doing this may be through the concept of 'broken'. (an example is outlined here: Allow the child to experience the 'loss' of a broken toy, let the child see and hear your explanation of the toy being broken and then jointly dispose of the toy explaining that 'the toy is broken, so we throw it away and we wont see it again'). This may help to develop their understanding of loss and bereavement.

The impact of ASD on Personal Transitions	
Impact of ASD	Response to the needs of pupils with ASD
<ul style="list-style-type: none"> The impact of separation may be atypical (the pupil may not appear to respond to the separation of parents; they may appear to show signs of 'stranger anxiety' for an extended period of time). There may be resistance to physical changes (i.e. voice breaking, secondary sexual characteristics). 	<ul style="list-style-type: none"> Concretely teaching the different aspects of separation may be necessary in an educational context as a means of teaching the pupil what separation and reunion can mean. When teaching concepts out of context (i.e. divorce) to pupils on the spectrum think of this teaching opportunity as a fundamental step to their 'social and life translation'. Facilitate the development of life dictionaries; social understanding (life concepts) 'portfolios' these can act as concrete reference points to aid their understanding of social situation either at the time or later on in their life if they experience such an event.



Example - whole school approaches/understanding

A pupil was successfully integrating into mainstream classes for gym, art, drama, music and RME. The next step was for this child was to have lunch in the main dining hall with her mainstream class then play with a group of her friends in the playground afterwards. Careful planning with the mainstream teacher and dining hall staff was then followed by training for the two children who had volunteered to be the pupil's buddies during this time. The pupil was then involved in planning. Base staff ensured that she had a clear understanding of the sequence of events that she would be involved in and the staff and children who would be able to help her should difficulties arise. The pupil now confidently integrates with her RME class and joins them in the dining hall and playground on a weekly basis without any support from the Base staff.

2. . The n ironment

Most practitioners would agree that the physical environment plays a significant role in the effective teaching and learning of most pupils. For pupils on the autism spectrum the impact of the environment is likely to need specific consideration. It is recognised that this is an under researched area however when the overall potential impact of the spectrum is considered the relevance of the environment becomes more apparent. Information processing, perception, cognition and sensory processing are all thought to be significant factors for pupils on the spectrum. All of these aspects will have an impact on how a child or young person interacts with and within a specific environment.

A key principle of inclusive practice is that adjustment should be made to enable the child to access the curriculum, school, home life and their community. The physical environment plays a critical role in this as does the culture and ethos of the school.



including visual supports, to be implemented in these areas, e.g. catering and janitorial staff, office staff, support assistants, other teachers who do not work directly with the pupil.

These areas of school are generally unstructured and taking part in the playground or cafeteria, for example, will require a high level of interaction with peers and or adults, creating the most likely situation for things to break down for pupils on the autistic spectrum. Arrangements can be simple, such as:



Allowing children to enter areas such as the cloakroom or lunch hall slightly early, before they become overwhelming.



Allowing time to observe drama or gym activities before participating provides a mental model of what might be expected.



Alternative supported activities at lunch time e.g. computer club can channel social activity, this can be especially helpful if there is a link to special interests.



Rehearsing or practising moving around the school independently can minimise stress.

Some may have concerns about taking time away from formal curricular activities, however, if these areas of learning need are incorporated into Individualised Educational Programmes (IEPs) they open up learning and are legitimate and important activities to allow pupils to access their learning environment fully.

2.2 The impact of ASD on whole School Approaches (Priority 2)

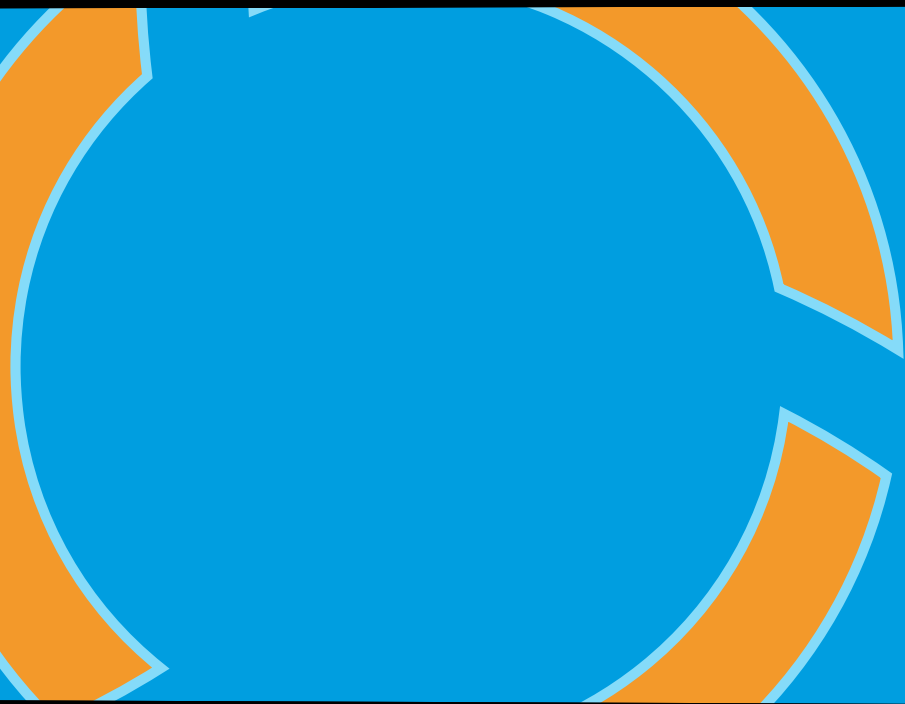
The impact of ASD on whole School Approaches	
Impact of ASD	Response to the needs of pupils with ASD
<p>1.1 Improvements in performance</p> <p>1.2 Fulfilment of statutory duties</p> <p>2.1 Learners' experiences</p> <p>2.2 The school's success in involving parents, carers and families</p> <p>3.1 The engagement of staff in the life and work of the school</p> <p>4.1 The school's success in working with and engaging with the local community</p> <p>4.2 Engaging with the wider community</p> <p>5.2 Teaching for effective learning</p> <p>5.3 Meeting learning needs</p> <p>5.4 Assessment for learning</p> <p>5.5 Expectations and promoting achievement</p>	<p>5.6 Equality and fairness</p> <p>5.7 Partnership with learners and parents</p> <p>5.8 Care, welfare and development</p> <p>7.3 Staff development and review</p> <p>8.1 Partnerships with the community, educational establishments, agencies and employers</p> <p>8.2 Management of finance for learning</p> <p>8.3 Management and use of resources and space for learning</p> <p>8.4 Managing information</p> <p>9.1 Vision, values and aims</p> <p>9.2 Leadership and direction</p> <p>9.4 Leadership of improvement and change</p>
<p>Refer to HMIE Quality Standard for Schools As a result of the Schools Recommendations 3, 4, 5, 6, 7, and 8</p>	
The impact of ASD on whole School Approaches	
Impact of ASD	Response to the needs of pupils with ASD
<p>Pupils with ASD may find the</p>	

The impact of ASD on whole School Activities	
Impact of ASD	Response to the needs of pupils with ASD
<ul style="list-style-type: none"> • Pupils with ASD are unlikely to manage the school environment independently without a range of visual /verbal supports. ASD impacts on the ability to extract and be guided by contextual information including social cues. 	<ul style="list-style-type: none"> • Many pupils on the spectrum have special interests. Lunch clubs and after school clubs based on such interests can promote the inclusion of pupils and also add to the community of the school. Special interests provide an excellent opportunity for pupils with ASD to shine. They will often have quite expert knowledge and this can help raise their self-esteem. Such expertise could also be utilised in guided study or homework clubs where they may be well placed to support younger or less able pupils. • Although the specific needs of individual pupils should be addressed in the classroom context it is important to transfer these principles to the wider school environment. This may include: <ul style="list-style-type: none"> • Pictorial timetables (for some pupils a written timetable will suffice) • Labelling of areas by function, cupboards to indicate contents <p>Visual aids or systems to enable pupils to indicate they need support E.g. a card that signifies they need time out</p> <p>Visual menus</p> <p>Directional arrows to support pupils queuing for lunch etc.</p> <p>Any no entry areas</p> <p>Clearly marked exits</p> <p>(This is not an exhaustive list but gives some indication of potential areas for development).</p>

The impact of ASD on whole School Approaches	
Impact of ASD	Response to the needs of pupils with ASD
<ul style="list-style-type: none"> Stress may lead to pupils behaving in a way that is viewed as being inappropriate, disruptive or generally challenging. 	<p>Promotion of positive perceptions and attitudes towards diversity.</p> <p>CPD for staff including auxiliary and support staff etc included in any awareness training.</p> <p>Agreed procedures in relation to behaviour need to be understood by all staff. Such procedures do not need to be complex and could be as simple as staff asking the lead adult if they</p>

The impact of ASD on whole School Approaches	
Impact of ASD	Response to the needs of pupils with ASD
<ul style="list-style-type: none"> • Parents of pupils with ASD will be coping with a range of emotional and practical issues that other parents are unlikely to encounter. Pupils across the spectrum and of all ages are unlikely to share information, concerns or news about their school life. Whilst many people will feel this is typical of all children it is important to recognise that for pupils with ASD this is more likely to be as a result of communication, cognition and social interaction issues that are directly related to ASD. • Pupils with ASD are vulnerable to bullying. Due to the extreme social naivety of pupils with ASD they are also vulnerable to inadvertently being drawn into bullying behaviour. Pedantic and rigid thinking may also lead to behaviour that others perceive as bullying. Whilst it is difficult to make an accurate assessment anecdotal evidence would suggest that experiencing bullying is by far the predominant issue for pupils on the spectrum. 	<ul style="list-style-type: none"> • Policy and practice that supports effective home/school communication need to be considered. This should include whole school information as well as specific issues or information that arise in relation to the individual pupil. Respectively, the national anti-bullying service provides support in developing, refreshing and implementing effective anti-bullying policies, practice and training in the prevention of and dealing with bullying. • Robust anti-bullying policies supported by school ethos and values and effective response to incidents need to be in place and known to all pupils and parents. • Recognition that bullying of children on the spectrum may take many forms is important. Where children with ASD are seen to be bullying or at risk of developing bullying type behaviour it needs to be made clear to them that it is unacceptable, what the consequences of such behaviours are and what the alternatives to this behaviour could be. These messages need to be clear, unambiguous and delivered in a supportive, non-judgemental manner. Good home school liaison will be needed to ensure a consistent message and so that the pupil knows there is communication between both settings. Modern technology can be used to develop approaches that are not time or staff intensive e.g. a home – school e-mail link.

The impact of ASD on whole School Approaches	
Impact of ASD	Response to the needs of pupils with ASD
<ul style="list-style-type: none"> • Pupils with ASD may find it stressful to participate in whole school or larger events such as assembly, outings or sports day. Difficulties can arise from core challenges in autism and also from sensory processing difficulties, anxiety and motivation. • For some pupils with ASD academic achievement will be relatively easily attained. Social success and participating as active citizens within the school with a genuine feeling of belonging will be much harder won. 	<ul style="list-style-type: none"> • It will be important for schools to start with the basic premise that all events should be made accessible to pupils and that where possible pupils will be supported to participate. • This needs to be tempered with an understanding of individual needs and skills and that for some pupils an incremental approach will be needed. e.g. attending assembly for 5 minutes then gradually building tolerance. • It is also important to recognise that for some pupils attendance and participation in a range of events may not be realised and indeed it may be counter productive to “force” participation as this may adversely impact on the rest of the day. In some cases it may result in deterioration in confidence or other key areas. Developing practice in this area will require staff to view the event from the perspective of the pupil with ASD. Professional judgement based on detailed knowledge of individual pupils and their targets will direct and guide practice in this area. • Schools will need to take steps in a way that recognising wider achievement. This should not be tokenistic but should be age appropriate and should be part of the promotion of positive behaviour for all pupils. e.g. see example 7, p. 68. • Schools should be aiming for an ethos that recognizes achievement and effort in academic and non academic aspects of school life.



Section

Support for Parents and Families

Introduction

This section begins by considering the importance of parents and practitioners working in partnership with each other in the best interests of children and young people. For partnership working to be at its most effective sharing and collaboration are essential: between parents, between professionals and between parents and professionals.

This section links with the following HGIOS Quality Indicators (HGIOS Partnership with Parents Self-evaluation series, HMIE, 2006b) (Resource 30, Resources Section, CD Rom):

2.2 The schools success in involving parents, carers and families

5.7 Partnership with learners and parents

5.8 Care, welfare and development

... and with the HMIE ASD Review Recommendations 6 and 8.

Working in Partnership with Parents

Over the last decade government policy has supported and promoted the concept of partnership working (PHIS Report, 2001; 'Partnership Working', 2006c). This partnership is between agencies and professionals as well as families and individuals and is welcome and positive progress. Parents have a number of new rights including having their views considered and to be informed and involved in decision making in a number of aspects of their child's education (Education (Additional Support for Learning) (Scotland) Act 2004; Scottish Schools (Parental Involvement) Act 2006).

This concept however can present particular challenges for parents. How can parents be involved in dialogue, negotiation and decision-making on behalf of their child without relevant information that includes at least a basic knowledge of ASD and of the processes that involve their child?










Parents are correctly recognised as essential in many aspects of their children's education but where the child has an ASD parental participation is crucial. This participation will enable the child to gain the best possible outcomes.

Careful consideration should be given on how the school can best support parents who are awaiting their child's assessment or going through the diagnostic process. The same applies to those parents who choose not to seek a diagnosis for their child.

Parents, like their children, are not a homogenous group and will be at differing stages of acceptance of their child's diagnosis, have varying levels of knowledge and understanding of ASD, and may have widely differing views on approaches and treatments.



What parents can offer the school is unique, detailed, in-depth knowledge of their child over time. Information should be sought from parents as soon as possible and, when added to the formal assessments undertaken by the various professionals, gives a useful and more holistic view of the child. This process should continue throughout their school years and will lead to more effective teaching.

A possible framework for asking parents about their child could include the following questions:

-  Are there any activities that your child likes?
-  Are there any activities that your child dislikes?
-  What is your child good at?
-  How does your child prefer to communicate with you?
-  Does your child have a particular friend or preferred playmate?
-  Does your child have a 'special interest'?
-  Are there any particular sensory issues?
-  What do you do when your child becomes stressed or distressed?
-  Is there anything else that you feel is important for us to know?

Such meetings offer the opportunity for the development of parent/teacher relationships. Parents will feel reassured that the teacher is interested in their child, pleased to be given the opportunity to discuss these issues and to feel their opinions are valued. Listening is a major component in any communication process and 'not being listened to' is a frequent criticism of professionals by parents (Dale, 1996).

For all parents, having a child with ASD was not planned. Parents may have experienced a long and tortuous route to final diagnosis and when they are told that their child has a life-long disability emotions and reactions are complex. What does this mean for their family, and family life, both in the short and long term?

-  Coming to terms with the diagnosis is often likened to the grief cycle associated with bereavement - Denial, Anger, Bargaining, Depression, and Acceptance (Kubler-Ross, 1973). Parents will require tolerance and understanding from all those dealing with them and this is especially true during the period following diagnosis.
-  For some parents adjusting to the diagnosis is prolonged and difficult and they will

continually return to one particular aspect of the grief cycle. It is also worth noting that whilst some parents can accept the child's disability it would be incorrect to assume they have come to terms with it, no matter how long ago the child received the diagnosis.



Overwhelming guilt is a common reaction and this may have implications as parents can become overly sensitive to any criticism (actual or perceived) and view it as a comment on their parenting skills. Parents need to be reassured that it is not their fault the child has an ASD.



As well as coming to terms with, and learning about, their child's difficulties parents also have to grapple with aspects of the education system that are completely new to them.



It becomes easy to be confused and overwhelmed by the processes and systems, the technical language, the various approaches, roles of different professionals and the complexities of inter-professional working.



The vast majority of parents care deeply and desperately about their child. They will take time to understand the complex nature of their child's difficulties, particularly in the early days following diagnosis.



Parents need to feel the school is the best setting for their child to achieve and may spend considerable time and energy exploring various options. Documented evidence of good practice in ASD within the school will be reassuring for parents.



When working together parents have a right to expect empathy, understanding, mutual respect and tolerance from professionals who in turn have a right to expect mutual respect, civility and recognition of their knowledge and expertise (for more information about parents and professionals working together see Section 6 - Resources 70 and 71).

2 Schools' Guidance to Parents - Reciprocal Relationships




The average age of a child receiving a diagnosis of autism is approximately five years although those children who are more academically able often have more subtle presentations and may avoid diagnosis until adolescence (Howlin and Moore, 1997).

During the critical period around diagnosis school remains a constant in the child's life, providing regular structure and stability whilst parents and families begin to understand the lifelong implications of such a diagnosis.

Educational professionals may have been involved with the child and parents during the assessment period, or perhaps been part of the diagnostic process and therefore already have an understanding of the parents and extended family. This relationship can be pivotal in helping parents understand how ASD affects their child and impacts on their learning as well as developing strategies that will help.

Recommendation 6 of the HMIE report on Education for Pupils with Autistic Spectrum Disorders provides clear and detailed guidelines on information provision to parents that will help to answer some of the questions posed. Teachers can feel vulnerable when asked questions concerning particular approaches and interventions. Honesty is the best policy. Parents' expectations of professionals' knowledge are usually reasonable and realistic and learning together engenders the 'team approach' to their child.




Parents will seek reassurance and evidence that their child's school is, at the very least, ASD aware. They may also seek information on the skill level of their child's teacher in relation to ASD. Many schools seem reticent in promoting the high level of skills and qualifications in ASD of many of their teaching staff. Perhaps this could be included in the information provided to parents:

-  School provides a sense of structure and stability for the child and family, particularly throughout the diagnostic period.
-  Teachers may be a first 'port of call' for parents seeking information on ASD.
-  High quality, up-to-date information and guidance is crucial in empowering parents.

(See Section 6 - -s . s. / 7, / 8, 63, 66, 70, 71, 74)

ommunicatin e ffecti el ith e rents

Effective, productive partnership working with parents requires some consideration but will always require an effective communication strategy. How do parents react to the notion of partnership? Why do parents react or behave in certain ways? Certainly there will be times when their behaviour may be at odds with their internal feelings, for example:

-  An articulate, confident and knowledgeable parent who expects to be treated as an equal may have difficulty admitting a lack of understanding or being unsure of certain specialist aspects of their child's assessments.
-  A passive, unquestioning parent who seems to trust all professional judgement may lack confidence in their own abilities but will have un-stated personal opinions about their child's education.
-  An angry parent may be well-informed regarding statutory legislation, have high expectations of its implementation and can be confrontational if these expectations are perceived as not being met. This can lead to emotionally charged, tense meetings.

The vast majority of parents really care about their child's welfare and education and their sole aim is to ensure that appropriate and effective provision is in place. They will need evidence and reassurance that the school is meeting their child's needs (Jones, 2002).

Schools need to ensure there is a wide range of communication options open to parents and many

Technology has the potential to significantly and positively impact on communicating with parents and help to include them in their child's education. Make the technology work for you using E-mail, digital photographs, video diaries, and web logs. Password protected parental access on the school website could show parents their child working and coping in group situations. Even telephone technology has the potential to capture particular happy or worthy examples of achievement to share with the parents (Plimley and Bowen, 2006).

Example - Online practice in communication with parents

Secure Websi

There is limited research on the understanding of ASD in various ethnic communities (Perepa, 2007). Research highlighted that many languages do not have a word to describe the condition of autism. What is considered as indicative of ASD in the UK, for example looking directly into the eyes of an adult, might be considered as culturally inappropriate in their country of origin where differing social conventions pertain.

Hatton (1999) stated that the level of service uptake among South Asian families is influenced by their ability to speak English and their length of stay in the UK. Shah (1995) identified that some minority ethnic communities may not be using services because they fear the accusation of taking more than their share.

In attempting to make services accessible it is helpful to identify goals for engagement with all families to understand the issues they face and the barriers that hinder them from accessing services. By developing links to community-based organisations, community and religious groups it may be possible to take information into the community and to advertise services. Audio and visual information to aid understanding of ASD and the ASD services that are available can be held in local libraries. Be aware of the possibility of limited literacy skills and the need to offer alternatives, for example through a telephone interpretation service.

Meetings with Parents

The rights of parents under the Education (Additional Support for Learning) (Scotland) Act 2004 include:



Having their views considered and be involved in decision making.



Having a supporter or advocate present at any discussion or meeting with an education authority when their child's additional support needs are being discussed.

It is important that professionals are aware of such parental rights, and facilitate their enactment.

Parents of children with an ASD will be involved in numerous formal and informal meetings and reviews throughout their child's education and beyond. A key component of successful partnership between parents and professionals is the quality of these meetings.

Short informal meetings between parents and the class teacher are helpful in problem solving, developing classroom strategies and celebrating success. However, even the most articulate, well-prepared and knowledgeable parents can find large multi professional review meetings difficult, extremely stressful and mentally exhausting. This can be for numerous reasons including:



Lack of self-confidence



Lack of information







Lack of knowledge of the procedures and processes






Apprehension about their child's progress or behaviour



the person responsible for any implementation. Minutes should be presented to parents as soon as possible.




-  Do they feel they are going to be judged by other parents or professionals because of their child's idiosyncratic behaviour?
-  Are they embarrassed?
-  Are they simply overwhelmed by the circumstances they find themselves in?
-  Are they mentally and physically exhausted? Do they have any form of regular respite or break from caring?

Any free time parents have will be precious and perhaps is best spent supporting the needs of the wider family as well as each other. Families need to be supported to stay strong in the face of long-term adversity. Special mention can be made regarding grandparents who may be very involved in the child's life and help support the family in general. Some parents and families will have little left in reserve to consider any regular involvement and this should be recognised and respected:

-  Have parents been made aware of the different ways they could be involved and included in their child's school? Is the school ethos open and welcoming for the whole family?
-  Does the school have a clear regular communication strategy for sharing information and knowledge with all parents?
- 







A cornerstone of effective, active partnership arrangements includes providing parents with opportunities to express their views and perceptions as well as enabling them to raise issues of importance to them. This can be achieved through a range of sources including direct contact, interviews, surveys and questionnaires. There will be some parents of children with an ASD who, for a variety of reasons, are difficult to engage however it remains important to seek their views.

When parents are effectively included, teachers gain a more holistic view of the child's home life and parents gain a deeper understanding of how they can support their child's learning:

-  Parents may have limited physical or mental reserves to commit unreservedly
-  Effective partnership seeks and recognises parents views
-  Parental involvement can be on a number of different levels

Partnership working between parents


Partnership working between parents can be of significant value in developing a collaborative ethos between the school and parents and also encourage the development of shared aims. Parent and family involvement can be empowering as they learn new skills, become knowledgeable about the school and learn to communicate more effectively. There are a number of ways this can be encouraged including:

-  Regular discussion groups on topics of interest
-  Supporting a self help group
-  Education and skills interventions
-  Involvement in out-of-school social activities
-  Parental programmes linked to summer play schemes
-  Online forums

A well-recognised method of parents working together would be a self-help group and this could evolve naturally from a regular discussion group.

Support groups provide information and emotional support and help parents cope with the stresses of parenting a child with an ASD. Parents can gain knowledge, learn strategies and develop friendships and social networks, all of which can help strengthen the family. Some members develop advocacy skills and offer to support parents at school meetings.

How can a school assist a parent support group?

-  Provide a meeting room



Help with the 'administration'



Provide access to a computer/printer



Promote the group via school website or newsletter



Offer to teach parents about specific approaches or interventions used in the school

Becoming a member of a support group requires a level of acceptance and acknowledgement of their child's problems and that is an important psychological step down the road that parents must travel. Support groups can be pivotal in helping to organise or encourage parents to access events that increase their knowledge and understanding of ASD.

Parent education is generally associated with improved family outcomes. Parent education and skills training increases the number of intervention hours a child receives and has been shown to help children generalise and maintain what they have learned (Symon, 2001).

The recent SIGN guideline states that education and skills interventions should be offered to parents

What Parents are Doing at Home

When their child receives a diagnosis on the autism spectrum parents will react in a variety of ways. Information provided by professionals may be sufficient for some parents, however many become information seekers and are faced with a bewildering array of opinions, interventions and approaches from various sources including the media or the internet. Media reporting can be sensationalist, overly negative, often inaccurate and distressing to read. The volume of information available on the internet is simply overwhelming and clearly quantity is no reflection on quality or content. Parents, particularly in the early stages following diagnosis, are extremely vulnerable to those who promote costly 'cures' and miracle programmes. Parents care deeply for their child and are trying to improve the child's ability to learn and function in the world. They are doing what most parents would do - searching for help in a period of need. It is their coping strategy and should be supported and applauded. The majority of parents will not have the academic background or analytical skills to assess the myriad of information on approaches to make a fully informed choice on interventions.




It could be suggested that parents who have no clear source of good quality information and access information in a haphazard way are at risk of following a particular path that has no good evidence base. This has the potential to bring them into conflict with the very professionals and services their child requires for support (education, health and social services). Perhaps the intervention that has the highest profile, or the slickest advertising will attract parents' attention and they may become very focused on its implementation and ask if this could be followed at school as well. Schools and teachers are ideally placed to assist parents in sourcing good quality, eclectic and unbiased information and perhaps to help them interpret such information with regard to their child's particular profile.

Following diagnosis parents feel a sense of urgency and a strong desire to 'do something' to help their child and lessen the impact of their difficulties. As they learn about ASD and some of the interventions a sense of frustration can develop if they think 'the services' are not doing all they can to improve the child's outcomes. This can be a perceived or actual lack of provision.

Many parents find speaking to other parents in a similar situation helpful for sharing ideas, information and mutual support (Jordan and Jones, 1999). It would be useful for your school to have leaflets or contact details of any local groups or individual parents willing to assist other parents.

No one approach is recognised as better than another however the basic principals may be very similar and aim to promote the child's development by either helping them to learn skills or changing the environment to support their learning. Parents should be involved in discussion on how the school deals with these basic principals in relation to their child's learning. This also helps to share good practice and strategies between school and home encouraging positive partnership.

Working together with shared aims is less confusing for the child and will undoubtedly improve the overall outcomes:

-  Listen carefully to any requests from parents (even if your initial reaction is negative)
-  Respect parents reasons and choices as long as they are not detrimental to the child
-  Discuss with the parents the implications for the pupil and the school including whether the approach 'fits' with the whole school policy

Useful websites to recommend to parents

Authoritative websites that will provide quality information and links to helpful sites and resources as well as local groups and services:

The National Autistic Society: www.autism.org.uk

The Scottish Society for Autism: www.autism-in-scotland.org.uk

The Scottish Autism Services Network: www.scottishautismnetwork.org.uk

Contact a Family: www.cafamily.org.uk

Research Autism: www.researchautism.net

(Provides evidenced based information on interventions in autism spectrum disorders. Also provides a section on how to assess information for scientific validity).

Parentzone: www.paretnzonescotland.gov.uk

(for additional websites, see Section).

Example 2 - Siblings of Jane/Adam

Jane is the five-year old sister of Adam, an eight-year old boy with autism.

Adam has been assessed as having a developmental age of three and has recently started to speak although this is mainly echolalia. Adam and Jane attend the same local school.

Adam communicates using visual supports but there are times, particularly when he is tired or anxious, that he can be destructive or throws things. Jane finds this quite frightening and she has been given clear instruction on what to do if this happens at home which is to go and find Mum or Dad.

Whilst in the school play ground Adam had a prolonged and noisy tantrum witnessed by Jane and some of her classmates. Jane overheard one of the other pupils say that Adam had some sort of sickness.

Jane became quite distressed and upset and Mum had to be called into the school. On questioning Jane it became apparent that she was unsure what was expected of her when this happened in school. Jane also thought that 'sickness' was something that could be caught and she too could 'get autism'.

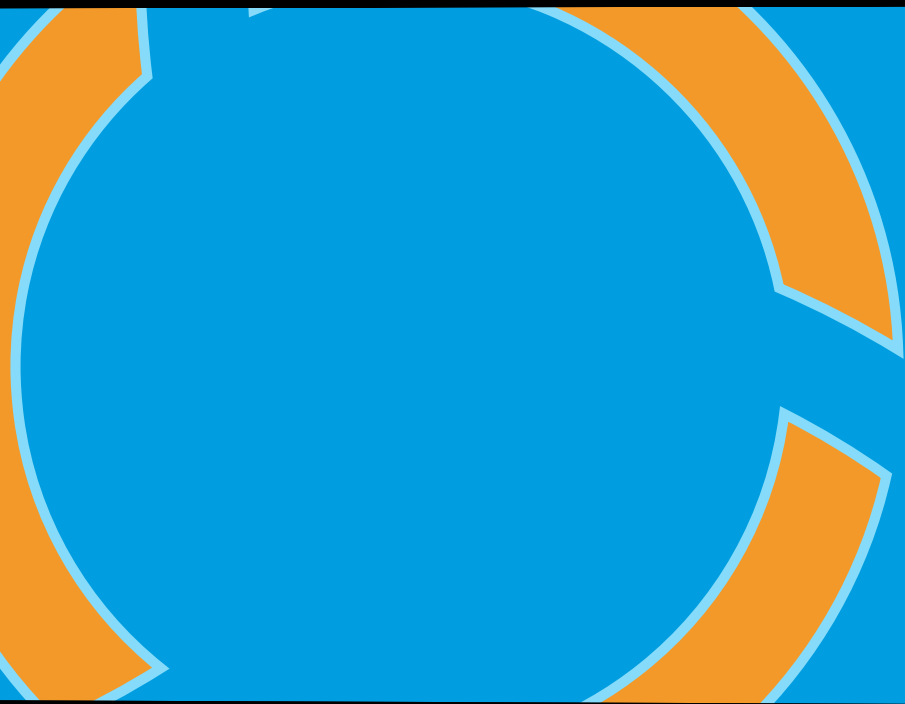
Jane required reassurance and explanation from both the teacher and her parents.

Example 22 - Support for siblings of pupils on the spectrum

The ASD team in one area are creating lendable and write-on resources for siblings of young people with an ASD.

The aims are:

- To provide siblings of youngsters with ASD with appropriate materials to help understand the needs of their siblings



Section or in with the Agencies

This section provides a background to the importance of multi-professional/multi-agency working, and considers the roles of the different people involved in supporting children and young people with ASD and their families.





Appropriate staff support and resources



Monitoring and evaluation of integrated working

A survey of teachers highlighted the need for staff training as an essential element for positive outcomes in multi-agency working. Additionally this survey highlighted that those schools with

2.2 How does the evidence

In a report on the assessed needs of individuals with ASD, the Public Health Institute of Scotland (PHIS) recommended multi-agency and multi-professional working from diagnosis onward throughout the life of the person with ASD. However, in regard to how this should be implemented, they noted that,





Such mechanisms developed to support inter-agency dialogue included Integrated Assessment, Planning and Recording Framework (IAPRF) (Scottish Executive, 2005a). Some children and young people have particular health, learning, or social needs which require assessment and support from a range of different services and agencies. The system is intended to ensure the consistency and quality of assessments by introducing a common structure for assessing needs, sharing appropriate information, planning and co-ordinating services offered by different professionals and agencies, into a coherent view of a child's strengths and needs. There is an expectation that all professionals will be working to the same frame of reference so that the child's experience is maintained at its centre and that account is taken of strengths, achievements, and the personal resources of the child and family.

A further support system that promotes multi-agency working is the formation of Community Health Partnerships (CHPs). CHPs are intended to provide a focus for service integration and promote:

- 1 "Horizontal" integration with children's service partners, (i.e. education, social services, youth and community, justice and voluntary sector)
- 2 The "Horizontal" integration with health service partners (i.e. primary care, community health and secondary care)
- 3 The "Vertical" integration with specialist mental health services (through local, regional and national networks)

The Mental Health (Care and Treatment) (Scotland) Act 2003 proposes that "mental disorder" is defined in the Act as including "any mental illness, subnormality or personality disorder which is of such a nature or degree that it results in the person concerned being in need of care or treatment, and being in need of such care or treatment for reasons which relate to his or her health or safety, or the health or safety of other persons." This Act then becomes relevant to people with an ASD whether or not they have a co-morbid condition. The Act's primary objective is to ensure that for those people with mental disorder receive effective care and treatment. This relates to all people with mental disorder, including children and young people.

These different support systems are designed to:

-  Meet the range of needs required by those with complex needs
-  Provide coherent structures to facilitate inter- and intra-agency working
-  Recognise the specialist remits that the range of professionals from a variety of services possess
-  Provide a seamless coherent pathway of support to the young person and their family across their life span

Co-ordinated Support Plans (CSPs)

A Co-ordinated Support Plan (CSP) is a statutory educational planning document. A CSP is compiled for those pupils whose enduring additional support needs arise from one or more complex and/or multiple factors which are likely to continue for more than one year and who require significant support to be provided by an education authority and one or more appropriate agency, namely any other local authority, any health board, Careers Scotland, Further Education Colleges and Higher Education Institutions. The CSP focuses on supporting the child to achieve learning outcomes and assisting the co-ordination of services from the appropriate agencies. However, it is expected that there will only ever be a small number of children and young people with additional support needs that require such a high degree of co-ordination of support from education authorities and appropriate agencies.

Education authorities must have arrangements in place to identify from among those pupils for whose school education they are responsible, those who will require a Co-ordinated Support Plan. When considering whether a Co-ordinated Support Plan may be required, or in preparing such a plan, education authorities must seek and take account of relevant advice and information (including assessments) from appropriate agencies and other persons whom they think appropriate. The Co-ordinated Support Plan should remain adequate and should be monitored and reviewed regularly, at least every 12 months.

A parent has the right to request a CSP and this request may be directed through the child’s school or directly to the education authority.

A CSP contains information on the educational objectives for the child or young person; the additional support needed and who will provide the support. Further information about the contents of the Co-ordinated Support Plan is listed below.

The contents of Co-ordinated Support Plans

- | |
|--|
| Individual Details |
| Parental Details |
| Profile |
| Factors giving rise to additional support needs |
| Nominated School |
| Parental Comment |
| Child/Young Person’s Comment |
| Co-ordinated Support Plan Review Timetable |
| Education Authority Contact Points |
| Parental Advice and Information on the co-ordinated support plan |

The CSP template can be viewed on page 123 of the Scottish Government (2005c) Supporting Children's Learning: Code of Practice or by accessing the Scottish Government

electronically-

<http://www.scotland.gov.uk/Publications/2005/08/15105817/58319>

Recognise that when involving the child with Autism Spectrum Disorder in planning for service provision, the core deficits of ASD are likely to render typical mechanisms for consultation, such as meetings, self-reflection, and building relationships with external professionals, difficult for the child with ASD. Alternative ways of gaining this information may be necessary if they are to be effective.

Recognise that the skills and training of those involved in the multi-disciplinary working are vital to improving outcomes for children and provide appropriate training, e.g. in early identification and specialist supports for those on the autism spectrum. This may be provided by one of the agencies involved, or by an external agency and joint training may be beneficial.

Focus on the process of multi-agency working should not detract from the goal of delivering the best possible service to children with ASD and their families. Multi-agency working is a means to achieve this goal.

Multi-professional Roles

If we look at the pupil with an Autism Spectrum Disorder it may be surprising to see the variety and the extent of professionals involved within their support network. Therefore, when supporting a pupil with ASD it may be appropriate to consider the multi-professional context that the person and the family face. Who then, might be involved in the wider support network? What role can professionals as individuals fulfil for the person with ASD and how can they work together? Some of the professionals who may come into contact with the person are listed below:



Autism Outreach Teacher – can provide education consultation and training on an outreach basis to schools supporting pupils with an ASD and they may also observe and assess the pupil prior to this.



Arts Therapist – (Music Therapist, Drama Therapist) can support the child to use art, drama or music as a medium to express or make sense of feelings, to be able to respond and relate to the therapist and others within the safety of the therapeutic relationship or to share and work on any issues that are challenging them, without using words. Governed by their own professional bodies, anyone including parents can refer to an arts therapist (as defined by the Scottish Government under the Allied Health Professionals banner).



Autism Mentor – professionals, who have joined the Scottish Autism Service Network with the intention to share good practice, learn from each other and observe key principles of participation.



Befrienders – can provide an additional social support for the person plus they can informally provide short respite to the family. A befriender may be preferable for some children with ASD who have difficulty socialising as the planned interaction is on a 1:1 basis, rather than a group context. This service can be provided by voluntary agencies or Social

Work services, and often the befrienders are volunteer workers.



behaviour support staff – can provide knowledge of behaviour management techniques to support the child in class and also how these might be adapted for the home.



Care Managers the role of Care Managers is focused on meeting the needs and of



Community Learning Disabilities Service – can help with: managing challenging behaviour, continence management, sleep management, promoting independent living skills, health promotion, sexual health education and more, including supporting parents and carers and collaborative working with, or referring to other agencies as appropriate. They can also support the transition to adult health services.



Clinical Psychologist – is a mental health professional who aims to reduce psychological distress and enhance and promote psychological well being. They use psychological techniques and methods to enable clients to make positive changes in their lives. Clinical psychologists can work with any particular age group and some specialise in working with children and adolescents, including those who have difficulty with behaviour and or relationships with others.



Community Psychiatrist (evolved from school doctors, links with school nurses) – assessment diagnosis and follow up of children with needs including emotional and behavioural difficulties, physical difficulties, learning difficulties, sensory impairments (deaf/blind).



Community Police Community constables provide a vital link between the public and the police. Covering the entire force area, each officer works in the heart of their community carrying out a wide range of activity and work.



Counsellor - may work within a school, in a community based health team or with a

appropriate support and understanding diagnosis, possibly direct intervention on occasion, as well as advising on approaches that might work in the home.



Guidance teacher – ten standards as outlined by 2004 review of guidance services. In summary, the guidance teacher aims to be an individual that: the child can come to in confidence, can liaise between external agencies and the child/school, can help the child with transition and planning for the future, and can help children understand choices and make informed decisions. A major role of the guidance teacher is to ensure that when a pupil raises a problem, action is taken to help them.



Head Teacher – responsible for whole school policy and approaches. Often a point of contact if concerns have been raised with a class teacher and these have either not been resolved or require further action. The Head Teacher is often the **person** for services such as Educational Psychology.



Health visitors and School nurses – should be consulted about health issues in the first instance. Links with Social Work, Education, Health and Voluntary sector workers.



Local Area Co-ordinator – the role of the Local Area Co-ordinator varies from authority to authority, with some taking only adults, some only children, some not working for people with Asperger's Syndrome, and some taking these cases on. The function of the LAC is not to be a case manager or to co-ordinate services, but to use knowledge of local groups and services to be able to link children with learning disabilities and their families to the services that they need.



Mediation Services – (Supporting children's learning: code of practice', Scottish Executive, 2005). A variety of mediation services are available throughout Scotland for a variety of issues, from family mediation to neighbour disputes. Of particular relevance to children with ASD and their families might be the Scottish Mediation Network, which provides a range of helpful publications, and Resolve: ASL, an independent mediation service run by Children in Scotland. Issues discussed can include: exclusion, provision of placement, level of support and provision of transport. The mediator is independent of parents and other parties and their role is to facilitate discussion and assist parties to find a mutually agreeable conclusion. Helpful web links are provided in Section 8.



Mental health worker see Autism team.



Occupational Therapist – aims through working with the child, parents and carers, to assess and develop the child's social and practical skills to enable them to function in their daily life. (Not just physical, but social and psychological also. Occupational Therapists can be based in hospitals or community based multi-disciplinary teams (CAMHs or

Learning Disabilities integrated teams) and also within schools, as outlined by the Scottish Government's information on Allied Health Professions – see Section 6 – Resource 10 (Scottish Executive, 2005d).



Parents – the majority of professional services indicate that they require parental permission for referrals and most list working with parents as one of their key functions. The Family Law (Scotland) Act 2006 and the Scottish Schools (Parental Involvement) Act 2006 lay out rights and responsibilities for parents of all children including those with ASN (see also Section 3 – Support for Parents and Families).



Parent liaison officer – can be contacted if parents have raised concerns with class teachers and support for learning teachers/or head teachers and feel that these concerns are still an issue.



Peers – either in an informal capacity as social support or to model appropriate behaviour or in a formal capacity as a buddy, reading partner, with a circle of friends or another way that the school uses peers as support.



Play Therapist – can help children understand their feelings and upsetting events that they haven't had the chance to sort out properly. Rather than having to explain what is troubling them, as adult therapy usually expects, children use play to communicate at their own level and at their own pace, without feeling interrogated or threatened.



Respite workers - generally provide for short break services for carers and the people they care for, with a focus on the right break at the right time and in the right place.



School nurse – intended as the first point of contact for parents, educators and pupils for all matters related to health. Ways this is done: Questionnaires to all pupils when they start school and prior to the transition to secondary to pick up health problems; educating staff about specific health problems and promoting good health; providing advice to individual



Support assistants / Auxiliaries - can help with issues like getting around school, focusing on class work.



Peers

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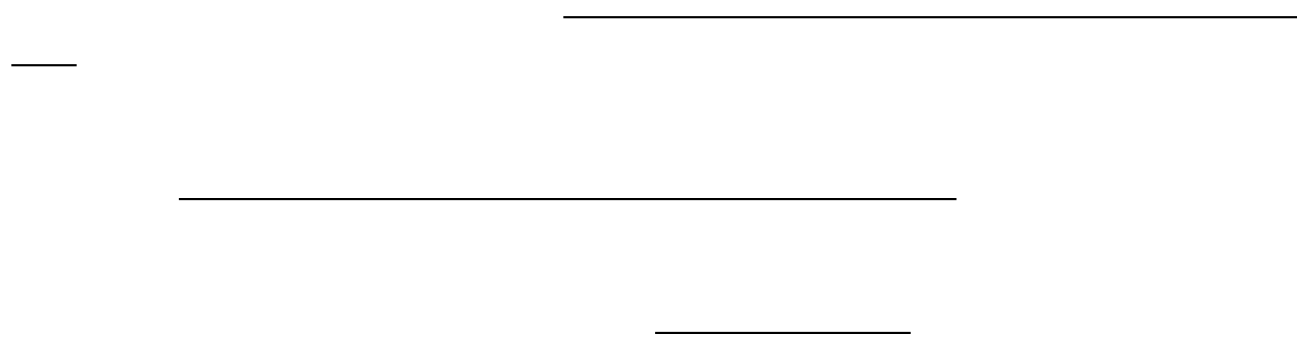
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