



Autism Policy

Updated: August 2020

This document relates to Article 28 (*Every child has the right to an education*) of the UN Convention on the Rights of the Child.

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Orbis Education and Care

Subject: Autism Policy

Definition of 'Autism'

This term refers to any of the conditions classified under the group of disorders known as Pervasive Developmental Disorders. These conditions included Classic Autism, Asperger Syndrome, Childhood Disintegrated Disorder, Rett's Syndrome and Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS).

Although the following are not official diagnosed conditions upon the spectrum, they may be used to describe an individual's particular set of symptoms.

High Functioning Autism and Low Functioning Autism.

'Autism Spectrum Condition' (ASC) is the term frequently used to refer to the group of disorders included under the general heading of the pervasive developmental disorders (PDD) in the International Classification of Diseases (World Health Organisation, 1992). This group of disorders are 'characterised by qualitative abnormalities in reciprocal social interactions and in patterns of communication, and by a restricted, stereotyped, repetitive repertoire of interests and activities.'

This classificatory system has been designed to accommodate the needs of clinicians, researchers and administrators, but the terminology can be confusing for parents, teachers and others.

The majority of pupils within Orbis Education and Care have a formal diagnosis of an Autistic Spectrum Condition (ASC). These conditions can affect the development of social communication, social interaction and social imagination, in unique ways and to varying degrees.

Whilst the following stereotyped characteristics are more commonly observed in those with Classic Autism, they can also be found in those at other points of the spectrum;

- Flicking fingers, objects, pieces of string.
- Watching things that spin.
- Tapping and scratching on surfaces.
- Inspecting, walking along and tracing lines and angles.
- Feeling special textures.
- Rocking, jumping from back to front foot.
- Tapping, scratching, manipulating parts of own body.
- Repetitive head banging or self-injury.
- Repetitive grunting, screaming, other noises.
- Fascination with certain topics (e.g. Electricity, astronomy, birds, train timetable, specific people and asking questions and demanding standard answers).

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- Echolalic behaviours e.g. reciting a set of numbers or lists or film scripts.
- Insistences of lengthy rituals.
- Repetition of sequences of odd body movement.
- Insistence on watching T.V. in a particular way
- Intense attachment to particular objects.
- Fascination with regular repeated patterns of objects or sounds.
- Arranging objects in lines or patterns.
- The collection of large number of particular objects e.g. plastic bottles, pebbles and labels.

What Causes Autism?

The precise cause of Autism is not known, but research indicates that genetic factors are important. In some cases autism spectrum disorders may also be associated with various conditions affecting brain development, such as maternal rubella, tuberous sclerosis or post-encephalitic states but the frequency of such findings remains uncertain.

Testing for and Recognising the Common Features

Individuals who are considered to be on the autism spectrum are in many ways very different from each other. The range of intellectual ability extends from severely complex, with profound needs to typical or above average functioning (1%). Similarly, language skills range from those who are nonverbal to those who display complex, grammatically correct speech. All such individuals have difficulties in three main areas. Different authors have used slightly different terminology to describe this cluster of symptoms; however Lorna Wing's concept of the 'Triad of impairments' is widely used.

There are yet no proven medical tests that can be used to accurately diagnose autism. Instead doctors and psychologists work together to look for a particular pattern of behaviours.

Autism, which affects thought, perception and attention, is not just one disorder with a well defined set of symptoms; autism is a broad spectrum of disorders that ranges from mild to severe. In addition, the behavior usually occurs across many different situations and is consistently inappropriate for age.

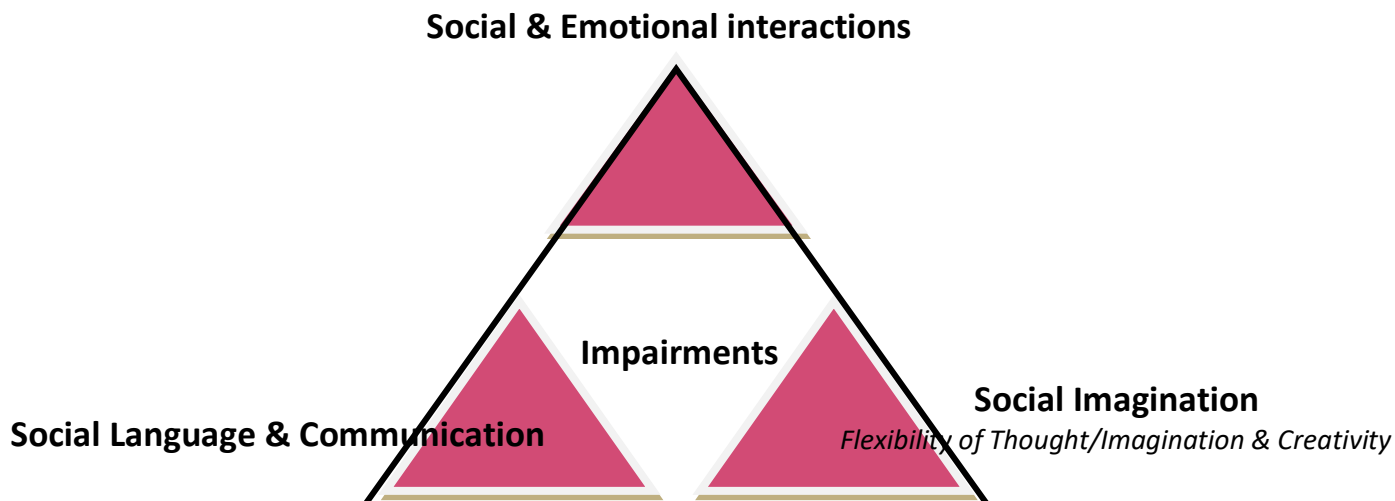
A diagnosis of autism is made when an individual displays 6 or more of 12 symptoms listed across three major areas: social interaction, communication, and behavior. (DSM-IV)

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Triad of impairments



Impairment of social interaction

This refers to an impaired ability to engage in reciprocal social interactions. The most severely affected individuals seem aloof and uninterested in people. Others desire contact, but fail to understand the reciprocal nature of normal social interaction. In consequence their attempts at social interaction are clumsy, awkward and one-sided. Some passively accept the attentions of others but do not reciprocate.

- Difficulties forming relationships; they often appear aloof and indifferent to other people.
- Can often struggle to develop peer relationships.
- Lack of spontaneity seeking to share enjoyment..... pointing.
- Finding small talk and chatting very difficult, often using inappropriate words or selecting inappropriate topics to talk about – Safe scripts
- Problems understanding double meanings – ambiguity.
- Lack of an understanding of social rules – personal space, private thoughts.
- They may have difficulty retrieving information that they in fact know.

Impairment of social communication

The whole range of communicative skills may be affected. A significant proportion of individuals with classical autism fail to develop useful speech. Even when the mechanics of language are mastered, the person with autism has difficulty using it for the purpose of communicating with others. Intonation is inclined to be abnormal and the non-verbal aspects of communication such as eye-to-eye gaze, use of gesture and facial expression can be impaired.

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- Lack of understanding that language is a tool for conveying information to others.
- Communicating their own needs. Problems with feelings, thoughts, understanding emotions, ideas and beliefs of other people.
- Flicking fingers, objects, pieces of string - Rocking, jumping from back to front foot - Repetitive head banging or self-injury
- Unable to convey or comprehend information by using gestures, facial expressions, bodily posture, vocal intonation. Inappropriate and odd gestures.
- They may be super sensitive to criticism and advice; taking things personally.
- Concrete understanding of words and phrases. Misunderstanding jokes, sarcasm, irony

Impairment of social imagination (Flexibility of Thought - Imagination/Creativity)

People with autism have great difficulty thinking imaginatively. This is demonstrated by pretend play, which will be absent or repetitive in children with autism spectrum disorders. Whether this is directly related to the development of rigid and repetitive behaviours has not been established.

- Inability to play imaginatively with object, toys or with other children or adults.
- Display limited range of imaginative activities copied (not creative), pursued repetitively, rigid play of stereotyped nature.
- Repetitive activities and special interests; simple and complex forms.
- Fascination with certain topics – can be obsessive.
- Intense attachment to particular objects.
- May have difficulty concentrating; blocking out distractions and sitting still.
- May have difficulty carrying out tasks that involve working with others.

Other common features (not essential for diagnosis)

- Odd responses to sensory stimuli – The Senses (Higher & Lower levels)
- Hypersensitivity to sound.
- Fascination with visual stimuli.
- Dislike of gentle touch but enjoyment of firm pressure.
- Possible poor co-ordination, clumsiness, odd posture.
- Over and under activity.
- Abnormalities of mood e.g. excitement, misery.
- Co-morbid conditions – Bowel disease, Fragile X, ADHD, OCD, Tourette syndrome, Tuberous sclerosis and Epilepsy
- Special skills; Around 1% of children with an ASC have some special skill at much higher level than the rest of their abilities e.g. Music, Art, Numerical calculations or Jigsaw puzzles.
- Additional developmental disorders affecting language, reading, writing, number work.

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Section One: Social Understanding and Communication

Introduction and Rationale

It is vital that the pupils at Orbis Education and Care are encouraged and supported to develop their social understanding and communication skills. This includes:

- Responding, listening and understanding
- Interacting and communicating with others in a range of situations / environments
- Making choices, obtaining information and questioning
- The development and expression of creativity and imagination
- Developing independence

Aims

Orbis Education and Care aim to provide every student with:

- A 13 week assessment on joining the service, in order to determine preferred communication methods; communication strengths and areas of development; and details of a programme of support (where needed).
- An effective system/method of communication (directed by speech and language therapy where needed)
- Opportunities to access a range of environments where difficulties in understanding language are supported
- Relevant learning experiences which provide opportunities to develop functional communication and decision making skills in order to promote independence, in a variety of contexts and within the further education framework
- A safe and positive learning environment for pupils to be challenged to develop communication, decision making and social interaction skills
- Equal opportunities for pupils to communicate in their preferred language.
- Access to relevant resources to maximise opportunities for communication. This includes staff training (for example PECS and Makaton), and use of social stories
- The ability to create opportunities to learn and develop social skills such as turn taking and participation in conversation (e.g. snack time; weekend diary etc.)

Procedures

Orbis Education and Care provide a framework to create relevant learning experiences which are appropriate and meaningful to each individual student and will motivate pupils to use these experiences as an opportunity to develop social communication and interaction.

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Orbis Education and Care support pupils to improve their receptive and expressive communication through specific and individualised strategies, supported and directed by speech and language therapy (where needed).

Orbis Education and Care implements TEACCH to support pupils understanding of where they are going, what they are doing, how they will do it, when and what happens next

Orbis Education and Care create and maintain social activities where we will support pupils to initiate communication e.g. through smiling; making eye contact; showing interest; reaching out or drawing attention to an object of interest.

Measurements of Success

Pupils can communicate in a way that is appropriate for them and staff understand them (measured through observation and MDT)

Pupils are relaxed and developing skills which allow them to function more independently (measured through individual learning plans)

Pupils develop everyday social skills and communication (measured through individual learning plans, Positive Behaviour Support Plans and MDT)

Section Two: Flexibility of Thought

What is Flexibility of Thought?

“Flexibility of thought allows us to understand and predict other people's behaviour, make sense of abstract ideas and to imagine situations outside our immediate daily routine” (National Autistic Society 2008).

People with ASC may have an impaired ability to use imagination; to problem solve and predict outcomes on a day-to-day basis. Difficulties link to the inability to reflect back on ones own experiences and difficulties in learning maybe further compounded by limited ability with regard to thinking about experiences not already encountered. This includes the ability to engage in pretend play, role-play and take part in curriculum activities that involve abstract thinking and the use of personal imagination. The effect this has on the person with ASC is that they may have difficulty predicting what could happen next or what is expected of them in some situations. This may lead to a student becoming reliant on establishing routines and schedules to secure a familiar outcome in environments that are constantly changing. Pupils with ASC can also sometimes resist attempts to change and adapt these routines as they may be reluctant to part take in this alteration to their own normal way of doing something.

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The impairment may be displayed as the following:

- Poor self-organisational skills and difficulties with structuring personal time productively.
- Difficulties involving inappropriate behaviours and interactions with others. These difficulties often present during periods of unstructured time.
- Reliance on rituals and set procedures.
- The desire to preserve sameness with a resistance to change. Many people with ASC may see uncertainty as being their greatest fear. Many try to restore order by imposing their own personal rules to specific situations.
- It is quite common for pupils with ASC to inform on peers who have broken school rules and may become anxious and outraged. Quite often pupils may attempt to adopt the role of staff and tell off other pupils.
- Pupils often have difficulty replacing one method of learning with another and also transferring these skills to new areas and situations.
- A limited repertoire of interests and activities that are pursued to a fanatical level. Many chosen activities are also solitary in nature but the person with ASC may seek out others to 'talk at' about their interests.
- Poor levels of incidental learning and limited imitation skills.
- Withdrawal from unfamiliar people, situations and places.
- A lack of imagination and original thought. Pupils quite often may enact scenes from cartoons, films, books etc with great precision

The Role of the Orbis Education and Care Staff Team

Orbis Education and Care aims to compensate for the difficulties in imagination and flexible thinking using learned skills, which will enable the pupils to problem solve as well as plan and cope with change. It is important that we try to education and support the student to generalise these skills once learnt across a variety of environments and situations. This may be achieved through educational visits, speech and language therapy sessions, breakfast clubs, after school clubs, lunchtime and break time activity sessions, and other opportunities within other curriculum areas. Practical activities will be incorporated into the curriculum and the daily planner of every Orbis Education and Care student.

All Pupils in Orbis Education and Care have an individual student file compiled which will identify their health and social care needs; this identifies the difficulties they experience in relation to the 'triad of impairments'. Individual Education Plans (IEP) will also be used to set specific targets for individual pupils and achievements will be recorded on the evaluations accordingly.

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Aim

To support the development of flexibility of thought by providing a multidisciplinary curriculum and daily living opportunities which includes challenging the pupils ability to problem solve, plan and cope with change, in a creative and individualised way.

Procedures

- Newly appointed staff have a thorough induction which includes autism awareness training
- Use of TEACCH strategies such as structure of the environment and visual schedules, written lists and organisers facilitate student's understanding of events, allow for introduction of change and encourage the development of flexibility.
- All pupils have individual programmes, behaviour management plans and Individual Learning Plans that contribute to the promotion of the development of Flexibility of Thought (where necessary).
- There are planned opportunities for pupils to develop skills in making choices, sequencing, managing change, decision making and problem solving throughout the curriculum and School day.
- The special interests of pupils are built into individual programmes, job routines, snack time or as rewards as part of daily timetables.
- Shared activities are included within a variety of curriculum areas [i.e. Literacy/Maths] and are incorporated into the Individual Learning Plan where necessary.
- Creative opportunities are available within the curriculum in order to develop and encourage flexibility of thought (through accredited and non accredited pathways – for example, music, art, creativity).
- Visual structures are available for pupils in order to support the management of the challenges linked to change.
- Pupils are encouraged to take part in all areas of the waking hour curriculum, in order support the development of flexibility within a range of settings.
- Student Profiles and / or Communication Passports are written for pupils to aid transition between classes and settings.
- Pupils may undertake the TEACCH Transition Assessment Profile (TTAP) in order to provide a baseline for abilities and areas of development

Measures of Success:

- Pupils can express themselves in a way which is creatively meaningful to them (Measured through work produced in sessions)
- Pupils are relaxed and developing skills which allow them to function more independently (measured through individual learning plans and behaviour management plans)
- Pupils are developing everyday social skills and communication (measured through individual learning plans, PBM plans and MDT)

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- Pupils are able to employ strategies to support their understanding of change

Section Three: Sensory

We learn about our environment and ourselves through our senses of vision, hearing, smell, taste, touch and movement. Without any one of these we are limited in our capacity to learn. Many of our pupils have sensory impairments so they must learn to develop each of their senses individually and in combination. We aim to provide a stimulating multi-sensory curriculum for all our pupils who will benefit from this approach, to encourage more awareness of visual, auditory and tactile experiences.

In her book “The Autism Spectrum and Further Education” (A Guide to Good Practice) Christine Breakey describes people without autism as multi-track and people with autism as mono-track. People who are multi-track use more than one sensory channel at a time. This helps them make sense of the world and also to be social. People who are mono-track have difficulty in receiving, processing and monitoring information through their senses. This difficulty can make it hard for somebody with ASC to function although manipulation of the stimuli can bring relief.

Many of our pupils are hyper or hyposensitive. A sensory curriculum provides a controlled environment to support well being and allow the pupils at Orbis Education and Care to access an learning environment that is suitable to their needs. It helps them make sense of the world and encourages social interaction.

Orbis Education and Care are therefore committed to providing a stimulating multi-sensory curriculum for all our pupils who will benefit from this approach.

Aims

Orbis Education and Care aims to:

- Provide and maintain a stimulating, multi sensory environment for all pupils will benefit from.
- Provide a flexible approach to teaching and learning through due consideration of individual sensory need.
- Provide multi sensory opportunities which are meaningful in everyday living
- Provide a relevant and broad further education curriculum for the pupils, with opportunities to develop functional communication and decision making skills in order to promote independence, in a variety of contexts.

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- Provide a safe and positive environment for pupils to be challenged to develop communication, decision making and social interaction skills.
- Pupils will be supported to improve their receptive and expressive communication through specific and individualised strategies, supported and directed by speech and language therapy (where needed).
- Provide equal opportunities for both English and Welsh speakers to communicate in their preferred language.
- Provide assistance, encouragement and support to those pupils requiring other communication means (for example Makaton or British Sign Language)
- Provide a curriculum which includes challenging the pupils ability to problem solve, plan and cope with change. This should be taught across the curriculum and in a variety of contexts.

Strategy for Implementation

We also offer a range of activities, which include:

- Sensory play
- Soft Play activities
- TACPAC
- Rebound therapy
- Swimming
- Pets as Therapy

Section Four – Transition

Adolescence and transition to adult life

Not surprisingly, adolescence can be an especially testing time for people with autism and for their families. In addition to the developmental changes associated with puberty, some people with autism begin to develop a painful awareness of their difficulties, which can result in depression or behavioural problems. About one third of people with autism develop epilepsy with an onset of seizures in adolescence occurring in a significant proportion. Many adolescents, however, will only ever have one or two seizures and medication should not, therefore, be prescribed immediately.

Autism results in lifelong disability for those affected individuals. Follow-up studies have shown that the majority continue to suffer problems as adults and few manage to live independently.

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People with autism can find change very difficult and are often unable to visualise what life might be like in the future. Transition from children's to adult services is a particularly traumatic time for young people with autism and is often associated with high levels of anxiety.

There are the four basic principles that reduce anxiety, improve attention, concentration, engagement and motivation.

1. Physical structure
2. Schedules
3. Work systems
4. Visual structure

Physical structure

Physical structure refers to the actual layout or surroundings of a person's environment, such as a classroom, home, or group home. The physical boundaries are clearly defined and usually include activities like: work, play, snack, music, and transitions.

Scheduling

A schedule or planner is set up which indicates what the person is supposed to do and when it is supposed to happen. The person's entire day, week, and possibly month, are clearly shown to the person through words, photographs, drawings, or whatever medium is easiest for the person to comprehend.

Work system

The work system tells the person what is expected of him/her during an activity, how much is supposed to be accomplished, and what happens after the activity is completed. The goal is to teach the person to work independently. The work system is also organized in such a way that the person has little or no difficulty figuring out what to do. For example, the activity or task should be performed from top to bottom and from left to right.

Visual structure

Visual structure refers to visually-based cues regarding organization, clarification, and instructions to assist the person in understanding what is expected of him/he

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Aims

- full participation of young people and their families
- comprehensive multi-agency engagement
- provision of high-quality information
- effective transition planning

Strategy for Implementation across Services

Autism impacts across a range of agencies and therefore effective multi-agency working is central to the smooth transition of young people with the condition. Local authorities need to develop clear protocols identifying the responsibilities of each service provider in their transition process. Transition plans must identify the pupils future needs across different services, including employment, housing and social care.

Significant problems have often been caused by poor information-sharing between children's and adult services. Local authorities need to know how many young people with autism are leaving school over the next five years and the type of support they are likely to need in order to plan and commission accordingly.

The young people with autism and their families must be fully involved in the planning process for transitions. It is good practice to develop a person-centred transition plan that identifies the young person's aspirations, and to provide support to help them achieve those aspirations. However, people with autism may find it hard to either visualise or express their aspirations and may require the support of a skilled advocate. It is essential that all service provider representatives have sufficient training to provide appropriate support to young people with autism. At transition there are often several agencies from both children and young people's and adult services involved. Commissioners should ensure each young person has a lead professional responsible for liaising with services and guiding them through the transition process.

Policy Review Date: August 2021

Signature:



Rachel Hackling - Executive Head of Education

Signature:



Lucy Pottinger - Director of Children's Services

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